

## BREAST FEEDING PATTERNS IN SOME LACTATING MOTHERS OF RAWALPINDI

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### ABSTRACT

**Objectives:** The purpose of the study was to assess present patterns of breast feeding (BF) to identify such determinants that can be positively modified in the present socioeconomic scene of the nation.

**Design:** It was a descriptive cross sectional study.

**Place and Duration of Study:** This study was done in Rawalpindi city from March 2004 to December 2004.

**Subjects and Methods:** Mother's perceptions (n=501) for breast feeding (BF) were examined through a descriptive cross-sectional study using convenient sampling technique in urban area of Rawalpindi city. National (BF) policy guidelines were used as a basis of assessment.

**Results:** Lactational practices were not optimum in majority (87.42%) and in all socioeconomic strata. In general no significant association was found between Literacy and economic strata and the pattern of (BF) of the study population ( $P > 0.1$  &  $> 0.05$  respectively). However, practice of additional food intake during Lactational period was significantly associated with right breast feeding practices in the population studied ( $P < 0.05$  & odd's ratio 7.2). In 29.2% cases qualified health care providers including specialist in obstetrical care promoted formula milk feeding.

**Conclusion:** Insufficient information, Ineffective motivation about BF of masses and inappropriate healthcare practices, were major factors responsible for inadequate (BF) practices in the community studied. The issue can be addressed by enhancing health education to potential mothers, sensitizing males and effective monitoring of health care practices.

**Keywords:** Infant feeding, lactation, modifiable determinants.

### INTRODUCTION

Lactation is an art and combined with the other domestic arts, it's know how is traditionally transferred from one generation to other in all societies. Breast milk forms a unique biological and emotional basis for the health of the mother and the child. WHO article 4 states that Govt. should have the responsibility to ensure that objective and consistent information is provided on infant feeding for use by the families those involved in infant feeding and young child nutrition

[1]. Its key benefits include better Infant survival [2] and protection against certain disease in later life [3], maternal health and longevity, population control [4] and savings of family & national economy.

Optimum breast feeding (BF) as identified on scientific ground and adopted policy in Pakistan [5,6] is:

- Initiation of (BF) with in  $\frac{1}{2}$  hr of birth and never latter than 6hrs.
- Exclusive (BF) in early 4-6 months of life (WHO recommends now up to 6

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months due to low level of hygiene in the developing countries).

- When weaning foods are introduced (BF) should still accompany the supplemental feedings.
- Baby should be kept on breast milk for at least two years of age along with other complementary and supplementary foods [4].
- Mother should eat and drink in sufficient quantities through out lactation.

Starting from Alma-Ata declaration (infant feeding a part of Primary Health Care), Baby Friendly Hospital Initiative, National breast feeding policy and an ordinance about sale of formula milk are major developments of public health sector in this regard but the required change is still not visible. Enough evidence has accumulated from research that (BF) is the commonest mode of feeding the new born in majority, in all strata of the community but it is not contributing towards the desired change with the potential it has. Our understanding of what happens at home in child bearing and rearing is limited. It needs further exploration.

The purpose of this study was to assess present patterns of breast feeding to identify such determinants that can be positively modified in the present socioeconomic scene of the nation.

## SUBJECTS AND METHODS

It was a descriptive, cross sectional study. Information was collected by direct interviewing method through a structured questionnaire containing both close and open-ended questions. Breast feeding pattern decided on scientific grounds and adopted as national (BF) policy (Optimum BF) was used as reference. Initiation of (BF) within due

period, keeping it exclusive for 4-6 months, and continuing (BF) for 2 years or more along with other supplementary feedings were major parameters used for assessment.

Mothers with at least one child in 2 to 5 year of age who has delivered at least one child normally and practiced breast feeding in any form were included in the study. Study was conducted in urban area of Rawalpindi from March 2004 to December 2004. A total of 501 mothers (n=501) were selected as study subjects by non-probability convenient sampling technique from nine randomly chosen union councils after stratification for socioeconomic strata.

Data was analyzed in computer by SPSS, version-10. Descriptive statistics were used to describe the data chi-square test were used to analyze important associations.

## RESULTS

Eligible mothers' (n=501) were inquired. Median age of the respondents was 26.5 years. Socioeconomic profile of the study subjects was close to urban population of any big city of the country. Majority of mothers did not practice (BF) in optimum way (fig. 1 & table-1).

Analytical outcome of inquiry under 03 major variables was as under:

- Initiation of (BF) within 6 hrs after birth. 217 (43.31%) failed to initiate accordingly and delayed it for various reasons as indicated (fig. 2).
- Exclusive (BF) for early 4-6 months. 210 study subjects practiced and 291 did not. Reasons behind failure were identified as insufficiency of breast milk (59%), lack of knowledge (16%), peer's pressure to add some breast milk substitute (19%), and in 6% of the cases mothers have to go out of home for job.

- Continuous (BF) for 2 years and more. This was the major area of failure in all the mothers inquired. 401 study

subjects did not observed this for various reasons (fig. 3).

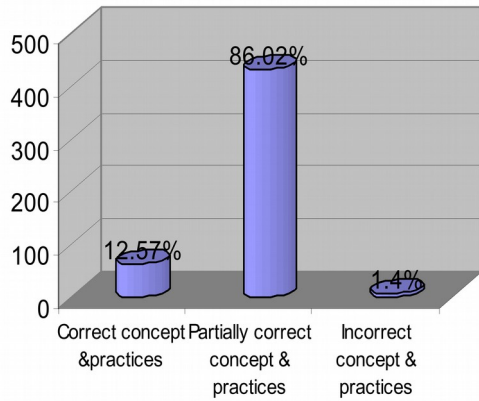


Fig. 1: Overall status of breast feeding in the study population (n=501).

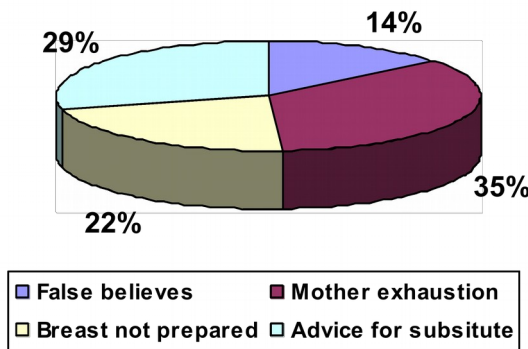


Fig. 2: Factors underlying delayed initiation of (BF) (n=217).

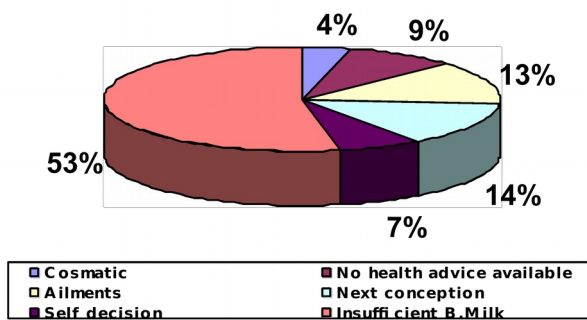


Fig. 3: Causes of not continuing (BF) for 2 years or more (n=351).

## DISCUSSION

Initiation of infant’s feeding with breast milk within due time is common practice in the community as most of mothers under study (56.68%) practiced it. It also correlates with findings of a study conducted at Karachi [7]. Many of the factors responsible for failure in establishing (BF) with in due time can be best addressed by improving the existing health education communication measures to the potential population. But a substantial number (29.2%) of the mothers were exploited by healthcare practitioners to use some breast milk substitute through bottle for early few days for no valid reasons. These mothers were directed by medical doctors including the specialists in obstetrical care for doing so. This practice not only results in difficulty in establishing (BF) afterwards, but the newborn is also be at higher risk of getting infection. This is an important outcome of this study which has not been reported in the research literature in our settings so far. The issue needs further scientific inquiry for improvement in the existing healthcare practices. Mothers who initiated (BF) with in the due period it was insignificantly associated with their literacy rank (table-2). The respondents who did not keep B.F exclusive for early 4-6 months, supplemented with bottle feedings. Use of diluted cow milk as substitute is a well known practice in the community [8]. High incidence of infection, malnutrition and loss of preventable economy are the major demerits of it. Exclusive breast-feeding had been proved beneficial than mixed feedings even in HIV positive mothers

Table-1: Breast feeding in relation to literacy& economic status, and dietary modification in the study population (n=501).

	Literacy status		Economic status			Dietary modification (Additional food taken during lactation)	
	Literate 409(81.63%)	Non-literate 92(18.36%)	Upper class 36(7.14%)	Middle class 275(55.00%)	Lower class 190(37.85%)	Modified 104(20.75%)	Not-modified 397 (79.24%)
Concept & practice B.F							
Correct 63 (12.57 %)	49	14	04	32	29	36	27
Incorrect 438 (87.43%)	360	78	32	243	161	68	370
	P > 0.5		P > 0.05			P < 0.001	

**Table-2: (i) Literacy rank of mothers who initiated (BF) within due period and (ii) continuation of (BF) for desirable period in relation to dietary modification.**

Variables of interest (i)	n = 501		Variables of interest (ii)	n = 501	
	Initiation of B.F within 6 hrs			Continuation of B.F for desirable period ( 2 years or more)	
Literacy rank	Initiated 284 (56.68%)	Not initiated 217 (43.31%)	Additional food intake (dietary modification)	Continued 150 (29.94%)	Not continued 351 (70.05%)
Literate	240	170	Modified	62	42
Non-literate	44	47	Not modified	88	309
	P < 0.05			P < 0.001	

[9]. Moreover benefit of lactational amenorrhea is also lost which has proven efficacy towards fertility regulation during first six months [10]. This is valuable in population control efforts in a country like Pakistan where change of other factors like economy, literacy and women empowerment to an optimum level is not a realistic thinking in early future. Insufficient breast milk was frequent cause of failure of prolonged lactation. Additional food intake during lactational period was significantly associated with category of women having correct concept & practice B.F. In majority of cases neither mother nor their family heads were aware of the role of added diet to withstand the stress of breast-feeding. A significant association between dietary modification by lactating mothers and continuation of (BF) for longer period was found (table-2). Extra intake of some calories with liberal fluid is a physiological prerequisite of optimum breast-feeding. Calories are always purchased. Mother's counseling will not be effective unless family heads i.e. males are equally sensitized. Finance not only generated but budgeted too, by man. Prolonged (BF) not only covers child health aspects but adds to family economy and mother's health too.

## CONCLUSION AND RECOMMENDATIONS

The study has provided an insight into factors that determine practice of (BF) in our society. In addition to confirmation of already known facts about breast-feeding it added;

- Health education – communication efforts need to be practiced on broader scale and focused on potential parents.
- For all practical purposes involvement of male partner is essential and may result in dramatic change.
- Health care practitioners relevant to childbirth need to be motivated, informed and monitored as well.

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