

## Breast Feeding Practices among Lactating Mothers in Selected Area of Dhaka City

# Md Ruhul Amin<sup>1</sup>, Md Monoarul Haque<sup>2\*</sup>, Md Nazrul Islam<sup>3</sup>, Md AL- Emran Ali<sup>4</sup>, Nazma Sultana<sup>5</sup> and Srijana Ghimire Neupane<sup>6</sup>

<sup>1</sup>Department of Physiotherapy, SAIC group of Medical Institutions, Bangladesh <sup>2</sup>Department of Public Health, Bangabandhu Sheikh Mujib Medical University, Bangladesh <sup>3</sup>Department of Physiotherapy, National Institute of Traumatology and Orthopedic Rehabilitation, Bangladesh <sup>4</sup>Department of Materia Medica, Government Homeopathic Medical College, Bangladesh <sup>5</sup>Medical Officer, Ad-din Medical College & Hospital, Bangladesh <sup>6</sup>Department of Nursing, Chitwan Medical College and Teaching Hospital, Nepal

\*Corresponding Author: Md Monoarul Haque, Department of Public Health, Bangabandhu Sheikh Mujib Medical University, Bangladesh.

Received: July 31, 2015; Published: August 11, 2015

### Abstract

**Background:** Exclusive Breastfeeding has been recommended the world over as the optimal feeding mode for young infants. Improper and lack of practices of breastfeeding give lifetime punishment to the child and also to mother. In Bangladesh, many programs and projects have been promoting breastfeeding for many years but still fighting for developing optimal breastfeeding practices.

**Objective:** This descriptive type of cross sectional study was conducted in order to determine the breast feeding practices among lactating mothers in selected area of Dhaka city.

**Methods:** A pre-tested modified interviewer administrated semi questionnaire was used to collect the information with sample size 100. Result: Mean age of mothers was  $24.76 \pm 4.699$  years. Most of the respondents (32%) completed secondary level education. Of them 58% were nuclear family and 42% extended family. About 61.3%, 25.8%, 9.7%, 3.2% of the respondents gave honey, plain water, cow's milk and glucose respectively before pre-lacteal feeding. Study also found that the mean duration of breast feeding were 2.96  $\pm$  1.34 hours. Almost 96% fed colostrums to her children. Most of the respondents (90%) of the respondents practiced exclusive breastfeeding.

**Conclusion:** It is concluded that exclusive breast feeding practices among mother was not satisfactory. It is necessary to take steps to improve breastfeeding practices in all maternity facilities.

Keywords: Breast feeding practices; Lactating mother; Dhaka city

### Background

Exclusive breastfeeding is only when the infant has received only breast milk from the mother or a wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. Predominant breastfeeding is that when the infant's predominant source of nourishment has been breast milk [1]. The practice of exclusive breastfeeding is still low despite the associated benefits. Improving the uptake and appropriating the benefits will require an understanding of breastfeeding as an embodied experience within a social context [2]. Only 37% of infants younger than 6 months in Mozambique are exclusively breastfeed. A qualitative assessment was undertaken to identify the knowledge, beliefs, and practices around exclusive breastfeeding--specifically, those of mothers, fathers, grandmothers, and nurses--and to identify the support networks. Results show many barriers. In addition to receiving breast milk, infants receive water, traditional medicines, and porridges before 6 months of

313

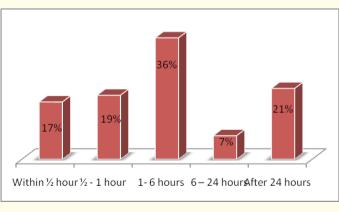
age. Many mothers had heard of the recommendation to exclusively breastfeed for 6 months [3]. A study explored the antecedent factors influencing the practice of exclusive breast feeding among lactating mothers in Ayete, a rural community in Southwest Nigeria. 67.1% respondents were aware that EBF should be initiated immediately after birth. Age, educational level and occupation were significantly associated with knowledge of EBF [4]. In Bangladesh, infectious diseases, like diarrhea and acute respiratory tract infections are cause of more than two-thirds of all deaths in children aged below one year [5]. According to World Health Organization (WHO) worldwide increase in breastfeeding rates by 40% would reduce respiratory deaths by 50% and diarrhea by 66% in infants aged less than 18 months [6]. It has been estimated that optimal breastfeeding of children under two years of age has the potential to prevent 1.4 million deaths in children under five in the developing world annually [7].

## **Materials and Methods**

This was descriptive cross sectional study. The study was carried out to explore breast feeding practices among lactating mothers. Non probability convenient sampling technique was used to collect data. Total sample was 100. Study period was of 1<sup>st</sup> September to 31<sup>st</sup> December 2014. Study population was lactating mother in Mirpur area of Dhaka city. Mirpur is a densely populated city in northern part of Dhaka. Women having at least one baby less than 6 months of age were included in the study. A pretested modified interviewer administrated semi structured questionnaire was prepared to collect information regarding socio-demographic characteristics and exclusive breast feeding practices as well as colostrums feeding. Data were entered into the computer into a data base in the software package. Statistical package for the social science (SPSS) using descriptive statistics such as frequency, distribution, range, mean, and percentage. All scores and percentages was computed and presented in tabular form, charts and graphs as appropriate.

#### Results

Mean age of mothers was 24.76 ± 4.699 years. It is found from the table 1 that 32%, 20%, 14%, 13%,11%, 10% of the respondents (mothers) belonged to the level of education of secondary, higher secondary, primary, graduate, post graduate and illiterate respectively. Study found that 83% were housewife, 8% employer, 6% students and 3% were day labor respectively. Study reveals 96% respondents were Muslim. Study also found that 38%, 25%, 22%, 15% of the respondents had income per month < 10000 BDT, 11000-20000 BDT, 21000 - 30000 BDT and > 30000 BDT respectively. (Table 1) Table 2 showed 58% were nuclear family and 42% were extended family. Table 3 shows that 31% of the respondents fed before pre-lactating feeding. About 61.3%, 25.8%, 9.7%, 3.2% of the respondents gave honey, plain water, cow's milk and glucose respectively. Figure 1 showed that 36%, 21%, 19%, 17%, 7% of the respondents practiced breast feeding after 1-6 hours, after 24 hours, ½ - 1 hour, within ½ hour and 6-24 hours respectively. Table 4 showed that 90% of the respondents fed colostrums to her children. About 85% of the respondents fed colostrums for nutrition, 55% for prevent from illness & infection, 41% for help for growth and development and 35% for good for baby's health respectively. Figure 2 showed that 90% of the respondents practiced exclusive breastfeeding and 10% were not.



*Figure 1:* Distribution of respondents by time of breastfeeding after delivery.

## Breast Feeding Practices among Lactating Mothers in Selected Area of Dhaka City

Age Group	Items	Frequency	Percentage	
	17-25	61	61	
	26-30	26	26	
	31-35	13	13	
	Mean ± SD	24.76 ± 4.699		
Education	Illiterate	10	10	
	Primary	14	14	
	Secondary	32	32	
	Higher secondary	20	20	
	Graduate	13	13	
	Post graduate	11	11	
Occupation	Housewife	83	83	
	Student	6	6	
	Day labour	3	3	
	Employer	8	8	
Religion	Islam	96	96	
	Hindu	4	4	
Monthly income	< 10000	38	38	
in BDT	11000-20000	25	25	
	21000- 30000	22	22	
	> 30000	15	15	

*Table 1: Distribution of respondents by age (n = 100).* 

Type of Family	Frequency	Percentage	
Nuclear	58	58	
Extended	42	42	
Total	100	100	

Table 2: Distribution of respondents by type of family.

Pre-lactating Feeding	Items	Frequency	Percentage
	Yes	31	31
	No	69	69
	Total	100	100
Type of pre-lactating Foods	Honey	19	61.3
	Glucose	1	3.2
	Cow's milk	3	9.7
	Plain water	8	25.8
	Total	31	100.0

*Table 3: Distribution of respondents by pre-lactating foods and practice (n = 31).* 

Feeding practice of colostrums	Items	Frequency	Percentage
	Yes	90	90
	No	10	10
	Total	100	100
Benefits of colostrums ( Multiple Responses)	Nutritious for baby	85	85
	Prevent from illness & infection	55	55
	Help for growth & development	41	41
	Good for baby's health	35	35

Table 4: Distribution of respondents by feeding practice and benefits of colostrums (Multiple responses).

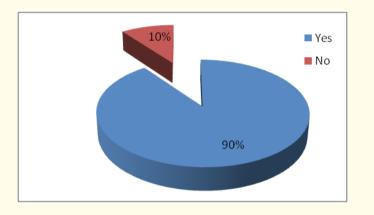


Figure 2: Distribution of respondents by practicing exclusive breastfeeding.

#### Discussion

Socio-demographic characteristics of the present study were supported to the study of Ibadin OM and Huffman SL [8,9] A study found mothers' education levels were also associated with breastfeeding initiation. Mothers who have a college or university education were more likely to initiate breastfeeding than mothers with a high school education or less. In the developing countries, mothers without any educational qualifications were 1.9 times as likely to breastfeed as mothers who had at least seven years of formal education. Mothers' income levels are also associated with breastfeeding initiation and continuation. Mothers with lower income levels are less likely to initiate breastfeeding than mothers with higher income levels [10]. This study found 31% of the respondents fed before pre-lactating feeding. About 61.3%, 25.8%, 9.7%, 3.2% of the respondents gave honey, plain water, cow's milk and glucose respectively. These also supported to the findings of Huffman SL., et al. [9] about 90% of the respondents practiced exclusive breastfeeding and 10% were not. These findings were similar findings to the study of Huffman SL, Arts M and Ogbonna C., et.al. [9,11,12] Over the past decade global rates of optimal breastfeeding practices, especially exclusive breastfeeding have remained stagnant. Although progress has been made since the 1990s, prior reviews of global trends highlight modest improvements in the prevalence of exclusive breastfeeding among children aged less than six months. An increase in data coverage from the 38 countries reported previously by Labbok and colleagues [13] observed suboptimal coverage of exclusive breastfeeding, with less than 40% of infants younger than six months of age estimated to be exclusively breastfed in 2010. This is far below the widely accepted "universal coverage" target of 90% coverage [14]. A million children die worldwide each year because of faulty or no knowledge regarding the weaning, harmful effects of pre-lacteal feeding, benefits of exclusive breast feeding and initiation of proper weaning at the correct time. These sufferings are unnecessary and preventable. Mothers are not properly aware about exclusive breast feeding but a disparity was observed between their perception and

## Breast Feeding Practices among Lactating Mothers in Selected Area of Dhaka City

practices. There is an urgent need to proper weaning practices among the poor economic status and illiterate mothers for the improvement of child health through various information media.

## Conclusion

It is concluded that exclusive breast feeding practices among mother was not satisfactory. It is necessary to take steps to improve breastfeeding practices in all maternity facilities. More than half of the respondents gave honey as pre-lacteal feeding. About 90% respondents practiced exclusive breast feeding.

## **Bibliography**

- 1. WHO Breastfeeding and Replacement feeding practices in the Context of Mother- To Child Transmission of HIV. *World Health organization*. 2012.
- 2. Agunbiade OM and Ogunleye OV. "Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: implications for scaling up". *International Breastfeeding Journal* 7.5 (2012).
- 3. U Agu and MC Agu. "Knowledge and practice of exclusive breastfeeding among mothers in a rural population in south eastern Nigeria". *Tropical Journal of Medical Research* 15.2 (2011): 1-8.
- 4. World Health Organization, Division of Diarrheal and Acute Respiratory Disease Control, Indicators for assessing breast-feeding practices: Report of informal meeting, 11-12 June 1991, Geneva, Switzerland.
- 5. Hanson L., et al. "Breastfeeding, a complex support system for the offspring". Pediatrics International 44.4 (2002): 347-354.
- 6. Black RE., *et al.* "Maternal and child undernutrition: global and regional exposures and health consequences". *Lancet* 371.9608 (2008): 243-260.
- 7. Ibadin OM., *et al.* "Alpha-tocopherol levels in milk of exclusively breast-feeding mothers in Benin City, Nigeria". *African Journal of Reproductive Health* 13.2 (2009): 55-60.
- 8. Huffman SL and Combest C. "Role of breast-feeding in the prevention and treatment of diarrhea". *Journal of Diarrhoeal Diseases Research* 8.3 (1990): 68-81.
- 9. Meedya S., *et al.* "Factors that positively influence breastfeeding duration to 6 months: a literature review". *Women and Birth* 23.4 (2010): 135-145.
- 10. Arts M., *et al.* "Knowledge, beliefs, and practices regarding exclusive breastfeeding of infants younger than 6 months in Mozambique: a qualitative study". *Journal of Human Lactation* 27.1 (2011): 25-32.
- 11. Ogbonna C and Daboer JC. "Current knowledge and practice of exclusive breastfeeding among mothers in Jos, Nigeria". *Nigerian Journal of Medicine* 16.3 (2007): 256-60.
- 12. Labbok MH., et al. "Trends in exclusive breastfeeding: findings from the 1990s". Journal of Human Lactation 22.3 (2006): 272-276.
- 13. Jones G., et al. "How many child deaths can we prevent this year?" Lancet 362.9377 (2003): 65-71.

## Volume 2 Issue 2 August 2015 © All rights are reserved by Md Monoarul Haque., *et al.*

316