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Research Article

Breastfeeding Pattern in Rural Community: A Comparative Study

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ABSTRACT

For the attainment of better nourishment of a child, exclusive breastfeeding is one of the prerequisites and essential factors. It is acknowledged worldwide and being promoted to reduce infant mortality rate (IMR). This paper is an analytical study conducted in Chandaus block of Aligarh district in Uttar Pradesh (UP). To conduct this study, 100 children for each year (i.e. 2010–20011 and 2011–2012) were randomly selected. This study was conducted to examine the impact of S.S. CCSP on various dimensions, i.e. trends of exclusive breastfeeding in 2 years i.e. (2010–2011 and 2011–2012), and the impact of exclusive and partial breastfeeding. Data obtained from this study show there is a slight improvement in the trend of exclusive breastfeeding.

Keywords: Feeding, Pre-lacteal feed, Colostrum, Exclusive breastfeeding

INTRODUCTION

Regarding breastfeeding Rabindranath Tagore said, 'The nature has designed the provision that infants be fed upon their mother's milk. They find their food and mother at the same time. It is complete nourishment for them both for their body and soul' (Singh, 2004).

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breast (i.e., via lactation) rather than from a baby bottle or other container. It is an unequalled way of providing ideal food for the healthy growth and development of infants. Breast milk is the natural first food for babies; it provides all the energy and nutrients that the infant requires. The first feed is usually offered within 1–2 h after birth. There is no need to administer any pre-lacteal feeds in the form of honey, glucose water, tea, and so forth. The colostrum (milk secretions during the first 3 days of lactation) must never by discarded and all babies should invariably receive it because it is rich in energy, proteins, protective antibodies and cellular elements (en.wikipedia.org/wiki/Breastfeeding, www.who.int/nutrition/topics/exclusive_breastfeeding/en/).

Breast milk is free from contamination and adulteration, is available at the desired temperature and is easily digestible and suited to the needs of the infant. It is convenient, especially during night and eliminates the need for any calculation. By virtue of its anti-infective properties and freedom from contamination, breastfed babies have a low incidence of infective diarrhoea, respiratory infections, acute otitis media, and necrotising enter-colitis. There is reduced risk of eczema and milk allergy in breastfed babies. There is evidence to suggest that breastfed babies are less likely to develop obesity, hypertension, diabetes mellitus and atherosclerosis in later life. Late-onset tetany, metabolic acidosis and acrodermatitis enteropathica are limited to breastfed babies. Above all, there is evidence to suggest that breastfed babies have better visual development, cognition and IQ score later in life (Singh, 2004).

Human breast milk is the healthiest form of milk for babies. There are few of exceptions such as when the mother is taking certain drugs, is infected with 'human T-lymphotropic virus' or has untreated tuberculosis (en.wikipedia.org/wiki/Breastfeeding).

EXCLUSIVE BREASTFEEDING

Exclusive breastfeeding means that an infant receives only breast milk with no additional foods or liquids, not even water. Exclusive breastfeeding is the single most effective intervention for preventing child death. During the first 6 months of life, the baby should receive exclusive breastfeeds and there is no need to give any water even during summer months because all the fluid requirements of the baby are met through the mother's milk. The exclusively breastfed babies are likely to have better weight gain because they will drink more milk when thirsty (http://www.aliveandthrive.org/our-focus-areas/exclusive; (Singh, 2004).

METHOD

The study is based on the primary data collection through home visit of the children. The sample consisted of randomly selected 100 children for each year, i.e. (2010–2011 and 2011–2012). Researcher interviewed the mothers of the children and their husbands regarding delivery, initiation of breastfeeding, exclusive breastfeeding, and so forth. Apart from these, Accredited Social Health Activists (ASHAs) were asked for the collection of data regarding infection in the babies and checked their Village Health Index Register (VHIR), which provides concrete data for the study purpose.

RESULTS AND DISCUSSION

This graphical representation shows how exclusive breastfeeding increased in the Chandaus block through SS.CCSP. Two consecutive years, i.e. 2010–2011 and 2011–2012, were considered. In the year 2010–2011, out of 100 infants only 18 per cent have been exclusively breastfed where in the next year, i.e. 2011–2012 exclusive breastfeeding increased by 55 per cent with the help of regular home visit and counselling by ASHAs.

The above figure depicts the initiation of breastfeeding within 1 h, which is beneficial for newborn babies

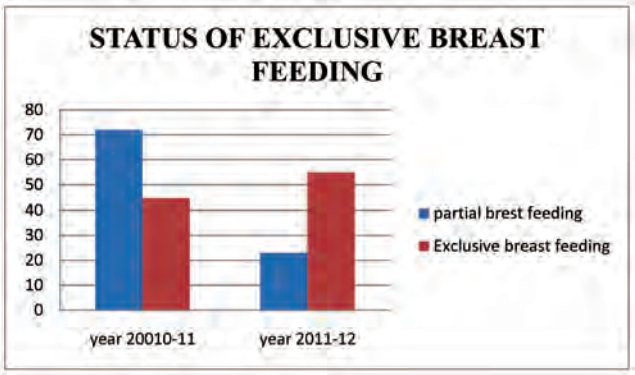
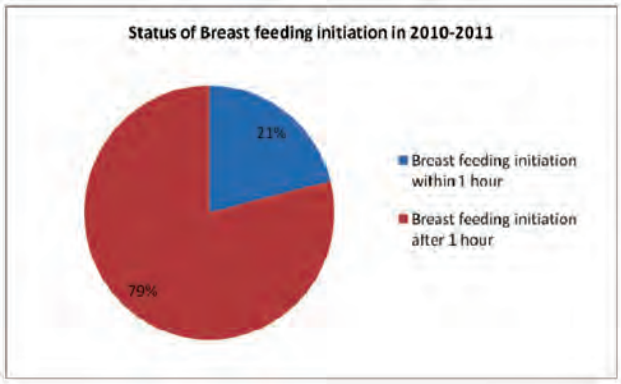


Figure 1: Increase in exclusive breastfeeding through support of SS. CCSP project and counselling
(Data collected in 2010–2011 and 2011–2012).



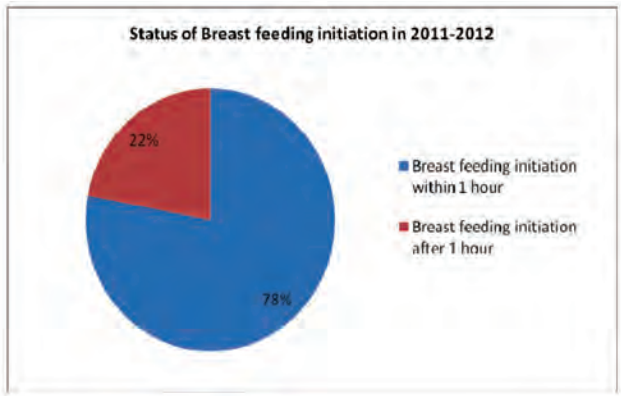


Figure 2: Increase in breastfeeding initiation within 1 h after childbirth

because the first yellow thick milk called colostrum contains antibacterial and anti-viral agents and high level of vitamin A that protects infants against diseases. Tremendous improvement has been reported in the

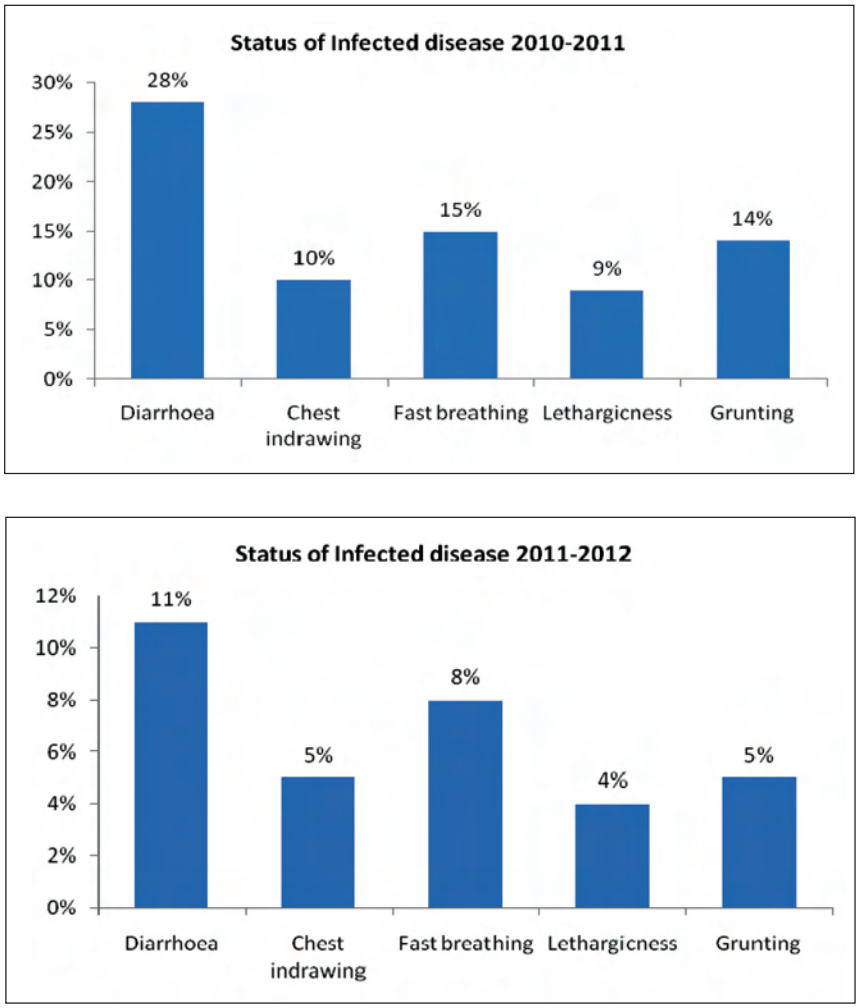


Figure 3A: Number of infected babies during 2010–2011

initiation of breastfeeding within 1 h. In 2010–2011, it was just 22 per cent, which increased by 78 per cent in 2011–2012 with the help of great effort carried out by frontline workers (ASHAs) and block supervisor.

Figure 3A shows the percentage of babies who got infected in 2010–2011, which is very high. Diarrhoea and pneumonia are the leading causes of death among infants. Infants under 2 months old who are not breastfed are six times more likely to die from diarrhoea or acute respiratory infection than those who are breastfed. In this figure, the percentage of infants infected with diarrhoea is 28 per cent. Apart from this, other infections are also high, 15 per cent infants got infected with fast breathing (increase in respiratory rate). On the other hand, 9 per cent infants were suffering from lethargy, 10 per cent from chest in-drawing and 14 per cent infants were reported with grunting.

In 2011–2012, the number of infected infants decreased due to increase in the percentage of exclusive breastfeeding. Breast milk protects the infants against infection and chronic diseases. Exclusive breastfeeding reduces common childhood illness such as diarrhoea or pneumonia and helps in quicker recovery during illness.

The above graph shows remarkable decrease in illness compared with the previous year. Diarrhoea decreased by 11 per cent and fast breathing decreased by 8 per cent. Lethargy was reported in 4 per cent, and chest in-drawing and grunting in 5 per cent each.

SUGGESTIONS AND CONCLUSION

For the promotion of breastfeeding, community and key family members should be more sensitised and motivated by frontline health workers by conducting group meetings and counselling. There should be a more effective system of follow-up support for all breastfeeding manners after they are discharged from the hospital. The nursing mother should be motivated and encouraged to have healthy diet whatever they can accord like green leafy vegetables, *daliya* and milk to ensure sufficient and good quality of milk output.

On the occasion of world breastfeeding week (1–7 August), the comprehensive 1-week programme policy should be made by administration to achieve the goal of this week. This can be a much better platform/way to sensitise and induce the community regarding breastfeeding and the importance of exclusive breastfeeding because exclusive breastfeeding is the most effective way of eliminating the risk of infection and is associated with better weight gain, because the baby drinks more milk when thirsty.

Finally, the study shows how the rate of exclusive breastfeeding and initiation of breastfeeding within 1 h was improved and also the number of infected babies decreased as exclusive breastfeeding increased. It shows that the project Strengthening of Comprehensive Child Survival Programme Through Supportive Supervision (S-CCSP-SS) obtained success but further work is required to achieve the required target and in reducing IMR.

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