

Is Breastfeeding a Universal Issue in India? (Ideology and Practice among Women of India and Major States: A Sociological Perspective)



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Abstract

This paper is dedicated to 'newly born child' with this universal concept 'Breast is best'. It is fact that breast feeding in India is universal but early breastfeeding among child is not yet universal phenomenon. Various socio-psychosocial as well as cultural barriers still persist to early breastfeeding. The main reasons for this practice are not clearly explained. Hence, I tried to write this article to know breastfeeding's knowledge and practices among the rural-urban women of Uttar Pradesh. I have compiled the secondary data from Reproductive and Child Health (RCH) survey which was conducted by International Institute of Population Sciences (IIPS), Mumbai and designated by Ministry of Health and Family Welfare, New Delhi. Since the initiation of breastfeeding and variables like understanding about the importance of colostrums, nutrition during lactation, and motivation by the health workers were emphasized. Most of the women started breastfeeding to their babies on the first day of birth, but very few of them started breast feeding to their babies within 4 hours of birth. This may be the lack of knowledge about the importance of colostrums, it is generally advised by the doctors/gynecologist to increase their diet during lactation but respondents said that they have not increased their diet during lactation. There is a need for Government and non-Governmental organizations to work on this issue through sensitization, health education, advocacy, IEC materials, advertisement, awareness, etc.

Keywords: Exclusive Breastfeeding, Post Partum Period, Baby Weight, Antenatal Care, Reproductive and Child Health etc.

Introduction

World Health Organization (WHO) recommended that breast feeding should be initiated immediately after birth and should be continued exclusively up to a minimum of six months. Government of India, through RCH programme also recommends that infant child should be exclusively breastfed from birth to at least four months of age. WHO specifically suggested that the yellowish milk, known as colostrums, should be given to the newly born baby because it provides protection against certain infections. It has to be supplemented with other semi-solid and solid foods at proper time-intervals.

Breast milk is the best gift which a mother can give to her baby. Sociologically, breastfeeding is nature's way of nurturing the child, establishing an emotional relation between child and the mother. As per the Indian Medical Association report, breastfeeding is important for infant child, to their survival, health & nutrition. Exclusive which is six month duration of breast feeding is known to protect the child from obesity risks; it also helps to develop child physic and their brain. It is almost universal that longer breast feeding may be considered as a tool to avoid pregnancy (Post Partum Period).

According to RCH report, early breast feeding is not very universal with Indian women. Around forty one percent of the women were advised on breast-feeding, they were not aware about early (within 4 hours) breast feeding which may give their child colostrums which is important for child development. Only one third of infant child world-wide are exclusively breastfed during the first four hours of their birth, complementary feeding starts very early with others liquid and foods which are often nutritionally

E: ISSN No. 2349-9443

insufficient and unsafe for child development. National Family Health Survey (NFHS) also suggested that Infant feeding practices have significant effects on both mothers and children. Mothers are affected through the influence of breastfeeding on the period of postpartum infertility and hence on fertility levels and the length of birth intervals. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection. Ministry of Women and Child Development, Government of India, suggested that early initiation of breastfeeding is encouraged for a number of reasons. Mothers benefit from early suckling because it stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. The first breast milk (colostrums) is highly nutritious and has antibodies that protect the newborn from diseases. Late initiation of breastfeeding not only deprives the child of valuable colostrums, but becomes a reason for introduction of prelacteal feeds (that is, something other than breast milk) like glucose water, honey, *ghutti*, animal milk, or powdered milk that are potentially harmful and contribute to diarrhea in the new born. Through early breastfeeding one can avoid growth retardation, micronutrient deficiencies and common child hood illnesses such as diarrhea and acute respiratory infections (ARI). In developing countries, children are vulnerable to malnutrition because of low dietary intakes, infectious diseases, lack of appropriate care and inequitable distribution of milk, food within the household.

In any one of the countries of the world where the population is very huge, lots of variations were found in height and weight; this variation approximates a normal distribution. Use of a standard reference population as a point of comparison facilitates the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time. The use of a reference population is based on the empirical finding that well-nourished children in all population groups for which data exist follow very similar growth patterns before puberty.

The new World Health Organization (WHO) growth standard adopts a prescriptive approach, describing how healthy children should grow. The new standard is based on children around the world (Brazil, Ghana, India, Norway, Oman and the United States) who are raised in healthy environments, whose mothers do not smoke, and who are fed with recommended feeding practices (exclusive breastfeeding for the first 6 months and appropriate complementary feeding from 6 to 23 months). The WHO growth standard identifies breastfed child as the normative model for growth and development standards, depicts normal early childhood growth under optimal environmental conditions, and can be used to assess children regardless of ethnicity, socioeconomic status, and type of feeding.

Three standard indices of physical growth that describe the nutritional status of children are presented in this report:

1. Height-for-age (Stunting)

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2. Weight-for-height (Wasting)

3. Weight-for-age (underweight)

Each of the three nutritional status indicators is expressed in standard deviation units (Z-scores) from the median of the reference population. Each index provides different information about growth and body composition, which is used to assess nutritional status. Children whose height-for age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted) and are chronically malnourished. The weight-for-height index measured body mass in relation to body length and describes current nutritional status. Children whose Z-score is below minus two standard deviations (-2 SD) considered thin (wasted) for their height and are acutely malnourished. Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. These children are below minus two standard deviations (-3 SD) are considered to be severely underweight.

Review of Literature

Many sociologist, anthropologist, educationist and demographer has studied and discussed about practices of breastfeeding among them Ashley Montag discussed a lot about practices of breastfeeding and he said that children are not spoiled by receiving too much love but by not receiving enough love. This is an important perspective that defies the common perception of what spoils children. Children may become spoiled as a result of experiencing insufficient breastfeeding that may be treated as a love. They crave attention and affection with mother because they did not receive enough milk in early childhood.

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Anthony Storr offers the following intriguing perspective on the analytical encounter: "In no other situation in life can anyone count on a devoted listener who is prepared to give so much time and skilled attention to the problems of a single individual without asking for any reciprocal return, other than professional remuneration. The patient may never have encountered anyone in his life who has paid him such attention or even been prepared to listen to his problems."

Storr's assessment of the unique role of a skilled analyst seems to deny the existence of a healthy and loving relationship between mother and child. His outlook, however, makes sense since the value of mothering has been profoundly demeaned over the past century. In a world that esteems mothering, nevertheless, Storr's description of a skilled analyst would fit to a tee all loving and attentive mothers.

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The anthropologist Walter Goldschmidt contends, though, that mother and infant do indeed have symbolic interaction. He mentions this dialogue in the context of attachment, which he describes as the infant's search for the security and food supplement of knowing that his need for care, love, food, and warmth will be met.

Goldschmidt also discussed about breastfeeding practices and he said that infant should be feeded his/her mother breast milk. He suggested that baby may behave apparently as he has not been feeded by mother in another way he tries to say that baby generally transmit love through feeding milk by the mother. The essential content of those dialogues are the request for the nurturant love and the assurance that it will be given. All those infant tricks to induce parental response and love are in the service of making a secure and satisfying attachment.

Aim of the Study

The main objective of this paper is to know the level and trends of breastfeeding among currently married women in India. Thus, the specific objectives are as follows:

1. To know the level and trends of breastfeeding among women according to their background characteristics.
2. To study the prototype of breast feeding practice among women of India.
3. To study the socio-economic barrier or factors influencing over low breast feeding.

Materials & Methods

This study is based on the secondary data. Thus, the data has been taken from Reproductive and

Child Health (RCH) survey and National Family Health Survey (NFHS-3). Both surveys were conducted by the Ministry of Health and Family Welfare, Government of India and data compiled and analyzed by the International Institute for Population Sciences (IIPS), Mumbai. NFHS-3 covered all 29 states in India, which comprise more than 99 percent of India's population. NFHS-3 is funded by United States Agency for International Development (USAID), DFID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MOHFW. Macro International, USA, provided technical assistance at all stages of the NFHS-3 project. So far, various statistical methods, graphs, diagram and chart has also been used to analyze the data.

Results and Discussion: Initial Breastfeeding by State

The Government of India recommends that initiation of breastfeeding should begin immediately after child birth, time slot is allotted 1 to 4 hour of birth. Early initiation of breastfeeding is encouraged for a number of reasons, mothers benefit from early suckling because it stimulated breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces postpartum blood loss. So in the table no. 1, I have tried to describe the percentage of children born in the last five year who were ever breastfed and who were started breastfeeding within half an hour, one hour, and one day of birth according to the major states, India 2005-06.

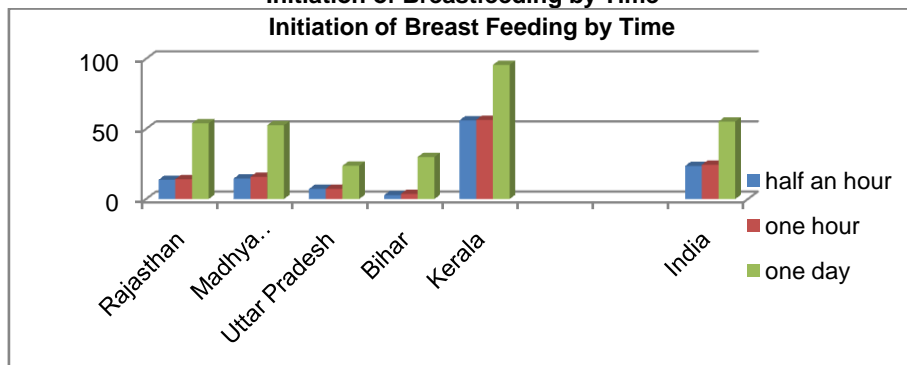
Table No. 1
Initial Breastfeeding by Major States of India

| State | Ever Breastfed Children | | | | |
|----------------|--------------------------------------|------------------------------|--------------------------|-------------------------|--|
| | Percentage who started breastfeeding | | | | Percentage who Received A Prolactal Feed |
| | Percentage ever Breastfed | Within half an Hour of Birth | Within one Hour of Birth | Within one Day of Birth | |
| Rajasthan | 96.0 | 13.7 | 14.1 | 54.0 | 71.6 |
| Madhya Pradesh | 95.7 | 14.7 | 15.9 | 52.6 | 58.1 |
| Uttar Pradesh | 96.0 | 7.2 | 7.3 | 23.7 | 86.0 |
| Bihar | 94.4 | 2.8 | 3.7 | 30.0 | 90.6 |
| Kerala | 97.4 | 56.1 | 56.5 | 95.7 | 10.8 |
| India | 95.7 | 23.6 | 24.5 | 55.3 | 57.2 |

Source: NFHS-3

Graph No. 1

Initiation of Breastfeeding by Time



The distribution of data, presented in table no. 1, shows that breastfeeding is almost universal in all major states as well as in India but early

breastfeeding is not universal in all states of India. The main purposes to promote early breastfeeding is to get colostrums which may get a child from mother

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within 4 hours of milk after delivery and that is very important for child is total development. The performance of early breastfeeding is very poor in all selected states, especially in Bihar and U.P. where only 7.2 and 2.8 per cent of newly born baby breastfed within half an hour, 7.3 and 3.7 within one hour and 23.7 and 30.0 per cent within one day of delivery. Almost same picture can be seen in Madhya Pradesh and Rajasthan where around 14 per cent of newly born child got breastfed within half an hour, 15.9 and 14.1 per cent within one hour by his/her mother. However, Kerala is only state where almost 56 per cent of child breastfed within half an hour, 56.7 per cent within one hour and most importantly 95.7 per cent of newly born child breastfed same day of birth. So, the data clearly indicates that except Kerala, performance of early breastfeeding is very poor in all other selected states in India.

Exclusive Breast Feeding

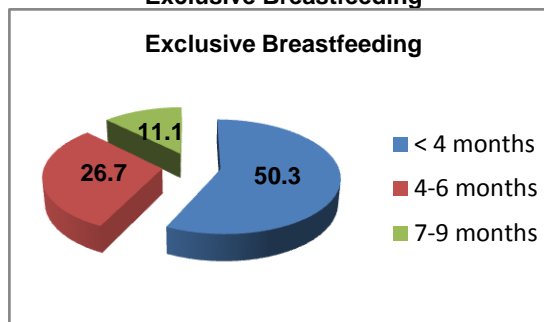
In the survey, mothers of children were asked whether the child had been fed exclusively on breast milk and if so, what the duration was. It is always recommended by Government of India that mother should breastfeed to their newly born child without giving anything including water. Data presented in table no. 2 and discussion follows:

Table No. 2
Exclusive Breast Feeding

| Age in Month | Exclusive Breastfeeding |
|--------------|-------------------------|
| < 4 months | 50.3 |
| 4-6 months | 26.7 |
| 7-9 months | 11.1 |

Source: DLHS-2, RCH 2002

Graph No. 2
Exclusive Breastfeeding



In India, only 50 per cent of the children fewer than four months of age are exclusively breastfed whereas almost 27 per cent of infant child ranges 4 to 6 months of age are exclusively breastfed. However, only 11 per cent of infant child belonging to neo-natal age group are exclusively breastfed. It means that data clearly indicates and warned us that the exclusive breastfeeding performance is very poor in India which has to be promoted by the Government.

Breastfeeding with Socio – Economic Characteristics

Breastfeeding may be varying according to various socio-economic characteristics. When we talk about breastfeeding among male child and female child there may be a variation between male and female as son preference is most pronounced in India. Breastfeeding in rural and urban areas is also varying from time to time, mother education is also negatively associated with breastfeeding where as religion and caste also shows variation in the performance of breastfeeding. A detailed data and discussion of the same has been discussed in table no.3.

Table No. 3
Breastfeeding with Socio-Economic Characteristics

| Background Characteristics | Median Duration (Months) of Breastfeeding | | Frequency of Breastfeeding |
|----------------------------|---|-------------------------|-----------------------------------|
| | Any Breastfeeding | Exclusive Breastfeeding | 6+ Time Breastfeeding in 24 Hours |
| Male | 25.4 | 2.1 | 96.7 |
| Female | 23.6 | 1.9 | 96.7 |
| Urban | 22.0 | 1.7 | 95.9 |
| Rural | 25.7 | 2.1 | 97.0 |
| No Education | 26.5 | 2.0 | 96.6 |
| 8-9 Complete | 23.0 | 2.0 | 97.9 |
| 12 Or More Years Completed | 20.6 | 1.8 | 95.2 |
| Hindu | 24.9 | 2.0 | 96.7 |
| Muslim | 23.8 | 2.0 | 97.5 |
| Christian | 21.8 | 2.6 | 98.4 |
| Scheduled Caste | 26.3 | 2.4 | 96.8 |
| Scheduled Tribe | 26.1 | 2.9 | 96.1 |
| OBC | 23.9 | 1.7 | 97.2 |
| Others | 23.8 | 1.9 | 96.0 |

Source: NFHS-3

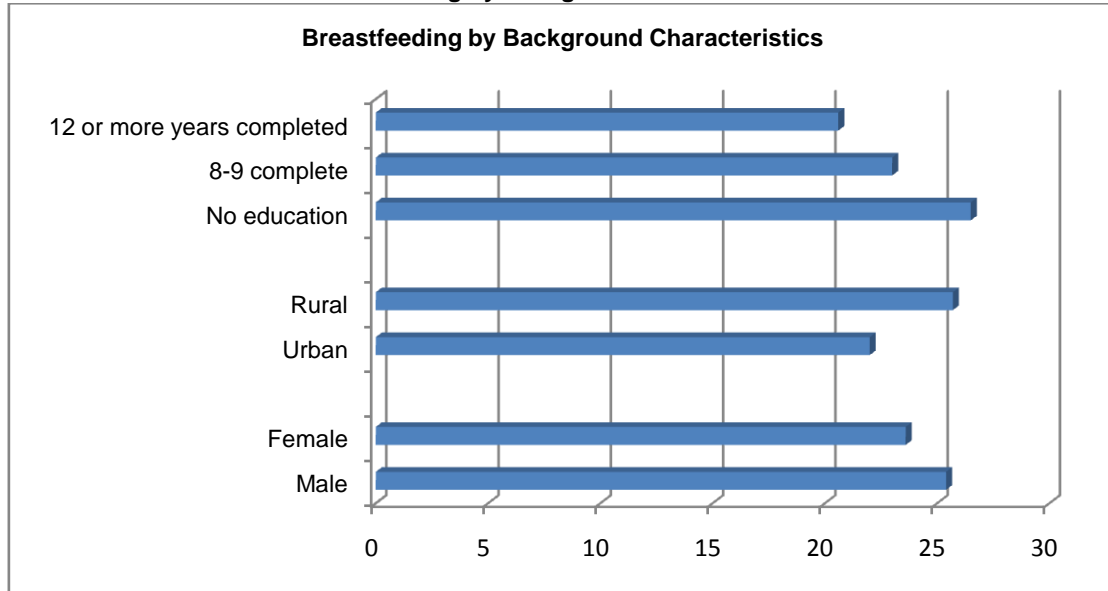
There could be several reasons for poor performance of early breastfeeding in India. Socio-economic and cultural data indicates about these reasons specifically. Data presented in table no. 3, indicate those male children (25.4) get more chances to early breastfeeding as compared to girl child (23.6),

it means that son preferences are still persist in Indian society. Regional variation is also could be the one of the reasons for poor performance for exclusive breastfeeding as in rural area breastfeeding is more pronounced than urban area. High level of education is negatively associated with exclusive breastfeeding

as where the mothers are highly qualified, breastfeeding performance is very poor and where the mothers education is low, breastfeeding persist high performance. So, the questions are; why breastfeeding is negatively associated with education of mothers? This question may be incorporated in the subsequent study. Religion variations are negligible which starts from 24.9 from Hindu to 23.8 among Muslims and

21.8 among Christians. Caste wise variation for breastfeeding can also be seen as it is negatively associated with low caste and high breastfeeding performance. Breastfeeding is comparatively high among scheduled tribe 2.9 and scheduled caste 2.4 as compared to OBC and others where it ranges from 1.7 to 1.9 respectively.

Graph No. 3
Breastfeeding by Background Characteristics



Percent of mothers initiated breast feeding within first 24 hours of the delivery. Shorter duration of breast feeding was observed among mothers with higher socio-economic status. 91.25 percent of the mothers gave pre lacteal feeds & only 35 percent mothers gave colostrum. These findings highlight the role of beliefs, customs and sociocultural factors in influencing the mother's knowledge and practice of Breastfeeding. Literacy status had little effect on continuation of breast feeding for more than six months. 81.19 percent mothers had no knowledge regarding exclusive breastfeeding and only 13.36 percent of mothers practiced almost exclusive breast feeding up to 4 months, which is disheartening scenario. In spite of health education messages in Massmedia & various interventions launched under RCH & NRHM nearly 80 percent mothers told that source of information regarding breastfeeding practices and influencers for their decision making about exclusive breastfeeding were Elderly females in family and Dais/ Anganawadi worker. These points to be taken at to focus on these groups for health education and awareness creating programmes about the importance of colostrums & exclusive breastfeeding, hazards of prelacteal feeds and appropriate weaning messages infiltrate in the socioeconomically backward rural areas. A corner stone of any public health program for the prevention of childhood malnutrition is the need to promote an optimal lactation in the community.

Conclusion & Generalization

As per Indian Medical Association (IMA) report, colostrum is mandatory for infant child which is generated immediate after delivery through breast

milk. Continuous breastfeeding (atleast six month) is important for newly born child, for their survival, health & nutrition. Early breastfeeding could protect to the child from obesity risks.

The performance of early breastfeeding is very poor in all Hindi speaking states of India viz: Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan But it is almost universal among all woman of Kerala.

Breastfeeding performance is also varying from gender to gender and it is seen that sons are more benefitted by the breastfeeding as compare to the girl child. Regional variation is also could be the one of the reasons for poor performance for exclusive breastfeeding as in rural area breastfeeding is more pronounced than urban area. Religion wise variation for breastfeeding is also observed. The performance of breastfeeding among Hindu woman is more pronounced than Muslim and Christian woman.

So, in the lieu of above facts, it could be generalized that breastfeeding is not a universal practice in Hindi speaking regions as it is almost universal in southern states of India. The practice of breastfeeding may be high among Indian women through awareness campaign, advocacy, Government intervention programme etc.

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E: ISSN No. 2349-9443

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