

**DETERMINANTS OF BREASTFEEDING PRACTICES AMONG  
MOTHERS ATTENDING MOTHER AND CHILD HEALTH  
(MCH) CLINIC IN JDWNR HOSPITAL,  
THIMPHU, BHUTAN**

**PASSANG LHAMO SHERPA**

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DETERMINANTS OF BREASTFEEDING PRACTICES AMONG MOTHERS ATTENDING MOTHER AND CHILD HEALTH (MCH) CLINIC IN JDWNR HOSPITAL, THIMPHU, BHUTAN

PASSANG LHAMO SHERPA 4838049 NUFN/M

M.Sc. (FOOD AND NUTRITION FOR DEVELOPMENT)

THESIS ADVISORS: JINTINA YHOUNG-AREE Ph.D., SAKORN DHANAMITTA M.D.,D.Sc., PANUS PRUEKSUNAND, M.D., M.P.H.

### ABSTRACT

There are gaps of knowledge existing in breastfeeding (bf) practices and related issues in Bhutan. The study thus was to describe bf practices and to determine its influencing factors. A cross-sectional descriptive survey used a questionnaire containing semi-structured questions with extended probing issues as a tool. Totally, 197 mother-infant pairs were recruited from the JDWNR Hospital in Thimphu. The Preceed-Procede Model was applied to frame a conceptual framework. Its scope encompassed 4 main categories. Attributing factors covered basic profiles of household, caregivers and target infants. Predisposing factors included health and nutritional knowledge, attitude and folk beliefs related maternal and child cares during their ages 0 to 24 months. Enabling factors composed of those accommodated the mothers to perform bf. Reinforcing factors were comprised of supports from all levels; health services, socio-culture, family and peer. Using SPSS for window version 13.0, the data from semi-structured questions were analyzed and content analysis was undertaken for probing information from in-depth study. The findings were presented into 3 main topics. *First*, basic characteristics of the respondents showed average family size were 5. Living in nuclear and extended structures noted similar as 50.2% and 49.8% respectively. The majority (66%) of parents earned less than NU 6001 per month (USD \$ 133). Their level of income was significant associated with their education level ( $p < .05$ ). This economic constraint forced those shared household resources which included accommodation, housing facilities and caregivers. A sizeable rate of couples lived with their spouses. Buddhism was the major religion for both fathers and mothers. Average ages were 28 years for the fathers and 24 years for the mothers. Fifty four percent of the fathers were educated to standard 6 only, whereas this attaining level was found in 60% for the mothers. For infants, proportion of boys and girls was 52% and 48% respectively. Ages classified as 0 to 4.0 months, 4.1 to 6.0 months and older than 6.0 months distributed as 46%, 11% and 43% respectively. Low birth weight was 9.2%; slightly higher rate of prevalence among girls. Morbidity onset in the past one month demonstrated ARI and diarrhea being most prevalent. *Second*, current feeding practices described 80.4% of mothers initiating bf by one hour as recommended. Most of them also fed their infants colostrum. Mode of the exclusive and predominant bf denoted as 42% and 30% respectively. Among 7 mothers who quit bf displayed their median duration of bf as 16 months. The majority of on-going breastfed group provided perceived duration that covered this range. *Lastly*, factors associating with bf patterns were identified as socio-economic status of the parents, supports from health services and their culture. Folk beliefs and practices played some degree to influence breastfeeding both desirable and undesirable. Overall, infant feeding practices were not in compliance with WHO recommendation by Bhutanese mothers. Therefore, the study recommends reinforcing and strengthening the present recommendation through existing national breastfeeding program and involved personnel. A monitoring and evaluation program should be instituted for the evaluations of process; outcome and impact and should be performed regularly.

KEY WORDS: BREASTFEEDING INITIATION/EXCLUSIVE  
BREASTFEEDING/PREDOMINANT BREASTFEEDING/  
COMPLEMENTARY FOOD/BHUTAN

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