

Original article:

Study of influences of social factors and cultural practices over infant feeding practices in Rural tertiary hospital

Dr Rahul Holkar * , Dr Bhagyashri Bora

Department of Paediatrics , Rural Medical College ,PIMS (DU) , Loni

Corresponding author*

Abstract:

Introduction: Depend on the mother's education, her socio economic status, her access to information regarding infant feeding, feeding taboos and so on. Urban mothers are generally better educated, have better socio economic status and easier to information regarding infant feeding compared to their rural counter parts.

Methods: The study was conducted on infants of mothers who visited and those admitted in a tertiary care rural hospital of Maharashtra from January to 31stDecember 2016..Assesment was done by questionnaire method

Result: In our study, reasons was not initiating breast feeding infants was insufficient milk in 3.6% of the case, NICU admission were 3.8%,

Conclusion: The factors concern with breast feeding practices vary widely from urban to rural areas.

INTRODUCTION

Depend on the mother's education, her socio economic status, her access to information regarding infant feeding, feeding taboos and so on. Urban mothers are generally better educated, have better socio economic status and easier to information regarding infant feeding compared to their rural counter parts. Feeding taboos are also quite different between urban and rural mothers.¹ Under nutrition is a major disabler, preventing children from reaching their full developmental potential. It is a major killer as well, being associated directly or indirectly with at least 35.00% of child deaths². Early nutritional deficits are also associated with long term impairment in growth and health. There is evidence that adults who were malnourished in early child hood have a low intelligent quotient and hence impaired intellectual performance.³after additional food is needed apart from the breast milk to meet the infants need for energy and nutrients. Hence WHO and UNICEF in their global recommendation set out

- 1.Exclusive breast feeding till 6 months of age and
- 2.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 as appropriate infant feeding practice.⁴

Exclusive breast feeding means that infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, mineral supplements or medicines. To enable mothers to

establish and sustain exclusive breastfeeding for 6 months WHO and UNICEF recommend-initiation of breast feeding within one hour of life, no top feeds till 6 months of age and any use bottles, teats or pacifiers.⁴ Pre lacteal feeds carry the risk of infection and also delay the establishment of lactation. The colostrums contains antibodies and vitamins like A,E and K which protect the infant against respiratory infections and diarrheal diseases.⁵ Discarding the colostrums deprives the infants of necessary anti infective substance . Many studies have been done in this regard in different places. However, no such study has been done in the below mentioned study area.³ With this back ground a study has been conducted to know the difference in infant feeding practices among rural and urban mothers and also the factors influencing these practices.

Results:

Table 1: Distribution of Mode of delivery of mothers studied

Mode of delivery	No. of Mothers (n=1000)	%
NVD	472	47.2
Forceps	65	6.5
LSCS	498	49.8

Table 2: Distribution of Gestation of mothers studied

Gestation	No. of mothers (n=1000)	%
Term	912	91.2
Pre-term	67	6.7
Post-Term	30	3.0

Table 3: Pre lacteal feeds

Pre lacteal feeds	No. of babies	%
Yes	118	11.8
No	882	88.2
Total	1000	100.0

Table 4: Socio economic status

Socio economic status	No. of mothers (n=1000)	%
Upper	50	5.0
Upper middle	82	8.2
Lower middle	318	31.8
Upper lower	506	50.6
Lower	44	4.4

Table 5: Reasons for not initiating breast feeding

Reasons for not initiating breast feeding	No. of mothers (n=1000)	%
1.Custom practice	0	0.0
2.Insufficient milk	36	3.6
3.Poor social support/ relative advice	0	0.0
4.NICU admission	38	3.8
5.Baby food industry influence	0	0.0

Discussion:

In our study, reasons was not initiating breast feeding infants was insufficient milk in 3.6% of the case, NICU admission were 3.8%, but in study conducted by Clara Arts⁴ 2001 in a sample of Sweedish infants, Upsala University 2001 reveal that, insufficient milk was 55% and NICU admission was 16%. A similar study done by Karzewskiet.al⁷² reveal that insufficient milk was 3%. According to study conducted by Benakkapa et at in 1989 ⁵ showed that 21.9% of grandparents and 21.9% of auxiliary nurse midwives (21.9%) were the chief influencers of breast feeding. According to our study it was found that No. of mothers with breast problem was 0.7%, whereas a study done by clara Arts⁶ it was found that, No. of mothers with breast problems was 16%. Amadhilla in Namibia reveal that 14% of women had breast problems⁷.

According to our study it was found that, 98.7% of women were not working outside home as compared to 82% of women was not working outside home in research abstract in on nutrition from 1998 to 2008. In our study it was found that only 1.3% of women were working women were outside home whereas a study done in Namibia by Amadhilla⁶⁸ showed it was 4.4%.

In our study it was found that mothers with maternal illness was 4.9%, whereas a study in Sweden by Clara et.al⁷¹ showed that it was 2% of women with maternal illness was 2%. Janiel et.al⁸ showed that mothers with maternal illness was 13%. In our study it was found that ,68% upper socio economic women, 82-9% upper middle, lower middle 88.95,upper lower 87.9%, and lower 63.6% given exclusive breast feeding. The socio economic status influenced excusive breast feeding practices (P value= 0.001).The best practices declined as we move to the extremes of socio economic group.

Complementary foods need to be nutritionally adequate safe and appropriately fed in order to meet the young child's energy and nutrient needs. However complementary feeding is often fraught with problems like foods being too dilute, not fed enough fed in too small amounts and the like. Even after complementary foods have been introduced, breast feeding remains a critical source of nutrients for the young infant and child. It provides about one half of an infant's energy needs up to the age of one year and up to one third during the second year life.²

The breast feeding is a natural act and practiced almost universally exclusive breast feeding is rarely practiced. Various health initiatives like baby friendly hospital initiative act are functional, yet achievement of appropriate infant feeding practices is far from reality. Infant feeding are shaped by the beliefs of a community factors. These factors vary widely from urban to rural areas. The knowledge regarding differences in infant feeding practices among rural and urban mothers and also the factors influencing these practices can be used to plan measures that concentrate on improving prevalent infant feeding practices by

targeting the socio-cultural and economic determinants. Mothers can be benefited by the first hand knowledge given through health education during such a study regarding advantage of breast feeding. They can also be thought what constitutes an appropriate complementary food, how and when it should be given in order to sustain optimal growth and development of their children. Community will be benefited when the findings of the study form basis for a health education program.

Conclusion:

The factors concern with breast feeding practices vary widely from urban to rural areas.

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