

**TO STUDY THE SOCIO-CULTURAL FACTORS AND OTHER FACTORS INFLUENCING  
INITIATION AND DURATION OF BREAST FEEDING AT JAIPUR**

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**ABSTRACT**

**Background:** Study of the socio-economic aspects affecting initiation and duration of breast feeding. **Material and methods:** A cross-sectional study included 400 mothers both literate and illiterate and their infants living in the rural area of Jaipur. Data collected was based on occupation, socio-economic status, literacy status and type of work, type of family, residential environment, life-style and analysed likewise. **Results:** Classification on the basis of socio-economic status, maximum mothers belongs to class III category i.e. 38.75%. Education wise, 37% mothers were illiterate and 63 % were belongs to educated category. **Conclusion:** Reason of maximum of health problems in the survey area were related to the malnutrition along with infective diseases which are associated with socioeconomic factors involves mother's illiteracy, family income, mother working conditions and socio- economic status.

**Keywords:** Literacy, Socio-economic aspects, breast feeding practice, occupation,

**INTRODUCTION**

Breast feeding is the first fundamental right of child. The nutritional and health status of the infants depends upon the feeding practices of community.

1. Breastfeeding provides a newborn infant with nutrition, immunological protection, warmth and both biochemical, cognitive and emotional contribution to neuro-development.
2. It is documented in National Family Health Survey-3(2006), that only a quarter of infants were ever breast fed within half an hours of birth, whereas, 57% of mothers gave supplementary drinks other than breast milk in three days after delivery. Exclusive breastfeeding rate is only 28% at 4-5 months of age. (3)

It is quite easy to digest and utilize the breast milk by both the normal and premature babies. For proper/normal development of the jaws and teeth in baby, sucking reflex is good It also protects the babies from the tendency to get obese. (4) Breast milk also contain special fatty acid content which lead to increase in intelligence quotient and better visual acuity of developing babies. IQ of breast fed babies will be around 8 points higher than non-breast fed baby. (5)

There are several promotional activities have been conducted to encourage breast feeding within 6 month, despite of these, large number of newborn, infants are still deprived of colostrum and exclusive breast milk. Present work was

carried out to collect data on feeding practices adopted by the mothers of rural area (Vatika) of Jaipur and subsequent affect on growth and development of baby.

## MATERIAL AND METHODS

400 mothers and their infants residing in the rural area (Vatika village) in Jaipur district were included in a cross-sectional study. Study was done in a rural health training Centre (R.H.T.C) of the Department of Community Medicine, Mahatma Gandhi medical college and attached group of hospitals. Prior to commencement of study, permission was taken from ethical committee of the college. Data was collected on occupation, socio-economic status, literacy status and type of work and then analysed. Data was also collected for infant's anthropometric measurements, weaning, feeding practices and immunization status.

Pretested structured Performa questionnaire was used. Door to door survey was undertaken. During data collection, subjects were explained about the research study and written consent was also obtained prior to interview. All the data were confidentially collected. A planned pretested Performa containing two schedules were used. Infantometer, salter hanging weighing machine, steel non –stretchable tape instruments were used in this study.

**Literacy:** Selection of Criteria as defined in GOI, registrar general census scale was used.

**Illiterate:** Mothers unable to read and write in any language. Mothers can read but unable to write were also considered illiterate.

**Literate:** Mothers willing to read and can write in any language. Mothers have education up to Primary, Middle, Secondary, Higher secondary

and Graduate & Post Graduate included in this category.

**Occupation:** Occupation included is classified as housewife, labour service, business and gainful employment.

**Socio-economic Status:** Socio-economic status was determined as per the classification devised by B.G. Prasad on the per capita income of the family. The customized classification for the year 2008 was used for determining the socio-economic status of mothers under survey.

## RESULT

**Table 1: Distribution of Study Population According to Parity of Mothers**

Parity of Mothers	No.	Percentage (%)
<b>Primi</b>	168	42
<b>2<sup>nd</sup></b>	118	29.5
<b>3<sup>rd</sup></b>	62	15.5
<b>4<sup>th</sup></b>	29	7.25
<b>&gt;5<sup>th</sup></b>	23	5.75
<b>Total</b>	400	100

Above table shows 168(42%) mothers were of birth order one, followed by 118(29%) were of the birth order two and 23(5.75%) were of five or above.

**Table 2: Distribution of Study Population According to Their Religion**

Religion	No.	Percentage (%)
<b>Hindu</b>	371	92.75
<b>Muslim</b>	29	7.25
<b>Total</b>	400	100

Out of 400 families, majority of women i.e. 371(92.75%) were belong to Hindu religion and rest 29(7.25%) were Muslims.

**Table 3: Distribution of population under study according to their socio-economic status**

Socio-Economic Status	Total	Percentage (%)
I	0	0
II	49	12.25
III	155	38.75
IV	73	18.25
V	81	20.25
VI	42	10.5
<b>Total</b>	<b>400</b>	<b>100</b>

Maximum mothers belongs to class III category; 155(38.75%), followed by 81(20.25%) mothers from socio-economic class V, 73(18.25%) mothers were from socio-economic class IV, 49(12.25%) were from socio-economic class II and 42(10.5%) mothers were from socio-economic class VI. No mother belong to class I

**Table 4: Distribution of Study Population According to Literacy Status of Mothers**

Literacy Status	No	Percentage %
<b>Illiterate</b>	148	37
<b>Primary</b>	95	23.75
<b>Middle</b>	74	18.5
<b>Secondary</b>	45	11.25
<b>Higher Secondary</b>	16	4
<b>Graduate &amp; Above</b>	22	5.5
<b>Total</b>	<b>400</b>	<b>100</b>

The above table shows that 148(37%) mothers were illiterate, 95(23.75%) mothers were educated up to primary level followed by 74(18.5%), 45(11.25%), and 16 (4%) educated up to middle, secondary level, and up to higher secondary level respectively and rest 22(5.5%) mothers were graduate and above.

**Table 5: Distribution of Study Population According to Their Place of Delivery**

Delivery	No.	Percentage (%)
<b>Institutional</b>	376	94.0s
<b>Home</b>	24	6
<b>Total</b>	<b>400</b>	<b>100</b>

The study population shows that out of 400, 376(94%) were institutional delivery and the rest 24(6%) were home delivery

**Table 6: Distribution of study population according to their use of Colostrum**

Colostrum	No	Percentage %
<b>Given</b>	400	100
<b>Not given</b>	0	0
<b>Total</b>	<b>400</b>	<b>100</b>

Results given in table VI, suggested that 100% of the infants under study were given colostrums

## DISCUSSION

Breastfeeding has many benefits for the both mother and infant. Breast milk has nutrients which are required for infant for his first six months of life. It is also noted that breastfeeding is highly influenced with higher intelligence quotient (IQ) in children. Breastfeeding is nearly common all over in India. 95.70% and 96.00% of children have ever been breastfed in India and Rajasthan respectively.

Religion wise distribution of data showed that 92.75 % of subjects understudy belong to Hindu religion and rest were from Muslims religion, no other religion follower were found. Similar findings were also observed by Taneja et al where 96.2% subjects were Hindus, 1.9% Muslim and 1.9% Sikhs (18). A study by Syed E.

Mahmood et al suggested same in which 97.9% subjects were of hindu category. **(10)** But different finding were noted by Sima Roy et al where 72.5% (87/120) were Hindu,25.8% (31/120) were Muslim and1.7%(2/120) belonged to other religions. **(15)**

Data suggested that 60 percent of population under study belong to joint family and remaining 40 percent to nuclear families, similar data were observed by D.K Taneja et al **(18)** which showed that maximum number (47.50%) of our study population belongs to families having 4-6 members

### **MATERNAL AGE**

In the present study, out of 400 mothers, maximum mothers(45.25%) were of the age group of 22-25yrs of age followed by 26-29yrs (22%),then18-21(19.50%),less than 15% mothers were belong to more than 30 yrs of age category.Similar findings were also observed by Wadde et al in their study that age of all mothers ranged between 18-35 years **(7)** also Yadvenankar et al observed in their study the mean age of the respondents was 24.66 years. **(8)**

### **Literacy**

In our study, 37% mother were illiterate, 23.75% mothers were educated up to primary, 18.5% up to middle, 11.25% educated up to secondary level and <10% were educated up to higher secondary and above. Uttekar et al also observed in their study in Rajasthan that majority of JSY beneficiaries were illiterate (68%) or had studied only up to primary and middle level (22%), <10% had studied above secondary level. **(12)**

### **Socio-economic Status**

The maximum mothers (38.75%) were from socio-economic class III followed by 20.25% of

socio-economic class Singh and Arora observed in their study of changing profile of pregnant women in rural north India that most of their study population was from lower middle or middle class. **(11)** Gogoi and Ahmed showed that majority (57%) of their study population belonged to upper- lower socio-economic class. **(19)**

### **Occupation**

In the present study, 56.75% mothers were observed to be house wives, and rest were working. 61.81% of total mothers were doing moderate level of daily physical activity followed by 34.67% heavy worker and 3.52% mother had light work Similar observations were also observed in the study conducted by Sima Roy et al in which 69.15% mothers were housewives. **(15)** Despite of this, Mahmood et al found that 99.1% were housewife **(10)** also Venkatesh observed in their study in urban slums of Devangare city, Karnataka that 88% women were house wives and only 12 % were working in the unorganized sectors. **(20)** There was significant association between occupation and feeding pattern of infant in developing countries like India, women are responsible for a wide range of household work and child care duties as well as work outside the home. These women are also the women at high risk for poor birth outcome.

### **PLACE OF DELIVERY**

In the present study, out of 400 infants 376(94.00%) were delivered in Hospital (institutional) and rest were conducted at home. Similar findings were observed in study of Madhu et al where 90% were hospital deliveries.50 According to Dongre et al, most of the deliveries 94.4% took place in health care facilities.57 A study conducted by Sima Roy et

al 47, A total of 99.33% of the children were delivered at the health facilities. Contradictory findings were obtained in study of Bhardwaj et al 35 where more 21.25% were conducted at home by family members or untrained dai. Also in a study of Syed E.ET AL 36 about half (50%) of the deliveries were taken place at home.

### Use of Colostrum

Results suggested that 100 % mothers gave colostrums to their newborn infants. Almost similar findings were observed by Wadde et al 10 where 279(91.18%) mothers feed colostrums to their babies. Also in a study conducted by Sima Roy, Aparajita Dasgupta and Bobby pal 47, 90% were feed with colostrums while in the study of Dinesh Kumar et al 45 only 43 (15.9%) discarded colostrums and Devangrava et al 46 36.9% of new born received colostrums also in Yadenankar M.C et al 34 Only 35% mothers gave colostrum.

### CONCLUSION

This study relived that need to creating an awareness of the demerit of pre-lacteal feeds and advantages of colostrum, exclusive breastfeeding in rural area.

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