

TO EVALUATE BREASTFEEDING PRACTICES AMONG LACTATING MOTHERS: A COMMUNITY-BASED STUDY IN RURAL ANGANWADI CENTERS IN THE FIELD PRACTICE AREA OF INDIA

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ABSTRACT

Background: Feeding the baby exclusively on breast milk, without any other source of nutrition for a period of 6 months, is called exclusive breastfeeding. A child who is breastfed has greater chances of survival than a child artificially fed. The data suggest that infant mortality rates in developing countries are 5-8 times higher among children who have not been breastfed or have been breastfed for less than 6 months. Despite the marked advantages of breastfeeding, its popularity has declined significantly in many parts of the world, including India. **Objectives:** (1) to assess breastfeeding practices prevalent amongst lactating mothers; (2) to identify misconceptions regarding failure to adopt exclusive breastfeeding and weaning; (3) to counsel and motivate mothers for exclusive breastfeeding. **Methods:** Mixed methods study (qualitative cum quantitative). 30 lactating mothers were interviewed, and their knowledge and awareness of breastfeeding were assessed through a pre-designed, semi-structured questionnaire. Focused Group Discussions (FGD) were also conducted among Lactating Mothers, their mothers or mothers-in-law at Anganwadi centres of selected sites. **Results:** 65.67% mothers did colostrum feeding. Only 48% of them breastfed exclusively. 50.5% gave prelacteal feeds like honey and water. Do burping 87.34%, number of feeds per day 12%, nighttime feeding 35% and knowledge of positioning during feeding are 35.6%. LSCS was a major cause of the delayed initiation of breastfeeding. Many agreed regarding a non-supportive attitude from family. The majority of mothers had poor knowledge regarding proper positioning and attachment while breastfeeding. **Conclusions:** The data indicate that while 48% of mothers practice exclusive breastfeeding, there are significant gaps in optimal practices, such as late initiation for the majority and a 66.35% lack of knowledge regarding positioning and attachment

Keywords: Breastfeeding practices, Anganwadi centres, Community-based study

INTRODUCTION

Feeding practices, in the first year of life, impact the nutritional status of the child, directly affecting his/her health & survival. As our country works towards achieving its commitments to the SDG 2030 (Sustainable Developmental Goals 2030) to reduce Neonatal mortality to at least as low as 12 deaths per 1,000 live births and under-5 mortality to at least as low as 25 deaths per 1,000 live births, [1] adequate nutrition in form of breastfeeding is extremely 3DNB Paediatric essential, especially at the very beginning of life. It ensures the growth, health, and development of children to their full potential. Poor nutrition increases the risk of illness and is responsible, directly or indirectly, for one-third of the estimated 9.5 million deaths occurred in 2006 in children less than 5 years of age. [2]. For mothers, breastfeeding reduces risks of postpartum haemorrhage, depression, breast cancer, ovarian cancer, and endometrial cancer, aiding postpartum weight loss and providing lactational amenorrhea as a natural family planning method [3,4]. The consequences of non-breastfeeding are particularly severe in low-income developing countries, substantially increasing infant morbidity and mortality from infectious diseases like diarrhoea and acute respiratory infections [5]. Studies indicate EBF for 6 months can reduce diarrhoea-related hospitalisations by 53% and respiratory tract infections by 27% [6]. Despite these well-established advantages and global recognition as a natural, optimal infant feeding method, EBF rates remain critically low. Globally, only 38% of infants under 6 months are exclusively breastfed [7,8]

Optimal breastfeeding can avert 13% to 15% of under-five deaths. It is recommended that the coverage of the EBF reach 90% to benefit from it.[9] Despite all the recognised advantages and efforts deployed to promote EBF, the practice is still far from the recommended level. In Ethiopia, breastfeeding is universal, and 97% of infants are breastfed at some point in time, but only 58% of mothers practice exclusively breastfeeding; however, its prevalence differs by region. The prevalence of exclusive breastfeeding was 68.8% in the Amhara region, Debrebirhan [10], 82.2% Oromia region, Ambo [11], 70.5% in the southern nation and nationalities, Halaba [12], and 60.9% in Hawassa [13], 81.1% in Dubti Afar [14], and 29.3% in Addis Ababa [16]. Various factors have been identified as associated with the practice of exclusive breastfeeding. Factors like age, residence, educational status, antenatal follow-up, and occupation are among the commonly listed factors [15]. The government of Ethiopia has initiated several interventions to improve exclusive breastfeeding practices. In the National Strategy for Infant and Young Child Feeding, a national nutrition program I and II, was developed by the government of Ethiopia to promote and improve exclusive breastfeeding practices in the first 6 months in collaboration with different stakeholders [16,17]. While the physical merits of breastfeeding are firmly established, there has been a growing focus in recent years on its psychological dimensions. This comprehensive review delves deeply into the psychological facets of breastfeeding and how this intimate and nurturing practice significantly contributes to the emotional health and development of both mothers and their children. By exploring the intricate interplay between hormones, neural pathways, and emotional bonds, we aim to illuminate the substantial and multifaceted benefits beyond breastfeeding's nutritional content.[18]

OBJECTIVES OF THE STUDY

- To assess breastfeeding practices prevalent amongst lactating mothers.
- To identify misconceptions regarding failure to adopt exclusive breastfeeding and weaning.
- To counsel and motivate mothers for exclusive breastfeeding

RESEARCH METHODOLOGY

Research approach: A mixed methods study (qualitative cum quantitative) approach will be used.
Population: In this study, the population of India.
Study settings: The study was conducted in selected lactating mothers of India.
Sample: Lactating mothers of 6 months babies.
Sample size: The sample consists of 30 lactating mothers of India.
Sampling technique: Random sampling probability techniques were used for this study.
Analysis: The data was analyzed using epi-info 24 and is presented in the form of percentages and proportions. Chi-square test was used

RESULTS:

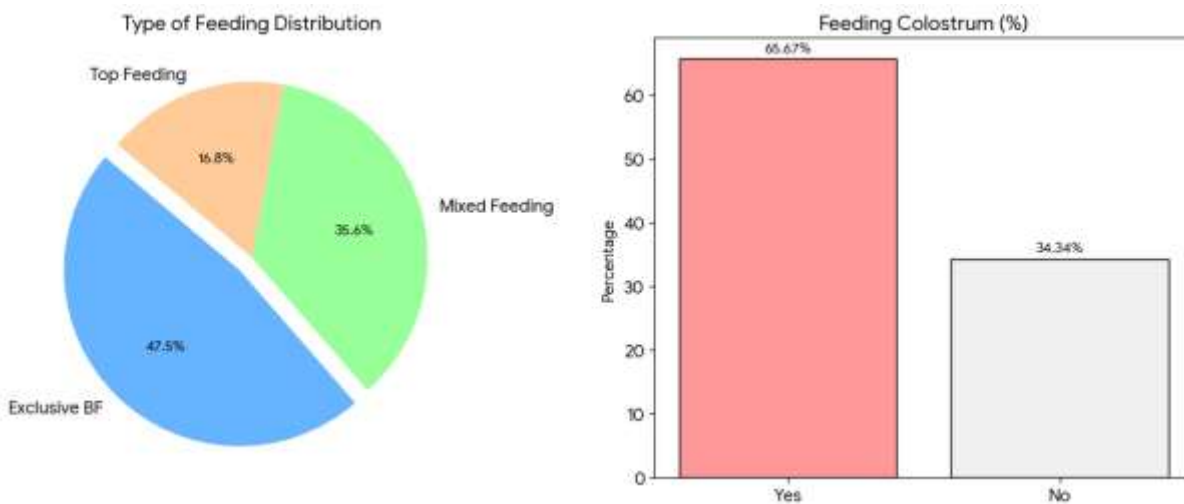
TABLE 1: Breastfeeding practices prevalent amongst study participants.

n-30

Breastfeeding Practices	Number	Percentage (%)
Initiation of Breastfeeding		
Within 30 min to 1 hour after birth	7	23.67%
Within 24 hours of birth	15	51.33%
After 24 hours of birth	8	25.00%
Type of Feeding		
Exclusive breastfeeding	14	48.00%
Mixed feeding	11	36.00%
Exclusive top feeding	5	17.00%
Giving Prelacteal		
Yes	15	50.50%
No	15	49.50%

Feeding Colostrum		
Yes	20	65.67%
No	10	34.34%
Do Burping After Feeding		
Yes	26	87.34%
No	4	12.66%
Number of Feeds per Day		
4		12.00%
6 times		
8 times	17	58.67%
9 times	9	29.33%
Does Night Feeding		
Yes	10	35.00%
No	20	65.00%
Knowledge about Positioning/Attachment		
Yes	10	33.65%
No	20	66.35%

FIGURE:1



SUMMARY:

The demographic profile shows that the majority (60%) of the study participants were in the 24-29 age group. Religion wise 80% were Hindu and 20% were Muslims. The majority

Of the participants (76.67%) lived in joint families, which could significantly influence the breastfeeding status. Considering education, the majority (60%) were illiterate, which also plays an important role towards health awareness, as educated people tend to be more aware. 88.33% mothers were working either as farmers or labourers on a daily wage basis.

1. Calculate frequency from percentages. To determine the number of participants for each category, the provided percentage is multiplied by the total sample size using the formula:

2. Interpret initiation and feeding types: The data shows that only 23.67% of mothers initiated breastfeeding within the recommended first hour, while a majority (51.33%) started within the first 24 hours. Regarding feeding types, 48% practiced exclusive breastfeeding, whereas 36% used mixed feeding.

3. Analyze feeding habits and knowledge: A significant portion of the sample (50.5%) gave prelacteal (fluids other than breast milk given before breastfeeding is established). While 87.34% practiced burping, there is a notable gap in nocturnal care, as 65% do not practice night feeding. Furthermore, 66.35% of mothers lack specific knowledge regarding proper positioning and attachment.

CONCLUSION:

The data indicate that while **48%** of mothers practice exclusive breastfeeding, there are significant gaps in optimal practices, such as late initiation for the majority and a **66.35%** lack of knowledge regarding positioning and attachment.

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