

ASSESSMENT OF INFANT AND YOUNG CHILD FEEDING PRACTICE AMONG TRIBAL WOMEN IN BHATAR BLOCK OF BURDWAN DISTRICT IN WEST BENGAL, INDIA

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ABSTRACT

Background: The first two years of life involve rapid physical, cognitive and social development that requires optimal nutrition. Tribal populations are the most backward section of the society. In West Bengal, the Santal tribe contributes to 51.8% Scheduled Tribe population of the state.

Aims & Objective: The present study was conducted to assess infant and young child feeding practice among Santal women in Bhatar block of Burdwan District, West Bengal in India.

Materials and Methods: It was a descriptive study of cross-sectional design. Bhatar block was purposively selected and 10 villages inhabited by Santals were chosen purposively. Data were collected by interview method using a pre-designed pre-tested schedule from 120 mothers having children of 0-23 months of age. WHO indicators for assessing infant and child feeding practices were used.

Results: Breast feeding was initiated within one hour of birth in 48.33% cases, 46.15% babies were exclusively breastfed and in 47.37% cases breastfeeding was continued at 1 year of the baby. Solid, semisolid or soft foods were correctly introduced at 6-8 months in 46.67% infants. Only 30.85% mothers maintained minimum dietary diversity while 41.49% mothers maintained minimum meal frequency.

Conclusion: The poor status of indicators of Infant and child feeding practice found in present study may be attributed to high rate of illiteracy and poor socio-economic condition among Santal women. Therefore intense total literacy campaign, income generating activities and health education by health personnel is the need of the day.

Key Words: Infant and Young Child Feeding Practice; Santal Women; Tribal Women

Introduction

The first two years of life involve rapid physical, cognitive and social development that requires optimal nutrition. Adequate infant and young child feeding practices are needed to support this development and provide protection from the risk of morbidity and mortality in low-resource environments. WHO and UNICEF's global recommendations for optimal infant feeding as set out in the Global Strategy are exclusive breastfeeding for 6 months (180 days) and nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breast feeding up to 2 years of age or beyond.^[1] From the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary feeding becomes necessary to fill the energy and nutrient gap. If complementary foods are not introduced at this age or if they are given inappropriately, an infant's growth may falter.^[2] Recent scientific evidence reveals that malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children under five years annually. Over 2/3 of these deaths are often associated with inappropriate feeding practices and occur during the first year of life. The Government of India has always been

promoting at the national and international fora exclusive breastfeeding for the first six months and introduction of complementary foods thereafter with continued breastfeeding up to two years which is consistent with the Indian tradition of prolonged breastfeeding and introduction of complementary foods from six months of age through an annaprashan ceremony.^[3]

Tribal populations are isolated from general population with their own physical, socioeconomic and cultural environment. They are the most backward section of the society, due to various factors like ignorance, poverty, lack of development in the inaccessible areas, illiteracy and exploitation.^[4] In West Bengal, the Santal tribe contributes to more than half of the total Scheduled Tribe population of the state (51.8%).^[5] Review of literature revealed that there is dearth of study regarding complementary feeding practice among them in West Bengal. Under this background the present study was conducted to assess infant and young child feeding practice among Santal women in Bhatar block of Burdwan District, West Bengal India.

Materials and Methods

It was a descriptive study of cross-sectional design

conducted for six months i.e. from July 2012 to December 2012. Bhatar block was purposively selected from the blocks of Burdwan district in West Bengal. Out of 114 inhabited villages of Bhatar block 10 villages inhabited by Santals were chosen purposively. Study population comprised of mothers having children aged 0-23 months. 120 eligible mothers were approached through house to house visit to participate in the study. They were informed about the purpose of study and informed consent was obtained from the mothers. Data were collected by interview method using a pre-tested schedule. Permission for the study was obtained from Institutional Ethics Committee of Burdwan Medical College. Data were entered in MS Excel sheet and proportion was calculated. WHO indicators for assessing infant and child feeding practices were used.^[2]

Results

The study revealed that the mothers had mean age of 23.7 ± 3.5 years (range: 17-35 years). Majority of mothers belonged to 21-25 years age group (51.68%). Most of them were illiterate (44.17%) and labourer by occupation (62.5%). Almost four-fifth of them belonged to nuclear family while two-third of them was of lower socio-economic status. Most of the deliveries were conducted at home (58.33).

Table-1: Distribution of mothers according to socio-demographic characteristics (n=120)

Characteristics	N (%)	
	≤ 20	25 (20.83)
Age Group (Years)	21-25	62 (51.68)
	26-30	31 (25.83)
	≥ 31	2 (1.66)
Educational Status	Illiterate	53 (44.17)
	Primary	41 (34.17)
	Secondary	26 (21.66)
Occupation	Labourer	75 (62.5)
	Service	3 (2.5)
Type of Family	Home maker	42 (35.0)
	Nuclear	95 (79.16)
	Joint	25 (20.84)
Socio-Economic Status	Upper-lower	28 (23.33)
	Lower	92 (66.67)
Place of Delivery	Home	70 (58.33)
	Hospital	50 (41.67)

Table-2: Distribution of mothers according to WHO indicators of infant and young child feeding practice (n=120)

WHO Indicators	N (%)
Early initiation of breast feeding (n=120)	58 (48.33)
Exclusive breast feeding under six months (n = 26)	12 (46.15)
Continued breast feeding at one year (n = 19)	9 (47.37)
Introduction of solid, semisolid or soft foods at 6-8 months (n = 15)	7 (46.67)
Minimum dietary diversity (n=94)	29 (30.85)
Minimum meal frequency (n = 94)	39 (41.49)

In 48.33 % babies breast feeding was initiated within one hour of birth. Only 46.15 % babies were exclusively

breastfed. In 47.37 % cases breastfeeding was continued at one year of age of the baby. Solid, semisolid or soft foods were correctly introduced at 6-8 months in 46.67 % infants. Less than one third of mothers maintained minimum dietary diversity while about two-fifth of mothers maintained minimum meal frequency.

Discussion

Literature search could reveal different types of infant and young child feeding practices among tribal population of our country as well as abroad. Present study revealed initiation of breast feeding within one hour of birth in less than half of the cases. Breast feeding was initiated in only 8% cases among Paroja community in Orissa^[6] whereas 60% babies were breastfed within one hour of birth in Tanzania^[7]. 79.3% mothers initiated breast feeding within 24 hours of birth in tribal areas of Andhra Pradesh.^[8] Rate of exclusive breast feeding less than four months was found to be similar to present study among tribals of Rajasthan but more than found in Bangladesh^[9,10], whereas only 31% tribal mothers practiced exclusive breast feeding at Kware, Nigeria^[11]. On the other hand proportion of exclusively breast fed tribal babies was found to be more (67.4%) in a study at Thane, Maharashtra as compared to present study.^[12] Exclusive breast feeding up to 4 months was not done in 23.4 per cent children in Jabalpur.^[13] Proportion of exclusively breast fed babies is much less than the proportion in rural areas of West Bengal as revealed in NFHS-III (57.1%).

Continuation of breast feeding at one year of age was found to be much high in a study on "Hakkipikkis", a tribal population in Mysore district, karnataka.^[14] Introduction of complementary feeding at 6 months of age is very crucial for proper preventing malnutrition in infants. 13% Garo mothers in Bangladesh started complementary feeding before 6 months of age which is much less than found in present study.^[15] Surprisingly exclusive breast feeding was practiced for a long period of 1 year and supplementary foods were introduced only after the child attained about 1 year age in a tribal community of Orissa.^[6] More than half of the mothers did not start complementary feeding in time in present study. In a tribal area of Andhrapradesh 48.8% infants were given complementary feeding early (<6 months)^[8] while 16.3% were given as late as > 9 months. 48% tribal mothers started complementary feeding in Mysore district.^[14] Supplementary feeding was, however, started by 6 months in majority of the children (84.5%) in Jabalpur study.^[13] Minimum dietary diversity among santals was found in only 30.83% cases. Minimum meal frequency was only 40% in present study. Proportion of

children aged 6-9 months who were given complementary feeding is much less than as found in rural areas of West Bengal by NFHS-III (55.3%).

Conclusion

The poor status of indicators of Infant and child feeding practice found in present study may be attributed to high rate of illiteracy and poor socio-economic condition among Santal women. So Total literacy campaign program should be more intensely implemented in the areas. Income generating schemes for rural poor women should also be promoted more. As majority of deliveries were conducted at home so Auxiliary Nurse Midwife and Accredited Social Health Activists should be given reorientation on Infant and Child Feeding Practice so that they can counsel and advice pregnant women properly in this regard. With these measures the poor status of infant and child feeding practice among Santal women can be improved.

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