Infant Feeding and Weaning Practices among Kashmiri Rural Population

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ABSTRACT

Objective: The study was carried out with the aim to assess infant feeding and weaning practices among Kashmiri rural population.

Materials and Methods: The present investigation comprised 85 rural women having their children in the age group of 1-24 months. Samples were selected randomly. Data was analyzed in the form of percentages, mean and standard deviation.

Results: Average age of exclusive breast feeding was 9.41 ± 2.32 months. 88.23 per cent of mothers fed colostrum to their babies while as 11.77 per cent were of the opinion that it is not good for baby's health. Only 23.52 per cent considered breast milk as a complete food for their infants. The most common reason for terminating breast feeding was subsequent pregnancy. Upto 4 months of age infants were fed on demand. Cow's milk or reconstituted milk was introduced by 80 per cent of respondents between the ages of 9-12 months. The foods introduced were *chut* and biscuits softened in tea, banana, mashed rice with milk, porridge, egg, cerelac and nestum.

Conclusion: Breast feeding was a universal practice in rural women. Most of the infants were fed colostrum without knowing its importance. A small percentage of subjects weaned their babies from 4-6 months of age. Hence, mothers need to be educated about the significance of colostrum and introduction of semi- solid foods at an appropriate age.

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Key words: Infants, Breast feeding, Bottle feeding, Weaning

Introduction

Nutritional status of infants depends upon infant feeding practices prevalent among the community. Poor infant feeding practices by mothers leads to malnutrition which is responsible for the high infant mortality. Infancy is a period during which rapid growth and development

takes place. The nutritional requirement per unit body weight of infants is much higher than that of adults, hence dietary adaptations are required frequently.

Breast feeding and weaning practices are crucial for optimal growth and development during infancy. The resolution (World Health Assembly 54-2) urges Member States to support exclusively breast feeding for first six months as global public health recommendation.¹ On a population basis exclusive breast feeding for 6 months is the optimal way of feeding infants. Thereafter, infants should receive complementary foods with continued breast feeding up to 2 years or beyond. Exclusive breast feeding reduces infant mortality due to common child-

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hood illness such as diarrhea or pneumonia and helps for a quick recovery during illness. These effects can be measured in resource poor and affluent societies.² Despite the advantages of breast feeding, the prevalence and duration of breast feeding appear to be declining.³ Increased urbanization and modernization accompanied by socio-economic changes act as a major factor in influencing the decline in breast feeding.⁴ Good nutrition in the early months of life is more usually determined by feeding practices which affect the overall nutritional status of the infants.³ Too early introduction of breast milk substitutes and too late introduction of semisolid complementary feeds are common and are responsible for rapid increase in the prevalence of under nutrition between 6-24 months.⁵ Keeping in view the importance of breast feeding and weaning the present study was undertaken with the following objectives:

1. To assess the breast feeding practices among rural women.
2. To assess the age of weaning and weaning practices.

Material & Methods

The present investigation was carried out to study the existing breast feeding and weaning practices among rural population in Kashmir. The study was conducted in four villages of Pulwama District which were selected randomly. The villages selected were Malangpora, Puchal, Lethpora and Punzgam. Before conducting the study information was gathered on the total number of women having their children in the age group of 1-24 months. Then 5 per cent of subjects were selected randomly from each village comprising a total sample of 85 rural women. The mothers were interviewed personally and the tool used for data collection was interview schedule. Pretesting of framed schedule was carried out to ensure collection of appropriate data according to the objectives of study. Data was presented in the form of simple percentage. Mean and standard deviation was calculated to determine the age of exclusive breastfeeding.

Discussion

Socio-economic background

Socio-economic status of the sample population with respect to type of family, family size, educational status of parents, occupational pattern and family income was assessed. Out of the total sample surveyed 65.88 per cent belonged to joint families with a family size of 6-10 members while as 34.12 per cent were having nuclear family set up. The family size being 3-5 members. 60 per cent of fathers had no formal school education whereas 23.52, 14.12 and 2.36 per cent had studied up to primary, middle and high school level respectively. Mothers were mostly (92.94%) illiterate. Majority of fathers (64.70 %) were agriculturalists and 12.94, 15.30 and 7.06 per cent

were craftsmen, shopkeepers and laborers respectively. The family income ranged between Rs 1500 - 4000 per month.

Breast feeding practices

Breast milk contains all essential nutrients needed for the infant. It provides the best nutrition and protects the infant from infections. It is considered as a natural food and is easily digested and absorbed by the infant as compared to formula milk prepared from other sources. In India breast feeding is common among rural and urban poor, being less so among the urban middle and upper classes. In the present study breast feeding was the universal practice in all Kashmiri rural women. Majority (98.82%) of mothers reported breast feeding their infants and only 1.18 per cent could not breastfed due to low secretion of milk. Mean age of exclusive breast feeding was 9.41 ± 2.32 months. Regarding the feeding pattern 47.06 per cent of mothers breastfed their infants within 6 hours while as 32.94 and 20 per cent fed within 9 and 12 hours respectively after delivery depending upon the ability of mother to feed the baby.

It is evident from table 3 that 60 per cent of mothers gave breast milk as a first feed to infants where as 40 per cent used to give prelacteal feeds in the form of warm water and honey (8.24%), sugar dissolved in warm water (12.94%) and *Qahwa* (18.82%) as in their opinion these foods clear the digestive system of the new born baby. Banik⁶ surveyed 1240 children in Delhi and reported that honey and sugar mixed with water were the main inaugural feeds. Results of a study by Rafael *et al* suggest that the days immediately following delivery represent a vulnerable period when women are likely to introduce breast milk supplements, even before they offer the breast for the first time. These prelacteal feedings delay the initiation of lactation and are likely to subsequently lead to suboptimal feeding practices even if these are only water or water based. Therefore, every effort should be made to avoid offering prelacteal feeds and to maximize access to lactation.⁷ Among the surveyed population 88.23 per cent of mothers fed colostrum to their babies without knowing the reason while as 11.77 per cent were of the opinion that this secretion should be thrown out as it is impure milk and is not good for child's health. Such finding was also noticed in the study conducted by Dahiya and Kapoor.⁸

Majority (81.18%) of the respondent's breastfed their babies on demand up to 4 months of age and from 5-12 months of age infants were fed at fixed intervals 5-6 times a day. Babies were breastfed on both the breasts giving one feed for 10-15 minutes. 97.64 per cent of mothers fed their babies on demand as reported in a study conducted in rural areas of Haryana.⁸ Duration of breast feeding reveals that most of the infants were breastfed up to the age of 2-3 years. When enquired about the reason for stopping the breast

feeding 64.70 per cent gave the reason as commencement of next pregnancy. 20 per cent stopped as in their opinion the child was old enough, 12.94 per cent could not feed due to inadequacy of milk and 2.36 per cent due to illness. Subsequent pregnancy was the reason for stopping breast feeding in a study conducted in rural Bangladesh.⁹ Moreover, results are in conformity with Sinnah *et al* who reported that inadequate milk was the main reason for not breast feeding the infant among nursing personnel in Malaysia.¹⁰

Data regarding advantages of breast feeding reveals that only 23.52 per cent were of the opinion that breast milk is a complete food and essential for proper growth while as 76.48 per cent were feeding breast milk as a tradition.

Bottle-feeding practices

In addition to breast feeding infants were bottle fed from the age of 9-12 months. 37.65 per cent of mothers used two feeds of cows milk one in the morning and the other in the evening without dilution. 29.41 per cent used to give only one feed of cows milk either in the morning or evening. 12.94 per cent used reconstituted milk once according to the formula prescribed on container. 20 per cent were not using any kind of artificial formula. Leftover cows milk was utilized again where as reconstituted milk was thrown away.

Weaning practices

It is a well known fact that breast milk alone is not sufficient for an infant after the age of six months as there is rapid rate of growth, hence need for nutrients increases. So it is important to start weaning at the age of 4-6 months in adequate amounts and hygienic manner. The data on the age of starting weaning is presented in table 4. It reveals that 14.12, 52.94 and 32.94 per cent of mothers started weaning their infants at the age of 4-6, 7-11 and 12 months onwards respectively. Khetarpaul *et al* has also reported on the introduction of semisolid foods when the child is 4-6 months old.¹¹ Late weaning is the most significant risk factor in the development of a child. It can lead to protein calorie malnutrition and anemia in pre-school children.

The most commonly used supplementary foods by mothers were *chut* and biscuits softened in tea, banana, mashed rice with milk, porridge and egg. Commercial foods like cerelac and nestum were also fed to the infants. Besides this no other special food was prepared for the infant. Even vegetable soup or juice was not included as mothers were not having any nutritional knowledge about the introduction of soups or juices in the diet of their babies. The diet which was prepared for the whole family

was used in small quantity for feeding the babies when they were able to take the solid food. Data on reasons of introducing supplementary solid foods revealed that 64.70 per cent believed that these foods are introduced to satisfy the hunger. 35.30 per cent of the mothers were of the opinion that supplementary foods are given to the children to meet their increased nutritional requirements.

Conclusion

It may be concluded from the above mentioned findings that breast feeding was a universal practice. Weaning was started by a small percentage of subjects from 4-6 months of age. Mean age of exclusive breast feeding was 9.41 ± 2.32 months which is too late as it can effect the overall development of a child. Exclusive breast feeding beyond 6 months can also lead to delayed menses and weight loss in the mother. Colostrum was fed by 88.23 per cent of mothers without knowing the reason. Hence, it becomes imperative to educate rural mothers about significance of colostrum, importance of breast feeding, introduction of semisolid supplementary foods from 4-6 months of age which is important for the proper growth and development of an infant.

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