

Assessment of infant and young child feeding practices in a rural area

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ABSTRACT

Background: Breastfeeding is an ideal and effective ways to provide and nourish children everywhere with the best start to life. Breastfeeding is also a newborn's first vaccine, providing vital antibodies, and an immunity boost. **Objectives:** The objectives of the study were to describe the sociodemographic profile and to determine the breastfeeding practices in the lactating mothers. **Materials and Methods:** A descriptive study was conducted in community health center, Bellur, for 4 months. An Institutional Ethical Committee clearance was obtained. Around 100 lactating mothers were the study subjects. The inclusion and exclusion criteria of the study were met. The data were collected using pre-tested semi-structured pro forma. **Results:** The study findings revealed that initiation of breastfeeding within 1 h was practiced among 64% of mothers, on-demand breastfeeding among 54%, and complementary feeding at 6 months was started by 76% subjects. The most commonly used pre-lacteal feed is honey. **Conclusion:** It was observed that the infant and young child feeding practices were not satisfactory in the study subjects, so focused and sustained information, education and communication campaign is necessary to promote breastfeeding.

KEY WORDS: Breastfeeding; Practice; Pre-Lacteal Feeds

INTRODUCTION


Breastfeeding is an effective way of nourishing young infants with the necessary nutrients for their healthy growth and development. Every mother can breastfeed provided they have right information, and strong support of their family. Colostrum produced at the end of pregnancy is recommended by the World Health Organization as the ideal food for the newborn. Ideally, the initiation of breastfeeding should be within the 1st h after birth.^[1]

Breastfeeding exclusively for 6 months, and continuing for 2 years or beyond with the provision of safe, clean, hygienic,

and appropriate complementary foods, is one of the best practices for promoting child survival and development. Promoting breastfeeding practices alone, all around the globe could save the lives of >820,000 children under age 5 every year, the majority (87%) under 6 months of age.^[2]

The data show that infant mortality rates are comparatively 5–10 times higher in developing countries among children who have been breastfed for <6 months than children who are exclusively breastfed for 6 months.^[3]

Breastfeeding helps for healthy brain development and is associated with higher performance in intelligence tests among children and adolescents across all developing and developed countries and helps in the prevention of diarrhea, pneumonia, and neonatal sepsis. Breastfeeding is beneficial for mothers also, protects against postpartum hemorrhage, postpartum depression, ovarian and breast cancer, heart disease, and Type 2 diabetes. Hence, breastfeeding empowers women and enables to build healthy, smart, and productive societies.^[2]

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Inappropriate and insufficient feeding practices in infancy and early childhood contribute to malnutrition, impaired cognitive and social skills and development, poor school performance, and decreased productivity in later life of the child. Therefore, it is a major threat to the social and economic development of a country. It is a major and serious obstacle to obtain and maintain the health of the child.^[4]

Poor practices, beliefs, and customs toward exclusive breastfeeding have been reported to be among the major contributing reasons for poor health indicators and outcomes among children, specifically in low- and middle-income countries. Health education and awareness of exclusive breastfeeding are especially important in developing countries with high levels of poverty and lack of access to clean water and sanitation.^[5]

In spite of the tremendous advantages of breastfeeding, its popularity has reduced significantly in most parts of the world.^[3] Hence, the present study was undertaken to determine the breastfeeding practices in community health center (CHC).

MATERIALS AND METHODS

A cross-sectional study was conducted in CHC, Bellur, from July 2017 to October 2017. The population of the CHC is 20252. After getting Institutional Ethical Committee Clearance, mothers with infants of age >6 months who came for the immunization clinic were included in the study. Informed consent was obtained verbally, and study subjects not willing to participate were excluded. A pre-tested semi-structured pro forma was used for interviewing the mothers for 4 months until 100 sample sizes were obtained.

The pro forma had questions on the sociodemographic profile, type of delivery, place of delivery, conduction of delivery of the study subjects. The information regarding breastfeeding practices in the initial 6 months was taken, for example, the pre-lacteal feed given, initiation, frequency, and duration of breastfeeding, starting of complementary feed, and exclusive breastfeeding.

Health education was imparted to mothers through posters and videos, highlighting the importance of exclusive breastfeeding and motivated them to adopt exclusive breastfeeding.

The collected data were entered into Microsoft eExcel, and Statistical Package for the Social Sciences 16.0 version was used. The descriptive statistics such as percentages, mean, and standard deviation were analyzed.

RESULTS

Around 100 lactating mothers were included in the study. The sociodemographic profile of study subjects is shown in Table 1. The age range of study subjects varies between

19 and 35 years with a mean of 24 years with SD of ± 3.54. Majority of them (62%) delivered in a private medical college and majority (54%) by normal delivery and 68% were exclusively breastfed. Breastfeeding practices in the study subjects in Table 2. Distribution of study subjects according to pre-lacteal feed is shown in Figure 1.

DISCUSSION

The study findings revealed that starting of breastfeeding within 1 h was practiced by 64% of mothers, on-demand

Table 1: Distribution of study subjects based on the sociodemographic profile

Variables	Frequency
Age	
<20	22
21–30	74
>30	04
Education	
Illiterate	12
<High school	38
Pre-university	30
Graduate	20
Employment	
Employed	34
Housewife	66
Religion	
Hindu	80
Muslim	20
Type of family	
Nuclear	48
Joint	22
Three generation	30
Type of delivery	
Normal	54
LSCS	40
Assisted	6
Place of delivery	
Government	38
Private	62
Delivery is conducted by	
Doctor	90
Nurse	10
No. of children	
1	50
2	46
3	04
BPL card	
Yes	74
No	26
LSCS: BPL	

Table 2: Distribution according to breastfeeding practices
n=100

Breastfeeding practices	Percentage
Pre-lacteal feed	
Given	22
Not given	78
Initiation of Breastfeeding	
Within 1 h after birth	64
After 1h after birth	36
Frequency of breastfeeding	
On-demand	54
Regularly	43
Randomly	03
Starting of complementary feeding	
<6 months	18
6 months	76
>6 months	06
Duration of breastfeeding	
< 12 months	30
13–17 months	46
18–24 months	24

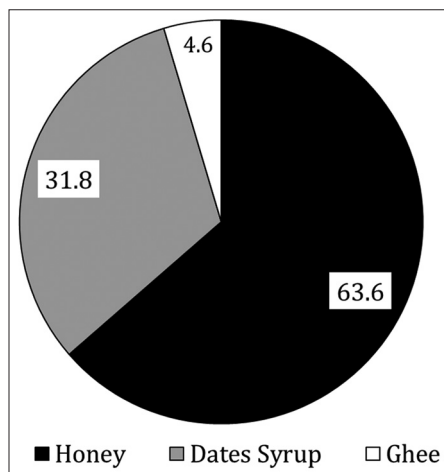


Figure 1: Distribution according to the pre-lacteal feed given

breastfeeding in 54%, and complementary feeding at 6 months was started by 76%. The pre-lacteal feed used is honey in 22%

In the present study pre-lacteal feed was given in 22% whereas a study conducted by Swetha *et al.*^[6] showed 58.2% and Shaili *et al.*^[7] 61.8%. The contributing difference could be due to the beliefs, customs, and traditions followed in the area. The most common pre-lacteal feed used is honey in 64%. In study conducted by Swetha *et al.*^[6] the pre-lacteal feed used was sugar water in 26.8%, in Tadele *et al.*^[8] plain water was given in 47.8%. According to infant and young child feeding, early starting of breastfeeding within 1 h of birth protects the newborn from acquiring newborn respiratory and gastrointestinal infections. It also contributes to reducing newborn and infant

mortality at large.^[9] The delay in starting of breastfeeding within 1 h of birth will cause a delay in the development of oxytocin reflexes, essential for contraction of the uterus and breast milk reflex.^[10] Initiation of breastfeeding within 1 h was started in 64% similar to the study of Tadele *et al.*^[8] where 60% had started breastfeeding immediately where as it was lower in Swetha *et al.*,^[6] that is, 40.4%. Feeding on demand is one of the 10 steps to successful breastfeeding which is stated in the baby-friendly hospital initiative.^[2] Breastfeeding on demand was found in 54% in the present study which was low compared to the study of Shaili *et al.*^[7] 89%, Bandyopadhyay *et al.*^[11] 84.1%, and Tadele *et al.*^[8] 67% and this can be due to a lack of awareness in mothers. Majority of the mothers started complementary feeding at 6 months 76% whereas it was only 41.1% in Swetha *et al.*^[6] and only 28% in Das *et al.*^[10]

This study was conducted in a CHC; hence, it cannot be generalized to the whole population, and it could not determine the cultural factors that contribute to breastfeeding practices. This forms the limitation of the study. The strength of the study is that it could determine the poor practices such as pre-lacteal feed, early, or late weaning hence health education can be emphasized on these areas, and appropriate planning interventions can be taken.

CONCLUSION

Sustained and continuous IEC activities and health education sessions regarding the importance of breastfeeding should be conducted to improve breastfeeding practices.

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