



Study on Exclusive Breastfeeding practice and related factors among mothers attending in a tertiary care hospital of Bangladesh

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Abstract

Back ground : Exclusive breastfeeding (EBF) means that the infant receives only breast milk for the first six months of life after birth. In Bangladesh, 55% of children less than 6 months of age are exclusively breastfed according to BDHS 2014.

Objectives : To assess the exclusive breast feeding practice and associated factors among children in an urban area of Bangladesh.

Method : This cross-sectional study was conducted in Popular Medical College, Dhanmondi, Dhaka, among 80 mothers having infants aged 7-12 months, attending the outpatient department were selected purposively for the study during the period of 1st August 2017 to 31st December 2017. Sample were selected purposively for the study and predesigned questionnaire were used for data collection. Data analysis was done by using SPSS software version 22.

Result : It was found that only 30(37.5%) mother went for regular antenatal checkup and remaining 50 (62.5%) had irregular antenatal check up. But none of them got breastfeeding advice during antenatal visit. Breastfeeding was initiated with in 1 hour of birth in 36(40%) cases and 44 (60%) cases after 1hour of birth. Exclusive breastfeeding (EBF) was found in 40 (50%) children. Among them 30 (75%) were children of housewife mothers. Mixed feeding (breast milk plus formula/ cow's milk) was given to 30 children among them 18 (60%) were the children of housewife mothers. Only formula milk was given to 10 children of them 8(80%) were the children of housewife mothers. Exclusive breast milk was not given by 18(45%) mothers due to job or other occupation whereas 22 (55%) mother did not give EBF due to insufficient breast milk.

Conclusion : In the study rate of exclusive breast feeding was 50%. This study also showed that frequency of exclusive breast feeding practice was lower in working mothers than housewife mothers. This study also showed that the speculation of not getting sufficient milk was one of the main reasons for not giving exclusive breastfeeding.

Key Words : Exclusive breast feeding, antenatal visit.

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Introduction

Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first 6 months of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life.¹ Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. The World Health Organization (WHO) recommends the practice of exclusive breastfeeding (EBF) of infants for the first six months of life starting from birth. According to WHO exclusive breastfeeding – means that the infant only receives breast milk without any

additional food or drink, not even water. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. Studies have demonstrated that it reduces deaths in infants and young children.^{2, 3}

Globally, suboptimum breastfeeding was responsible for 11.6% of all child deaths in 2011.⁴ Universal (90%) coverage of breastfeeding is estimated to prevent around 13% of all deaths among children under five years of age in low and middle income countries.⁴ However, globally only half of infants under 1 month of age and 30% of infants aged 1–5 months are exclusively breastfed.⁴ Several

factors have been shown to be associated with exclusive breast feeding: variations between urban and rural areas, infant’s age, mothers’ employment status and education level, knowledge about good breastfeeding practices, occupation, monthly household income, mothers’ smoking status, socio-economic position, prelacteal feeding, parity, positive attitudes towards exclusive breast feeding, intended to exclusively breastfeed before delivery, timely initiation of breastfeeding, mode of delivery, infant’s birth weight, health system practices, discarding colostrum and community beliefs.⁵

The global strategy for infant and young child feeding was approved by World Health Assembly in May 2002 and was endorsed by UNICE. The strategy is supportive of mother and family impacting directly on early childhood survival, growth and development. These feeding practices are known collectively as IYCF practices which includes breastfeeding and complementary feeding.⁶ In Bangladesh, the prevalence of EBF was around 55% according to BDHS, 2014. Thus to investigate the issue further, this study was conducted. The objective of this study was to find out the practice of EBF and some related factors among mothers having infants aged 7-12 months in an urban area of Bangladesh.

Materials and Methods

This is a cross sectional study conducted at the outpatient department of Popular Medical College Hospital, Dhanmondi, Dhaka. During the period of 1st August 2017 to 31st December 2017. Total 80 mothers having infants aged 7-12 months interviewed and included consecutively. Sick children requiring emergency care, irritable children and mothers who were unwilling to participate were excluded from the study. All mothers were interviewed after obtaining informed written consent. Predesigned questionnaire were used for data collection. Information’s for initiation of breast feeding and exclusive breast feeding were elicited by historic recall.

Early initiation of breast feeding was considered when proportion of children who were put on breast within one hour of birth.

Exclusive breastfeeding was considered when proportion of infants who were fed exclusively from breast from birth up to 6months (180 days) of age.

Data analysis was done by using SPSS software version 22.

Results

In this study 80mothers having infants aged 7-12 months were interviewed, mean age of children in month was 8.64 months

range (7–12m). Among them 56 (70%) were male and 24 (30%) were female. Regarding antenatal follow up of mother, only 30 (37.5%) mother went for regular antenatal check up and remaining 50 (62.55%) had irregular antenatal check up. But none of them got breastfeeding advice during antenatal visit. Among the respondent’s house wife mother was 56 (70%) and working mother was 24 (30%) and 25(31.25%) children were born by normal vaginal delivery whereas 55 (68.75%) children were born by caesarean section delivery (Table -1).

Table-1: Socio- Demographic pattern of study children

Indicators	No	%
Age of child		
7-12months	80	100
Sex		
Male	56	70
Female	24	30
Mothers education		
Primary	16	20
Secondary	32	40
Higher	32	40
Father's education		
Primary	16	20
Secondary	16	20
Higher	48	60
Antenatal visit		
Regular	30	37.5
Irregular	50	62.5
Breast feeding education (during antenatal visit)		
	00	00
Mode of delivery		
Normal vaginal delivery	25	31.25
Caesarean section	55	68.75
Mothers occupation		
House wife mother	56	70
Working mother	24	30

Regarding feeding pattern of 6 months old infants, breastfeeding was initiated with in 1 hour of birth in 36(45%) and44 (55%)mothers after 1hour of birth. Exclusive breastfeeding was found in 40 (50%) children.Breast milk (BM) + formula/ cow’s milk was given in 30 (37.5%) children. Only formula milk was given in 10 (12.5%) children (Table-II).

Table II : Feeding pattern up to 6 mo old infants (n=80)

Pattern	Frequency	Percent
Initiation of breast feeding		
<1 hour	36	45
> 1hour	44	55
Exclusive breast feeding		
BM + formula/ cow’s milk (Mixed feeding)	40	50
Formula milk	30	37.5
	10	12.5

Relation between early initiation of breast feeding and mode of

delivery was found that early initiation of breastfeeding was more common in infants delivered by normal vaginal delivery 19(76%) out of 25 whereas only 17(31%) out of 55 infants had early initiation of breastfeeding delivered by caesarian section. Regarding mothers education it was found that 20(55.50%) mothers with higher education initiated breast feeding within 1hr. (Table – III).

Table III : Early initiation (<1hr) of breast feeding in relation to mode of delivery and mothers education

Variable	Frequency	Percent
Mode of delivery		
Normal vaginal delivery(no 25)	19	76
Caesarean section (55)	17	31
Educational status		
Primary	6	19.25
Secondary	10	25.25
Higher	20	55.50

Rate of exclusive breastfeeding was higher 30 (75%) in children of housewife mother than children of working mothers which was 10 (25%). Here the rate of mixed feeding was 18 (60%) in the children of housewife mother and 12 (40%) was children of working mother. Formula feeding was given in 8(80%) children of housewife mother and 2(20%) children of working mother. (Table – IV).

Table IV : Breast feeding status among children of housewife mothers and working mother

Indicators	Housewife (56)	Working (24)	Total
Exclusive breastfeeding Up to 6 months	30 (75%)	10 (25%)	40 (100%)
Mixed feeding	18 (60%)	12 (40%)	30 (100%)
Formula milk	8 (80%)	2 (20%)	10 (100%)

Exclusive breast milk was not given due to job or other occupation in 18(45%) children whereas 22(55%) mother could not give Exclusive breastfeeding (EBF) due to insufficient breast milk (Table: V).

Table V : Reason for not giving exclusive breast feeding(no 40)

Reason	Frequency	%
Job/ other occupation	18	45
Not enough milk	22	55

Discussion

Exclusive breast feeding (EBF) is the best recommended infant feeding method for the first six months of life and has a protective effect against child morbidity and mortality.⁷ But it has not yet been universally practiced and the reduction in the rate of EBF is taken as a serious problem, especially in developing

countries.⁸

Mean age of children in month was 8.64 months range (7 – 12months). Among them 56 (70%) were male and 24 (30%) were female. Regarding antenatal follow up of mother, only 30(37.5%) mother went for regular follow up and remaining 50(62.55%) had irregular antenatal check up. This finding was consistent with the study done by Vafae A et al.⁷ They showed that regular antenatal visit was 18.2%, Irregular visit was 67.8% and no visit was 14%.

Regarding breast feeding advice during antenatal visit, present study showed that none of the mother got breastfeeding advice during antenatal visit. This result was not consistent with the result of the study conducted by Vafae A et al.⁷ they have found that majority (52%) of the mothers had received breastfeeding advice during their antenatal visit.

In the present study it was shown that, breastfeeding was initiated with in1 hour of birth in 36(45%) mothers and after 1hour of birth in 44(55%) mothers which was not consistent with the findings conducted by Chakraborty Bet al⁸ where they found that breastfeeding was initiated with in 1 hour of birth in 68.5% of the study children (0-23 months). But it was consistent with a study by Akhtar et al.⁹

Our study showed that early initiation of breastfeeding was more common in infants delivered by normal vaginal delivery 19(76%) than the infants delivered by caesarian section 17 (31%). This finding was similar with the study done by Chakraborty B et al,⁸ where they found that, early initiation of breastfeeding was common in infants delivered by normal vaginal delivery(72%) than infants delivered by caesarian section (68.2%).

In this study exclusive breastfeeding was found in 40 (50%) children upto 6 months of age. Breast milk + formula/ cow's milk was given in 30 (37.5%) children. Only formula milk was given in 10(12.5%) children. This finding was similar with the finding conducted by Chakraborty B et al⁸ where 66.8% of 0-6month old children were found to be exclusively breastfed.

In present study rate of exclusive breastfeeding was higher 30 (75%) among the children of housewife mothers than children of working mothers which was 10 (25%). This study was consistent with the study done by Chakraborty et al⁸ where the rate of exclusive breastfeeding was found higher (77%) among the children of housewife mothers than those of working mothers (23%).

This study showed that 18(45%) mother could not give exclusive breast milk due to job or other occupation whereas 22

(55%) mother cannot give EBF due to insufficient breast milk. Therefore, the speculation of not getting sufficient milk was one of the main reasons for not giving exclusive breastfeeding.

Conclusion

In the study rate of exclusive breast feeding was 50%. This study also showed that frequency of exclusive breast feeding practice was lower in working mothers than housewife mothers. This study also showed that the speculation of not getting sufficient milk was one of the main reasons for not giving exclusive breastfeeding. Therefore, it is recommended that steps should be taken to improve the existing situation.

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