

# A Study on Breastfeeding Practices Among Mothers in the Rural Area of Bargarh District

**Tripti Kumari<sup>1</sup> and Lipsa Dash<sup>2</sup> and Anita Chandola<sup>3</sup>**

<sup>1&2</sup> P.G. Department of Home Science, Sambalpur University, Odisha, India-768019

<sup>3</sup> Associate-Literacy Field, Room to Read India Trust, Dehradun, Uttarakhand (India).

<sup>1</sup>singhtripti25dec@gmail.com

## **ABSTRACT:**

*Appropriate feeding practices are the key contributor to reducing morbidities and mortalities in under-five children. Breastfeeding confers benefits on both child and mother; including helping protect children against a variety of acute and chronic disorders. Mothers' poor knowledge about the correct breastfeeding attachment and positioning technique and negative attitude toward breastfeeding, particularly in developing countries, may influence practice of effective breastfeeding. Thus, this study was conducted with the objective of assessing breastfeeding attachment and positioning technique, practices, and related knowledge among mothers. A community based Cross sectional study was conducted with a sample of 60 lactating women from January 2018 to April 2018 in the rural area of Bargarh district. Data was Collected in pretested and Semi Structured Questionnaire by Interview technique. This study was conducted with the objective of breast feeding position and burping practices related knowledge among mothers. Majority (63.333%) of the mothers had breast fed in sitting position and (88.333%) mothers had induced burping after breastfeeding. Burping techniques, 90.566% lactating mothers were putting the child on shoulder for burping whereas 9.4333% were by hands. There was no association found between mother's education with burping ( $p=0.315$ ) and burping techniques ( $p=0.656$ ).*

**Key Words:** *Lactating, breast feeding practices, burping and burping techniques*

## **I. Introduction**

Breastfeeding is the unique source of nutrition that plays an important role in the growth, development and survival of infants. Exclusive breastfeeding is defined as feeding infants only breast milk, be it directly from breast or expressed, with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else. It is important, particularly in developing countries because of its relationship with child health and birth spacing. The initial growth of a child depends upon the duration and frequency of breastfeeding it receives, since the breast milk provides important nutrients to infants and young children and protects them against certain infections and helps in the child survival. Growth during infancy is basically is an increase in the size of the body, which is in a faster pace during this stage. As growth denotes an increase in cell number as well as size, a much of nutrient requirement are needed. Thereby breastfeed infants get the unique source of nutritional requirements which helps in growth, development

and survival of the infants. In order to foster breast feeding mother and child should not be separated during the first 24 hours after birth as the practice helps in maintaining the bonding in between mother and infant. Mostly it has been found that among the lower socio-economic groups who are breast feed tends to have a lower mortality rate for the cause of sanitation problem. Exclusive breastfeeding is recommended worldwide as the optimal feeding for first 6 months of life and semisolid foods are recommended to be introduced after 6 months of age while breastfeeding is continued to meet the increased physiological requirements of the growing infant (Taneja et al., 2003).

## II. Methodology:

A cross sectional study was carried out in Bargarh district, Odisha from January 2017 to April 2017. Using stratified random sampling method a sample of 60 lactating mothers who were in inclusive and exclusive breast feeding included in this study. Their knowledge and practice with regard to breastfeeding position, burping the child and techniques of burping were assessed by interviewing using structured questionnaire. The data was selecting purposively from rural area of Bargarh district. Initially the mothers were briefed basing on the need and fulfillment of the study. Along with the survey method data was also collected through personal interview for getting the primary information basing on the respondents. A convenience sampling technique was used to generate the qualitative data. The qualitative data were analyzed using thematic frameworks. The results of the collected data were statistically analyzed by using the tabular and simple percentage method and chi square test.

## III. Results

The results of the collected data were statistically analysed by using tabular and simple percentage method. By the help of a structured questionnaire information was collected from 60 lactating women basing on the information regarding breastfeeding and its associated factors. A cross-sectional questionnaire based survey of mothers of children aged less than 6 months was conducted in 60 mothers.

**Table: 1 Distribution of infants on the basis of their general information.**

Variable	Frequency	Percentage (%)
Age of the child (In Months)		
0-2	18	30
2-4	22	36.667
4-6	20	33.333
Sex of the child		
Male	27	45
Female	33	55
Ordinal Position		
1	19	31.667
2	26	43.333
3	11	18.333
4	4	6.667

Weight of the child at Birth		
> 2 Kg	3	5
2-2.5 Kg	21	35
2.5-3 Kg	25	41.667
3-3.5 Kg	8	13.333
3.5-4 Kg	3	5
Type of Family		
Joint	26	43.333
Nuclear	34	56.667
Family Income (In Rupees)		
> 5000	42	70
5000-10000	14	23.333
10000-15000	4	6.667

On analysis of socio demographic profiles of the infant (Table 1) it was observed that majority (36.667%) of children were aged between 2-4months whereas 33.333% children were 4-6 months and 30% children were 0-2 months. 55% children were female and 45% were male. Regarding ordinal position of the child 43.333% were second position, 31.667% were first position, 18.333% were third position and 6.667% were fourth position. Regarding weight of the child at the time of birth, majority (41.667%) were 2.5-3kg, 35% were 2-2.5kg, 13.333% were 3-3.5kg and 5% were less than 2kg as well as 3.5-4kg. Majority of the child (56.667%) belong to the nuclear family. While 43.333% of the child were from joint family. Majority of the child's family income above Rs.5000/- were about (70%). While 23.333% of were within the income group of Rs. 5000-Rs. 10000/- and about 6.667% were in the group of Rs. 10000-Rs. 15000/- level of income.

**Table: 2 Distribution of respondents on the basis feeding techniques & burping practices.**

Breast feeding position	Frequency	Percentage (%)
Lying	2	3.333
Sitting	38	63.333
Both	18	30
Any other	2	3.333
Burping the child	Frequency	Percentage (%)
Yes	53	88.333
No	8	13.333
Techniques for burping		
On Shoulder	48	90.566
By Hand	5	9.433

Breast feeding techniques regarding the position was about a maximum of 63.333% in sitting posture, where as 30 % opted to use both the patterns lying as well as sitting. Majorities (88.333%) of lactating mothers were adopted burping practices and 13.333% were not adopted. Regarding burping techniques, 90.566% lactating mothers were putting the child on shoulder for burping whereas 9.4333% were by hands.

**Table: 3 Distribution of respondents on practices of burping & its burping techniques.**

Variable	Burping		P value	Burping Techniques		P value
	Yes	No		On Shoulder	By Hand	
Education of Mother						
Non- Matric	23(38.333)	6(10)	0.315	22(36.667)	1(1.667)	0.656
Matric	15(25)	2(3.333)		13(21.667)	2(3.333)	
Intermediate	9(15)	0		8(14.81)	1(1.667)	
Graduate & Above	5(8.333)	0		4(7.4)	1(1.667)	

The practice of burping in relation to the educational level of mothers was found to be 38.333% among the mothers who didn't attend their matriculation, 25% were of matriculation, 9 % belongs to intermediate where as only 5% were from the highest level of education i.e. graduation and above. Regarding burping techniques majority of mothers were pitting child on shoulder whereas some mothers were putting in hand. Moreover, burping was abundantly found among the breastfeed mothers with the practice of putting infants on the shoulders and putting in hand. There was no association found between mother's education with burping ( $p=0.315$ ) and burping techniques ( $p=0.656$ ).

#### IV. Conclusion:

Present study revealed that breastfeeding positioning and technique was found adequate among most of the breastfeed mothers. Though majority of mothers were not educated additionally the study showed that there was no significant relation between the levels of mothers' education with burping and burping techniques post breast feeding. There is a need for educational interventional to promote the breastfeeding and infant feeding practices in the community. Mothers had poor knowledge regarding feeding babies correct breastfeeding attachment and positioning technique by health care providers and behaviour change among mothers and family members regarding feeding of babies.

#### V. Acknowledgements

I would like to thank P. G. Department Home Science, Sambalpur University to provide facility of this research.

**Funding:** No funding sources

**Conflict of interest:** None declared

## REFERENCES

1. Behera D, Anil Kumar K. Predictors of exclusive breastfeeding intention among rural pregnant women in India: a study using theory of planned behaviour. *Rural Remote Health*. 2015; 15:3405.
2. Dasgupta U, Mallik S, Bhattacharyya K, Sarkar J, Bhattacharya SK, Halder A. Breastfeeding practices: positioning, attachment and effective suckling—a hospital-based study in West Bengal/Kolkata. *Indian J Mater Child Health*. 2013; 15:1–11.
3. Government of India. *India Newborn Action Plan*. New Delhi; Ministry of Health & Family Welfare Government of India. 2014;24-25.
4. Goyal RC, Banginwar AS, Ziyoo F, Toweir AA. Breastfeeding practices: positioning, attachment (latch-on) and effective suckling – a hospital-based study in Libya. *J Family Community Med*. 2011; 18:74–9.
5. Parashar M, Singh S, Kishore J, Patavegar BN. Breastfeeding attachment and positioning technique, practices and knowledge of related issues among mothers in colony of resettlement Delhi. *ICAN*. 2015; 7:317–22.
6. Puapornpong P, Paritakul P, Suksamarnwong M, Srisuwan S, Ketsuwan S. Nipple pain incidence, the predisposing factors, the recovery period after care management, and the exclusive breastfeeding outcome. *Breastfeed Med*. 2017; 12:169–73.
7. Radhakrishnan S, Balamuruga SS. Prevalence of exclusive breastfeeding practices among rural women in Tamil Nadu. *Int J Health Allied Sci*. 2012;1(2):64-7.
8. Santos KJ, Santana GS, Vieira Tde O, Santos CA, Giugliani ERJ, Vieira GO. Prevalence and factors associated with cracked nipples in the first month postpartum. *BMC Pregnancy Childbirth*. 2016; 16:209.
9. Setegn et al.: Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. *International Breastfeeding Journal* 20127:17.
10. Taneja DK, Saha R, Dabas P, Gautam VP, Tripathy Y, Mehra M. A study of Infant Feeding Practices and the underlying factors in a rural area of Delhi. *Ind J Com Med*. 2003;28(3):107-11.
11. Tiruye G, Mesfin F, Geda, Shiferaw K. Breastfeeding technique and associated factors among breastfeeding mothers in Harar city, Eastern Ethiopia. *International Breastfeeding Journal* (2018) 13:5.