



INFANT FEEDING PRACTICES AT URBAN SLUM OF AKOLA, MAHARASHTRA.

Dr. Sushma Deshmukh

Assistant Professor, Department Of Obstetrics And Gynaecology, Government Medical College, Akola, Maharashtra, India.

Dr. Aparna Wahane*

Professor, Department Of Obstetrics And Gynaecology, Government Medical College, Akola, Maharashtra, India *Corresponding Author

ABSTRACT **BACKGROUND, OBJECTIVES:** Infant feeding practices important for growth, development of children. Recent studies reported prevalence of wrong feeding practices in urban slums. So study conducted to assess infant feeding practices in urban slum, factors influencing it.

MATERIALS, METHODS: Community based, cross-sectional study at urban slum, Akola, January - December 2019. Variables included were the mother's religion, occupation, education, antenatal clinic registration, breast feeding, weaning, knowledge, place and type of delivery, sex and age of baby. Fisher's exact test used for statistical analysis.

RESULT: Among 400 enrolled mothers, 129 (32.25%) started breast feeding within 1 hour after deliveries, colostrum given by 90 (22.50%), exclusive breast feeding for 6 months by 150 (37.50%) mothers. Exclusive breast feeding more in literate and who were informed by the health personnel. This was statistically significant.

CONCLUSION: Inappropriate feeding practices common at urban slum of Akola, Maharashtra.

KEYWORDS : Breast feeding, colostrum, infant Feeding Practices, urban Slum Of Akola

INTRODUCTION-

The World Health Organization (WHO) recommends exclusive breastfeeding during the first 6 months of life for the optimal growth and the development of infants [1]. Infant feeding practices are influenced to a great extent by the socio-economic status, education, religion, knowledge, attitude and the beliefs of the mother about child care [2].

Breast feeding, though traditional in India, is associated with myths and superstitions like colostrum being bad for the baby [3]. The women from the urban slums are working outside their homes and they are not protected by the labour laws like maternity or sick leave. This affects the breastfeeding practices [4]. Studies shows that the practices of the early introduction of top feeds and the late introduction of semi-solids have a wide prevalence in urban slums [5]. Little data exists on the breastfeeding and the infant feeding practices in the urban slums of Akola and Maharashtra. So this study was conducted to assess the infant feeding practices in an urban slum and the factors influencing it.

MATERIALS AND METHODS

A community based, cross-sectional study was conducted at an urban slum of Akola, Maharashtra, India, during January 2019 to December 2019. We selected 3 slum areas by a lottery method (a simple random sampling method). The data was collected by interviewing 400 mothers who had children below 1 year of age, in the local languages, by using a pretested and semi structured questionnaire. The study variables which were used were the mother's religion, occupation, education, socioeconomic status, the place of delivery, the type of delivery, the sex and the age of the baby, the antenatal clinic registration, breast feeding, weaning, knowledge of the mothers, etc. The institutional ethical committee's approval was taken. The statistical analysis was done by using Fisher's exact test. The p value was considered as significant when it was less than 0.05.

RESULTS

Among the 400 enrolled mothers, Hindus were predominant (170, 42.50%). Hundred and eleven (27.75%) were housewives, while the rest were working women. 85 mothers were literate and 315 were uneducated. 74 women had their deliveries at home. Caesarean sections were done in 83. One hundred and twenty nine (32.29%) had started breast feeding within 1 hour after their deliveries. Colostrum was given by 90 (22.50%) mothers. Pre-lacteal feeds were given by 310 (77.50%) mothers. Exclusive breast feeding for 6 months was given by 150 (37.50%) mothers. Complimentary feeds were introduced at 6 months by 163 (40.75%) mothers and after 6 months by 37 (9.7%) mothers. A significantly large number of literate mothers (47/85, 55.29%) exclusively breastfed their babies for 6 months than the illiterate mothers (105/315, 32.69%) ($p=0.0002$). The practice of exclusive breast feeding was not significantly different between the

mothers who had undergone home deliveries and hospital deliveries. Out of the 139 mothers who were informed about feeding by the health personnel, 98 had breastfed their babies and out of the 261 who were not informed, 52 had breastfed their babies, which was statistically significant ($p=0.00001$) [Table/Fig-1 & 2].

Practices checked	Number	Percentage (%)
Time of initiation of breast feeding		
Within 1 hour	129	32.25
Within 8 hours	134	33.50
Within 24 hours	112	28.00
Others	26	6.50
Practices of colostrums		
Yes	90	22.50
No	310	77.50
Practices of exclusive breast feeding for 6 months		
Yes	150	37.50
No	250	62.50
Time of introduction of complementary feeds		
6 months	163	40.75
<6 months	200	50.00
>6 months	31	9.7
Source of knowledge regarding feeding		
Advice by elder	261	62.25
Advice by health personnel	139	34.75

	EBF	Not EBF	Total
Mother literate	47	38	85
Mother illiterate	103	212	315
	150	250	400
$p=0.0011$ (extremely significant) by Fisher's exact test			
	EBF	Not EBF	Total
Home delivery	25	49	74
Hospital delivery	125	201	326
	150	250	400
$p=0.57$ (not significant) by Fisher's exact test			
	EBF	Not EBF	Total
Informed by Health personnel	98	41	139
Not informed by Health personnel	52	209	261

	150	250	400
P<0.0001(extremely significant) by Fisher's exact test			
EBF-exclusive breast feeding			

DISCUSSION

The urban population is rapidly expanding because of the largescale migration of people to the cities and it is projected that more than half of the Indian population will live in urban areas by 2020 and that nearly one third of this urban population would have been slum dwellers previously [6]. Because of rapid urbanization ,there is deleterious effect on the health and the nutrition, especially in children. Inappropriate infant feeding practices is one of the important causes of malnutrition as has been reported by a study [5]. In our study, 93.75% of the mothers had started breastfeeding within 24 hours after their deliveries, which was more than that in the previously reported data [7]. As had been reported earlier [8,9], colostrum was given by 22.50% mothers in our study. As compared to that in other studies [8,10], a higher proportion of the mothers (77.50%) had given prelacteal feeds in our study. 37.50 % mothers had exclusive breastfed their babies for 6 months in our study, which was more than that in the previously reported data [7,9]. However, a recent study [11] found that it was 35.2% in an urban slum of Delhi. Complimentary feeds were started by 40.75% mothers at 6 months in our study, which was less than that in other studies [7,10]. As was reported by Roy [7], 34.22% of the mothers had been informed about breast feeding by the health personnel and one study [8] found that only 3.85% of the mothers had been informed. The practice of exclusive breast feeding was more in literate mothers (statistically significant), mothers who had undergone hospital delivery and in those mothers who were informed about breast feeding by the health personnel (statistically significant). So, the adherence to the correct feeding practices can be increased by promoting the education of the mothers, hospital deliveries and by imparting health education.

CONCLUSION

Feeding practices like the late initiation of breast feeding, , giving prelacteal feeds,not giving colostrum, no exclusively breastfeeding for the first 6 months and the delayed initiation of complimentary feeds, are common in the urban slums of Akola, Maharashtra, India. The practice of exclusive breast feeding was more in the literate mothers and in the mothers who had been informed about breast feeding by the health personnel.

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