

Breastfeeding Practices among Mothers in a Selected Semi-Urban Area of Bangladesh

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Abstract

Background: Breastfeeding is one of the most important factors for growth and development of infants. It protects both mothers and children against various infections and diseases. **Objective:** To identify the demographic variables related to breast feeding practices among mothers of below five years children in a semi-urban area of Bangladesh. **Materials and methods:** It was a descriptive type of cross sectional study conducted among purposively selected 180 mothers of below five years children. The study was conducted at Safipur, Kaliyakor, Gazipur in Bangladesh from 12th to 16th February, 2019. Data were collected with a semi structured questionnaire by face to face interview. Statistical package for social science 19.0 programme was used for data analysis. **Results:** Most of the respondents (91.67%) knew about colostrum and among them (94.55%) fed their child colostrum immediately after birth. Majority of the respondents (95.56%) had knowledge about exclusive breastfeeding and most of them (65.70%) knew that the duration of exclusive breastfeeding is up to 6 months. Almost all of the respondents (94.44%) knew about weaning practices and most of them (70.59%) started weaning at the age of 6 months. Almost all respondents (89.44%) could breastfeed their child properly. Majority of the respondents (76.67%) knew that breast milk provides immunity to their children against certain diseases. Most of the respondents (73.33%) gathered knowledge about breastfeeding practices from their family members. **Conclusion:** Appropriate awareness about exclusive breast feeding among the mothers will help in enhancing the growth and development of children and also in saving them from many disease.

Keywords: Breastfeeding; Colostrum; Weaning.

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Introduction

Breastfeeding is the natural means by which a baby receives nourishment. In most societies women usually feed their own babies, being the most natural, convenient and cost-effective

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method of feeding a baby.¹ According to the World Health Organization (WHO), breast milk has the complete nutritional requirements that a baby needs for healthy development.² The nutrients of the breast milk are present in proper balance and are provided in bio-available and easily digestible forms.³ Bangladesh Demography and Health Survey (BDHS) reported exclusive breast feeding in Bangladesh is 64% (2011) and early initiation is 43% (2007). In developing countries, about one-fourth to one-half of all infant deaths occur in the first week of life. In reality many mothers are unable to feed their breast milk due to lack of confidence in mothers' ability to breastfeed, problems with the infant licking or suckling, breast pain or soreness, perceptions of insufficient milk supply, and a lack of individualized encouragement from their clinicians in the early post discharge period are some of the common reasons for early breast feeding discontinuation.⁴

Breastfeeding has declined worldwide in recent years, as a result of urbanization, marketing of infant milk formulae and maternal employment outside the home.⁵ Adequate knowledge about exclusive breast feeding (EBF) is said to be the fundamental tool that can direct the course of EBF practice among mothers.⁶ Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, they perform better on intelligence tests and have higher school attendance. Breastfeeding is associated with higher income in adult life.⁷ Exclusive breastfeeding effectively reduces the likelihood of child mortality, which is the Millennium Development Goal 4, with the potential of saving 1.3 million lives yearly.⁸ Non-exclusive breastfeeding rather than exclusive breastfeeding can increase the risk of dying due to diarrhea and pneumonia among 0-5 month old infants by more than two-folds.⁹ Benefits of exclusive breastfeeding up to six months duration have been studied all over the world and there are enormous amount of evidence to support this.¹⁰ Knowledge of weaning foods and practices is an important aspect of child health and development.¹¹ Feeding the baby on demand helps the baby to gain weight.¹² Short-term risks of not breastfeeding include an increased risk of postpartum hemorrhage while long-term effects

may include a higher risk of osteoporosis and breast and ovarian cancers.¹³ Breast milk contains all types of nutrients required for an infant in right proportion and composition.¹⁴ Longer and more frequent breastfeeding and maternal survival status ensure the survival of children.^{15,16} Results of studies on cessation of breastfeeding of children suggest that mothers who have lower education stop breastfeeding earlier than those with higher education.¹⁷⁻¹⁹ Families living in rural areas are less educated and are more likely to be living in poverty than their urban counterparts.²⁰

Materials and method

It was a descriptive type of cross sectional study which was conducted at Safipur, Kaliyakor, Gazipur in Bangladesh. The study period was from 12th to 16th February, 2019 and the sample size was 180. The study populations were the mothers of under five year children. Purposive type of non-probability sampling technique was adopted for selection of samples. Data were collected by using semi structured questionnaire and face to face interview. Statistical analysis was done by SPSS version 19.0. Verbal consent of the respondents was taken prior to the study.

Results

In this study, among 180 respondents, majority (43.33%) were within the age group of 22-26 years followed by 17-21 years (28.89%) and 27-31 years (20.56%) and mean age of the respondents was 24 years and mean monthly income 21,444 Tk. Most of the respondents were Muslim (96.67%), followed by a small number of Hindu (3.33%). Most of the respondents (54.44%) had secondary education followed by the primary education (17.78%) and higher secondary education (13.89%) and maximum respondents (84.44%) were housewives followed by service holder (9.44%) and garments worker (3.33%) by occupation. Most of the respondent's husbands were service holder (52.22%) followed by businessman (22.78%) and garments worker (16.11%). Most of the respondents had nuclear families (81.11%), followed by joint families (18.89%). Most of the respondents lived in tin shade houses (52.22%), followed by brick-built

houses (47.78%). Regarding number of children, most of the respondents (90%) have 1 to 2 children followed by (9.44%) have 3 to 4 children and 5 or more (0.56%). Almost all of the respondents (97.22%) knew that breast milk is the best food for their infants but few of them (2.78%) didn't know that. Most respondents (91.67%) knew about the colostrum but few of them (8.33%) didn't know about colostrum and among them (94.55%) fed their child colostrum just after birth, followed by honey (3.03%), water (1.21%) and others (1.21%). Most of the respondents (70.90%) fed colostrum to their children for three days, followed by two days (19.40%) and one day (9.70%). Majority of the respondents (95.56%) had knowledge about exclusive breastfeeding but few of them (4.44%) didn't know about that. Most of them (65.70%) knew that the duration of exclusive breastfeeding is up to 6 months, followed by more than 6 months (26.16%) and some respondents (8.14%) fed their children for less than 6 months. About half of the respondents (52.22%) breastfed their children on demand, followed by 3-6 times (22.22%) and 7-10 times (21.11%). Regarding duration of breastfeeding, 35.55% respondents breastfed their child for a period up to 2 years followed by a period of more than 2 years (33.89%), 6 months to 1 year (20%), and less than 6 months (10.56%). Most of the respondents gave powder milk (50%), followed by cow's milk (25%) and others like cerelac, semolina, fruit juice, etc. (25%) to their children instead of exclusive breast milk. Almost all of the respondents (94.44%) knew about weaning practices but few respondents (5.56%) did not know about that. Most of them (70.59%) started weaning at the age of 6 months, followed by respondents who started weaning before 6 months (24.12%). Few respondents (5.29%) began weaning after 6 months. Regarding type of weaning food, most of the respondents gave khichuri (36.05%) to their children, followed by half boiled egg (19.77%), semolina (17.44%), formulated food (11.92%), fruit juice (7.85%), cow's milk (5.81%) and mashed banana (1.16%). Almost all respondents (89.44%) could breastfed their children properly but some (10.56%) could not. Maximum respondents (76.67%) knew that breast milk provides immunity to their children against certain diseases but some respondents

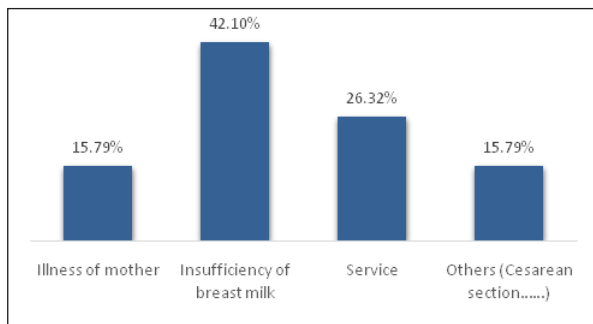
(23.33%) did not know that. Most of the respondents knew that breast milk gives immunity against other diseases like fever, helminthic diseases, etc. (35.40%), followed by malnutrition (34.78%), diarrhea (22.36%) and pneumonia (7.46%). Most of the respondents were not able to breastfeed their children properly due to insufficiency of breast milk (42.10%), followed by service (26.32%), illness of mother (15.79%) and others like cesarean section, insisted by family, etc. (15.79%). Most of the respondents (73.33%) gathered knowledge about breastfeeding practices from their family members followed by health workers (11.11%) and hospitals (9.44%).

Table I: Socio-demographic characteristics of the respondents (N=180)

Variables	Frequency	Percentage
Age group (Years)		
17-21	52	28.89
22-26	78	43.33
27-31	37	20.56
32-36	12	6.67
37-41	1	0.55
Occupation		
Housewife	152	84.44
Service Holder	17	9.44
Garments Worker	6	3.33
Others	5	2.79
Education		
Illiterate	16	8.89
Primary Education	32	17.78
Secondary Education	98	54.44
Higher Secondary	25	13.89
Others	9	.05
Monthly income(Taka)		
4000-14,000	55	30.56
14,001- 24000	74	41.11
24,001-34000	34	18.89
34,001-44000	6	3.33
44,001-54000	6	3.33
54,001-64,000	0	0
64,001-74,000	1	0.56
74,001-84,000	1	0.56
84,001-94000	0	0
94,001-104,000	3	1.66
Type of House		
Tin shade house	94	52.22
Brick -built house	86	47.78
Type of family		
Nuclear	146	81.11
Joint	34	18.86
Number of Children		
1-2	162	90
3-4	17	9.44
5 or more	1	0.56

Table II: Distribution of the respondents by source of knowledge of breastfeeding (N=180)

Source of knowledge of	Frequency	Percentage
Breastfeeding		
Family Member	132	73.33
Health Worker	20	11.11
Hospital	17	9.44
Tv and Radio	3	1.67
NGO	1	0.56
Others	7	3.89

**Fig. 1: Distribution of the respondents by possible reasons for not being able to breastfeed their child properly (n=19)**

Discussion

Majority of the respondents (43.33%) were within the age group of 22-26 years in the current study. In selected villages at Dhamrai of Bangladesh, (48.1%) of the mothers were within the age group of 21-25 years, which is similar to our study.¹²

Most of the respondents had secondary education (54.44%) and primary education (17.78%). Most of the respondents were housewives (84.44%), followed by service holders (9.44%) and garments workers (3.33%). Most of the respondents (81.11%) belonged to a nuclear family, and some respondents (18.89%) belonged to a joint family. These findings are compared with the findings at Dhamrai that showed (30%) of their respondents had secondary education, which is less than our respondents and (47.2%) of their respondents had primary education, which is more than our respondents. Most of the respondents (94.1%) were housewives and service holders (4.4 %) which is similar to our study. However (59.4%) of

the respondents belonged to a nuclear family, which was less than the respondents of our study.¹² Urban mothers are more likely to have access to lactation consultants for education and support.²¹ Negative attitudes and lack of knowledge on the part of healthcare providers can be barriers to successful infant feeding practices.²²

Our study showed that most of the respondents (91.67%) knew about colostrum, and some respondents (8.33%) did not know. The results were compared to a study done in Nepal where (75%) of the respondents knew about colostrum, which is less than our study. In their study (25%) of the respondents did not know about colostrum which is more than our study.²³

Our study showed that most of the mothers (95.56%) knew about exclusive breast feeding. These findings is more than the findings in Kigoma region, Western Tanzania which showed that (86.3%) of the respondents were aware about exclusive breast feeding.²⁴

Among the 180 respondents most (65.70%) could mention that the duration of exclusive breast feeding is 6 months, some respondents (26.16%) mentioned more than 6 months and few respondents (8.14%) mentioned less than 6 months. These findings are almost similar with the findings of the case at Bhanga Upazilla in Bangladesh showed that (69.8%) of the mothers knew the duration of exclusive breast feeding is 6 months, (16.9%) knew it is less than 6 months and (13.3%) respondents knew it is more than 6 months.²⁵

Among the respondents who could not breast feed their children exclusively in the current study, most of them mentioned insufficiency of breast milk (42.10%) as the chief reason, followed by illness of mother (15.79%), service (26.32%) and other reasons. The results are compared with a study in India where most mothers (53.84%) reported inadequacy of breast milk which is more than our study. Some (30.76%) mentioned their illness which is more and others (15.76%) mentioned service as the reason behind not being able to breast feed properly which is less than our respondents.⁵

In the study, most of the respondents (73.44%) mentioned family members as a source of knowledge of breastfeeding, some (11.11%) selected health workers and few (1.67%) TV and radio (media). In another study in a Teaching Hospital in Nepal where most of the respondents (30%) gathered knowledge about breastfeeding practices from media, some of the respondents (16%) got to know about breastfeeding practices from family members/friends and few respondents (12%) got to know about breastfeeding practices from health workers/doctors. Comparing the results, we found more respondents got to know about breastfeeding from family members in our study and less respondents got to know from media (TV and radio), and the percentage of respondents gathering knowledge from health workers were similar in both studies.²³

Conclusion

According to the study, infants will be benefitted if mothers are given adequate information about the role of breast milk in prevention of childhood diseases and the demerits of giving substitutes of breast milk and not practicing exclusive breastfeeding. Also, necessary steps must be taken to encourage and circulate information about methods and advantages of breastfeeding by mass media and health workers. Facilities for breastfeeding such as breastfeeding/nursing corners must be created in institutions and workplaces, and employed lactating mothers must be given a satisfactory duration of maternity leave like government organization and other maternity benefits to allow mothers to continue proper breastfeeding practices, and promote health of infants and children.

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