



Narrative Review Article

Exclusive breastfeeding in India: An ultimate need of infants

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ABSTRACT

Breastfeeding is a general method of providing nutritional supplements to young infants and child by breast milk. Early initiation of breastfeeding is very important for the infants. Breastfeeding is the cheapest and simplest method of fulfilling the nutritional needs of infant. Poor infant feeding practices and its effects is an obstacle in desirable growth and development of the infant. Exclusive breastfeeding (EBF) is a method of providing only breast milk to infant up to 6 months age. There are lots of intrinsic and extrinsic factors which affect EBF.

The prevalence of EBF is too low at global level. In the world, prevalence of EBF is 30-50% but it is 54.9% in India. The cultural, religious and geographic differences create wide range of EBF in India and it's around 35.8-77.2%. The Exclusive breastfeeding is effective in decline the incidence of communicable and non-communicable diseases among infants which reduce the morbidity and mortality among infants.

The prevalence of EBF is below the proposed level so there is a need of effective breastfeeding program in India. Special focus is needed in the area where prevalence of EBF is poor. National Family Health Survey (NFHS-4) revealed that there is a positive trend in India towards EBF. Social support and EBF program are needed to develop a positive attitude towards EBF and it will change the current scenario and reduce the disease burden among infants.

Introduction

Breastfeeding is a normal method of providing nutrition to young infant by breast milk. Breast feeding is the first fundamental right of the child and it provides a unique basis for the physical and mental development of the child. According to the WHO, Breastfeeding is equally beneficial for the mother and the infant. It should be initiated within 1hour of birth. Breastfeeding is an important way of providing ideal food for the better growth and development of infants (1, 2). Infant receive all the necessary nutritional supplements from the mother via breast milk. In India, breastfeeding practices are affected by socio-cultural practices,

psychological status, literacy and residence. Breastfeeding alone is more than enough to fulfill the nutritional needs of infant for first 6 months. Breastfeeding is equally important and beneficial for not only infant but also for the mother (3). Exclusive breastfeeding (EBF) is an optimal part of the breastfeeding. According to the WHO, exclusive breastfeeding is an important way of feeding infants less than six months age. In EBF, no top food is give in to the infant but medicines and vitamin supplements are allowed. EBF has a positive outcome on child's health but still it's not in generalized (4). There are lots of external and internal factors, which affect EFB. These factors are Socio-economic status, Religion and religious values, Place of living (Rural), Poor Social awareness, Cultural aspects, Psychological aspects, Mother's employment, Mother's health status

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Lactation failure, Early weaning and. Lack of social support system (5,6,7).

Exclusive breastfeeding is vital for the newborn. There are lots of factors behind the exclusive breastfeeding practices. Various studies have been done regarding initiation and duration of EBF. Lack of EBF practice is a global concern. The WHO estimated that nearly 2, 20000 children could be saved every year with EBF (1). The prevalence of EBF is around 30-50% worldwide. In India, the prevalence of EBF is little bit better than global level. National family health survey (NFHS) has released the data regarding EBF (5). As per NFHS-3, prevalence of EBF was 46.4% but there was a good hike in NFHS-4 and now it is 54.9% (7). NFHS-4 reported that nearly 33% of all districts of India have 60% prevalence of EBF. POSHAN has revealed that prevalence of EBF is varying in India and the rate was 35.8-77.2% (5). In 10th five year plan, it is proposed to take EBF rate around 80% (8). Various studies have been done regarding prevalence of EBF in India. Pooja et al reported that prevalence of EBF was 63.4% in Karnataka (6) and Uma Devi & Rashmi GP revealed that it was only 38% in Tamil Nadu (9). Shankar S. and SS Balamuruga explore that EBF was 34% in Tamil Nadu (10). The variation of prevalence is due to spiritual, geographic and cultural differences in India and these all factors affect directly and indirectly EBF.

Discussion

A study was conducted at KIMS, Hubli to assess the breastfeeding practices among 112 postnatal mothers. Data collection was done by self-administered questionnaire. The study revealed that 63.4% of the infants received EBF. The main causes of early weaning were unsatisfactory growth and lactation failure. Only 24.1% infants were given pre-lacteal feed. The study recommended need of providing information regarding EBF to women during prenatal and antenatal visits (6). The investigators communicated that only 34% children were exclusively

breastfed and 60.5% women initiated early breastfeeding in Salem district, Tamil Nadu. The main factor for giving bottle feed was insufficient breast milk secretion. The study revealed that socio-demographic factors had a direct impact on EBF. The researchers suggested promotion of EBF in the area to enhance the prevalence of EBF (9).the researchers revealed that in Tamil Nadu among 250 women having children up to 3 years age. The prevalence of EBF was 38.8%. Only one third children were breastfed within one hour after birth. The mothers have poor knowledge regarding EBF. The researchers advised that health education camps and awareness programs regarding EBF are needed for the mothers and their family members (10).

Benefits of Exclusive breastfeeding: benefits of breastfeeding depend on the initiation of breastfeeding, its duration and weaning process.

EBF is helpful in prevention of following diseases and morbid conditions (3, 4, 6)

Conclusion

Breastfeeding is among the most concern aspects at global level. It is a process of giving nutrition to infant. The early initiation and duration of breastfeeding is very important for the infant and the mother. Poor infant feeding practices are an obstacle in proper growth and development of infant. In EBF, only breast milk is given to infant up to six months. False beliefs and myths regarding EBF practice are present in the country which declines the practice. The prevalence of EBF is around 38% at global level but in India it is 54.9%. EBF is vital for the infant because it decreases the morbidity and mortality rate among the infants (11,12). It may decrease the disease burden among infants and children. In India, prevalence of EBF is low so more focus is needed on promotion of EBF. More attention is needed on nutritional intervention and breast feeding activities to enhance EBF. Desirable psycho-social and health development of infant may be achieved by

promotion of EBF. Specific actions are needed for poor EBF areas and the mothers to enhance the breastfeeding. To increase the rate of EBF, a sound EBF program is necessary to change the current scenario in India.

References

1. Rajesh K Chudasama, Panna C Patel, Abhay B Kavishwar. Determinants of Exclusive Breastfeeding in South Gujarat Region of India. *J Clin Med Res.* 2009;1(2):102-108.
2. World health organization, Regional office for South-east Asia. The optimal duration of Exclusive breastfeeding: a systematic Review. 2002
3. A Motee & Rajesh Jeewon. Importance of exclusive breastfeeding and complementary feeding among infants. *Curr Res Nutr food Sci.*2014; 2(2):56-72.
4. Stuebe A. The risks of not breastfeeding for mothers and infants. *Reviews in Obstetrics and Gynecology.* 2009;2(4):222-231.
5. Kumari S, Kshatriya GK. Breastfeeding practices among currently married women of selected tribes of Jharkhand, India. *Int J Community Med Public Health* 2018; 5:2959-67.
6. Pooja JM, Aditya JM, Sangamesh JM and Margol S. Study of breastfeeding practices and problems among postnatal mothers: a hospital based study. *Int J Reprod Contracept Obstet Gynecol.* 2017; 6(8): 3343-3346.
7. Dixit AM, Kariwala P, Jain PK. Prevalence of Exclusive Breast Feeding and Its Determinants: A Cross Sectional Study in District- Etawah, Uttar Pradesh. *Natl J Community Med* 2017; 8(9):554-558.
8. National guidelines on infant and young child feeding. Ministry of Human and Resource Development. Department of Women and Child development. Government of India. 2004. P- 2-3.
9. Radhakrishnan S, Balamuruga SS. Prevalence of exclusive breastfeeding practices among rural women in Tamil Nadu. *Int J Health Allied Sci.* 2012;1: 64-67.
10. R.Uma Devi and Rashmi GP. Prevalence of Exclusive Breastfeeding among rural women in Kancheepuram District, Tamil Nadu. *Indian J Fore Comm Med.* 2017;4(4):277-279.
11. Chandhiok et al. Changes in exclusive breastfeeding practices and its determinants in India, 1992-2006: analysis of national survey data. *Int Breastfeed J.* 2015; 10:34.
12. Basu P, Chakrabartty A, Dasgupta U, Bhattacharyya K, Ali KM, et al. Factors Influencing Exclusive Breastfeeding Up To Six Months of Age in a Rural Community of North 24 Parganas, India. *Indian J Nutri.* 2018;5(1): 181.