

# Exploration of Young Child Feeding Pattern

## Abstract

An exploratory research study was conducted at Rampur nagar palika parishad at Uttar Pradesh. Nagar palika parishad of Rampur district is a Muslim majority and culturally bonded community. They have their own perceptions and rituals for child rearing and feeding.

This study was conducted to understand the feeding pattern of the community. Through semi structured interview schedule mothers of having child in 0-2 years of age were interviewed by the researcher to understand the feeding pattern adopted by them. Results revealed that very less respondents are adopting recommended feeding practices. Also the observation and impressions researcher got from the study shows that respondents are not accepting the recommendations due to prevailing strong cultural practices and rituals. Study recommends behavior change model and counsellors to be incorporated in the policy.

**Keywords:** Mothers, Child, IYCFP, Feeding.

## Introduction

“Child health” is one of the alarming social issues which need to be addressed by agencies and Social workers to ensure proper National Development and growth. The link between malnutrition and infant feeding has been well established.

Community organization as one of the Primary method of Social Work Profession aims to identify the social problems of the community and suggest with the appropriate interventions by seeking people participation and involving local workers. Community organization is a process by which a community identifies needs and takes action, and in doing so, develops co-operative attitudes and practices (Murray G. Ross, 1967).

The Gulbenkian study group report titled Community Work and Social Change (1968) in its crucial section focused that Community work as a professional body aims “helping local people to decide, plan and take action to meet their own needs with the available resources. Taking account of the interrelation between different services in planning for people: forecasting necessary adaptations to meet new social needs in constantly changing circumstances.”

In order to combat these problems, Indian Government as well as non-government organizations have introduced implementation of many health awareness programs like Breastfeeding Promotion Network of India (BPNI), Integrated Management of Neonatal and Childhood Illnesses (IMNCI) under National Rural Health Mission, Infant and Young Child Feeding (IYCF) and RBSK (Rashtriya Baal Swasthaya karyakaram) in last two decades through various healthcare delivery systems so as to promote and support breastfeeding. Breastfeeding practices among Indian mothers are almost the same, however, its initiation is quite late and colostrum is removed due to certain cultural beliefs and socio-economic factors [Mahmood and Srivastava 2012].

According to NFSH three (2005-06) the decline from 57 to 41 per 1,000 live child birth was reported. Because of improved child practices seven percent decline was reported among underweight children. Still, only 46 percent infants are provided with the exclusive breast feeding and 75 percent infants were given complimentary food not breast milk against recommended practices as per NFSH 4. At the start of the second year of life only about 42 percent of infants receive the recommended appropriate foods at appropriate frequency.

According to estimates made by the World Bank, India ranks second in the world of children suffering from malnutrition. A staggering 47% of children show signs of being undernourished.

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## Feeding Practices

According to WHO (World health Organization) recommended infant child feeding practices includes the initiation of mothers milk immediately after birth (colostrum feed), exclusive breast feeding for six months and continuing breast milk along with complimentary feed for two year. Beside this the following points to be taken into consideration: child should not be given any prelacteal feed, supplementary feed and bottle milk. Timely and proper Complementary food to be stated. complimentary feeding practice was assessed based on compliance to WHO recommended practices for timely initiation (introduce complementary feed at six months), minimum meal frequency (fed minimum of three meals/day and four times/day for children aged 6–8 months and 9 months and above respectively) and minimum meal diversity (fed four or more foods within 24 h). Complementary feeding practice was considered appropriate if all the three indicators mentioned above were fulfilled otherwise it was considered as in appropriate. To ensure that these recommended practices should be applied awareness program named MAA (Mothers absolute affection) was launched in India in year 2016.

## Literature Review and Identified Gaps

The World Alliance for Breastfeeding Action (WABA) (2010) suggested a need to study and plan out intervention to promote recommended breast feedings. It says that the best way is to prepare the mother from prenatal period to overcome the problems that may arise during postnatal period.

Walsh, Dannhausar & Joubert (2003) founds the gap in intervention policy which could be filled by starting community based nutrition education program. This has high impact on the nutritional knowledge and dietary practices particularly in low income communities

Ghosh, Kilaru & Ganapathy (2002) concluded that to improve infant health, educational intervention is effective. Kumar et al (2006) identified that optimal infant feeding practices should be promoted and protected so as to improve the nutritional status of children. Moreover; much emphasis has been given on prevalent practices but not on the adverse effects in the children that are poorly fed.

Although breast feeding practice, its advantages for both mother and child, and knowledge in the society have been well documented in literature. But most of the studies include subjects from developed countries where women lifestyle and therefore food habits is totally different than those in developing countries like India. Even if we consider Indian studies, a few studies are available that targeted to semi modernized and culturally strong communities and that too in a close window of 0 to 24 months. This is the first survey to assess the feeding practices in Rampur District. Therefore, this proposed research work will try to find out the prevailing child feeding practices.

## Statement of the Problem

Child feeding pattern of Rampur District, Uttar Pradesh

## Objectives of the study

The main objectives of the study are as follows:

1. To study the socio economic profile of the community.
2. To Identify the child feeding pattern.
3. To mark the researcher observations and impressions based on the study.

## Rationale of study

As per National family health survey -4 the indicators below show the health status of the Rampur, district which itself is self-explanatory to highlight the improper implementation of recommended child feeding practices.

**Health Status of Rampur District:**

S.No	Indicators	Total NFHS-4 2016-2017
1	Children under age 3 years breastfed within one hour of birth (%)	25.4
2	Children under age 6 months exclusively breastfed (%)	15.0
3	Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)	50.2
4	Breastfeeding children age 6-23 months receiving an adequate diet (%)	8.3
5	Non-breastfeeding children age 6-23 months receiving an adequate diet (%)	2.2
6	Total children age 6-23 months receiving an adequate diet (%)	6.7
7	Children under 5 years who are stunted (height-for-age) (%)	46.0
8	Children under 5 years who are wasted (weight-for-height) (%)	20.8
9	Children under 5 years who are severely wasted (weight-for-height) (%)	5.0
10	Children under 5 years who are underweight (weight-for-age) (%)	44.4

In Rampur district of Uttar Pradesh 25.4 percent of children under age 3 As per NFSH 4 are breastfed within one hour of birth. According to NFSH-4 only 15 % children under are exclusively breast feed for 6 months and 8.3% of children under age 6-23 are receiving adequate diet. Children under 5 year in Rampur as per NFHS 46.0% children are stunted (height-for-age), 20.8% are wasted (weight- for-height) and 44.4% are underweight (weight-for-age). To, address the problem one need to understand the

contributing factors and causes which are barrier in optimal feeding practices.

## Methodology

Researcher used semi structured interview schedule to study the socio economic profile of the community and to understand the child feeding patterns.

As a Community-based participatory research to document and reflect grassroots reality in the fields of community development, the following Photovoice are of the cases admitted at Nutrition

rehabilitation Centre are documented. Researcher visited Nutritional rehabilitation center established under National Health Mission at District hospital Rampur to understand the child malnourishment status of Rampur.



### Research Design

Sample for the present study was drawn from Nagar Palika Parishad Rampur Uttar Pradesh. Total geographical area of Rampur Nagar palika parishad is 20 km and Population density of the city is 16105 persons per km. As per Census India 2011 report, it has total population of 325,313 out of which 169,681 are males and 155,632 are females. 28.46% of population comprises of and 70.02% of Muslims. Female Sex Ratio is of 917 and Child Sex Ratio is around 926. Literacy rate of Rampur city is 59.47 % lower than of Uttar Pradesh state average of 67.68 %. In Rampur, Male literacy is around 62.25 % while female literacy rate is 56.45 %. Population of Children with age of 0-6 is 39513 which are 12.15 % of total population of Nagar Palika Parishad, Rampur. For supplies of basic amenities like water and sewerage Rampur Nagar Palika Parishad has total administration over 58,981 houses. The Rampur city Nagar Palika Parishad is divided into 43 wards. Rampur Ward No. 39 is the most populous ward with population of about 14 thousand and Rampur Ward No 32 is the least populous ward with population of 5483.



Study was carried out in randomly selected Wards (among total of 43 wards) and randomly selected respondents mothers of 0-2 years of child of Nagar Palika Parishad in District Rampur. Total Population of Nagar Palika Parishad Rampur is 325,313 comprising child population of 39,513 of age 0-6 years. Sample groups in the Study Population are mother having children 0-2 years of age. Random sampling techniques was applied. In order to draw the desired sample of 200 respondents. Multistage random sampling was used.

### Ethical issues and approval

Data through interview schedule was collected with the prior Verbal consent of the mothers and their willingness to participate in the study. The study offers anonymity to the individuals and is not forced to answer the questions. The data is not manipulated by the researcher in any stage and offers a real data for the study. Informed recording and documentation was done in the study. Principles of professional social workers were applied for the study.



## Data Analysis and interpretation

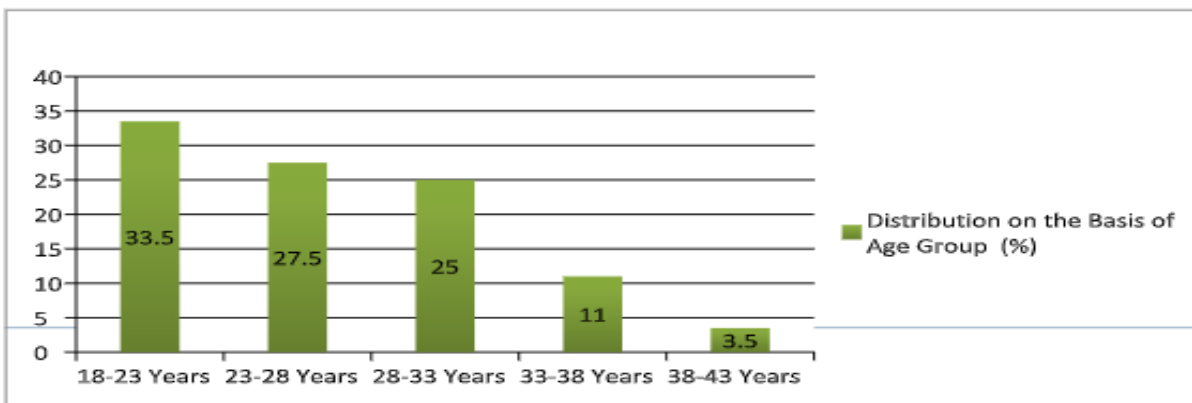
In the present study attempt was made to analyze the quantitative collected data from respondents through semi structured interview schedule with statistical techniques like mean, Range, Frequency distribution and percentage. The researcher used descriptive statistics to study nature of data. Frequency distribution and percentage were used to describe the socio-economic demographics and other selected characteristics of the respondents

and households. The same was applied to assess the prevailing child feeding pattern.

## Results

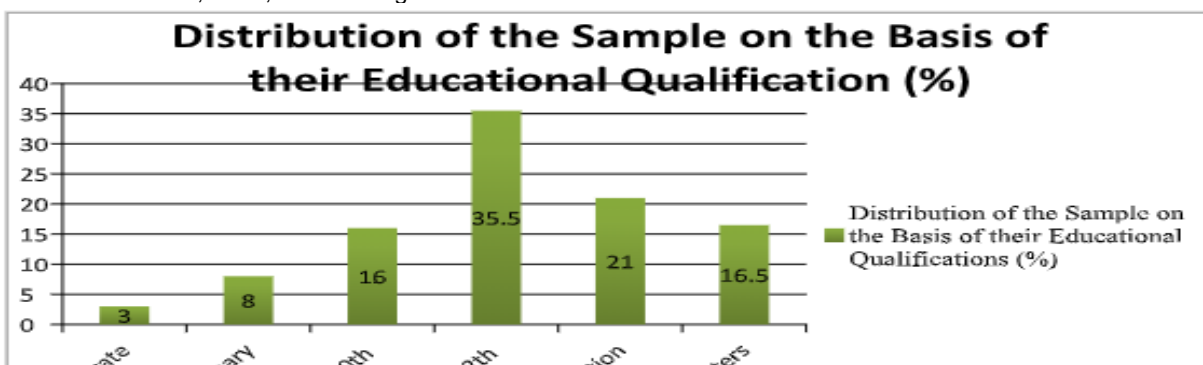
### Demographic profile

A very less number of respondents was found for study from the age group of 33-38 years and 38-43 years, respectively 11.0 and 3.5% of the total sample. It reflects female respondents from the age group of 18-23 are high in number who is having kids.



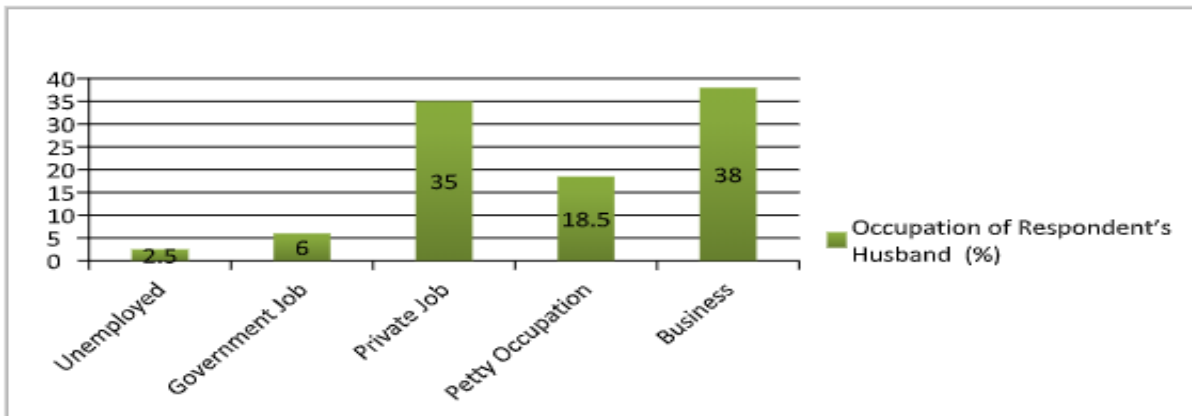
The following table explored the information that among respondents only 16.0% were educated till Master level of education and 21.0% were graduated, 35.5% female were educated till 12<sup>th</sup> standard and 16.0%, 8.0%, were having the education

till 10<sup>th</sup> standard and primary level respectively. While 3.0% of the respondents were illiterate. It results that there are very less number of respondents are highly educated.



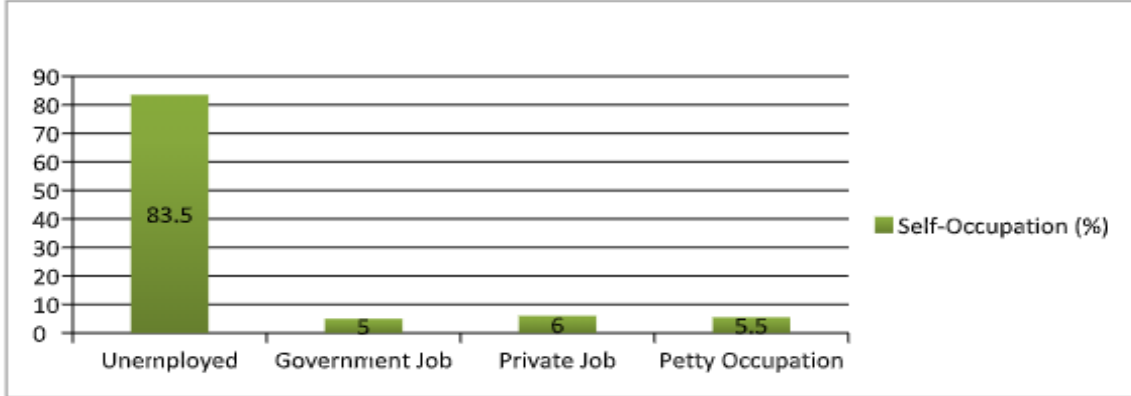
The below Table describe the occupation of respondents Husband. So it is clear from the table data that only 6.0% were in government job and 2.5% were unemployed. While 35.0% were engaged in

private sector jobs and 38.0% were engaged in their own business. And 18.5% were engaged in petty business. So it can be said that the working conditions of counterparts of female is also not much good.



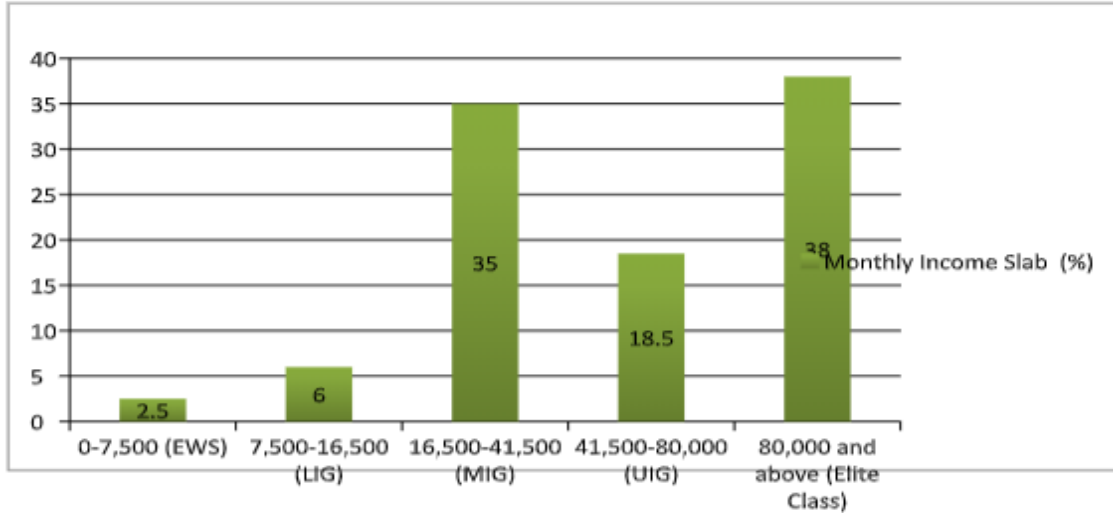
The above Table No. 4.6 provide the information regarding the occupation of respondents. It was found that majority of the respondents 83.5% were unemployed. While a very less number of

females (5.0%) were in Government job, 6.0% were in private job and 5.5% percent were engaged in petty occupation.



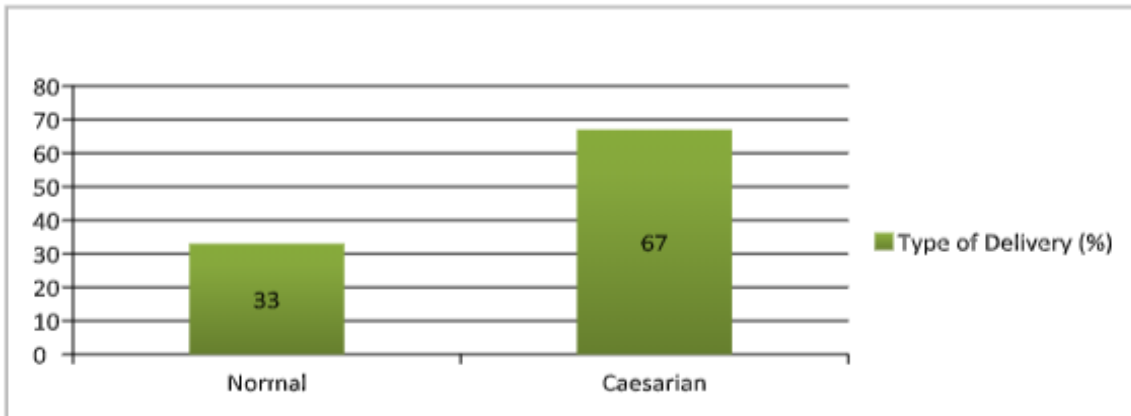
Among all the sample only 4.0% were from elite class while 4.5% from UIG. Rest of the respondents 34.0% belongs to MIG, 37.0% from LIG

and rest 20.5% respondents belongs to the EWS of the society.



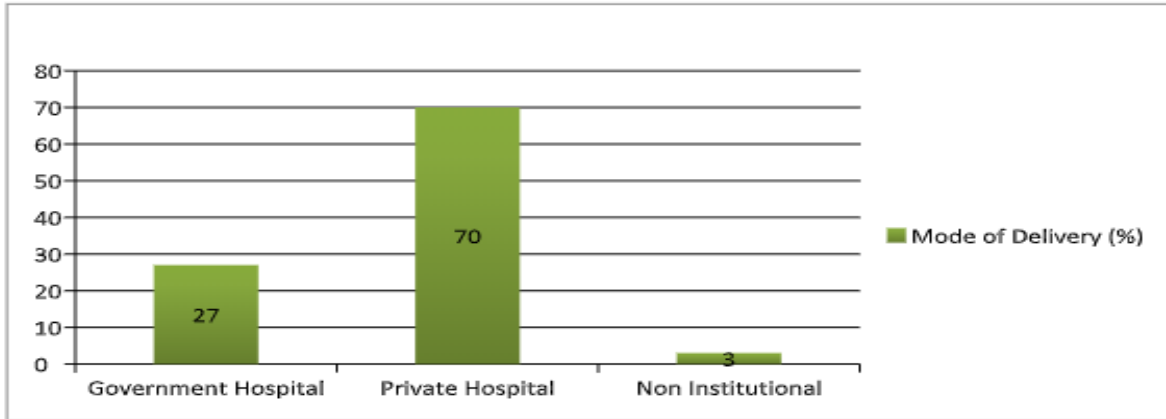
Below table explored that 33.0% respondents out of 200 got their normal delivery while 67.0% females have to go through caesarian. It reflects the conditions for females for giving birth to a

child as the majority of female respondents do not have normal delivery and further females have to face many health issues due to caesarian.



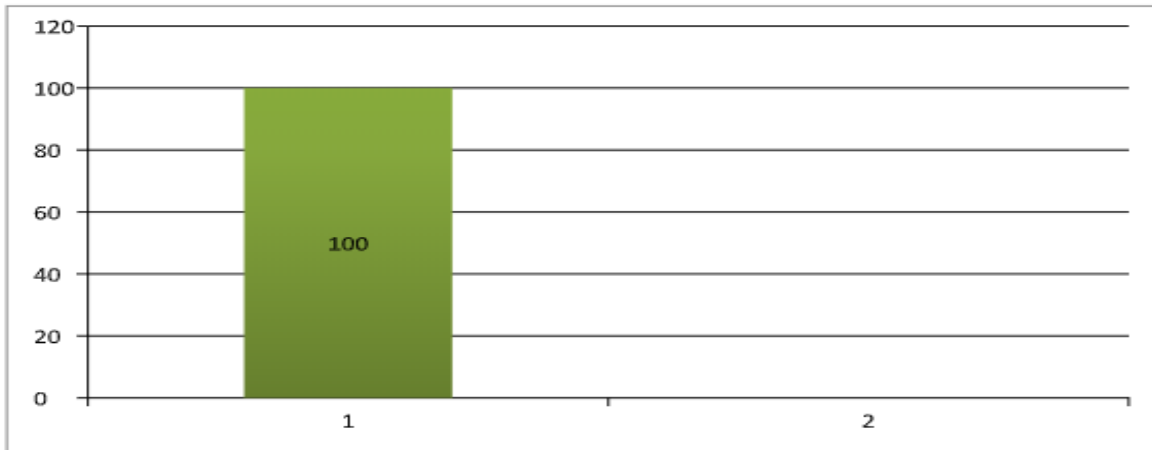
Researcher in the following table explored that the maximum number of respondents (70.0%) have to go for private hospitals for their delivery. And

27.0% pregnant respondents used the government facilities. But there were 3.0% female who have non institutional delivery.



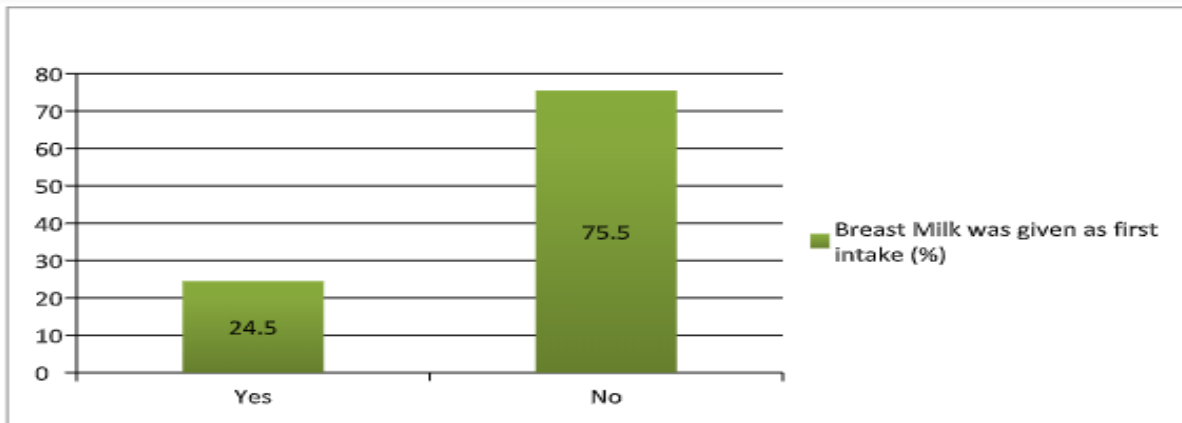
Regarding the favor of respondents towards pre-lacteal for child , it was found in the following table that 100.0% respondents replied in Yes. This

indicates that all children in the sample were administered pre lacteal.



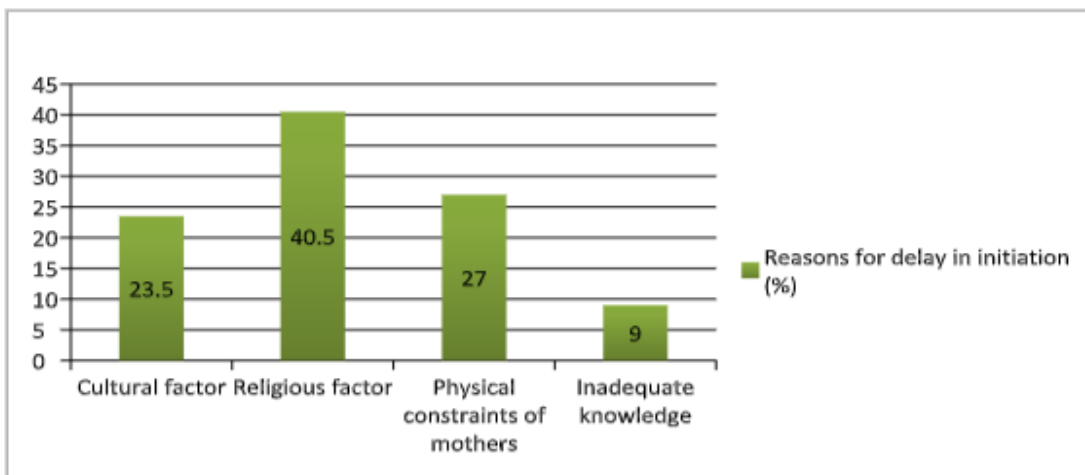
Only 24.5% respondents use to give breast milk (colostrums) to the kids first of all but a number of

75.5% respondents did not do the same. They use to give other things as alternate to breast milk.



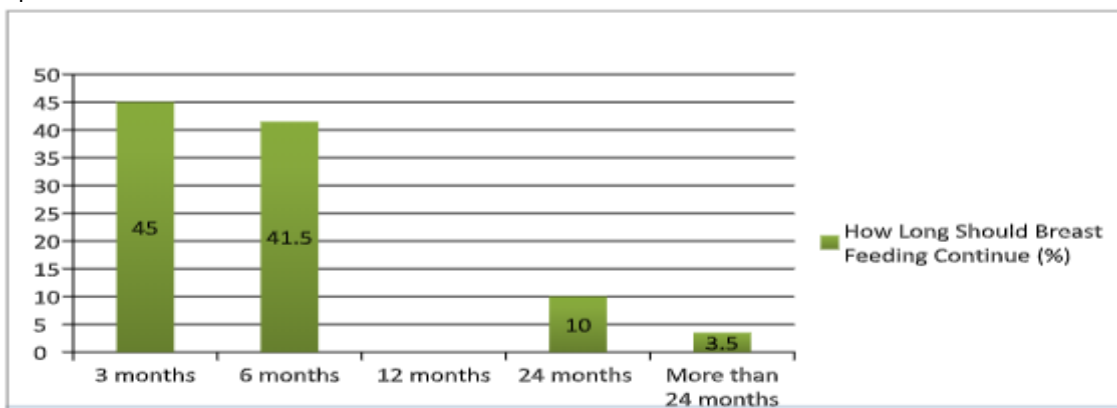
As reason for delay in initiation researcher explored that religious factors were very high responsible. 40.5% religious factors, 27.0% physical constraints of mother and 23.5% cultural factors were

the reasons for delay in initiations. Further lack of awareness or inadequate knowledge is found among 9.0% of the respondents for delay in initiation.



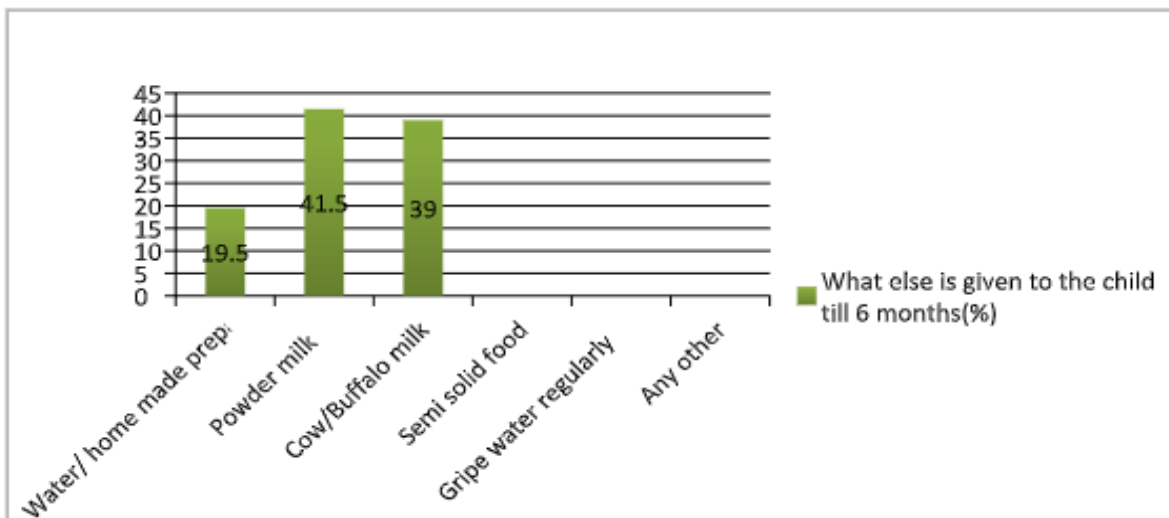
Only 3.5% female respondents continued breast feeding for more than 24 months and 10.0% of the respondents use to feed till 24 months. Rest of the

respondents use to feed their child for 3 months 45.0% and 6 months 41.5% only.



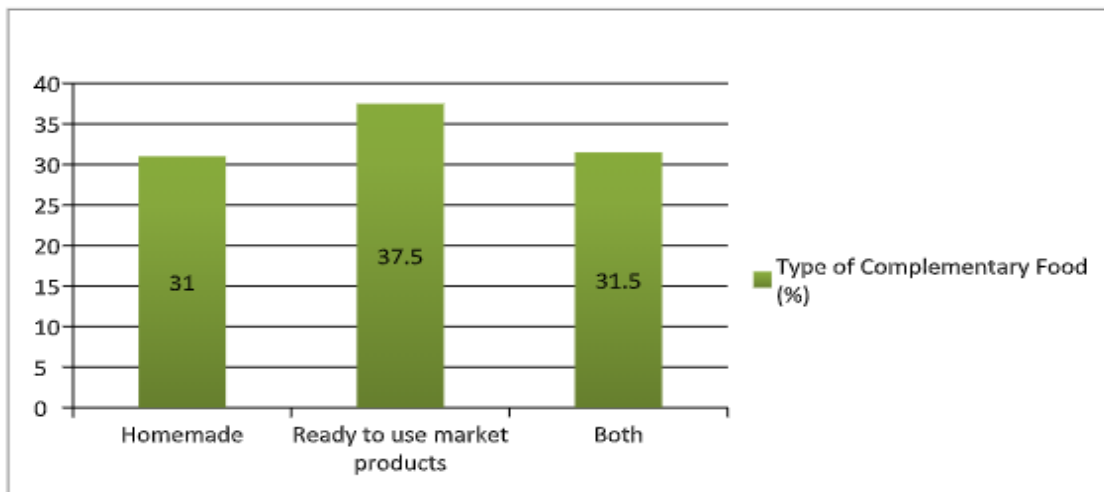
An analysis of the following Table researcher found that according to the respondents till the six months of the age children were given various supplements as food. 19.5% respondent suggest that water/homemade water (ghutti), 41.5% suggest powder milk, 39.0% suggest cow/buffalo milk for

feeding the as an alternate of breast feed. Despite of the prevailing regulation titled “The Infant Milk Substitutes, Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 And Amendment Act 2003(IMS Act)”.



The information about the various types of complementary foods. 31.0% respondents replied that they were using homemade foods while 37.5% were

using ready to use market products and further 31.5 were using both type of food as complementary food.



**Findings of the Study**

1. Female respondents from the age group of 18-23 are high in number who are having kids.
2. There are very less number of female who are highly educated.
3. Employment among females is very less.
4. Economic conditions of the society are not much better. A very less number of the people are engaged in secure jobs.
5. Conditions for females for giving birth to a child as the majority of female respondents do not have normal delivery and further females have to face many health issues due to caesarian.
6. Health facilities in the government hospitals are not so good.
7. Most of the respondents use to give honey as first intake to kids after birth. Majority of the respondents 75.5% do not use to feed breast milk to the infants.
8. Duration for breast feed is continued only for less than six months (94.0%) among majority of respondents.

**Suggestions and Conclusions**

Respondents suggest that awareness campaign to promote recommended feeding practices should be done through media. The improvement in hospital service delivery system to be upgraded and improved. Feeding wards shall be launched to provide trainings to mothers. Maternity wards needs to be equipped for imparting trainings to mothers before and after delivery. Family awareness programs to be activated as family is an important unit in decision making and planning child feeding and caring. To launch Mother and Family counseling to promote appropriate child feeding. An appointment of full term Social Worker cum counselor to impart training and knowledge for recommended feeding practices should be done. This facility should be given at both during the Anti Natal care and Post Natal care . Intervention is required at Private hospital as comparatively hospital staff of government hospital asks mothers to administer colostrums and also inform and monitors breast feedings till mother is admitted in ward. Many private hospitals are not following IYCF guidelines as issued by National health mission and World health organization. So there is need of intervention by

authorities to strengthen supportive supervision of staff appointed there for maternity and child care.

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