

Breast Feeding Practice among the Educated Urban Women in Jashore

Zahan R¹, Ferdaus F², Rahman MA³, Jahan E⁴

Abstract

Background: Child feeding practices was directly influence nutritional status of a child. Maternal education level has long been associated with child feeding practices.

Objective: To describe the pattern of breast feeding practice (type of food given just after delivery, time of starting breast feeding, exclusive breast feeding, duration of breast feeding, and starting of complementary feeding) among the urban women of Bangladesh in Jashore in addition to age and education level of the respondents.

Methodology: This descriptive type of cross sectional study was carried out on breast feeding practices among urban women in Jashore from 1st January to 30th June 2019. By purposive sampling technique a total number of 100 respondents having child less than 5 years old were selected for this study. Data were collected by face to face interview through a pretested questionnaire.

Results: In this study 48.0% of the respondents were between 34 to 41 years age group. About 40.0% of the respondents were graduates, 34% were post graduates, 16% were SSC level, and 10% were \geq HSC level and no one was illiterate. Maximum 86.0% mothers gave breast milk, 6.0% gave honey, and 8.0% gave formula milk just after delivery. Majority (70.0%) of the respondents started breast feeding within 1 hour, 10.0% after 1 hour, 14.0% after 3 hours, and 6.0% after 4 hours. About four-fifth (80.0%) of the respondent fed exclusive breast feeding for 5 to 6 months, 16.0% fed up to 3-4 months, and 4.0% fed up to 1-2 months. Maximum 60.0 % fed 18-24 months, 26.0% fed >24 months and 4.0% fed 12-18 months. Most (88.0%) of them started complementary food within 6 months, 12.0% started after 6 months.

Conclusion: Mothers with higher education were more likely to initiate breastfeeding with the first hour of childbirth. Future interventions should focus on increasing girl's and women's education program through formal or non-formal education programs, respectively.

Key words: Breast Feeding, Urban Women, Weaning.

Introduction

Every year millions of infant die throughout the world, mostly in developing countries. In Bangladesh, infant has continued a notable decline but it is still high in Bangladesh compared to other South Asian countries. Various factors including community factors also influence infant mortality and improvement of public health and family planning. At the community level, infant mortality might be influenced by specific cultures and customs. In

Bangladesh, breastfeeding in rural areas appears to be shaped by the beliefs of a community¹, which are further influenced by social, cultural, and economic factors. Feeding immediately after birth in Bangladesh is called pre-lacteal feeds. About 98% new born are traditionally fed "heating foods" such as honey, sugar water, or mustard oil with believe that these foods give strength and prevent colds during first few days of life and they also believed that honey makes babies' voice sweet.² Breast milk contains antibodies and live cells which protect infants from bacterial and viral pathogens and stimulates the infant's immune system³. There are two main reasons for poor breastfeeding rates in our country: (i) a lack of support for mothers to initiate and sustain breastfeeding and (ii) secondly the erosion in breastfeeding practices by the violations of the national and international codes for the marketing of breast milk substitutes by the milk companies. Human milk provides advantages with strongest defense as comes from colostrum, the substance produced in the first few days after birth, which provides the baby's first immunization. This works both before and during the time of feeding, the baby acquires active immunity through breast milk. The beneficial effects of breast milk depend on breastfeeding initiation, its duration, and the age at which the breast-feed child is weaned.⁴ The Lancet 2003 Child survival series and from Karen

1. Dr. Refat Zahan
Assistant Professor and Head, Department of Community Medicine, Ad-din Akij Medical College, Khulna
2. Dr. Farhana Ferdaus
Assistant Professor and Head, Department of Community Medicine, Khulna City Medical College
3. Dr. Md. Abdur Rahman
Assistant professor of Pharmacology and Therapeutics
Addin Akij Medical College, Khulna
4. Dr. Effat Jahan
Medical doctor, MSF

Correspondence to:

Dr. Refat Zahan
Assistant Professor and Head, Department of Community Medicine
Ad-din Akij Medical College, Khulna
Email: dr.refat1986@gmail.com

Edmond's 2006 Pediatrics paper from Ghana⁵ that universal optimal breastfeeding and complementary feeding are the most significant determinants of child mortality reduction in low and middle income countries. So, young child feeding practices are crucial for improving the health and nutritional status of children. Almost 96% of Bangladeshi children are breastfed for some period of time but only 9% initiate during the first hour of life and 48% within the first day of life⁶. In Bangladesh, tragically the majority of fewer than 5 deaths (80%) occur in the 1st year of life, out of them, 45% from neonatal infection, 30% from diarrheal, 18% from acute respiratory infection. The importance of exclusive breastfeeding and the immunological and nutritional values of breast milk have been demonstrated in deferent records. Breastfeeding is one of the most important determinants of birth spacing and prevention of childhood infections.⁷ Early initiation of breastfeeding helps mothers and child to get extra contact which foster bonding between mother and child from first hours of baby's life.⁸ Hence, the study with these relationships helps in orienting the breastfeeding promotional activities and for preventing a decline in initiation and duration of breastfeeding practices.

Materials and methods

A descriptive type of cross sectional study was carried out on breast feeding practices among urban women in Jashore from 1st January to 30th June 2019. Purposive sampling technique was followed and a total number of 100 respondents having child less than 5 years old were included as sample. Data were collected using a structured questionnaire duly pre-tested in line with stated study objectives. The contents were onset of breast-feeding, duration of breast-feeding, and weaning period. After collection, data were verified, edited for its consistency. The data were compiled, tabulated and processed in the computer according to the key variables.

Results

Table 1: Distribution of the respondents by age group (n=100)

Age (Years)	Frequency	Percentage
18-25	44	44
26-33	8	8
34-41	48	48
Total	100	100

Table 1 shows that majority of the respondents 48% were from 34-41 years age group. Mean age of respondents was 29.87 (± 7.71) year.

Table 2: Distribution of the respondents by educational qualification (n=100)

Educational qualification	Frequency	Percentage
SSC	16	16
HSC	10	10
Graduation	40	40
Post-graduation	34	34
Total	100	100

Table 2 shows that majority 40 % of the respondents were graduate, 34% were post graduate, 16% were SSC level and 10% were \geq HSC level.

Table 3: Distribution of the respondents according to the type of food given just after delivery (n=100)

Type of food	Frequency	Percentage
Breast milk	86	86
Honey	6	6
Formula milk	8	8
Total	100	100

Table 3 shows that the maximum 86% mothers gave breast milk, 6% gave honey and 8% gave formula milk.

Table 4: Distribution of the respondents by starting-time of breast feeding after delivery (n=100)

Time to start	Frequency	Percentage
Within 1 st hour	70	70
After 1 st hour	10	10
After 3 hours	14	14
After 4 hours	6	6
Total	100	100

Table 4 shows that the majority 70% started breast feeding within 1 hour, 10% had after 1 hour, 14% after 3 hours, and 6% after 4 hours.

Table 5: Distribution of the respondents according to duration of exclusive breast feeding (n=100)

Duration of exclusive breast feeding in months	Frequency	Percentage
1-2	4	4
3-4	16	16
5-6	80	80
Total	100	100

Table 5 shows that the maximum 80% of the respondent fed exclusive breast feeding 5-6 months, 16% fed up to 3-4 months and rest 4% fed up to 1-2 month.

Table 6: Distribution of the respondents by total duration of breast feeding (n=100)

Total duration of breast feeding (In months)	Frequency	Percentage
<6	6	6
6-12	4	4
12-18	4	4
18-24	60	60
>24	26	26
Total	100	100

Table 6 shows that, the maximum 60% fed 18-24 months, 26% fed >24 months and 4% fed 12-18 months.

Table 7: Distribution of the respondents by the time of beginning complementary foods (n=100)

Time of starting complementary foods	Frequency	Percentage
Within 6 months	88	88
After 6 months	12	12
Total	100	100

Table 7 shows that maximum 88% started complementary food within 6 months and 12% after 6 months.

Discussion

The study attempted to describe the pattern of breast feeding practice among the urban women of Bangladesh with youngest child below 5 years of age. This study revealed that majority of the respondents 48% were from 34-41 years age group. Mean age of respondents was 29.87 (± 7.71) years. One of the important variables of the study was the level of the education of the respondents. As per the study, the majority (40%) of the respondents were from graduation level. When the distribution of respondents according to type of food given just after delivery was considered, as per this study, it was found that 86% fed breast milk, 6% honey, 8% gave formula milk. In a study of Dinajpur Medical College J 2010 Jan found that 34.9% of the women chose honey as pre-lacteal for their new born infant and 70.9% adapted breast milk.⁹ Delayed initiation of breast feeding is also common in Bangladesh. But this study revealed majority 70% were started breast feeding after within one hour. According to Mihrshahi et al study in 1996, only 9% started breast feeding immediately after birth. The recent DHS survey confirms 24% of the women initiated breast feeding within 1 hour and 83% one day after delivery. In Zeenath Rehana's study, 95% initiated within one hour and 48% within one day.¹⁰ Holman DJ et al in their survey found that 59% initiated breast feeding within 4 hours and 88% within 12 hours of delivery.¹¹ A study conducted by ICDDR,B found out that 18% fed the newborn with breast milk within one hour and 23% within 2-3 hours. So the starting time of breast feeding is more or

less similar with this study. While the distribution of respondents according to time of starting complementary food in months was recorded, as per this study it was found that 88% of mothers started it within 6 months, and 12% after 6 months of age. ICDDR,B study suggests that 11% of 1 month infants were started weaning food and 7.6% at 6 months of age.¹⁰

A study of ICDDR, B stated that 90% of the mothers did not know that the colostrum should be the first and only food (for 6 months) for the baby.¹⁰ On the contrary according to this study only 4.4% did not know about the importance of colostrum and that it should be given to the child as his first food. Shameem Ahmed et al in their study said only 12% women knew about the significance of colostrum. Study conducted by Das and Ahmed found that 81% women discarded colostrum as did not feed it to the infants whereas the study shows only 8.4% women did not feed her infants with colostrum and rest 91.59% did.

The study showed that the Pattern of breast feeding Practice among the respondents of urban area of Bangladesh Correlates with the previous studies. The policy makers should provide proper health education about breast feeding. First of all, the practice of breast feeding has to be improved at the grassroots level.

Conclusion

Infants being the future generation of our society should be brought up healthy both physically and mentally for which breast feeding, weaning and rearing should be appropriate and in time. The results of this study shows that knowledge and practice regarding proper breast feeding practice among the urban women of Bangladesh is average while considering the fact that a lot other important variables were not considered and the study population was limited. Findings of the study suggest that it is important to raise awareness among the mothers.

References

1. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. "Delayed breastfeeding initiation increases risk of neonatal mortality". *Pediatrics* 2006; 117: 380-386
2. Bangladesh Breastfeeding Foundation: protection, promotion and support breastfeeding, (<http://www.bbf-bd.org/home>).
3. Iskandar MB, Costello C, Nasution Y. Initiation and duration of breastfeeding in Indonesia. *Asia Pac Popul J*. 1990; 5: 89-112. (Pub Med)

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6. Dewey KG, Cohen RJ, Brown KH, Rivera LL. Effects of exclusive breastfeeding for four versus six months on maternal nutritional status and infant motor development: Results of two randomized trials in Honduras". *J Nutr.* 2001; 131:262.
 7. Mahalanabis D. "Breastfeeding and Vitamin A deficiency among children attending a diarrhea treatment center in Bangladesh; a case control study". *BMJ.* 1991; 303:493-6.
 8. Mitra SN, Ali MN, Islam S, Cross AR and Saha T. Bangladesh Demographic and Health Survey, 1993-1994. National Institute of Population Research and Training (NIPORT) Dhaka, Bangladesh. 1994
 9. Haque MJ, Rahman MM, Sarker SK, Ali MA, Fakir M, Rahman MM, Islam MM T –Infant Feeding Practice by the Rural Mothers of Dinajpur District, V-Dinajpur. *Need Col J* 2010 Jan; 3(1): 35-38]
 10. Rahama NZ. T-Exclusive breast feeding practices among Bangladeshi women in Stockholm., V-karolinska Institutet., Department of Public Health Science Division of International Health Care Research (IHCAR) SE-17176 STO CKHOLM, Sweden
 11. Holman DJ, Grimes MA, T-Colostrum feeding behavior and initiation of breast-feeding in rural Bangladesh. *V-J Biosoc Sic:* 2001 Jan; 33 (1): 139-54