BREAST FEEDING PRACTICES AMONG FEMALE HEALTH FUNCTIONARIES

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Summary: Fifty-nine married Female Health Functionaries, which included forty-eight ANMs and eleven LHVs working in District Kangra of H.P. have been interviewed through self-administered questionnaire during August 1999. Breast Feeding (BF) practice is universal. Average duration of initiation BF after delivery is six hours. It is continued for 23 months on an average. Practice of prelacteal feed and bottle-feeding is prevalent. In 17% of respondents difficulty has been experienced in initiating breast-feeding.

Introduction: Breast feed is an ideal feed for healthy growth and development of infants. It has an undisputed biological and emotional influence on the health of mother and child. Other benefits against diseases for infants and birth spacing for mother are also well established. It is for these reasons that ANMs and LHVs working for Maternal and Child Health Care at Primary Health Care level should make every effort to protect, promote & support BF. They should also provide expectant and nursing mothers with objective and consistent advice on breast feeding (1). Realising that ANMs & LHVs have to play vital role in propagating breast-feeding practices in the community, BF practices being practiced by them has an immense bearing on what they will preach. It is with this objective in mind that these 59 female health functionaries working in different PHCs and Subcentres of 12 blocks of district Kangra have been interviewed through self-administered, pretested questionnaire in the first week of August 1999. (World Breast Feeding Week)

Methodology: ANMs & LHVs have been randomly selected out of total of 456 working in 12 blocks of district Kangra. Self-explanatory questionnaire was administered. Questionnaire was in English and it was explained to the respondents wherever required.

Results: Average age of respondents is 32 years, range being 26-52 years. All of them are married and 52(88%) are having at least one child. All of them breast fed the youngest child. Breast Feeding is nearly universal among general public in Himachal Pradesh with 96% of all children having ever been breast fed (2).

Initiation of Breast Feeding: Thirty respondents (58%) initiated breast-feeding with in one hour of birth. In H. P. 15.4% of urban and 11.9% rural women initiated BF within one hour of birth. 42% had initiated within one day of birth (2). Vatsyan A. et al. in their study, median period of initiation of breast-feeding five hours among urban and four hours among rural mothers (3). In the present study 92% had initiated breast-feeding by twenty-four hours. Of the remaining four, two initiated after one day, one after two days and one after three days. Average period of initiation is five hours.

Continuation of Breast Feeding: Majority (63%) breast-fed for more than one year. Only 6% breast-fed the newborn for less than six months. Average period of continuing breast-feeding is 19 months, range being four months to 46 months. For most of the children in HP breast-feeding is continued up to the age of 22 months (2).

Prelacteal Feed: Practice of giving prelacteal feed is prevalent among health functionaries. As high as 50% gave one or other prelacteal feed. Commonest prelacteal feed is honey (84%). Ghee 8%, water and cow’s milk with bottle and nipples are 4% each. This practice among health functionaries is undesirable. More so when UNICEF and WHO advocate Exclusive Breast Feeding. Giving any other feed to breast fed infant before four months of age is usually unnecessary and may entail risk (1).

Practice of Bottle Feeding: Most of the functionaries (69%) bottle-fed their youngest child. Bottle Feeding has its own demerits both for infants and mothers. Mothers should be informed that alternating between an artificial stimulus (rubber teat) and a natural stimulus (the breast) only confuses their infant’s oral response. Since less work is required to suck at a rubber teat, cheek muscles weaken and the desire for breast is lost (4).

Difficulties in Initiating Breast Feeding: Some (17%) female health functionaries experienced difficulty in initiating breast-feeding. Out of these six had delayed lactation and one each had difficulty due to prematurity, caesarean section and cracked nipple. Delayed lactation may be due to delay in initiation of breast-feeding on the part of mothers.

Special committee on BF of Indian Academy of Paediatrics has recommended that babies, whether delivered normally or after caesarian section, should be put to breast soon after delivery but definitely within first four hours after birth (5).

Preference for Milk Formula: Only two (3%) of the total 59 respondents were having preference for milk formula. This is a good practice in view of WHO & UNICEF sponsored Baby Friendly Hospital Initiative discouraging promotion and use of artificial milk formulas.

Discussion: For breast-feeding to be successfully initiated and established mothers need active support during pregnancy.

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and after birth not of their families but also of the health system. Ideally, all
ANMs, LHWs and Nursing Personnel with whom expectant and new mothers
come in contact have to be committed to promoting breastfeeding.

As per WHO & UNICEF, of the many factors that effect the normal ini-
tiation and establishment of breast feeding, health care practices particularly
related to care of mothers and new born infants stand out as one of the most
promising means of increasing the prevalence and duration of breast feed-
ing (1).

Practice of breast-feeding is universal among female health functionaries
in HP. The grey areas requiring attention are prelactational feeds and bottle-
feeding practices. ANMs can serve as role models for the community by
breast feeding their own infants and by not practicing harmful prac-
tices like prelactational feeds and bottle-
feeding.

Although antenatal advice is helpful in some mothers but active postna-
tal assistance is more effective in early initiation of breast feeding (6).

A formal lactational counselling and management could be introduced
in the basic training of ANMs (7). These ANMs during their preservice
training, when most of them are unmarried and are would be mothers, should
be made fully conscious of all aspects of breast feeding. With this they will
not only practice breast-feeding but also promote, protect and support
breastfeeding among antenatal and postnatal mothers in the community
and hospitals.

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