

AN ANTHROPOLOGICAL STUDY OF BREASTFEEDING PRACTICES AND PREVALENCE OF SUPPORTED LIQUIDS AMONG CHILD-BEARING WOMEN IN RURAL GUJRAT

Abid Ghafoor Chaudhry¹, Aftab Ahmed², Sajjad Hussain³, Nasir Ali⁴, Attiya Batool⁵

¹Incharge, Department of Anthropology, PMAS-Arid Agriculture University Rawalpindi (PMAS-AAUR).

²Anthropologist, Association for Social Development, Islamabad.

³Program Manager, Regional Development Network, Islamabad,

⁴Lecturer, Department of Statistics, PMAS-AAUR,

⁵Student of Masters in Anthropology, PMAS-AAUR

Corresponding Author E-Mail: huda.aftab@gmail.com

ABSTRACT: *Breastfeeding is more significant factor to enhance the immunity level among infants especially within first six months of their age. It also helps to prevent the infants from different kinds of diseases in early childhood. In Pakistani rural context, traditional practices of breastfeeding and use of supported liquids is normally observed and reported. Moreover, it is highly encouraged by the elders of the family especially among the females of the extended, joint and joint-extended family system. This study was focused to explore the current practices of breastfeeding and use of supported liquids in rural areas within first six month of age of infants. The study was conducted under the supervision of Pakistan Association of Anthropology (PAA) based in Islamabad. The data collection was done in four different villages of Tehsil Gujrat, including Shah Bollah, Hunjra, Jalal Pur Sobatian and Chak Boola. Structured questionnaire was developed to collect information on breastfeeding practices as well as the use of water and other supported liquids. After pre-test, the tool was amended accordingly and identified errors and weaknesses were removed. The basic tool of social investigation contained all vitals on bio-statistics. The Questionnaires were administered with the help of experienced female enumerators in the domain of mother and child health. For further insights and in-depth purviews, intensive focused group discussion (FGD) technique was adopted. FGDs were conducted by the field supervisors with the help of group facilitators. Data show the major inputs and cooperation from the respondents of the age group of 27-30 years during the research. Among the 195 respondents (93.85% cases), lactating mothers fed their child. The results further reveal the figure that 43.72% of the respondents fed their child within first hour after child delivery. The use of Ghutti was reported in 58.97% cases. In 46.15% cases, respondents told that they used water and gave other liquids (including honey and arq) to their infants. Elders especially Mother-in-law advised the females for breastfeeding which made up 31.79% of the total sample selected. The breastfeeding is culturally supported due to which the prevalence rate is high among the respondents. The breastfeeding commences within one hour of child birth. The use of supported liquids including Ghutti, honey, rose extract and formula milk is also customary among females. The elder female members of family are keen and encouraging the breastfeed practices.*

Keyword: Breastfeeding, Rural Females, Infants, Supported Liquids, Ghutti

INTRODUCTION

In Pakistan, 72 infants pass away out of 1000 live births every year. But out of 72 deaths, 53 are those who expire prior to getting the age of one month because of diarrhea, pneumonia, respiratory infections and malnutrition. A major starting place of these diseases is being deficiency in exclusive breastfeeding, use of unhygienic bottles and formula milk. These infants can be saved if they are sheltered through ordinary shield of mother's milk without use of any other food item like Ghutti, honey or water for the first six months [1].

World Health Organization (WHO) and United Nations Children's Fund (UNICEF) advise that all mothers must breastfeed their kids absolutely for the first 6 months and afterward they should carry on to breastfeed for as extensive as the mother and child desire, and both suitable and adequate weaning food should be added after six months of life [2,3]. WHO estimates that universal only 35% of children among birth and their fifth month are breastfed exclusively [2]. In order to accomplish the Millennium Development Goal of decline of child death, newborn

breastfeeding has been recognized as one of the main focused areas both internationally and nationwide [4,5]. Broad research in different countries has provided facts that breastfeeding has obvious health benefits for infants as well as the mother. Infants who have been breastfed optimally have declined threat of ordinary childhood illnesses such as gastrointestinal and respiratory infections, atopic eczema, and allergy during childhood [3,6,7].

Human milk is the most suitable milk for human infants and exceptionally tailored to the infant's need [8]. Studies have provided strong proof that breastfeeding decreases the occurrence and/or sternness of a wide range of communicable diseases amongst children [9]. Breast-feeding has been given away to decrease the risk of respiratory infections [10], diarrhea [11] and neonatal sepsis [12,13]. A collective analysis of data from 3 countries has shown that moreover predominately or entirely breast-fed infants are at considerably lesser risk for infant mortality than non-breast-fed infants [11].

History of the rural communities tells us that married women's practice breastfeeding more than the married

women’s of urban areas. The reason behind this is urban women are more conscious about their physical look, body figure, normally living with nuclear family system and due to job. On the other hand, rural women are mostly and traditionally house wives who are restricted to their families and household chores.

Connected to it is the indigenous and traditional family setup in countryside that promotes intensive breastfeeding. Another logical stand point for statement above is that purchasing of dry/synthetically treated or formula milk is not economically feasible for most of the rural families. It is thus that the rural women due to: their pressing home-bound economic strains; family counseling on behalf of elder women; and, in their efforts to adopt the culturally ideal mother-type are required to engage in exclusive breastfeeding to the infants.

The study under reference was focused to explore the prevalence rate of breastfeeding among the lactating mothers in rural areas.

MATERIALS AND METHODS

The research was centered on exploring exclusive breastfeeding practices among the rural women in selected villages of Tehsil Gujrat including Shah Bollah, Hunjra, Jalal Pur Sobatian and Chak Boola.

The sample was calculated by using confidence interval 95%, error margin 5%, rural female population of child bearing age was 30745 (Tehsil Gujrat). The entire sample drawn was 195. For data collection, a structured questionnaire was developed that consisted demographic information, education, marital status, total pregnancies, successful deliveries and number of live-children. The later part covered the domain of breast-feeding practices. For this purpose, female enumerators were trained regarding tool of data collection. After pretesting, the tool was modified as required.

After introducing the objectives of research in front of respondents, female enumerators sought respondents’ verbal consent for information sharing and participation in the research exercise. Data entry was done in EpiData and further analyzed via SPSS17.

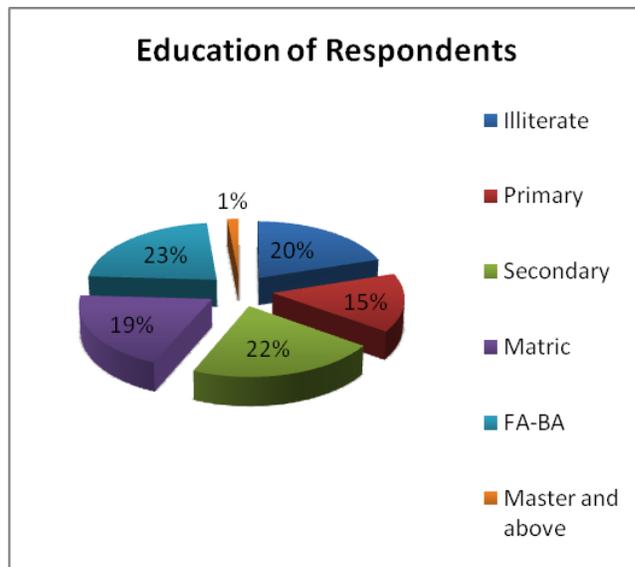
RESULTS

Table.1 Age of the respondents

Age	Frequency	Percent
15-18	3	1.54
19-22	12	6.15
23-26	39	20.00
27-30	84	43.08
31 and above	57	29.23
Total	195	100.00

Table 1 shows the age distribution of respondents. Majority of the respondents were in the category of 27-30 years (43.08%) that shows the participation of age-wise mature females in the data collection phase. 29.23% of the respondents belonged to the age category of 31 and above.

Pie Chart: Education of Respondents



Education seemed to play a vital role in every domain of life. The results above show that 20.00% respondents lacked formal education, 14.87% received 1-5 years of schooling, and 21.54% were in the category of 6-8 years of schooling. In the category of 9-10 years the percentile remained 19.49%. The largest fraction that was 22.56% constituted the category of 11-14 years of education.

Table. 2 Breastfeeding to Youngest Child

Response	Frequency	Percent
Yes	183	93.85
No	12	6.15
Total	195	100.00

Key focused area of breastfeeding depicted from the above results of table 2 contends that among 195 female respondents, 93.85% respondents fed their child by themselves. While only 6.15% responses were in favor that they did not feed their infants. The reasons for not feeding infants were mainly the mother’s health.

Table.3 Feeding of Infant after Delivery

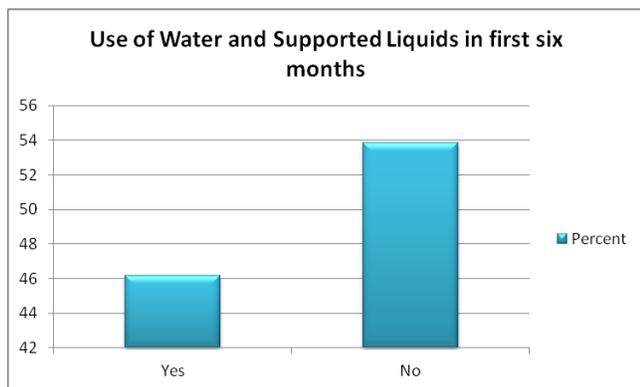
Hours	Frequency	Percent
Within 1 hour	80	43.72
Within 2 hours	39	21.31
Within 3 hours	25	13.66
Within 4 hours	3	1.64
5 hours and above	36	19.67
Total	183	100.00

Above table shows the continuity of responses discussed in table # 3 that inquired the mothers about the breastfeeding after delivering the infant. Data show 43.72% females fed within 1 hour after delivery, 21.31% fed within 2 hours, 13.66% within 3 hours and remaining participants practiced breastfeeding within 4 hours and above.

Table.4 Prevalence of Ghutti

Response	Frequency	Percent
Yes	115	58.97
No	80	41.03
Total	195	100.00

Table.5 depicted that 58.97% of the respondents gave Ghutti to their infants after delivery. In 41.03% cases Ghutti was not practiced. This table shows the cultural trend of rural females towards the neonate to give Ghutti after delivery as early as possible. Though the medical science does not establish the importance of Ghutti but the socio-cultural life patterns of the respondents confirm its importance that cited several historical and religious examples as specimen in support of their cultural act of Ghutti.



Bar Chart. 1

Above chart shows the practices to use water and other supported liquids (Formula milk, beverages, rose extract, honey) within first six months after child delivery. 46.15% respondents gave water and other supported liquids to their infants within first six months of the infant’s age, and remaining 53.85% respondents said ‘No’ with regards to the question either they used water and other supported liquids for young ones.

Table.6 Family Member Advice for Breastfeeding

Family Member	Frequency	Percent
Husband	22	11.29
Mother-in-law	62	31.79
Father-in-law	2	1.03
Mother	21	10.77
Others	12	6.15
No one	76	38.97
Total	195	100.00

The table shows the attitude of family members about the breastfeeding practices. The data show that in 11.6% cases the husband insisted for breastfeeding. In 31.9% cases, mother-in-law showed her keen interest for breastfeeding, only in 0.7% cases, father-in-law was concerned for breastfeeding. In 10.9% cases, mothers of the respondents gave their advice to breastfeed to the baby whereas in 6.5% cases, other family members advised for breastfeeding.

The role of health care providers is always very obvious to create awareness and educate the females about the importance of breastfeeding. 81.03% respondents said that their doctor advised them for breastfeed, 6.15% respondents reported that the LHV whereas 4.62% said that LHW advised them for breastfeeding. The 8.20% of the total sample responded that some other health personnel / staff advised for the same.

Table.7 Care Provider advising Breastfeeding

Care Provider	Frequency	Percent
Doctor	158	81.03
LHV	12	6.15
LHW	9	4.62
Others	16	8.20
Total	195	100.00

DISCUSSION

In Pakistan, breastfeeding commencement rate is reported to be 95 % [14]. The study completed in 1995 through ministry of health in Pakistan reported that even though 94 % of the offspring’s were ever breastfed [14,15]; only 16 % of the under 4 months old children were absolutely breastfed [15,16].

The findings of the study depicted the practices of breastfeeding, usage of Ghutti, and other supported liquids within six months of age. The percentage of breastfeeding among rural females was more than 90%, which shows a more than satisfactory level of breastfeeding. While on the other hand results also present the situation in which rural females used Ghutti and other supported liquids (Formula milk, beverages, rose extract, honey) for their young ones. On a scientific scale, practices other than exclusive breastfeed are feared to threaten the immunity level among infants as well as damaging the overall health during early months of infants’ life. It was observed in the case of Ghutti especially that it is more cultural and traditional rather than any scientific. For instance the elders justify that Ghutti is beneficial to clear the esophagus of the new born babies.

The escalating use of infant recipe and substitutes in the early hours of a baby’s life contributes to the high level of below growth and undernourishment in our children. Babies given cow’s milk and artificial formula milk early in their lives have more than 60% risk of being underfed [17]. Difference in breastfeeding practices is typically prejudiced by socioeconomic rank, cultural issues, educational status and additional factors [18]. The factors that are linked with the general decline in breastfeeding comprise societal factors, practice in health care services, publicity and promotion of newborn feeding items [19].

The major ratio of the mothers provided their offspring’s water because they consider that the milk was not enough: breast milk seen mainly as food and water is necessary to satisfy the requirements of the child which was most likely due to false impression of mothers [20,23]. According to demographic and health study 2006-07 in Pakistan, roughly

two thirds of children 62% are given a few other things prior to breast milk [24].

Breastfeeding reduces the threat of undernourishment and ordinary infectious diseases in offspring, which are the most important causes of neonate mortality in developing countries [25]. According to the UNICEF report (2006) the neonate mortality of Pakistan stands at 78/1000 which is still one of the highest in the world [26]. The diseases that are causative to such an elevated rate are frequently infectious diseases like pneumonia and diarrhea. Breastfeed is recognized to include antibodies and a diversity of unfocused defense factors that adds to its antimicrobial consequences [27].

CONCLUSION

The study pleads that the exclusive breast feeding is a common features among the mothers in rural areas. In this regard, the family consultation plays an important role especially the elder females including the mother-in-law. During the data interpretation, an interesting finding of the study holds valid that the exclusively breastfeeding commences within one hour after the delivery. The indigenous and customary practice of Ghutti was commonly reported and observed among the females. The reasons for prolonging the practice of Ghutti were supported in the light of traditional life styles and under religious cover. The mothers were keen to give Ghutti to their newly born children via some wise, educated and God-fearing personalities within the families or family friends.

The common myth for doing so is that the person who administers Ghutti possesses some praise-worthy social, cultural and religious qualities. It is believed that the same qualities shall be transferred to the baby that will help the baby to become a good human in later years of life.

REFERENCES

1. The Express Tribune. Breastfeeding practice 'lowest in Pakistan. July 29th, 2010. [online][Assessed at 22-02-13]: <http://tribune.com.pk/story/32225/breastfeeding-practice-lowest-in-pakistan/>
2. Peters E, Wehkamp K-H, Felberbaum RE, ger DK, Linder R. Breastfeeding duration is determined by only a few factors. *European Journal of Public Health.*;16(2):162-7, 2005.
3. Foo LL, Quek SJS, Ng SA, Lim MT, Deurenbergyp M. Breastfeeding prevalence and practices among Singaporean Chinese, Malay and Indian mothers. *Health Promotion International*;20(3):229-37, 2005.
4. Fedral MoH. National Strategy for Child Survival in Ethiopia. Addis Ababa, Ethiopia. 2005.
5. Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, Group BCSS. . How many child deaths can we prevent this year? *The lancet.*;362:65-71, 2003.
6. Aarts C. Exclusive breastfeeding – Does it make a difference? Uppsala, Sweden: Uppsala University.
7. Yoon PW, Black RE, Moulton LH, Becker S. Effect of Not Breastfeeding on the Risk of Diarrheal and Respiratory Mortality in Children under 2 Years of Age in Metro Cebu, The Philippines. *American Journal of Epidemiology.*;143:1142-8, 1996.
8. Heird WC. The Feeding of Infant and Children. In: Kliegman, Behrman Jenson and Stanton. *Nelson Textbook of Pediatrics. 18th ed. WB Saunders.*:214-25, . 2007.
9. Gartner LM, Morton J, Lawrence RA et al. Breastfeeding and the use of human milk. *Pediatrics.*;115:496-506,2005.
10. Arifeen S, Black RE, Antelman G, Baqui A, Caulfield L, Becker S. Exclusive breastfeeding reduces acute respiratory infection and diarrhea deaths among infants in Dhaka slums. *Pediatrics.*:108:E67, 2001
11. Bahl R, Frost C, Kirkwood BR, Edmond K, Martines J, Bhandari N, Arthur P. Infant feeding patterns and risks of death and hospitalization in the first half of infancy: multicentre cohort study. *Bull World Health Organ.*;83:418-26, 2005.
12. Bhutta ZA, Yusuf K. Early onset neonatal sepsis in Pakistan: A case control study of risk factors in a birth cohort. *Am J Perinatol.* 1997;14:577-81.
13. Ashraf RN, Jalil F, Zaman S, Karlberg J, Khan SR, Lindblad BS, Hanson LA. Breast feeding and protection against neonatal sepsis in a high risk population. *Arch Dis Child.*;66:488-90, 1991 .
14. UN Inter-agency assesment mission on impact of food crises in Pakistan. MPACT OF FOOD CRISIS ON HEALTH. (Document on internet) WHO online; (cited 2009-July-15). Available from: http://www.who.int/hac/crises/pak/pakistan_food_crisis_un_assessment.pdf.
15. Breastfeeding Multiple Indicator Cluster *Survey of Pakistan. Ministry of Health GoP.*;1:39-45, 1995.
16. The state of the World children. Statistical tables. Pakistan (cited 2009 July 15). Available from: <http://www.unicef.org/sowc98/tab2a.htm>. 1998.
17. Singh B. Knowledge, Attitude and Practices of Breastfeeding. *European Journal of Scientific Research.*;40:404-22, 2010.
18. Parker R. Unicef Beiging. 1990.
19. Negi KS, Kandpal SD. Breastfeeding Practices in Rural Area of District Dehradun. *Indian J Prev Soc Med.*;184-188, 2004.
20. Brunken GS, Silva S, Franca GVA, Escuder MM, Venancio SI. Risk factors for early interruption of exclusive breastfeeding and late introduction of complementary foods among infants in Midwestern Brazil. *Jornal de Pediatria.* 2006;82(6):445-51.
21. Shiva F, Nasiri M. A Study of Feeding Patterns in Young Infants. *Journal of Tropical Pediatrics.* 2003;49(2):89-92.
22. ParadaCMGdL, CarvalhaesMAdbl, Jamas MT. Complementary feeding practices to children during their first year of life. *Rev Latino-am Enfermagem.*;15(2):282-9, 2007.
23. Nwankwo BO, Breiger WR. Exclusive breastfeeding is undermined by use of other liquids in rural Southwestern Nigeria. *Journal of Tropical Pediatrics.*;48:109-12, 2002.
24. Morisky DE, Kar SB, Chaudary AS, Chen KR, Shaheen M. Breast feeding Practices in *Pakistan. Pakistan Journal of Nutrition.*;1:137-42, 2002.

25. Heinig MJ. Host defense benefits of breastfeeding for the infant. Effect of breastfeeding duration and exclusivity. *PediatrClin North Am.*;48:105-23, 2001.
26. UNICEF. Available from URL: (Online) (Cited 2009 August).
27. Telemo E, Hanson LA. Antibodies in milk. *J Mammary Gland BiolNeoplasia*;1:243-9, 1996.

http://www.unicef.org/infobycountry/pakistan_pakistan_background.html.