



BREAST FEEDING PRACTICES AND HEALTH OF INFANTS

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Abstract

In India nearly 60 infants per thousand live-births do not live long enough to see their first birthday and almost another six die before they reach their fifth birth day. The major causes of deaths of these children are malnutrition and infections. The children under five are prone to infections due to lack of awareness about feeding practices especially breastfeeding.

It is well known that breastfeeding practices can have a substantial effect on infant health and mortality in developing countries. There are at least three known mechanisms by which breastfeeding contributes to infant health and survival. First, breast milk is ideally suited to the baby's metabolic structure and contains the optimal combination of nutrients. Second, breastfeeding allows the mother to pass on immunities that she herself has acquired to the baby.

Education is a statistically significant variable that explains the nutritional status of the infants. It has been found to have a strong association with breast-feeding and feeding of colostrums. Educated mothers start supplementary feeding to the children at the appropriate age reduces the chances of malnutrition among children.

Introduction

Breast feeding in India is a general and a traditional practice that is reinforced by the supervisory roles of the elderly women of the families. Various references to infant feeding in India are available since Pre-Buddha period. In royal families, where women never wanted to feed their babies, they deployed wet nurses to feed them rather than depending on Cow or Buffalo milk. Although breast milk was thought to be ideal, but colostrums was never fed to the newborn child.

This ancient Indian culture on infant feeding practices has been adopted with variation in different parts of the country due to socio-cultural and religious beliefs, literary status family size and availability of health services. Since the locale of the study is in Uttar Pradesh, it is found that in U.P. more than 90% Urban and almost 99% rural mothers started breast feeding their babies within 48-72 hours. Data from different parts of the country amply demonstrate the delay of 48-72 hours in starting breast feeding.(1) The first feed is generally given between 6-8 hours. It is either honey, sugary water, honey with castor, honey in water, jiggery in water, jiggery in ghee, glucose water, rarely boiled water with sugar followed by diluted cow, buffalo or goat milk kept in earthen saucer or in bowl. The exact role of these pre-lacteal feed in difficult to comprehend. May by the ancient Indian physicians knew about the fall in blood glucose levels in the newborn baby after 6-8 hours of birth.

Medical and public health experts also advocate breast feeding as the best method of feeding young infants for a wide variety of reasons. It is evident that even the most sophisticated and carefully adapted formulae can never replicate human milk, as human milk has anti infective properties, and is a 'live' fluid which cannot be mimicked in an artificial formula. An adequate supply of human breast milk is known to satisfy virtually all the nutritional needs of an infant at least for the first six months of life. It is easily digestible and facilitates skin to skin contact and physical warmth between mother and child, which further strengthens the emotional bond between them. Breast milk, and especially colostrums, in the long term, prevents atherosclerosis, hypertension, and obesity; it also prevents allergy to non-specific proteins and develops immunity. Breast feeding has been a universal practice in the past. But this situation is fast changing in this age of modernization. Several factors are believed to influence breast feeding patterns. Urbanization, industrialization, mothers working outside the home, women's education, knowledge and attitudes of primary health workers, the breakup of the joint family systems and the influence of the marketing advertisements are some of the outstanding ones.

Studies related to breast feeding

Nagi (2000) made a study of 15 districts spread over nine states and analysed the factors of child survival including breast feeding. He found that about 24% respondents initiated breast feeding to their newly born child within two hours after the birth of the child. However about 51% initiated breast feeding 24 hours after the birth



of the child. The highest percentage of such respondents is found in Kanpur rural and Patna. A very small percentage of respondents did not give breast milk to their children for two reasons. Some of them did not have milk in the breast; secondly some were ill for a long time.(2)

Dakshayani ET. al. (2008) studied Breastfeeding practices among the Hakkipikkis: A Tribal population of Mysore District, Karnataka. They personally interviewed 125 mothers on breastfeeding practices such as initiation of breastfeeding, duration of breastfeeding, introduction of prelacteal food and supplementary feeding practices. The mothers belong to the age group of 17 to 35 years. They found that nearly 76% mothers breastfed their child immediately after birth. 20% of the mothers reported that they initiate breastfeeding on the 2nd day, and 4% on 3rd day of the birth of the child. The reason for not feeding colostrums in rest of the mothers was traditional belief, as they considered it thick, cheesy, indigestible, unhygienic and not good for the baby. So there is a need of intensive breastfeeding education to mothers for removing various myths regarding breastfeeding. (3)Bandyopadhyay (2009) in her study of rural west Bengal observed that breastfeeding in India is universal and prolonged. Several cultural practices associated with lactation and breastfeeding in India mainly revolves around the concept of ritual purity and hot and cold foods, avoidance, restricted diet after child birth and remaining in seclusion for a certain time period because of the polluting effects of child birth. She explained in this study how the concept of ritual pollution influenced practices after delivery including duration of lactation and breastfeeding. This study was conducted in four villages of west Bengal state in India, representing different levels of socio-economic development, religion and caste. One hundred households with one woman respondent were selected from each village 40% respondents were interviewed and 12 case studies were also recorded.

Sood, Suruchi, Kumar & Malhotra (2009) in a UNICEF study covering 16 districts of India, used multiple activities to promote specific breastfeeding behaviors.(4) A total of 1400 women were sampled using random systematic methods. Structured equation modeling was used to assess the direct effect of intervention exposure on behaviors as well as indirect effect through cognitive, emotional and social factors that mediate breastfeeding practices. The mediators included nine elements: Knowledge, beliefs, advantages, risks, self efficacy, interpersonal communication, social norms, social influence and perceived prevalence. Fifteen demographic, economic and behavior predictor's viz genders, birth order, exact age of infant were included as control variables. Results show clear indirect impact of intervention on all individual mediators, except knowledge. Specific mediators like perceived risks of not practicing exclusive breastfeeding, beliefs associated with feeding colostrums, self efficacy, interpersonal communication and perceived prevalence were significantly correlated with breastfeeding behaviors. The potential impact of strategic communication Intervention focusing on these significant mediators to promote breastfeeding is clear.

Discussions

A great majority of infants and children receive the devoted love and affection of their mothers, but love alone cannot meet the basic nutritional and health needs. The physical, emotional and mental development of infants/children is related to their nutritional intake. During the first five months, the birth weight is doubled and tripled at the end of first year. At this time nutrition is indispensable, which should be provided by mother itself to her baby. Poor infant feeding practices at this stage leads to malnutrition, which is responsible for the high infant's mortality.

Taking clue from above studies we have attempted to perceive the impact of breastfeeding practices on child's nutritional status and health. We have also tried to perceive gender bias if and in breastfeeding practices.

Mannheim (1936) has rightly observed that 'The opinions, statements, prepositions and systems of ideas are not taken at their face value, but are interpreted in the light of the life situations of the one who expresses them. Therefore social background of respondents gives us an insight about their way of living, rearing and feeding of infants and thus we can interpret the primary data in the proper perspective.

Education is a statistically significant variable that explains the nutritional status of the infants. It has been found to have a strong association with breast-feeding and feeding of colostrums. Educated mothers start supplementary feeding to the children at the appropriate age that reduces the chances of malnutrition among children.

Mridula et.al (2003) in her study of Breast feeding and weaning practices in relation to Socio-Economic Status of family and mother education carried out in urban slums of Varanasi found that in low income families. They suggested that nutrition education by all possible means should be provided to all mothers with a special emphasis on healthy feeding practices.



Conclusion

In India nearly 60 infants per thousand live-births do not live long enough to see their first birthday and almost another six die before they reach their fifth birth day. The major causes of deaths of these children are malnutrition and infections. Most of these deaths occur among less than five years of children due to diarrhoea, pneumonia and other diseases which are preventable by vaccine. The children under five are prone to infections due to lack of awareness about feeding practices especially breastfeeding.

It is well known that breastfeeding practices can have a substantial effect on infant health and mortality in developing countries. There are at least three known mechanisms by which breastfeeding contributes to infant health and survival. First, breast milk is ideally suited to the baby's metabolic structure and contains the optimal combination of nutrients. Second, breastfeeding allows the mother to pass on immunities that she herself has acquired to the baby. For example, diarrhoea preventing immunoglobulin, which does not pass through the placental barrier in sufficient amounts during pregnancy, is passed on to infants through breastfeeding. Third, breastfeeding children receive less of other foods and liquids that could be contaminated with disease-causing agents. (Cabigon 1997, Yoon et.al. 1996).

The protective effect of breastfeeding tends to be greater for infants at young ages than for older infants (Cahigon 1997). This occurs because the child's ability to digest food other than mother's milk and to resist disease-causing agents increases with age. At the same time, the benefits of breastfeeding in combination with supplemental food are found to continue beyond the first year of life, especially in developing countries. Some reports document that in communities with a high prevalence of malnutrition and poor sanitation, breastfeeding substantially enhances child survival up to three years of age (Molbal et al. 1994).

Based on such findings, the World Health Organization recommends a set of guidelines for infant feeding in developing countries. There are four basic recommendations. First, breastfeeding should be initiated immediately after childbirth. Second, infants should receive only breast milk up to 4-6 months of age. At such young ages, no other foods or liquids are recommended. Third, starting at age 4-6 months, adequate and appropriate supplementary foods should be added to the infant's diet in order to provide sufficient nutrients for optimal growth. Fourth it is recommended that breastfeeding continue, in combination with supplementary foods, up to the second birthday or beyond (World Health Organization 1991, P 4)

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