Breastfeeding Practices at Delivery Points in India: A Case Study of Two Government Hospitals of Kanpur City in Uttar Pradesh

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Abstract

The prevention of malnutrition is to be fundamental right of the children and women for sustainable development of our human resources. Child under-nutrition is the major issue of public health and political economy in many developing countries such as India. Uttar Pradesh and other states of India made possible efforts for improving nutritional status of infants, children and women, but desired outcomes could not be achieved because state leadership of the concerning department not accepting the reality of malnutrition with honesty. Breastfeeding is one of the low cost effective methods to reduce malnutrition as well as reduce IMR. The current study was conducted at two large public delivery points of Kanpur city (the industrial capital of Uttar Pradesh). Most (around 84%) of the beneficiaries of these government hospitals not adopted prescribed practices for early initiation of breast feeding on the day of visits. After suggestion from the author of this article, SIC/CMS of the hospitals displayed IEC material and started monitoring of EIBF for improvement.

Key Words: Malnutrition, *IYCF, Delivery Points,* Exclusive Breastfeeding,

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Introduction

Indian children have the same growth and development potential as all children worldwide. It is well recognized that the period from birth to two years of age is the "critical window" for the promotion of good growth, health, and behavioural and cognitive development (UNICEF, 2017). Indian government and international agencies (WHO and UNICEF) have focused on the importance of 1000 days window of opportunity from a woman's pregnancy to her child's first 2 years to provide optimum nutrition. Early initiation and exclusive breastfeeding for 6 months, age appropriate and safe feeding practices not only fulfill the nutritional part to the children but also protect from gastrointestinal infections, which can lead to severe nutrient reduction and therefore chronic under - nutrition results stunting. "As outlined in the 2016 Lancet Series on breastfeeding, 823000 child deaths and 20000 maternal deaths each year could be prevented by scaling up breastfeeding. The lack of political leadership and funding for breastfeeding is a missed opportunity to improve health and economic outcomes" (The Lancet 2017 Editorial). "Few challenges facing the global community today match the scale of malnutrition, a condition that direct-ly affects one in three people. Malnutrition and poor diets constitute the number-one driver of the global burden of disease. We already know that the annual GDP losses from low weight, poor child growth, and micronutrient deficiencies average 11 percent in Asia and Africa greater than the loss experienced during the 2008–2010 financial crisis" (WHO GNR 2016).

Now nutrition related issues (including breastfeeding practices) being adopted in the development agendas worldwide. "At least 12 of the 17 Sustainable Development Goals (SDGs) contain indicators that are highly relevant for nutrition, reflecting nutrition's central role in sustainable develop-ment. Improved nutrition is the platform for progress in health, education, employment, female empowerment, and poverty and inequality reduction. In turn, poverty and inequality, water, sanitation and hygiene, education, food systems, climate change, social protection, and agriculture all have an important impact on nutrition outcomes" (WHO GNR 2016). Breastfeeding within first hour of life is recognized as one of the most important actions for infant survival. Yet in India, only 41.6 per cent infant starts breastfeeding within one hour of life, where in Uttar Pradesh it is one in four. This is lower than the global average of 42 per cent. In India 1.2 million under-fives die every year (SRS 2013) and half of these deaths occur in the first 28 days of life, a time referred to as the neonatal period. Global evidence shows that children who are exclusively breastfed are 14 times more likely to survive the first six months of life than non breastfed children (Black et al., 2008, UNICEF 2017).

Malnutrition is regarded as a silent emergency in India, seriously affecting human development and economy of the country (Kumar D, Kalia M, Goel NK. 2016). Under-nutrition begins as IUGR and continues after birth, as a reflection of improper breastfeeding practices, inadequate complementary feeding and control of infections during initial life of the children. Uttar Pradesh having largest number of malnourished children in India creating poor productivity, poor income generation poor health status and overall low living standard among resource poor population.

Objective of the Study

The objective of the current study was to identify the role of public health system in Uttar Pradesh for knowledge management and IEC on IYCF through community health workers- AAA (ANM, ASHA and Anganwadi). The specific objectives of the study to assess:

1. early initiation of breastfeeding practices at large delivery points of public health system in Kanpur City, and
2. factors responsible for avoiding breastfeeding practices (specially EIBF practices).

Methodology

The study was conducted in 2 government hospitals namely Manyawar Kanshiram Hospital, Rama Devi and AHM Dufferin Hospital (DWH), Pared, Kanpur in the months of October and November 2016. These hospitals of Kanpur Nagar district providing medical, health and family welfare services to the urban population of Kanpur city but also for more than 3 million population of the district as well as the nearby the districts. Study was conducted with 67 mothers delivered babies in the hospital with the help of unstructured/open-ended questions. It was focused on behavior and practices towards EIBF and factors responsible for delay/ignorance in it.

Initiatives of the GOI and GoUP

Government of India released detailed IYCF guidelines (WCD 2004) to promote breastfeeding practices through health facilities and community involvement. It included promotional strategies for breastfeeding as well as suggested the benefits of breastfeeding for infant's growth and intelligence, mother's health and family relations and overall for economy of the nation.

In 1992, India adopted the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act (IMS Act). Introducing the IMS Act in Parliament, the then Minister of Human Resource Development, Shri Arjun Singh stated that,

"...Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more pervasive and extensive than the dissemination of information concerning the advantages of mother's milk and breastfeeding, and contributes to decline in breastfeeding...".

The IMS Act was further amended in 2003 to strengthen certain provisions,and is applicable to the whole of India (WHO, UNICEF and IBFAN 2016: 33)**.** Globally "the proportion of countries with comprehensive legislation on the Code (full provisions in law) is highest in South East Asia (36%: four out of 11 countries), followed by Africa (30%: 14 out of 47 countries) and the Eastern Mediterranean (29%: six out of 21 countries). The Americas, Western Pacific and European regions have the lowest proportion of countries with comprehensive legislation (23%: eight out of 35 countries; 15%: four out of 27 countries; and 6%: three out of 53 countries, respectively) (WHO, UNICEF and IBFAN, 2016:18).

As per Hajeebhoy (2016) the breast milk substitute (BMS) industry is large and growing.

- In 2014, global sales of all baby milk formula were about US$ 44.8 billion.
- By 2019, the market value is projected to reach US$ 70.6 billion.

Overall promotion of milk substitute ban in India and it followed the rules for proper information on labels of the products. "Labels should provide the necessary information about the appropriate use of the product and should not discourage breastfeeding (Article 9.1 of the Code). Article 9.2 of the Code spells out a series of specific requirements for labels for infant formula, including:

a. the words "Important Notice" or their equivalent;
b. statement on the superiority of breastfeeding;
c. statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; and
d. instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation (WHO, UNICEF and IBFAN, 2016: 26).

Uttar Pradesh is the largest state for under–nutrition in India. Past government have started State Nutrition Mission (SNM) with the technical support from UNICEF to reduce malnutrition and fixed short-term objectives with 10 low cost intervention suggested by the Lancet, in which promotion for breastfeeding practices were got 1st place for intervention. The mission started weighing campaign in September 7 & 10, 2015 and identified around 14 lakh severe under weight (SUWs) where in the 2nd phase of weighing campaign in December 10 & 13, 2016. But due to change of key

leadership in Uttar Pradesh, the mission shifted to lower priority of the current government. Hence most effective position of DG, SNM was shifted to the Principal Secretary, WCD & ICDS (the department always underreported malnourished children under five before launch of weighing campaign in September 7 & 10, 2015; and December 2016; 24 & 27 October 2017.

Breastfeeding and Related Issues in India

"Making mother's milk more widely available to Indian babies depends on recognizing its significance to early child health. It requires active commitment of all state governments and the central government as well as health professionals" (Gupta 2006: 3670). "There has been improvement in the early initiation of breastfeeding rate, from 23.4% in NFHS-3 to 41.6% in NFHS-4. The figure varies from 73.3% in Goa to merely 25.2% in Uttar Pradesh. Similarly, there has been an overall improvement over NFHS 3 levels in children under six months who were exclusively breastfed, from 46.3% to 54.9%" (NFHS-4, Niti Ayog 2017: 12). Kanpur achieved better ranking within state but its poor in compare to national data. Overall India improved in (8.5%) in children under six months who were exclusively breastfed, where Uttar Pradesh recorded a decrease (from 51.3% in NFHS-3 to 41.6% in NFHS-4).

The performance of breastfeeding practices are depends on counseling of mothers and family members during ANC at VHND or health care facility. But due to poor performance in mother's attended 4 visits for ANC checkups at VHND/ health facility. In India 1 out of 2 mothers, UP 1 out of 4 mothers and in Kanpur Nagar 1 out of 3 mothers attended at least 4 ANC checkups during 9 months of pregnancy.

India got great improvement in case of institutional delivery (from 38.7% in NHHS-3 to 78.9% in NFHS-4) due to launch of Janani Suraksha Yojna (JSY) and National Ambulance Services (NAS) to provide economic benefits and transportation services to improve ANC, PNC and institutional delivery for all beneficiaries without any discrimination, but UP and Kanpur is still need more improvement in case of institutional delivery. Improvement in institutional birth providing scope for improvement in EIBF practices but due to large no. of institutional birth being attended by the private hospitals and they prefer for lower segment caesarean section (LSCS) for more economic profit. It was also found during qualitative study with the medical professionals that ASHAs also sending pregnant women to private hospital for LSCS for incentive from management of the private health facility.

Table- 1: Breastfeeding and other Related Issues

	Indicators	County/ State/ District	NFHS-4 (2015-16)			NFHS-3 (2005-06)	Decadal Change
			Urban	Rural	Total	Total	
A.	Children under age 3 years breastfed within one hour of birth (%)	India	42.8	41.1	41.6	23.4	18.2
		Uttar Pradesh	21.5	26.2	25.2	7.2	18
		Kanpur	33.4	33.9	33.6	Not Available	NA
B.	Children under age 6 months exclusively breastfed (%)	India	52.1	56.0	54.9	46.4	8.5
		Uttar Pradesh	35.6	43.1	41.6	51.3	9.7
		Kanpur	Not Available		51.0	Not Available	NA
C.	Mothers who had at least 4 antenatal care visits (%)	India	66.4	44.8	51.2	37.0	14.2
		Uttar Pradesh	43.3	21.7	26.4	11.1	15.3
		Kanpur	45.7	18.2	36.0	Not Available	NA
D.	Institutional births (%)	India	88.7	75.1	78.9	38.7	40.2
		Uttar Pradesh	71.7	66.8	67.8	20.6	47.2
		Kanpur	77.7	74.2	76.4	Not Available	NA
E.	Institutional births in public facility (%)	India	46.2	54.4	52.1	18.0	34.1
		Uttar Pradesh	30.3	48.2	44.5	6.6	37.9
		Kanpur	40.6	62.5	48.8	Not Available	NA
F.	Births in a private health facility delivered by caesarean section (%)	India	44.8	37.8	40.9	27.7	13.2
		Uttar Pradesh	37.0	28.1	31.3	26.0	5.3
		Kanpur	34.6	38.5	35.2	Not Available	NA
G.	Births in a public health facility delivered by caesarean section (%)	India	19.9	9.3	11.9	15.2	-3.3
		Uttar Pradesh	11.7	3.5	4.7	11.1	-6.4
		Kanpur	10.8	4.8	7.9	Not Available	NA

Source: NFHS-4 (2015-16) Factsheet- India, UP and Kanpur Nagar

Lack of basic amenities like safe drinking water, proper housing, drainage and waste disposal makes this population vulnerable to infections which further compromise the nutrition of those living in the slums (Aggarwal & Srivastav 2017:1254). Kanpur Nagar is one of the priority districts of ICDS and ISSNIP but not under NHM (Niti Ayog, 2017). Data presented in the table-2 looking poor in compare to NFHS-4 data- national, state and even the average of the district Kanpur Nagar. It is lower to the all data is due to these hospitals dealing with referral cases from the public as well as private health facilities due to complication with less ANC services. Most of the referral cases come from rural as well as from urban slums affects EIBF process with in time. As per information provided by the mothers, most of them (>50%) initiated breastfeeding either within one hour (16.42%) or between 1-12 hours (35.85%) to their infants (Table-2A). There are 4.48% mothers initiated within 24 hours and the similar no. of mothers after 24 hours. As per information mothers and relatives 22.39% mothers neither imitated for breastfeeding nor substitute milk/eatables to their infants till the time of visit (>1hour from delivery). There are 16.42% mothers only substitute milk (animal/powder) to their infants at first. As per the mother's views and observation some of them have given substitutes to their babies even after initiated breastfeeding within one hour. As per data presented in the Table-2B, mothers given animal milk (17.91%), Powder Milk (6%) Honey (3%) and 4.48% other substitute (water, tea, jaggery) to their infants.

Table- 2: Breastfeeding Initiation at Public Delivery Points of Kanpur City

	Indicators	**Number**	**Percentage**
A. Status of Breastfeeding	Initiated Breastfeeding within one hour	11	16.42
	Initiated Breastfeeding after one hour but within 12 hours	24	35.82
	Initiated Breastfeeding after 12 hours but within 24 hours	3	4.48
	Initiated Breastfeeding after 24 hours	3	4.48
	Not Initiated till the time of visit	15*	22.39
	Only given Substitute Milk	11	16.42
B. Substitute given to new born	Animal Milk (Cow/Goat/buffalo)	12	17.91
	Powder Milk	4	5.97
	Honey	2	2.98
	Other (Water, Tea, Jaggery)	3	4.48
C. Participants Category	Normal Delivery	52	77.61
	LSCS (Lower Segment Caesurae Section)	15	22.39
	Total (N)	67	100

Source Author's on survey

* 2 infants admitted in ICU and 1 referred to higher facility for medical support.

Factors Responsible for Poor Breastfeeding Practices

The reasons why women avoid or stop breastfeeding range from the medical, cultural, and psychological, to physical discomfort and inconvenience. Multiplied across populations and involving multinational commercial interests, this situation has catastrophic consequences on breastfeeding rates and the health of subsequent

generations. Genuine and urgent commitment is needed from governments and health authorities to establish a new normal: where every woman can expect to breastfeed, and to receive every support she needs to do so (The Lancet, Editorial January 2016). In India and more specifically in Uttar Pradesh, major factor identified regarding avoid or stop breastfeeding by the mothers are:

Poor Policy Intervention

India having strong IYCF guideline to promote breastfeeding practices through health facilities and community involvement, but due to poor health care facilities in rural and backward areas, where people ignore to get proper information due to lack of dedicated counselors at facilities as well as at community level. It was seen in the society that under-availability of medical professionals with the public health care facilities badly affects the services and now medical professionals not joining the public medical services, they have started to join non-medical services i.e positions in NGOs.

Misconceptions about Colostrums

Community having its own issues regarding breastfeeding practices either self generated or market oriented. Poor linkage between community and health care facilities lead the misconceptions among mothers, family and society. As per my observation from not only two large hospitals of industrial capital of Uttar Pradesh but also from the CHCs/PHCs and community in most of the cases mothers interested to start breastfeeding within 1 hour or as early as possible to follow the instructions of doctor or ANM/GNM providing services. But Mother-in-Laws or other family members (specially old women) starts honey, goat/cow milk and sometimes *MITHAI* (jaggery) to new infants due to misconceptions about colostrums. In some cases it is a tradition breastfeeding will be initiated after 3rd day of birth.

Other Factors

- Increase in LSCS specially in private hospitals having a common reason for delay in breastfeeding.
- Poor counseling by the AAAs during VHND services and lack of counseling staff at health facilities and negligence by the HEO and other staff.
- ICDS staff not understanding their responsibilities to reduce malnutrition, where all of them busy in *PANJEERI* (RUTF).
- Medical graduates joining NGOs for non-clinical, non-medical profession hence making gap in public health services. This type of mindset of medical professionals reducing opportunities of good social scientists or social workers.

Benefits of Breastfeeding

Colostrum, the rich milk produced by the mother during the first few days after delivery, provides essential nutrients as well as antibodies to boost the baby's immune system, reducing the likelihood of death in the neonatal period. Breastfeeding within one hour of life protects the child from infections and reduces the risk of death by up to 22 per cent in the first month of life. Skin-to-skin contact with the mother through breastfeeding fosters mother-infant bonding and keeps the child warm, reducing the child's risk of dying of cold (hypothermia) (UNICEF 2017). "A breastfed baby is likely to have an IQ of around 8 points higher than a non-breastfed baby.

Optimal breast feeding could prevent 13% of deaths occurring in children less than 5 year of age globally, while appropriate complementary feeding practice would results in an additional 6% reduction in under-five mortality (Singhal et.al 2013:7). Every child should start breastfeeding within one hour of life to take advantage of the newborn's intense suckling reflex and alert state and to stimulate breast-milk production. Starting breastfeeding within the first hour of birth and learning to breastfeed properly – the correct position and how to attachment – helps the mother produce more milk for her child and reduces excessive bleeding in mothers after birth and the risk of haemorrhage, a major cause of maternal death.

As per Hajeebhoy Lancet (2016) Breastfeeding Series, several benefits identified are:

1. Health Benefits of Breastfeeding

A. Breastfeeding protects against:

- Acute otitis media (<2 yrs)
- Malocclusion
- Type 2 diabetes
- Obesity

B. Longer breastfeeding associated with higher performance on intelligence tests

- Average of 3 IQ points, controlling for maternal IQ
- Improved academic performance (some studies)
- Increased adult earnings

2. The Economic Benefits of Breastfeeding

- **Economic gains: US$302 billion/year** (0.47% of global GNI) Due to increased productivity associated with higher intelligence.
- Improving breastfeeding would prevent: > 54% of all diarrhea episodes and 32% of all respiratory infections in low income countries.

3. Breastfeeding Benefits on Women's Health

- Each year a mother breastfeeds decreases the risk of developing invasive breast cancer by 6%
- Breastfeeding also reduces the risk of ovarian cancer
- New impact modelling: -Current rates of breastfeeding prevent almost 20,000 deaths from breast cancer per year Another 20,000 deaths could be prevented by improving breastfeeding practices further.
- New review confirms role of breastfeeding in birth spacing.

Conclusion

Under-nutrition is the crucial challenge in the developing societies in the world. It is a major health issues in the countries like India among children, adolescents and women. It is responsible for illness, one of the major factors for deaths in children under 5 year of age. It could be directly or indirectly influence the productivity, intelligence and wealth of any nation. In the current scenario prevention of malnutrition is necessity for human development and to reduce IMR and U5MR, but 'the lack of political leadership and funding for breastfeeding is a missed opportunity to improve health and economic outcomes (Lancet 2017). Women benefit from good foods and care, including during adolescence, pregnancy and lactation, to secure their nutrition today and the nutrition of their children tomorrow (UNICEF 2013, 2).

Malnutrition results from the interaction of poor-quality diets and poor-quality health and care environments and behaviors, which are shaped in part by a host of underlying factors, such as political insta-bility, poor economic development, conflict, inequality, and some dimensions of globalization. "Mothers should also be encouraged to attend antenatal and postnatal care clinics where they are likely to be taught appropriate infant and young child feeding practices" (Jain S and others. 2014; 422). For positive impact government have to adopt some interventions as given below:

- Strengthening of VHND services.
- ICDS have to replace panjiri (RUTF) from direct benefits in the account.
- Medical professionals have join for clinical/medical services in the public sector rather than NGOs.
- Recruit more social science professionals for counseling on IYCF and other

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