## PREVALENCE AND PATTERN OF BREAST FEEDING PRACTICES IN RURAL WOMEN OF JAMMU

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It is a well established fact that mother's milk is the best food for the newborn and it has a significant role in increasing child survival, birth spacing and prevention of infections. (1). The beneficial effects of breast feeding further depends on time of initiation of breast feeding, duration of exclusive breast feeding and age at which weaning is started. (2). Breast feeding practices depend upon social, cultural and economic factors and hence vary among different communities and regions. (1) The positive effect of breast feeding on infant survival is more pronounced among children living in rural areas i.e. the communities with poor socioeconomic conditions and high infant mortality rates. (3)

We interviewed 500 mothers in the age of 20-40 years after obtaining their verbal consent during the series of medical camps organized by a local NGO in the 4 villages of the block Bhalwal in Jammu (Jammu and Kashmir state). Detailed information regarding their knowledge and practices regarding breast feeding were recorded on pre-tested performa. Analysis of the collected data revealed that although breast feeding was universal, there was a lack of knowledge of proper breast feeding practices among rural women of this region. Only 50 (10%) mothers started breast feeding their babies within first hour after delivery, 188 (37.6%) and 262 (52.4%) mothers did so between 1 to 6 hours and 6 hours after delivery respectively. This delayed initiation of breast feeding was a self decision of 111 (22.2%) mothers while 175 (35%) and 102 (20.4%) mothers did so, on the advice of priest and some elderly lady in the family respectively.

There is a common practice in rural women to give prelacteal feeds to the newborns in the form of glucose water, honey, etc. which make the baby vulnerable to infections (4). We also found that 351 (70.2%) mothers gave prelacteal feeds to their babies of which 200 (40%) mothers gave honey, 100 (20%) gave jaggery, 97 (19.4%) gave glucose water, 75 (15%) gave commercial powder milk and 28 (5.6%) gave cow's milk as prelacteal feeds. Prelacteal feeds were given with spoon by 160 (32%) mothers, with cotton wick by 98 (19.6%) mothers, with finger by 50 (10%) mothers and with bottle by 40 (8%) mothers.

The benefits of breast feeding along with supplementary feeding are found to continue well beyond first year of age (5). In the present study breast feeding was discontinued before 6 months by 100 (20%) mothers, between 6 months and 1 year by 88 (17.6%) mothers and after 2 years by 62 (12.4%) mothers. Rest 250 (50%) mothers did so between 1 year and 2 years. One hundred and seventy five (35%) mothers exclusively breast fed their babies for less than 6 months, 158 (31.6%) for 6 months and 167 (33.4%) for more than 6 months. One hundred and eleven (22.2%) mothers discarded colostrum believing it to be harmful for baby.

The present study shows that though breast feeding was universal but there was a lack of knowledge of proper breast feeding practices among rural women

of this region and efforts are needed to educate them regarding correct breast feeding practices and its benefits.

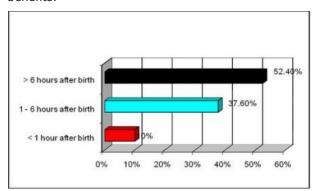


Fig.1 Time of initiation of breast feeding

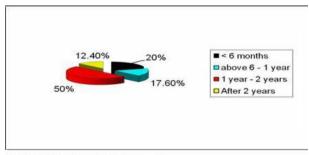


Fig.2 Duration of breast feeding

## **REFERENCES**

- Iskandar MB, Costello C, Nasution Y. Initiation and duration of breast-feeding in Indonesia. Asia Pac Popul J. 1990; 5: 89-112
- Victora CG, Smith PG, Vaughan JP, Nobre LC, Lombardi C, Teixeira AM, et al. Evidence for protection by breastfeeding against infant deaths from infectious diseases in Brazil. Lancet. 1987; 2: 319-322
- Goldberg HI, Rodrigues W, Thome AM, Janowitz B, Morris L. Infant mortality and breast-feeding in North-Eastern Brazil. Popul Stud (Camb). 1984; 38: 105-115
- Sharma D, Sharma S. Bottlenecks to breast feeding in rural Rajasthan. Indian J Community Med.2005; 30: 10-12
- Briend A, Wojtyniak B, Rowland MG. Breast feeding, nutritional state, and child survival in rural Bangladesh. Br Med J (Clin Res Ed). 1988; 296: 879-882

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