

A Cross-sectional Study to Determine Knowledge, Attitude, and Practices of Exclusive Breastfeeding Amongst Lactating Migrant Mothers Working in the Informal Sector of Pune

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Abstract

Context: Migration to urban areas, especially within the informal workforce, is often driven by the pursuit of better economic prospects, with many women among these migrants. Such transitions can influence health determinants, sometimes negatively impacting the well-being of migrant mothers and their children. Exclusive breastfeeding (EBF) is a highly effective intervention that can alleviate critical public health issues, including reducing rates of infant mortality, malnutrition, and chronic diseases in later life.

Aims: This study investigates the knowledge, attitudes, and practices related to exclusive breastfeeding among lactating migrant mothers and examines associated variables within Pune's informal sector.

Settings and Design: Using purposive sampling, data was collected from various locations across Pune between March and April 2023. Participants were lactating migrant mothers engaged in informal work sectors. Information was gathered through a questionnaire, recorded in Excel, and analyzed for coding.

Statistical Analysis: Analyses included Frequency, Percentages, and Pearson Correlation.

Results: Among participants, 72% had moved to Pune for family reasons, including marriage, while others migrated for work. Half of the mothers identified breast milk as the primary food for a newborn and viewed EBF as beneficial for their child. A practice rate of 68.9% for exclusive breastfeeding over six months was observed.

Conclusions: The study found a significant number of mothers practicing pre-lacteal feeding, and more than half did not start breastfeeding within the first hour after birth. However, a substantial proportion of mothers administered colostrum to their infants, often upon recommendations from doctors or other healthcare providers, despite some cultural reservations about its benefits.

Keywords: Exclusive Breastfeeding, Migrant Mothers, Knowledge, Attitude, Practice, Malnutrition, Maternal and Child Health.

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Key Messages: Exclusive breastfeeding has the potential to reduce child mortality by approximately 10%, playing a crucial role in India's pursuit of Sustainable Development Goal 3.3, which seeks to end preventable deaths of newborns and children under the age of five by 2030.

INTRODUCTION

Breastfeeding practices are critically important for the health and well-being of both mother and child. Effective breastfeeding and appropriate complementary feeding support optimal growth and development, reducing the risks of child mortality and illness¹.

Breastfeeding is widely considered the most beneficial and natural source of nutrition for infants and offers health advantages for mothers as well. For mothers, breastfeeding lowers the risk of obesity, diabetes, and hypertension later in life. For infants, it provides the necessary energy and nutrients required for the first six months of life and helps protect against many childhood illnesses. Additionally, breastfeeding reduces the likelihood of mothers developing breast and ovarian cancers, type 2 diabetes, and high blood pressure.²

Colostrum, a nutrient-dense, thick milk produced shortly after childbirth, is packed with antibodies and white blood cells vital for an infant's immunity during the early days.³ Beginning breastfeeding promptly enables infants to receive colostrum, also referred to as "first milk," which is essential in defending them against infections and diseases. Initiating breastfeeding within the first hour of life has shown to prevent newborn deaths from sepsis, pneumonia, and other conditions.⁴

Research indicates that introducing supplementary foods alongside breastfeeding at 14 weeks old or earlier correlates with a higher risk of wasting in infants—up to 2.5 times more than for infants who are exclusively breastfed. Introducing supplementary foods before the age of one may lead to or worsen infant wasting. Therefore, continued breastfeeding without supplements is encouraged to avoid the complex risks associated with malnutrition and later obesity in childhood.⁵

The Maternal, Infant, and Young Child Nutrition (MIYCN) plan includes six global nutrition goals set by WHO for 2025⁶, one of which aims to increase the exclusive breastfeeding (EBF) rate among infants under six months to 50% by that year. WHO and UNICEF recommend that breastfeeding be initiated within the first hour of birth and that infants be exclusively breastfed for the first six months of life,

without the addition of any other foods or liquids, including water. The guidance further advises feeding infants on demand and discourages the use of pacifiers, bottles, or teats. After six months, infants should transition to complementary foods while continuing to breastfeed until at least two years of age.⁷

According to the 2019–2021 National Family Health Survey (NFHS-5), 64% of infants were exclusively breastfed for the first six months of life, an improvement over the 55% reported in NFHS-4. Nevertheless, rates remain below the desired target.⁸ Only 41.8% of mothers-initiated breastfeeding within one hour post-delivery, 63.7% exclusively breastfed through the first six months, 45.9% of infants received appropriate complementary foods at six months, and just 11.1% of children were on an adequate diet for the subsequent 23 months.⁹ Despite increased awareness of breastfeeding benefits, the latest Poshan Abhiyan survey indicates that under two-thirds of infants in India are exclusively breastfed (Manuscript).¹⁰

A demographic and health survey¹¹ conducted in Pakistan from 2012 to 2013 reported an exclusive breastfeeding rate of 38%. In Nepal, 55% of infants are breastfed within the first hour after birth.¹² Research in New Delhi examining breastfeeding knowledge and practices among informal economy working mothers, with children under two and five years of age, found that 65% practiced exclusive breastfeeding for six months. The study also revealed that informal employment conditions significantly impact maternal and child health outcomes.¹³

An assessment of attitudes and perceptions regarding breastfeeding among informal sector workers across four sites in New Delhi showed that financial strain often necessitated an early return to work, leading many mothers to introduce substitute feeds earlier than recommended.¹⁴

Although numerous global studies have explored exclusive breastfeeding, few have focused on working migrant mothers within the informal sector. This group of women is often vulnerable, poor, and largely uneducated, balancing the demands of both work and motherhood to support their families. Migration, defined as the movement

of people across geographic boundaries due to factors like social, economic, and political reasons, is a historical means for survival, growth, and escape from poverty and instability.

As economist J.K. Galbraith noted, migration is “the oldest action to combat poverty.” Seeking improved living conditions, many people move from underdeveloped areas to more developed regions. Migration is affected by two major factors duration and distance. From the distance point of view, migration can be classified under four categories i.e., Rural to Rural, Rural to Urban, Urban to Rural, and Urban to Urban.¹⁵

The United Nations (1970) defines migration as the “movement from one migration-defining area to another (or over a specified minimum distance) within a given interval, involving a change of residence.”¹⁶

According to the 2011 Census, India had 45.6 crore migrants in 2011, representing 38% of the population, up from 31.5 crore migrants, or 31% of the population, in 2001. While the overall population grew by 18% from 2001 to 2011, the migrant population saw a significant increase of 45%. Of these movements in 2011, 99% were internal, while 1% accounted for foreign immigrants.¹⁷ The 2011 Census reports that India had 45.6 crore migrants, comprising 38% of the population, a significant rise from 31.5 crore migrants (31% of the population) in 2001. While the general population grew by 18% from 2001 to 2011, migration saw a 45% increase. In 2011, nearly all migration (99%) was internal, with only 1% involving immigrants from abroad.¹⁸

The 2020-2021 Periodic Labour Force Survey shows that migration rates among women were 48% in rural areas and 47.8% in urban settings. In both areas, a substantial proportion of women – about 46% in rural areas and 58% in urban areas – were engaged in unpaid labor, predominantly household tasks such as cooking, cleaning, and caregiving for children and the elderly.¹⁹

RESEARCH PROBLEM

When practiced correctly with proper precautions, exclusive breastfeeding significantly benefits the health of both mother and child. This practice is cost-effective, safe, and relies primarily on the support and efforts of the mother and her family. However, India’s rich cultural and religious diversity sometimes influences breastfeeding

practices. Pre-lacteal feeding, for example, involves giving substances like ghee or honey to newborns before breastmilk, and practices such as delaying breastfeeding initiation within the first hour, introducing complementary foods before six months, offering water to infants under six months, or following advice from non-healthcare individuals can impact breastfeeding patterns.

Maharashtra stands as one of India’s leading states in agriculture, industry, trade, transportation, and education, attracting migrants from across the country. The state has the largest migrant population,²⁰ with many women working as daily wage labourers in the informal sector, including farms, construction sites, and brick kilns, rather than in organized corporate roles. Unlike those in formal employment, mothers in the unorganized sector lack access to maternity benefits.²¹

In Pune, a significant number of migrant women from rural backgrounds, often with minimal or no education, work in the informal sector. These women face challenges such as job insecurity, lack of healthcare access, strenuous work hours, low wages, and societal marginalization. While the NFHS-5 provides extensive data on breastfeeding, it does not specifically address the needs of migrant women. These women are often more vulnerable and marginalized due to prevailing patriarchal norms. Given the limited data on breastfeeding practices among migrant women in Pune, this study was conducted to explore the breastfeeding knowledge and practices of pregnant and lactating mothers with children under two. It aims to shed light on the barriers, beliefs, and misconceptions surrounding exclusive breastfeeding within this demographic.

OBJECTIVES

- To assess practices and awareness about breastfeeding among migrant women
- Study the variables/factors associated with Exclusive Breastfeeding for migrant women.
- Study the correlation between socio economic variables and EBF practices.

TARGET POPULATION

Lactating migrant mothers working in the informal sector (last born child in the past 2 years) residing in Pune for the duration of last 6 months to 5 years.

SUBJECTS AND METHODS

Sampling: Purposive sampling was done.

Participant collection: A study was conducted in various parts of Pune like Yerawada, Baner, Hinjewadi, Hadapsar, Pimpri- Chinchwad, etc from March – April 2023 (n=161). Localities that had small houses, construction sites, small factories, and local markets where street vendors could be found were targeted. The study participants were lactating migrant women who were currently breastfeeding or who had their last-born child in the past 2 years. These mothers were a part of the informal sector and had been living in Pune for the past 6 months to 5 years. The participants were approached door to door. Some participants were also enrolled via snowball sampling where one mother led to another mother's participation. Mothers were interviewed in person with full consent. The total number of mothers interviewed was 161.

Data collection procedure: The data collection was approved by the Symbiosis International University (SIU) committee on March 17th, 2023. The lactating mothers were chosen randomly. The information was gathered between March 18, 2023, and April 26, 2023. Data was collected through a questionnaire of 38 questions which was customized, pre-tested and semi-structured. The time limit of 15 minutes was given to participating mothers. Using standardized methodologies and techniques, sociodemographic, knowledge, attitude, and practice-related data were gathered. The tool was first created in English and then translated into Hindi. Written and informed consent was obtained. The code sheet was made in MS Excel and the data was analysed using IBM SPSS Software.

RESULTS

Sociodemographic characteristics: Participating mothers belonged to the age group of 21- 35 years of age. The mean age of the mothers was 27.10 years. 31.7% of mothers never attended school. 42.9% of mothers had attended school till primary class whereas 25.5% achieved higher secondary education (Table1). None of the mothers were graduates. Most women, around 116 (72%) shifted due to marriage/ with family members, whereas 45 (28%) of the women shifted in search of employment.

Most mothers (36%) were house helpers, 35

(21.7%) were construction site workers, 29 (18%) were street vendors, and others were Tailors, Craftswomen, and Farmers. 76 (47.2%) lived in nuclear families while 77 (47.8%) were part of joint families.

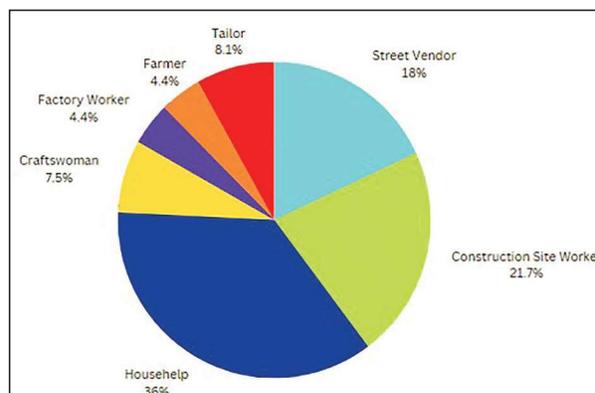


Fig. 1: Occupation of the participants

Table 1: Education level of the participants

	Frequency	Percentage
None	51	31.7
Primary School	69	42.9
Secondary School	41	25.5
Total	161	100

Delivery of new-borns:

49.1% of women had institutional deliveries while 50.9% delivered at home. 47.7% of the women delivered male babies, while 52.2% delivered their last-born child as females.

Knowledge of respondents about breastfeeding:

83 (51.6%) considered only breastmilk as first food a new born baby should receive, while 77 (47.8%) of women did not know about it.

Table 2: First food

	Frequency	Percentage
Only Breastmilk	83	51.6
Don't Know	77	47.8
Not Sure	1	0.6
Total	161	100

84 (52.2%) considered it important to initiate breastfeeding in the first hour of birth. 50 (31.1%) stated that the growth patterns of breastfed children differed from those who did not while 111 (68.9%) of women disagreed with it. 130 (80.7%) mothers had heard about exclusive breastfeeding (Table 4), while only 88 (54.7%) mothers agreed

to the meaning of exclusive breastfeeding being when an infant gets only breastmilk for the first six months of their life, and no other foods/liquids while 73 (45.3%) of women termed it as feeding of breastmilk along with other foods/liquids in initial six months of their infant's life. 83 (51.6%) of mothers considered colostrum beneficial for their infants. 88 (54.7%) of women knew that the recommended length of exclusive breastfeeding was the initial six months of an infant's life.

Table 3: Mothers who heard of exclusive breastfeeding

	Frequency	Percentage
Yes	130	80.7
No	31	19.3
Total	161	100

Table 4: Mothers who considered colostrum as beneficial

	Frequency	Percentage
Only Breastmilk	83	51.6
Don't Know	77	47.8
Not Sure	1	0.6
Total	161	100

76 (47.2%) of women believed that breastmilk provides all the nutrients and liquids an infant need in initial six months while 27 (16.9%) had no idea about it. 64 (39.8%) of mothers considered other food like broken wheat porridge, fresh or packed animal milk, cereals, flatbreads to be better than breast milk in initial six months of life for their infants. 83 (51.6%) considered feeding their baby only on demand (Figure 3). While 50 (31.1%) considered feeding them every 3 hours and 28 (17.4%) considered feeding every 6 hours as sufficient.

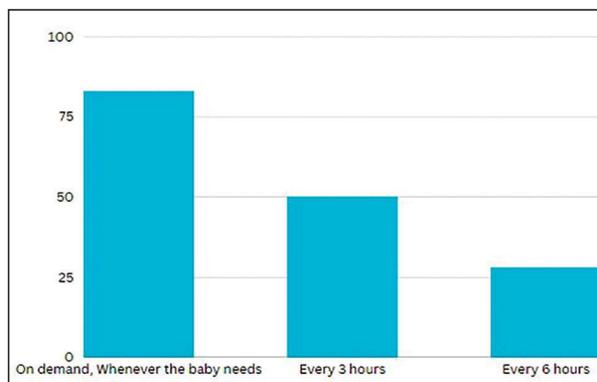


Fig. 2: Frequency of breastfeeding

Attitude of respondents toward breastfeeding

26 (16.1%) of women did not know why exclusive

breastfeeding is sufficient for their infants. 131 (81.6%) of women also did not know about any benefit of breastfeeding for themselves. 130 (80.7%) were advised for exclusive breastfeeding by doctors or any other healthcare worker, only 31 (19.3%) were advised the same by female family members whereas no male family member ever advised them to exclusively breastfeed their child.

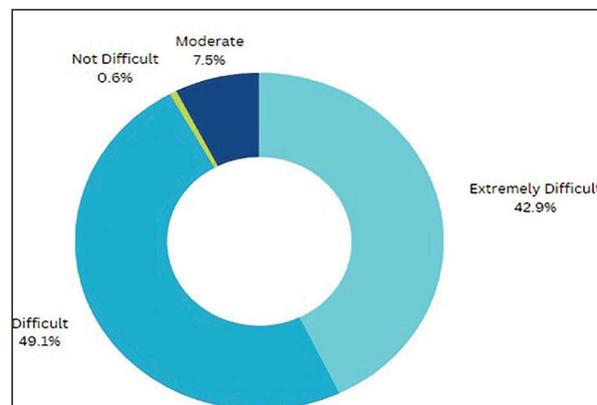


Fig. 3: Difficulty in exclusively breastfeeding their infants

Practices

82 (50.9%) considered exclusive breastfeeding as good for their child while 47 (29.2%) of mothers disagreed and 32 (19.9%) were unsure of it. 69 (42.9%) of mothers found it extremely difficult to breastfeed their child (Figure 4). It was mostly due to them being away at work, lack of leaves from work or odd working hours.

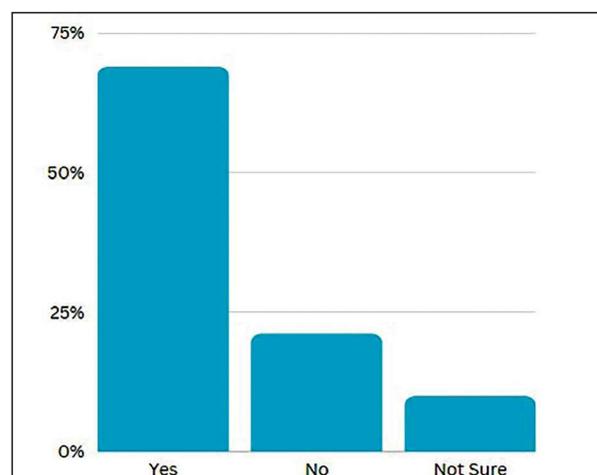


Fig. 4: Mothers who exclusively breastfed their infants

111 (68.9%) of mothers practiced exclusive breastfeeding for 6 months for their infants while 34 (21.1%) of mothers did not (Figure 5). Breastfeeding is initiated by 74 (46%) of mothers within one hour of birth while 87 (54%) of mothers did not. 67 (41.6%) of mother's infants were breastfed by spoon, or

cups in their absence. Most of the infants were fed by their fathers 83 (53.4%) and grandparents 78 (48.4%) in the mother's absence.

Only 26 (16.1%) did not give any pre-lacteal feed (Table 6). Honey was majorly given to 56 (34.8%) of infants as a pre-lacteal feed right after birth besides jaggery water, and plain water due to cultural beliefs or when asked by other family members (Table 7). 132 (82%) mothers administered colostrum to their babies while 29 (18%) discarded it stating it to be not beneficial, too thick, or bad/impure for the baby.

Table 6: Pre-lacteal feed given after birth

	Frequency	Percentage
None	26	16.1
Animal Milk	19	11.8
Honey	56	34.8
Jaggery water	24	14.9
Plain Water	21	13
Sugar Water	15	9.3
Total	161	100

Table 7: Types of pre-lacteal feeds given

	Frequency	Percentage
Yes	135	83.85
No	26	17.39
Total	161	100

Table 8: Correlation between occupation and initiating breastfeeding in first hour of birth

		Occupation	Initiate breastfeeding in first hour of birth
Occupation	Pearson Correlation	1	0.044
	sig. (2-tailed)	-	0.582
	N	161	161
Initiate breastfeeding in first hour of birth	Pearson Correlation	0.44	1
	sig. (2-tailed)	0.582	-
	N	161	161

The correlation between occupation of the mothers and initiating breastfeeding in first hour of birth is .044.

DISCUSSION

While 83.9% of women were aware of the advantages of exclusive breastfeeding for six months, only 68.9% adhered to this practice. Additionally, though just 51.4% of mothers recognized the value of colostrum for infants, 82% did feed colostrum to their babies, primarily based on recommendations from doctors or healthcare professionals. In this study, none of the mothers had education beyond secondary school, and 81.4% were unaware of the maternal health benefits associated with breastfeeding.

The study also found that 83.8% of mothers administered pre-lacteal feeds to their infants following cultural beliefs or advice from family members. Honey was the most common pre-lacteal feed, followed by jaggery water, plain water, and animal milk. This rate contrasts with a study in Kerala's Thrissur district, where only 15.4% of mothers reported giving pre-lacteal feeds.²² In another study²³ involving sixteen villages in Najafgarh, 56.9% of mothers who used pre-lacteal feeds discarded colostrum, and only 17.2% practiced exclusive breastfeeding. Research suggests that initiating breastfeeding as soon as possible helps solidify breastfeeding practices and positively impacts the postpartum period, supporting an early onset of breast milk production.²⁴

In the present study, 54% of mothers did not begin breastfeeding within the first hour of birth, largely due to lack of awareness, with 73.3% of these mothers unaware of the importance of early initiation.

CONCLUSION

Efforts to promote exclusive breastfeeding for the first six months have been consistently made worldwide, including various schemes and initiatives launched in India. However, despite these initiatives, the reality on the ground often falls short of the desired outcomes. The current study sought to examine the Knowledge, Attitudes, and Practices (KAP) regarding breastfeeding among lactating migrant mothers employed in Pune's informal sector.

Exclusive breastfeeding is estimated to prevent approximately 10% of child fatalities and plays a vital role in India's pursuit of Sustainable Development Goal 3.3, which aims to eliminate preventable deaths of newborns and children

under five by 2030. This study revealed that a significant number of mothers practiced pre-lacteal feeding, and over half did not initiate breastfeeding within the first hour after birth. However, a notable portion of women did provide colostrum to their infants, driven by a belief in its benefits, often based on recommendations from doctors and other healthcare workers.

RECOMMENDATIONS

There seemed to be a huge gap between mothers who were aware of exclusive breastfeeding and the ones who practiced it for their children. This can be attributed to the odd hours of work, unstable finances, and the workplace being far away from the living place. To ensure breastfeeding-friendly spaces, stakeholders in the informal sector should be sensitized as well.

- Awareness campaigns should be conducted for mothers, family members, stakeholders, and religious identities especially to avoid giving pre-lacteal feed right after the birth of an infant and prohibit of use of other complementary foods in the first six months of life.
- The study highlighted that very few mothers knew about the benefits of breastfeeding for their self, awareness and education should be spread for the same.
- A substantial number of mothers did not consider colostrum as beneficial whereas most of them did practice it on recommendations by the doctors or other healthcare professionals.
- Mothers in the last trimester should be counselled repeatedly as it is a critical period for awareness. The family members of the women should be sensitized about the need for exclusive breastfeeding.
- Identify agents of change like ASHA workers, MPHWS, or mothers who had exclusively breastfed and facilitate interactions of such people with them.
- Reinforce the message of exclusive bf at various points of interactions like at the time of delivery, post-delivery visit of ASHA workers, and mothers when coming the child for immunization.
- The healthcare workers should approach all healthcare women if they are clinically able to breastfeed the newborn.

Limitation: The objective validity of the study

subjects' responses cannot be verified because the data collection relied on their responses. The risk of recollection bias exists.

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