

Research Article

Hindering factors of infant feeding practices among the mothers of mid western part of Nepal

Manita Pyakurel^{1*}, Sujeeta Bhandari², Rishi Bhatta³

Nepalgunj Medical College Teaching Hospital, Nepalgunj

¹ Lecturer, Department of Community Medicine, Nepalgunj Medical College

² Lecturer, Department of Pediatrics, National Medical College

³ Assistant professor, Department of ENT, Nepalgunj Medical College

ABSTRACT

Background and Objectives: This study was aimed to provide baseline information on infant feeding knowledge, practices and hindering factors for proper feedings.

Material and Methods: Among the 185 women with less than one year child coming on immunization clinic of health post of Chisapani Village Development Committee, infant feeding knowledge, practices were assessed by interviewing with semi structured questionnaire and focus group discussion.

Results: Male children were more exclusively breastfed (33%) than female (27%) and exclusive breast feeding was lower in fifth and sixth month of age. All of them were aware that the baby should be fed only breast milk for 6 months, but the exclusive breastfeeding practice was found only in a very few mothers. Most of them had fed solid food after 3 months.

Conclusion: Knowledge and practices on infant feeding do not go along despite the adequacy of knowledge due to the hindering factors like poverty, working mother, lack of support from family members and lack of support from the government infant. The gap between knowledge and practice can be lessened via informative activities on lactation management, endorsing policies and rights for mothers-infants relationship.

Key words: Exclusive breast feeding, Hindering factor, Malnutrition

INTRODUCTION

The period from birth to two years of age is particularly important because of the rapid growth and brain development often marked

by growth faltering, micronutrient deficiencies and common childhood illnesses [1]. Insufficient nutrient intake, which results from suboptimal care and feeding practices and inadequate access to nutrient rich foods,

as well as frequent infections, are the primary causes of malnutrition among children under two years of age [2].

Malnutrition has been responsible directly or indirectly for over 50% of the 10.6 million deaths annually among children under five. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life [3-11]. There were 149 million malnourished under-five children worldwide, of whom two thirds are in South East Asia, is ringing evidence that inappropriate, inadequate, unsafe feeding of infants and young children, is still very prevalent [12]. Among the various factors causing malnutrition, improper infant feeding practices is one of the most important factor. Very negligible numbers of researches were concerned with hindering factors for proper feeding so; this study was expected to provide baseline information on infant feeding knowledge, practices and hindering factors for proper feedings.

MATERIAL AND METHODS

A cross sectional study was conducted from January to August 2016 among the total 185 women with less than one year child attending immunization clinic days of health post of Chisapani Village Development Committee. Mothers were enrolled purposively for interview with semi structured questionnaire and 35 mothers were underwent focus group discussion (FGD). Female Community Health Volunteers (FCHVs) were contacted for gathering the mothers and the venue for focus group discussion and was selected as per the convenience of the participants. The participants were asked for the permission to tape record the information that they produced.

For quantitative data, it was entered in excel and then imported to SPSS 17 version for analysis. Descriptive statistics was presented in graphs and tables. For this study approval was taken from School of Public health and Community Medicine. Verbal consent was taken from the participants before the interview and FGD.

RESULTS

All the respondents have knowledge that breast milk should be fed to child after birth. Table 1 shows result that majority had knowledge about initiation time for breast milk after childbirth. About the duration of exclusive breastfeeding for 6 months, 154(83%) of the respondents were actually aware while 31(17%) were not aware. Duration of breast feeding for 2 years was known by 102(55%) of the mothers. Breast feeding technique was known by 111(60%), figure 1 shows result of 68(61%) got that information on breast feeding from health personnel, 15(14%) from FCHV, 11(10%) from family members and others 17(15%) got the information via friends, radio or television.

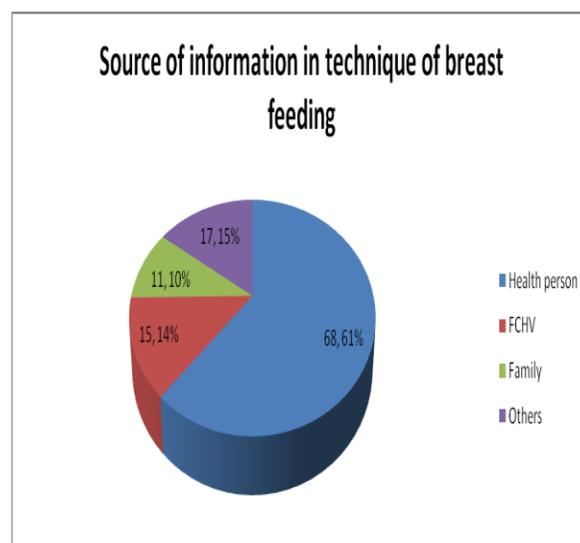


Figure 1: Source of information on techniques of breast feeding

Knowledge on	Category	Frequency	%
Initiation of Exclusive breastfeeding	Within 1 hour	150	81.2%
	After 1-24 hour	22	11.8%
	Don't Know	13	7%
Duration of exclusive Breastfeeding	<6 months	9	4.7%
	6 months	154	83.5%
	>6 months	9	4.7%
	Don't Know	13	7%
Duration of breastfeeding	<2 yrs	9	4.7%
	2 yrs	102	55.3%
	>2 yrs	65	35.3%
	Don't Know	9	4.7%
Information on techniques of breastfeeding	Yes	111	60%
	No	74	40%

Among the eighty-five mothers 104(56%) were illiterate, 70(38%) mothers delivered baby by cesarean section. Table 2 shows male children were more likely to be exclusively breastfed than female children and exclusive breast feeding was lower in fifth and sixth months of age.

Sex of child	Exclusive BF	Not exclusive BF
Male	35(33.3%)	69(66.7%)
Female	22(27%)	59(72.9%)
Age of child (months)		
3	53(63%)	31(37%)
4	26(48.1%)	28(51.9%)
5	11(39%)	17(61%)
6	4(21%)	15 (79%)

A result from FGD among thirty-five women showed that, all the mothers knew that mother's milk is the main nutrition for the babies. Majority of the mothers had breastfed their child within an hour of birth. Every mother strongly supported, the colostrums must be fed to the child and there prevailed no practice of discarding it, knew that the

colostrums kept the baby healthy and provide it with the immunity to fight against diseases.

All of them knew that the baby should be fed only breast milk for 6 months and should be fed every half an hour and as needed, but the importance of exclusive breastfeeding into practice was found only in a very few mothers.

The reasons behind not being able to practice exclusive breastfeeding quoted most frequently was the low production of breast milk. Other reasons according to the mothers were *"We know that we should not feed water before 6 months, but we did so. We put the babies in sun for massaging and the babies get thirsty. They need water"* (Upper cast). *"I did not know that breast milk meets the requirement of water needed by the child. So I sometimes fed water too before 6 months"* (Disadvantaged Janajati), *"As my child cried a lot after 3 months, I felt that breast milk was not enough. So I fed lito to it"* (Relatively advantaged Janajati). *"We are farmers and we need to work in the fields. We don't have enough time for the child (Dalit)."* Most of them had fed solid food after 3 months, very few mothers who had exclusively breastfed. For exclusive breastfeeding, they suggested that getting support from other family

members on household and agricultural chores, support from the government for cheap food stuff or incentives will increase the amount of time the mothers can spend with their child and therefore encourage exclusive breastfeeding.

DISCUSSION

Proper infant and young child feeding is of fundamental importance for human survival, growth and development. The period from birth to two years is often marked by growth faltering, micronutrient deficiencies and common childhood illnesses such as diarrhea, as children transition from exclusive breast feeding to solid foods in addition to breast milk. This study was conducted for the purpose of finding hindering factors of infant feeding practices.

In the study 150(81.2%) have correct knowledge that breast milk should be fed within 1 hour of childbirth. Among them only 112(74.6%) initiated breastfeeding within 1 hour and 140(93%) within 24 hours which is higher than the report of Nepal Health Demographic Survey (NDHS) 2016 i.e. 55% children were breastfed within one hour of birth [13]. The reason behind delayed initiation of breastfeeding within 1 hour might be that they had undergone cesarean section or had infection in breast [14]. In our study, exclusive breastfeeding was practiced for six months by 117(63.5%) which is similar with the NDHS 2016 in which exclusive breastfeeding is 66% for 6 months' children [13]. A study conducted in Kolkata revealed that 52.7% mothers had correct knowledge about "age of weaning" but in our study higher number i.e.145(78.2%)had correct knowledge about initiation time of weaning [15]. Exclusive breastfeeding at 4 months and 6 months were (48% and 21 %)

which is lower than the exclusive breastfeeding rates i.e. (61% and 35%) at 4 and 6 months in East Asia and the Pacific [16]. The reason behind not practicing exclusive breastfeeding up to 6 months indicated by our qualitative study was the mother's inability to produce enough breast milk. This was because mothers got special care and nutrition till two months after deliveries then they are obliged to get back to their regular household chores, field works or other services. They do not get the proper rest and nutrition and can't produce enough breast milk. As a result child get deprived of breast milk and had to introduce other food. Another reason revealed by the study was perception of mother that the child gets thirsty in the sun when massaged in the sun so there was a practice of providing water at 1-2 months of delivery.

The highest proportion of exclusive breastfeeding practice was found in children of mothers who are illiterate and informally educated. Proportion of exclusively breast feeding was less in children of literate mothers who had right knowledge of exclusive breastfeeding and the mothers with child of ≥ 6 months. The 2011 NDHS data showed that mothers of children under 6 months of age with a higher level of education are more likely to exclusively breastfeed [17].

NDHS 2006 revealed that Cesarean deliveries were associated with delay in timely initiation of breastfeeding as same as our study i.e. women who got cesarean 70(38%) were less likely to early breastfed after child birth in comparison to women who did not get cesarean 115(73%). Peer counseling given either individually or in group improved the rate of exclusive breastfeeding from 81% to 89% and length of breast feeding among the non working mothers [18, 19]. In our study, most of the mothers had

delivered child at home, some delivered in health post, and most of them are farmers so they have to work in field before the child is six [17].

LIMITATIONS

This study could not include mothers from all the different community for FGD, samples were collected once in two weeks made unable to enroll various groups of mothers, which were the major limitations of the study.

CONCLUSION

This study concluded that the knowledge and practices do not go along despite the adequacy of knowledge due to the hindering factors like poverty, working mother, lack of support from family members and lack of support from the government. Informative activities on lactation management, policies, and rights of mothers-infants relationship together with increase in length of maternity leave may play an important role in maintaining exclusive breastfeeding for six months. To improve the infant feeding practices those factors, the gap between knowledge and practice need to be further explored and reasons for inadequate breast feeding need to be identified.

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AUTHOR'S CONTRIBUTION

MP-developed the research protocol, performed data collection, analysis, interpretation of the data, and prepared the

manuscript; **SB**- developed the concept of this study protocol and performed reviewing and editing of the results; **RB**- has revised the article for final version of the article along with overall supervision from the beginning.

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Correspondence to:

Ms. Manita Pyakurel

Lecturer

Department Of Community medicine

Nepalgunj Medical College,

Nepalgunj, Nepal

Email: bhattamanita@gmail.com