

Infant Feeding Practices of Multiparous Women Attending the Antenatal Clinic in a Tertiary Care Hospital

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ABSTRACT

A cross-sectional study was carried out on multiparous women attending the ante natal clinic of a tertiary care hospital in the government setting. Information was primarily gathered regarding infant feeding practices in their previous childbirth. More than 2/3rd of the participants were urban dwellers with 62% of them being housewives. 23.9% had exclusively breast fed their babies during first six months. 19.7% had started breastfeeding with in first hour of birth. Most of the mothers knew the benefits of breastfeeding but only 39% and 34% had correct knowledge regarding initiation of breast feeding and dangers of prelacteal feeds respectively. Only 5.14% of mothers knew about birth spacing benefits of breastfeeding. Place of residence of studied women was found to be significantly associated with introduction of prelacteal feeds and type of feeding during first six months. Although majority of women breastfeed their babies certain harmful practices still persist in our community. The situation can be improved by training of grass root health workers on lactation management and making these services universally available along with intensive IEC efforts to generate demand for these services.

Key words:

INTRODUCTION

Malnutrition of child begins from infancy itself, if the infant does not receive enough nutrients. This may be due to poor infant feeding practices because of poor knowledge about the significance of breastfeeding. Breastfeeding is the unique source of nutrients that plays an important role in the growth, development and survival of infants. Emphasis has been laid on the importance of exclusive breastfeeding as the optimum feeding for the first six months of life and semi solid foods are recommended to be introduced after six months of age while continuing breastfeeding to meet the increased physiological requirements of the growing infant.^{1,2} Exclusive breastfeeding takes care of two essential elements of newborn care nutrition and infection control and the benefits of exclusive breastfeeding get diluted as its exclusivity decreases. With time there has been a change in the infant feeding practices and this change occurred initially in the industrialized countries. soon educated women

in the underdeveloped countries began curtailing the duration of breastfeeding^{3,4} which was followed by uneducated poor women from urban and rural areas who also began to follow the footsteps of their more educated counterparts.^{5,6} Studies from different parts of our country also have brought out certain harmful infant feeding practices like early introduction of top feed, Prelacteal feeds, giving diluted animal milk, and giving water to breastfed babies and late introduction of semisolids to be widely prevalent.^{7,8,9} These practices adversely affect the health and nutritional status of infants and young children resulting in varying degrees of malnutrition involving half of the nation's children. Knowledge regarding the magnitude and nature of healthy infant feeding practices at our place is scanty. The present was an attempt to ascertain the same at our place.

MATERIAL AND METHODS

This study was carried out on multiparous women attending the antenatal clinic of the maternity hospital of Sheri Kashmir Institute of Medical Sciences. Information was gathered from these pregnant women about their infant feeding practices in their previous childbirth. A pretested

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proforma was used for the same purpose in order to get information on general characteristics besides various aspects of infant feeding and also to assess their knowledge about the same. The study extended over a period of six months.

RESULTS

Mean age of the mothers was 25.72 ± 6.42 years. Of the total 585 mothers interviewed majority (72.65%) belonged to urban areas, 61.53% of them were housewives rest being working. Regarding the parity 52.99% were G₃ and the inter pregnancy interval between the last and the present pregnancy was <2 years in almost 55% of cases. Majority of the mother’s breastfed their babies during first six months but only 23.96% of these breastfed babies received exclusive breastfeeding during first six months while as 45.83% were predominantly breastfed and 30.21% received mixed feeding. Table I

Out of the 480 mothers who breastfed their babies in first six months ,only 19.79% started it within first hour of birth and majority of mothers resorted to demand feeding (65.62%) rather than scheduled feeding. Table III depicts the knowledge of mothers about different aspects of infant feeding. Majority of the mothers were aware about the importance of colostrum and breastfeeding after LSCS. While as knowledge about time of initiation of breastfeeding

and dangers of Prolacteal feeds was poor to the scale of approximately 39% and 34% respectively. 57.26% mothers had correct knowledge about positioning the baby at breast while 47% mothers knew the correct time for the initiation of complementary feeding. Knowledge about birth spacing benefits of breastfeeding was extremely poor to the tune of only 5.13%.

Table IV the association between introduction of Prolacteal feed and the place of residence of mothers was found to be statistically significant ($p < 0.05$)A significant association was also found between the place of residence and the type of feeding during first six months ($p < 0.05$). Table V.

As far as the working status of mothers was concerned a statistically significant association was observed between mixed and artificial type of feeding and the working status of mothers (Table IV).

As far as duration of breastfeeding is concerned, most of the mothers (68.75%) continued it for less than one

Table 1: Type of feeding during first Six months

Type of feeding	N (%)
Artificial Feeding	105 (17.95)
Breastfeeding	480 (82.05)
Exclusive	115 (23.96)
Predominant	220 (45.83)
Mixed	145 (30.21)
Total	585 (100)

Table 2: Time of initiation of Complementary feeds

Complementary Feeds Started At	N (%)
Less than six months	75 (12.82)
At six months	190 (32.48)
Six months to one year	220 (37.60)
More than one year	100 (17.10)
Total	585 (100)

Table 3: Knowledge about infant feeding

Correct Knowledge about Infant Feeding	Yes	No
	N (%)	N (%)
1. Time of initiation of breastfeeding	230 (29.31)	355 (60.69)
2. Dangers of Prolacteal Feeds	200 (34.18)	385 (65.82)
3. Importance of colostrum	490 (83.76)	95 (16.24)
4. Breastfeeding after LSCS	460 (78.63)	125 (21.37)
5. Positioning of baby at breast	335 (57.26)	250 (42.74)
6. Duration of exclusive breastfeeding	130 (22.22)	455 (77.78)
7. Time of initiation of complementary feeding	275 (47.01)	310 (52.99)
8. Birth spacing benefits of breastfeeding	30 (5.13)	555 (94.87)

Table 4: Relation between residence and practice of giving prolacteal feeds

Residence	Prolacteal Feeds		Total
	Yes	No	
	N (%)	N (%)	
Rural	120 (75.00)	40 (25)	160
Urban	260 (61.17)	165 (38.83)	425
Total	380 (64.95)	205 (35.05)	585

$\chi^2 = 9.160, df = 1, p < .05$

Table 5. Relation between residence and type of infant feeding

Residence	Type of feeding								Total
	EBF		Pr. BF		Mixed		Artificial		
	N (%)	P value	N (%)	P value	N (%)	P value	N (%)	P value	
Rural	90 (56.25)	.0001	40 (25.00)	.0001	10 (6.23)	.0001	20 (12.50)	.035	160
Urban	25 (5.89)		180 (42.35)		135 (31.76)		85 (20.00)		425
Total	115 (19.65)		220 (37.61)		145 (24.79)		105 (17.95)		585

Table 6. Relation between working status of mothers of type of infant feeding

Residence	Type of feeding								Total
	EBF		Pr. BF		Mixed		Artificial		
	N (%)	P value	N (%)	P value	N (%)	P value	N (%)	P value	
House Wife	75 (20.83)	.36	140 (38.89)	.48	115 (31.95)	.0001	30 (8.33)	.0001	360
Working	40 (17.78)		80 (35.55)		30 (13.33)		75 (33.34)		225
Total	115 (19.65)		220 (37.61)		145 (24.79)		105 (17.95)		585

year while as only 22.92% mothers continued it for up to two years.

Table II shows the time of initiation of complementary feed by the mothers wherein it is observed that only 32.48% mothers initiated complementary feeding at the right time with cereals, fruits, bananas being the main complementary foods used in more than half of the cases (56%) either alone or in combination.

DISCUSSION

Nutrition in early childhood is an important determinant of optimal growth and development. Many harmful infant feeding practices still hold ground in the community having their roots in ignorance and cultural ethos. These problems need to be identified and addressed on urgent basis to ensure a healthy childhood for millions of children in the world. Similar effort has been made in the present study.

In our study we found that prelacteal feeds were given by 64.95% of mothers which is in contrast to the observations of Kulkarni *et al.* in an urban community of Kalamboli, Mumbai.¹⁰ 8.55% mothers discarded colostrum the reason given by most of them being Caesarean Section delivery or that they were advised by the elders. This is in accordance with the observations of Kulkarni *et al.*¹⁰ from Mumbai who reported acceptance of colostrum to be 95.1% while it was slightly lower (81.6%) as reported by Parmar *et al.*¹¹ In the present study exclusive breastfeeding was seen in 23.96% while as Predominant Breastfeeding was seen in 45.83% of the mothers. This is in contradiction to the findings of Banappumath *et al.*¹² who reported it to be 60% and Kulkarni *et al.* who reported it to be still higher (70.2%). 65.62% of mothers resorted to demand feeding which is lower than that reported by Kulkarni *et al.* (94.2%) and Bandopadhyay SK *et al.* (84.1%) in their study.¹³ Breastfeeding was started in the present study within one hour of birth in only 19.7% cases which is lower than that reported NFHS3 31.9%. About 70.83% of mothers had initiated breastfeeding within 24 hours of birth which is much higher than that reported by Yadav RJ *et al.* in Bihar (28.5%).¹⁴ 68.75% of mothers continued breastfeeding for less than one year while 22.92% continued it beyond 2 years.

This is in contrast to the findings of Yadav RJ *et al.* who observed that only 29.9% mothers continued breastfeeding for less than one year while majority i.e. 70.1% continued it beyond one year.

Complementary feeds were started at six months in 32.48% of the infants. This is higher than that observed by Gajanan *et al.* (17.83%),¹⁵ but much lower than that observed by Kulkarni *et al.* (82.5%).¹⁰

CONCLUSION

On the basis of our results it is obvious that although breastfeeding is being practiced by majority of our mothers but certain harmful infant feeding practices are still prevalent in our community which need to be addressed on priority in order to ensure optimum exclusive breastfeeding and complementary feeding. This can be achieved by training our medical and paramedical personnel in lactation management and by counseling the mothers these problems can be overcome to a large extent. Moreover extreme IEC efforts through mass media and education of mothers during ante natal visits and immunization sessions are needed.

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