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THE INFANT FEEDING PRACTICES AMONG THE LACTATING MOTHERS OF MANSA DEVI AREA LOCATED IN PANCHKULA, HARYANA.

Community Medicine

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ABSTRACT

Background: Malnutrition has been responsible for 60% of the 10.9 million deaths annually among children under five. 2/3 of these deaths are associated with inappropriate infant feeding practices. The nutritional status of slum children is even poorer than the rural average.

Objective: To assess the infant feeding practices among the lactating mothers of Mansa Devi area located in Panchkula, Haryana.

Methodology: Cross-sectional study among mothers of child up to one year of age was carried in Mansa Devi area located in Panchkula, Haryana. 76 mothers between 18 to 40 years were interviewed by predesigned and pretested questionnaire.

Results and Conclusion: 92.1% infants were breast fed. 61.8% were exclusively breast fed. 10.5% infants had birth ghutti. Knowledge of breastfeeding (78.9%) , Colostrum (59.2%) and Complementary feeding (72.4%) was good due to Urban ASHA Worker (84.2%) awareness in area.

KEYWORDS

Breast Feeding, Exclusive Breast Feeding, Complementary feeding, ASHA Awareness, Urban Poor

Introduction:

Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two third of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life.[1] As a global public health recommendation , infants should be exclusively breastfeed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond. Breastfeeding should be initiated within the first hour of birth .[2]

NFHS- 4 reported 54.9% children under age of six months had exclusive breastfeeding and 9.6% of children of age 6 months to 23 months receive an adequate diet.42.7% children of age 6-8 months receive semi-solid food and breast milk.[3] In Haryana state NFHS-4 report early initiation of breastfeeding is 42.4%, exclusive breastfeeding is 50.3% and children of age 6 months to 23 months receiving an adequate diet are 7.5%.[4]The nutritional status of slum children is worst amongst all urban groups and is even poorer than the rural average.[5] As per the statistics , India has about 95 million of urban poor[6]. In this context, it is crucial to identify infant feeding practices among urban poor and promote exclusive breastfeeding upto six months of age and initiation of complementary feeding at six months of age along with breastfeeding. This study was a small step towards this goal.

Objective: To assess the infant feeding practices among the lactating mothers of Mansa Devi area located in Panchkula, Haryana.

Method: A Cross-sectional study was conducted in December-January 2016-17 in Mansa Devi area, Panchkula (Haryana) which holds the population of mixed socio economic background in vicinity of Chandigarh. The prevailing practices in lactating mothers of low socioeconomic background and influence of health education and communication on breast feeding practices was studied.Semi-structured questionnaire was used to interview the study participants. The questionnaire was pre-structured and pretested. Total of 76 teachers were interviewed personally by the investigators. Participants were in age group of 18 to 40 years. Convenient sampling technique was used to select the participants. The confidentiality of the participants was ensured and written consent was taken from all the participants.

Inclusion Criteria: Lactating mothers of child up to age of one year, who were willing to participate in study,

Exclusion Criteria: Those who did not give consent.

Results:

Table 1: Sociodemographic Details

Demographic					
Age	**18-20**	**20-25**	**25-30**	**30-35**	**35-40**
	9 (11.8%)	41 (53.9%)	16(21%)	9 (11.8%)	1 (1.3%)
Literacy	**Literate**	**Illiterate**			
	54 (71%)	22 (29%)			
Occupation	**House wife**	**Heavy Worker**	**Sedentary Worker**		
	66 (86.8%)	9 (11.8%)	1 (1.3%)		
Monthly Income	**<5000**	**5000-8000**	**8000-11000**	**11000<**	
	13 (17.1%)	32 (42.1%)	17 (22.3%)	14 (18.4%)	

Table.1 shows that majority of mothers were in age group 20-25 years (53.9%). 71% were literate. 86.8% were house wife and ½ of participants had monthly income from 5000 to 11000.

Table 2: Major Findings

Place of Delivery	No.	Percentage
Hospital	54	71%
Home	22	29%
Age of Baby		
Up to 6 months	41	53.9%
6 months to 1 year	35	46.1%
Breast Feeding	70	92.1%
Exclusive Breast Feeding	47	61.8%
Birth Ghutti Given	8	10.5%
Knowledge of Benefits of Breast feeding	60	78.9%
ASHA / Health Worker Awareness	64	84.2%
Awareness about Colostrum	45	59.2%
Knowledge of Complementary feeding	55	72.4%

Table.2 shows that majority of infants were delivered in hospital (71%). 92.1% infants were breast fed. 61.8% were exclusively breast fed. Only 10.5% infants had given birth ghutti at the time of birth. Knowledge of breastfeeding (78.9%), Colostrum (59.2%) and Complementary feeding (72.4%) was good due to contribution of Urban ASHA Worker (84.2%) in creating awareness in slums of the area.

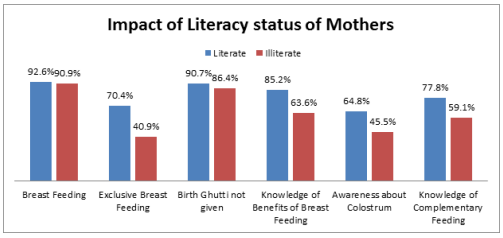


Figure 1: Impact of Literacy status of Mothers

Figure.1 shows that 92.6% literate mothers were breast feeding their infants in comparison to 90.9% illiterate mothers. Exclusive breast feeding (70.4%), Colostrum knowledge (64.8%) and complementary feeding knowledge (77.8%) was far better in literate mothers, in comparison to illiterate mothers.

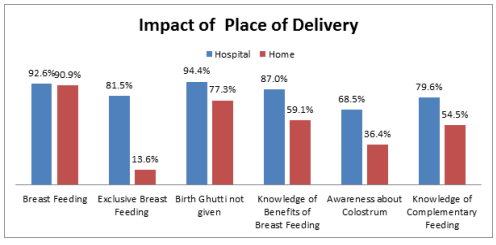


Figure 2: Impact of Place of Delivery

Figure.2 shows that 92.6% hospital delivered infants were having breast feed in comparison to 90.9% of home delivered infants. Major difference was in exclusive breastfeeding (81.5% in comparison to13.6%) and Colostrum awareness (68.5% in comparison to 36.4%).

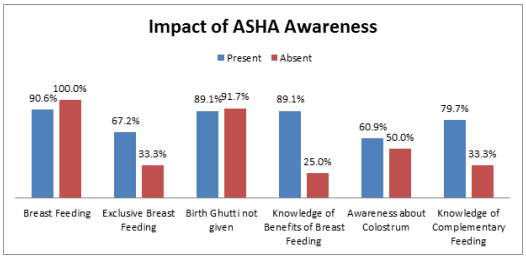


Figure 3: Impact of ASHA Awareness

Figure.3 shows that exclusive breastfeeding (67.2%), Knowledge of benefits of breast feeding (89.1%) and awareness of complementary feeding (79.7%) was more where ASHA worker had visited mother for counselling.

Table 4: Significant Findings

Parameters	P value	Inference
Literacy & Breast Feeding	.001	Highly significant
ASHA Health Worker Awareness & Knowledge about Complementary feeding	.028	Significant
Place of delivery & Exclusive Breast Feeding	.052	Significant
Place of delivery & Breast Feeding	.001	Highly significant

Table.4 shows that literacy and breast feeding practices had highly significant impacts on one another. Similarly ASHA worker awareness had significant impact on knowledge about complementary feeding of infants in mothers. Place of delivery of infant had also significant association with Breast feeding and exclusive breast feeding practices of mothers.

Discussion

In present study exclusive breast feeding was 61.8% where as in *Bagul AS et al* [7] 2012 study shows exclusive breastfeeding 36.84%, it may be due to presence of urban ASHA in the area. In same study health personal awareness was 34.22% where as in present study ASHA worker awareness was 84.2% which was much higher because ASHA is a local community member so her counselling is more effective.

In present study exclusive breast feeding was 61.8% where as in *Jain S et al* [8] 2018 study shows exclusive breastfeeding 36.25%, Our study shows higher trends which may be due to better awareness created by mass media and urban ASHA. *Jain S et al 2018* study shows Knowledge of complementary feeding at 6 month as 83.75% where as in present study it was lesser i.e 72.4% it may be due to difference in demographic of respondents as our was urban poor but there was mixed population visiting tertiary hospital.

In our study breast feeding was 92.1% and exclusive breastfeeding was 61.8% where as in study of Velusamy V et al [9] 2017 it was 85.7% and 11.4 % (at age of six months) . In our study it is higher as it is cross sectional where as Velusamy V et al 2017 was progressive longitudinal, even there size of sample was large and our is small.

Conclusion and Recommendations:

Exclusive Breastfeeding is considerably low among mothers living in urban slum settlements. The practice of Exclusive Breast feeding and initiation of Complementary feeding at age of six month can improve by strengthening ASHA like Front Line Workers programs.

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