

A Study on Breastfeeding Pattern, Maternal and Child Care

Saajida Sulthaana Mahusook^{1*}
S. Afra Fathima²
Dr. S. Sathul Hak³

^{1,2}Department of Microbiology & Biotechnology, Thassim Beevi Abdul Kader College for Women, Kilakarai- 623517, Tamil Nadu

³Sri Sathya Sai Medical College and Research Institute, Ammapettai, Tamil Nadu

Article Information

Article Type:	Case Study	*Corresponding author:	Citation: Saajida Sulthaana Mahusook, et al. (2019) A Study on Breastfeeding Pattern, Maternal and Child Care. Med Healthcare Rep, 1(1);1-4
Journal Type:	Open Access	Saajida Sulthaana Mahusook	
Volume: 1	Issue: 1	Department of Microbiology & Biotechnology	
Manuscript ID:	MHR-1-105	Thassim Beevi Abdul Kader College For Women	
Publisher:	Science World Publishing	Kilakarai- 623517	
Received Date:	03 December 2019	Tamil Nadu	
Accepted Date:	28 December 2019	Email: afrafathima570@gmail.com	
Published Date:	30 December 2019		

Copyright: © 2019, Mahusook SS, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 international License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

CASE STUDY

Objectives

- To assess the health status of the sample of mothers and their children in Ramanathapuram district, Tamil Nadu.
- To assess the knowledge of the respondents (mothers) about their self and their child's health.
- To evaluate the lifestyle and health practices of the respondents and create awareness on lifestyle practices for good health and better living.

SUBJECTS AND METHODS

A. Study subjects

The study involved mothers between the ages of less than 20 to 35.

B. Type of study

Prospective study.

C. Category

Healthcare.

D. Place of the study

A survey method and case study on breastfeeding and maternal childcare in Ramanathapuram District, Tamilnadu.

E. Sample of the study

All participants of this study were selected from Ramanathapuram district, Tamilnadu. Eligible participants were all mothers between the ages of less than 18 to 35. 500 participants were randomly chosen. Among them, 345 mothers had completed the entire survey questions.

F. Level of confidence

Sample size was calculated using Sample size calculator in Survey Monkey with a margin of error of 3% and confidence level of 95% as given in Table 1.

Table 1: Sample size calculator showing the margin of error, confidence level and sample size

Population size	Confidence level (%)	Margin of error (%)
500	95%	3
	Sample size	
	345	

G. Study period

6 Months

H. Data collection

Data was prepared, collected and analyzed using Survey Monkey which is online survey development cloud-based software. A questionnaire assessing demographics, maternal, childcare, and general health questions was prepared and forwarded to participants.

I. Informed consent

The participants were informed about the research and only the interested volunteers were selected. All participants agreed a consent form declaring their voluntary agreement to all procedures involved in the project. The researcher assured that the identity and details of the respondents will be confidential and used only for the research purpose.

J. Statistical Data Analysis

After collecting the required responses, the data was analyzed. Basic Statistics and Correlation was calculated for breastfeeding period and health status of the child.

RESULTS

Maternal and childcare, hygiene practices and attitudes of around 345 respondents were taken under the study. The age of the respondents ranged from below 20 to above 35. Education status revealed that 29.5% (n=102) of the mothers were illiterate and 70.43% (n= 243) were literate. 22.03% (n=76) lives in nuclear family and 71.88% (n=248) lives in joint family. About 45.51% (n=157) of mothers in the study had claimed that they are with very good health. Most of the mothers 40% (n= 138) with good health get maximum sleep of 4-6 hours and some has poor sleeping pattern of less than 2 hours 2.90% (n=10); only 33.91 % (n=117) of mothers get 6-8 hours of sleep. About 9.28% (n=32) of the remaining mother health and 25.28% (n=56) of the child status were either fair or poor. At the time of survey 50.72% (n=175) were exclusively breastfeeding for 6-12 months. The overall health status of the children with excellent 15.94% (n=55) and very good health is 67.83% (n=234). Most of the children had been given the prescribed vaccines 63-77% (n=220)

and the percentage of anti-vaxxers is very low 4.75% (n=15) in this area. Most of the mothers about 70.41% (n=242) could be able to provide first-aid to the child, 58% (n=117) of the mothers are able to provide healthy diet to their children. Most of the child prefer nutritious homemade foods 64% (n=223) when compared to the junk and packed foods 35.27% (n=122). Around 80% of the child's hemoglobin level is normal, it indicates the good health status of the child.

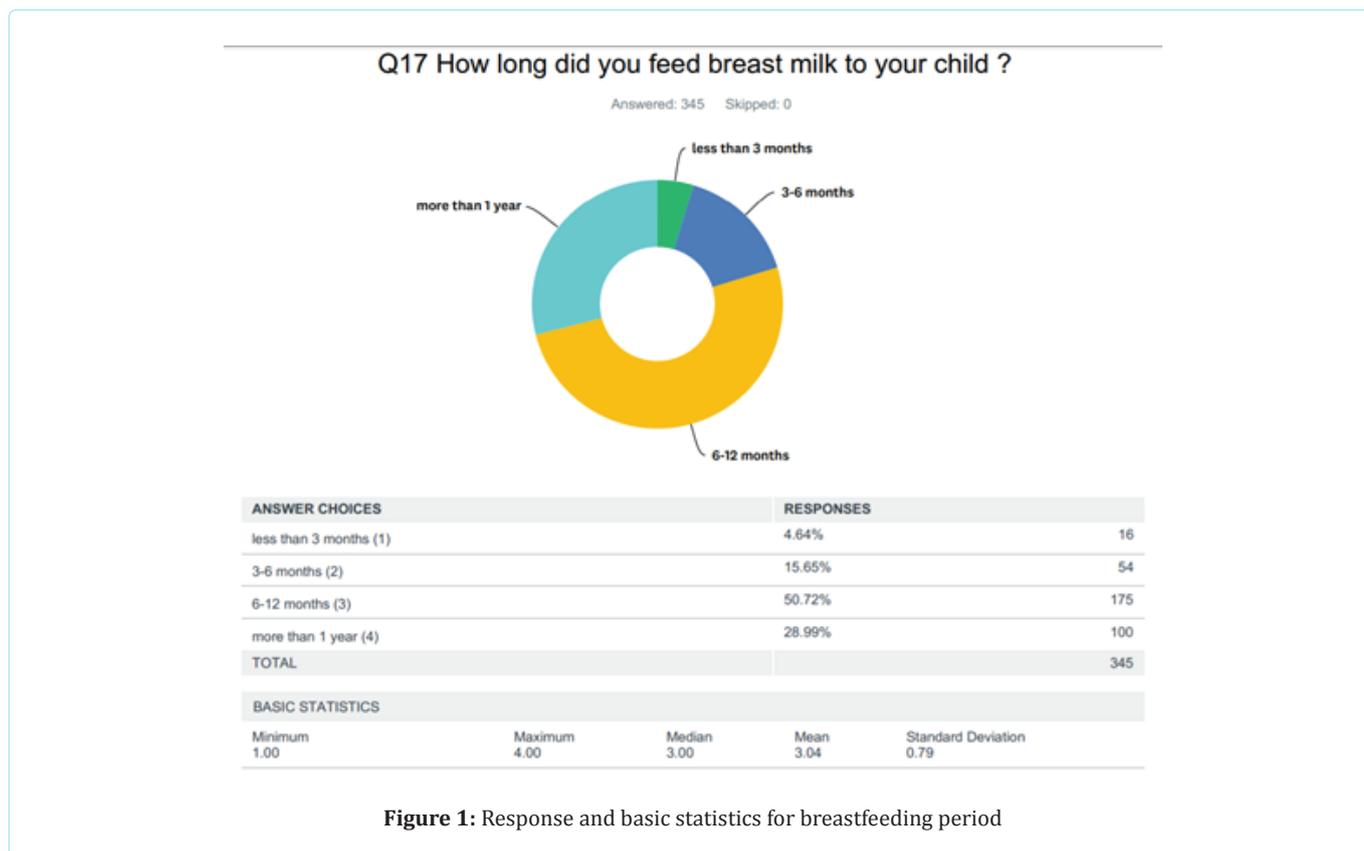
The data obtained was shown in pie (donut) and bar chart and calculated the percentage of different parameters. Basic statistics and Statistical test such as Correlation was found for breastfeeding period and health status of the child as observed in Figures 1-3.

This study suggests a strong evidence that mothers who breastfed children for longer periods (i.e. More than 1 year) have good health and their children are also with good health indicating good immunity. Mothers who breastfed children for short periods (i.e. Less than 3 months) have fair or poor health and their children are also with poor health indicating low immunity.

DISCUSSION

According to the demographic results, most women evaluated are educated and comfortable in a joint family compared to nuclear family and living as single parent. The overall health status of the women and child is very good for educated women as compared to the illiterate women because educated women has more concern regarding good and healthy lifestyle practices; they are more aware of their self and child's health; and also able to provide first aid to their child. When the breastfeeding period is long, it is very helpful to increase the immunity of the child. Family support for most of the women in this area is good. Among that some of the mother's health is poor because of inadequate healthy diet, lack of sleep, inadequate support from family. This condition may lead to some psychological and physiological issues and there is a need to look after themselves too.

Most of the health status of the child is excellent, because their mothers are able to provide nutritious homemade foods, probiotic rich foods, drinks clean water, has been vaccinated regularly and



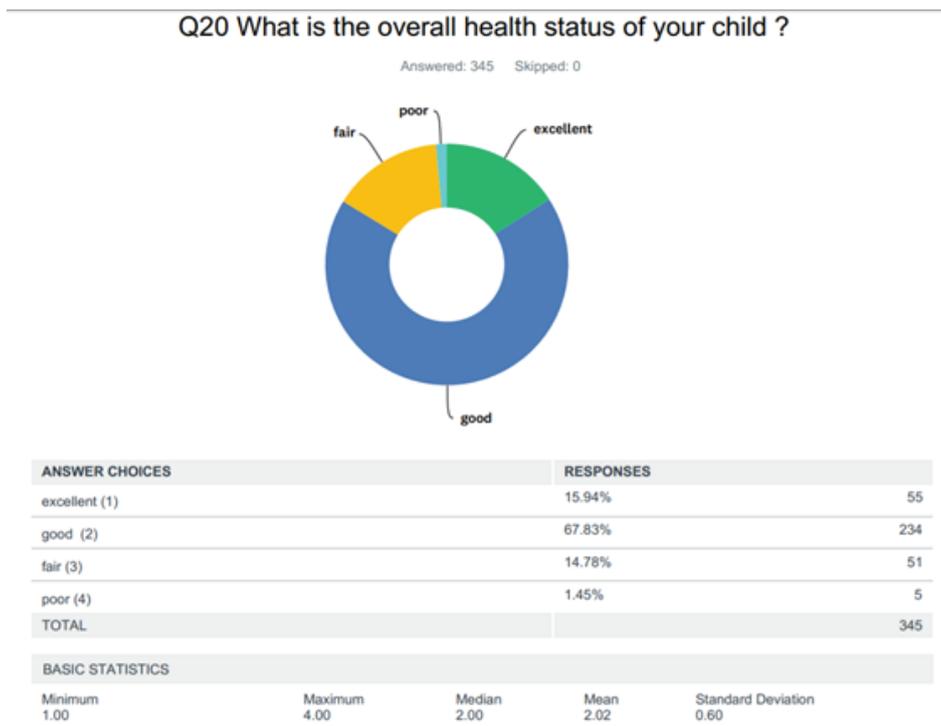


Figure 2: Response and basic statistics for health status of child

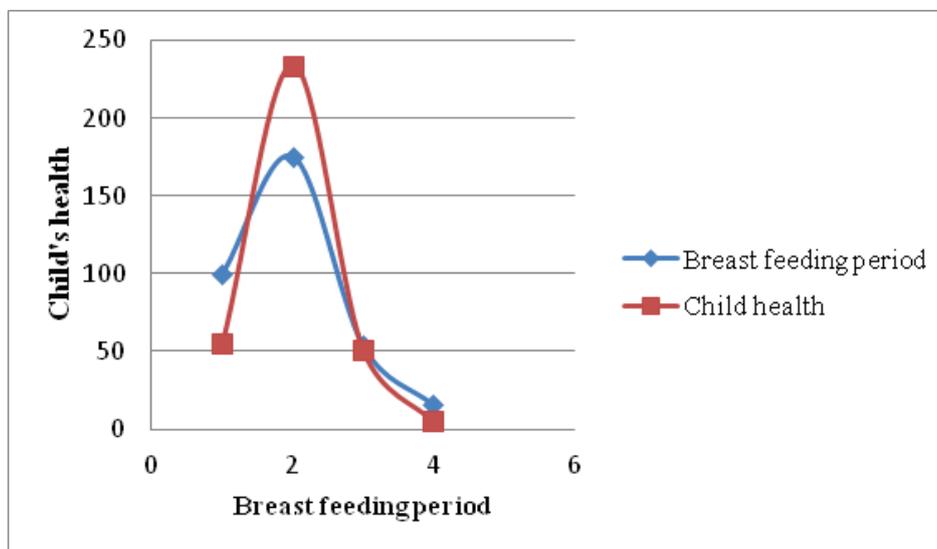


Figure 3: Positive Correlation between breast feeding period and child's health

gets good sleep. A child with good immunity can easily recover from diseases. Still some children do not get proper healthy diet, lack of motivational support because their mothers have less knowledge, or they have inadequate or no family support. They don't have access to clean drinking water so that they are using water from pond.

CONCLUSION

The results of this study show that breastfeeding period is significantly related to the health of the child and the assessment of breastfeeding period may be helpful to estimate maternal and child health status. This study indicated that the knowledge level of women is good. All women should be given the right to education as it not only benefits them but also their families, neighborhood

and the nation. The present study indicates the positive correlation between the breastfeeding period and health status of the women. But at the same time, other findings revealed that the usage of junk food, period of breastfeeding is decreased along with generation-generation and, genetic disorder and nutritional deficiency disease were increased. A high level of hesitation keeps them away from openly discussing about their health and lifestyle practices while conducting this survey. It was found that still there is necessity for improvement in their knowledge, attitude and regular practice; and both mother and child should have awareness regarding good health, healthy lifestyle practices and prevention of diseases. Awareness programmes can play a very important role in transmitting the

vital message to the mothers. It is essential to design a mechanism to address and accessibility for health care knowledge. Additional studies are required to further test the value of health status of both mother and child.

ACKNOWLEDGEMENT

All praise is to the Almighty for his immense grace and blessings that helped to complete this work successfully. We are grateful to the support rendered by our institution and our Department. We are grateful for the sincere support of K Sabur Karima, M Baviyadharshini, R Shmitha, R Buvaneshwari and M Suhaina Barveen.

BIBLIOGRAPHY

1. Agampodi SB, Agampodi TC, Piyaseeli UK. Breastfeeding practices in a public health field practice area in Sri Lanka: a survival analysis. *Int Breastfeed J*. 2007;11:13.
2. Ardeshir A, Narayan NR, Mendez-Lagares G, et al. Breast-fed and bottle-fed infant rhesus macaques develop distinct gut microbiotas and immune systems. *Sci Transl Med*. 2014;6:252ra120.
3. Beck CT, Froman RD, Bernal H. Acculturation level and postpartum depression in Hispanic mothers. *American Journal of Maternal/Child Nursing*. 2005;30(5):299-304.
4. Cattaneo A, Bettinelli M, Chapin E, et al Effectiveness of the baby friendly community initiative in Italy: a nonrandomized controlled study. *BMJ Open*. 2016;6(5).
5. Groer MW, Davis MW, Hemphill J. Postpartum stress: current concepts and the possible protective role of breastfeeding. *J Obstet Gynecol Neonatal Nurs*. 2002;31(4):411-417.
6. Hatsu IE, McDougald DM, Anderson AK. Effect of infant feeding on maternal body composition. *International Breastfeeding Journal*. 2008;3:18.
7. Heinrichs M, Neumann I, Ehlert U. Lactation and stress: protective effects of breast-feeding in humans. *Stress*. 2002;5(3):195-203.
8. Janney CA, Zhang D, Sowers M: Lactation and weight retention. *Am J Clin Nutr*. 1997;66(5):1116-1124.
9. Kistin N, Benton D, Rao S, Sullivan M. Breast-feeding rates among black urban low-income women—Effect of prenatal education. *Pediatrics*. 1990;86(5):741-746.
10. Lucas A, Morley R, Cole TJ, Lister G, Leeson-Payne C. Breast milk and subsequent intelligence quotient in children born preterm. *Lancet*. 1992;339:261-264.
11. Madhu K, Sriram C, Ramesh M. Breast Feeding Practices and Newborn Care in Rural Areas: A Descriptive Cross-Sectional Study. *Indian J Community Med*. 2009;34:243-246.
12. Martin JE, Hure AJ, Macdonald-Wicks L, Smith R, Collins CE. Predictors of post-partum weight retention in a prospective longitudinal study. *Maternal & Child Nutrition*. 2014;10(4):496-509.
13. McLearn KT, Minkovitz CS, Strobino DM, et al The timing of maternal depressive symptoms and mothers' parenting practices with young children: implications for pediatric practice. *Pediatrics*. 2006;118(1):e174-82.
14. Reifsnider E, McCormick DP, Cullen KW, Szalacha L, Moramarco MW, Diaz A, Reyna L. A randomized controlled trial to prevent childhood obesity through early childhood feeding and parenting guidance: Rationale and design of study. *BMC Public Health*. 2013;13:880.
15. Schanler RJ, O'Connor KG, Lawrence RA. Pediatricians' practices and attitudes regarding breastfeeding promotion. *Pediatrics*. 1999;103(3):E35.
16. Scott JA, Binns CW. Factors associated with the initiation and duration of breastfeeding: a review of the literature. *Breastfeed Rev*. 1999;7:5-16.
17. Sword W, Landy CK, Thabane L, et al Is mode of delivery associated with postpartum depression at 6 weeks: a prospective cohort study. *BJOG*. 2011;118(8):966-977.
18. Victora CG, Bahl R, Barros AJ, et al Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475-490.
19. Walker LO, Freeland-Graves JH, Milani T, George G, Hanss-Nuss H, Kim M, Stuijbergen A. Weight and behavioral and psychosocial factors among ethnically diverse, low-income women after childbirth: II. Trends and correlates. *Women & Health*. 2004;40(2):19-34.
20. World Health Organization and United Nations Children's Fund. Innocenti declaration on the protection, promotion and support of breastfeeding. Florence, Italy: WHO, 1990.

