

A Study on Feeding Practices of Young Infants

B K Anand, S Salil, M Marwaha, P Kaur

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Abstract

Background- Proper feeding practices are essential for complete physical, mental and psychological growth of the child. It takes care of two elements, malnutrition and infections. This study was conducted to study feeding practices like exclusive breast feeding, prelacteal feeds in young infants.

Methods- This Community based cross sectional study was conducted among 150 mothers having children between 0-9 months age group and data was collected using pre-tested questionnaire on breastfeeding practices in The Military Area, Patiala District, Punjab, India.

Results: Only 40.6% of the women practiced exclusive breast feeding (EBF). Prelacteal feeds were given in 54.7% of the infants. Education has got no effect on exclusive breast feeding practices and administration of prelacteal feeds, may be these are influenced by family traditions. In maximum cases (36%) initiation of breast feeding was within 1-4 hours.

Conclusions: Undesirable cultural practices such as giving pre-lacteal feeds, and late initiation of breast feeding are still prevalent among the mothers and these should be discouraged by proper IEC activities. The study emphasizes need for breastfeeding intervention programmes

INTRODUCTION

We live in an era that has witnessed unbelievable gains in scientific understanding of breast milk. Breast milk provides young children the best start in life regardless of good or bad any single child's life experiences may be. Exclusive breastfeeding is defined as providing only breast milk and no other liquids or solids except for those containing vitamins, minerals or medicines to the baby from birth(1). Exclusive breastfeeding is considered superior at least until an infant is six months of age. Prelacteal feeds is giving some food before the baby is initiated to mother's milk. It also carries the risk of infections. Prelacteal feeds are not necessary as breast milk is easily digestible. Such feeds carry the risk of infection and delay the establishment of lactation. Breast-fed infants have lower rates of hospital admissions, ear infections, diarrhea, rashes, allergies, and other medical problems than bottle-fed babies. There is also markedly lower prevalence of overweight among breastfed than non-breastfed children(2). Mothers milk is the most complete food available in nature because it provides all the nutrients in definitive proportions and are easily digestible. Other than nutrients, it also contains hormones, enzymes, protective antibodies. It promotes overall growth and development of

the child (physical, psychological, social, motor and mental development). Those children who had been fed breast milk in the early weeks of life shows 8.3-point advantage in intelligence quotient over those who received artificial milk. (3). Breast fed baby is likely to have more IQ, of around 8 pts higher than non breast fed baby (4). Breastfed infants shows greater motor activity than those fed with artificial milk (5). Keeping all these in view, the present study was conducted with an objective to study feeding practices in young infants.

MATERIAL AND METHODS

A cross sectional Study was conducted in the immunization clinic of Military hospital, Patiala among 150 women. Women having infants in the age group of 0-9 months were studied and interviewed on a pretested Proforma. Detailed information was taken by questionnaire method regarding prelacteal feeds, exclusive breast feeding and timing of starting of breast feed on a prestructured, pretested proforma. Data collected was entered and analysed using statistical tools like percentages

Table 1

Distribution of women according to exclusive breast feeding and administration of prelacteal feeds

Feed	No.	Percent
- EBF Given	61	40.6
- Prelacteal Feeds Given	82	54.7

The above table (table no. 1) shows that 40.63% of the women practiced exclusive breast feed and prelacteal feeds were given in 54.7% of cases.

Table 2

Effect of maternal education on exclusive breast feeding practices

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Effect of maternal education on exclusive breast feeding practices

Maternal Education	Illiterate	<Matric	>Matric	Total
EBF				
YES	3(37.5)	9(30)	49(43.8)	61(40.7)
NO	5(62.5)	21(70)	63(56.2)	69(59.5)
TOTAL	8(100)	30(100)	112(100)	150(100)

Figures in bracket shows percentages

The relation between education and prelacteal feeds is shown in the table (table 2). Maternal education was found to have no influence on the EBF practices

Table 3

Effect of education on the administration of prelacteal feeds

Table 3
Effect of education on the administration of prelacteal feeds

Education	Illiterate	<Matric	>Matric	TOTAL
Prelacteal feeds				
Given	6(62.5)	13(43.3)	64(57.1)	83(54.7)
Not given	3(37.5)	17(56.7)	48(42.9)	68(45.3)
Total	9(100)	30(100)	112(100)	150(100)

Figures in bracket shows percentages

The relation between education and prelacteal feeds is shown in the table (table. 3) Education has got no effect on the administration of prelacteal feeds

Table 4

Effect of education on timing of starting the breast feed

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Effect of education on timing of starting the breast feed

Education	Illiterate	<Matric	>Matric	Total
Timing(Hrs)				
0-1	1(12.5)	7(23.3)	15(13.4)	23(15.3)
1-4	3(37.5)	13(43.3)	38(33.9)	54(36.1)
5-12	2(25)	1(3.3)	19(17.0)	22(14.7)
13-24	2(25)	5(16.7)	11(9.8)	18(12)
>24	0(100)	4(13.3)	29(25.9)	33(22)
TOTAL	8(100)	30(100)	112(100)	150(100)

Figures in bracket shows percentages

above table (table 4) shows that literate mothers have delayed breast feeding as compared to illiterate ones. 15.3% of the mothers initiated breast feed within 1st hour. The majority (36.1%) were put to breast within 1-4 hours. In all

cases irrespective of education , initiation of breast feeding is within the 1st 4 hours. In 22 % of cases , initiation of breast milk was delayed beyond 24 hours.

Table 5

Effect of parity on exclusive breast feeding

EBF Parity	Yes	No	Total
1	35(44.9)	43(55.1)	78(100)
2	22(35.1)	39(63.9)	61(100)
3 and above	4(36.3)	7(63.3)	11(100)
Total	61(100)	89(100)	150(100)

Figures in bracket shows percentages

The above table (table no.5) shows that Practice of exclusive breast feeding is seen to decrease with parity.

DISCUSSION

Exclusive breast feeding for first 6 months protects the child from malnutrition, infections and helps in overall development of the child. Practices related to infant feeding are far from optimum. Only 40.6% of the women practiced exclusive breast feeding. Prelacteal feeds were given in 54.7% of the infants. In a study done by Devang Raval (6) 61.9% of newborns received prelacteal feed . In our study education has got no effect on exclusive breast feeding practices and administration of prelacteal feeds, these may be influenced by family traditions. Results are similar to a study done by Mukhopadhyaya and Achar(7) in South India where Maternal education was found to have no influence on the acceptance of breastfeeding .The study showed, that a poor knowledge regarding infant feeding practices was prevalent among mothers despite their educational status. Breast feeding should be initiated within half an hour of delivery .Delay in initiation leads to delay in oxytocin reflexes which are very important for contraction of uterus and breast milk reflexes. In the present study, Literate mothers have delayed breast feeding as compared to illiterate ones. 15.3 % of the mothers initiated breast feed within 1st hour. .Majority (36.1%) were put to breast within 1-4 hours. In all cases irrespective of education ,initiation of breast feeding is within 1st 4 hours .In 22 % of cases ,initiation of breast milk was delayed beyond 24 hours. Practice of exclusive breast feeding is seen to decrease with parity as responsibilities laid on the mother increases, which limits this practice of exclusive breast feed .

CONCLUSIONS

Deficiency in practice regarding breast-feeding is revealed in our study. Literacy status may not be the factor for non-practicing exclusive breast feeding, illiterate women may

receive better information on EBF by health workers .So there is a strong need to strengthen the IEC activities. We should focus more on early initiation of breast feeding than exclusive breast feeding because mostly all partially breast feed infant normally receive the non breast milk substitute during period of initiation .Breast feeding is an accepted practice in this community, though they are well exposed to urbanization some of the women are still delaying the initiation of breast feeding. Best tool to promote breastfeeding is proper counseling of mother as well as father during antenatal visits.

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Author Information

Bhupinder Kaur Anand, MD, Associate Professor

Department of Community Medicine, Career Institute of Medical Sciences
Lucknow, India

Srivastava Salil, MD, Associate professor

Deptt of Pharmacology ,Career Institute of Medical Sciences
Lucknow, India

MPS Marwaha, MD, Senior Medical Officer

Air Force Station, Bakshi Ka Talaab
Lucknow, India

Paramjeet Kaur, MD, Professor

Department of Community Medicine, Govt. Medical College
Patiala, India