

RESEARCH BRIEF



Series 1, October 2014

Uttar Pradesh slogging on breastfeeding practices!

Optimal infant feeding practices include initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life and continued breastfeeding after six months for two years or beyond along with appropriate complementary feeding. Complementary feeding includes the time of initiation of solid, semi-solid or soft foods, minimum dietary diversity of at least 4 of the 7 food groups, minimum meal frequency according to age group, and minimum acceptable diet received by children other than breastmilk.

According to the national data, in Uttar Pradesh, only 46% children 6-9 months receive solid/semi solid foods along with breastmilk. Only 33 percent of children ages 6-23 months are fed the recommended minimum three times per day and 35 percent are fed from the minimum four types of food groups. Overall, only 17 percent are fed according to all three recommended infant and young child feeding practices. It means there is a need for improvement.

The infant mortality rate in Uttar Pradesh is among the highest at 61 per thousand live births. The undernutrition status shows 42% underweight and 52% stunting in children less than three years of age. The district data also shows very poor practices of breastfeeding and complementary feeding.

A survey was undertaken by BPNI in 2011 in order to assess the current situation of breastfeeding and complementary feeding practices in four districts of Uttar Pradesh namely, Sant Ravidas Nagar, Mirzapur, Ambedkar Nagar and Maharajanj. The specific objective of the survey was to assess the initiation of breastfeeding practices within one hour of birth, exclusive breastfeeding rates from birth to 6 months, initiation of complementary feeding to all infants after completion of 6 months and determine factors affecting breastfeeding and complementary feeding practices in the community.

In each district, 4 villages were selected randomly for household survey. A total of 416 mothers with infants 0-12

months (272 mothers with infant 0-6 months and 144 mothers with infant 7-12 months) were included in the survey in the four districts of Uttar Pradesh. For the survey, Interview schedule for mothers with children 0-6 months and 7-12 months and focus group discussion guidelines for mothers and mother-in-laws were used for collection of quantitative and qualitative information.

Survey revealed that most mothers did breastfeed their child. More than half of mothers (54%) started breastfeeding within an hour, 24 percent within 2 – 24 hours and 20 percent within 1 – 3 days after the birth of child. This fact was correlated by the focus group discussion, where mothers said that breastfeeding initiation was being helped by the nurse within one hour of delivery. Majority of mothers suggested being advised by community health worker (ASHA/ANM) regarding initiation of breastfeeding within one hour. Most of the mothers and mother in laws during focus group discussion pointed out that most of the families are opting for hospital delivery instead of home delivery, most of the deliveries are taking place in health facility.

Prelacteal feeds (58%), giving honey, water or animal milk (cow/goat) within 3 days of birth, whether hospital delivery or home delivery was found to be a common practice. In hospital delivery, mother-in-laws start giving these things as soon as mother comes home from hospital as a traditional practice as confirmed by focus group discussions.

As per discussion with mothers, pre-lacteal feeds in the form of sweetened water (honey mixed with water) and cow's/goat's milk (diluted with water) are given to the newborn and the mother in law tries to give them to the newborn in the absence of nurses/doctors. Besides, pre-lacteal feed is also given to those babies whose mother is believed to not produce enough breastmilk immediately after delivery inspite of repeated efforts made by nurse in helping the new born to suckle at the breast.

One-third of mothers reported feeding the child using

bottle. Regarding the breastfeeding practice, only 36% of mothers were exclusively breastfeeding the infant's upto 6 months of age. The practice of exclusive breastfeeding dropped to almost half from 64% upto one month to 36% upto 6 months of age. Median duration of breastfeeding was very low at 1.9 months with higher rate for boys.

However, we need to take note that exclusive breastfeeding rate of 36 percent among children upto 6 months, is likely to be overestimated because many mothers may be giving water or anything else to drink, irregularly. This was confirmed during focus group discussion with mothers & mother in law groups. According to the participants exclusive breastfeeding means no feeding of "oopri doodh" (cow's/goat's/buffalo's milk or tinned milk). According to them 'water is must for everybody including newborn and infants particularly in summer months'. However, in winter months mothers avoid giving water due to the fear that water may cause cough and cold and even pneumonia to the baby.

Status of complementary feeding was very poor as only 15% mothers began complementary feeding at 6 months of age. An equal proportion of mothers reported early and delayed complementary feeding. During the focus group discussion almost all the participants were of the opinion that complementary feeding is started when the child starts crawling or keeps on demanding on seeing others or keeps on crying even after breastfeeding. Almost all the participants further told that complementary feeding should be started when the child is getting insufficient breastmilk and keeps on crying. However, participants from one district pointed out that complementary feeding should be started on completion of 6 months of age by the baby. This discussion also revealed complete ignorance and knowledge of the various factors to complementary

feeding (initiation, quality, quantity, frequency etc.)

It also emerged from the discussion that for better growth, health & development, child should be given quality food like eggs, milk, meat ghee etc. but none could mention about importance of time i.e. age of child as regards the initiation of complementary feeding & its association with growth and development of the child. The participants also failed to indicate that supplementary nutrition given at Anganwadi centers (AWC) & monthly weight monitoring by Anganwadi worker has anything to do with child's growth and development. They visualize AWC as centre for food distribution & a recreation centre for children.

To conclude the survey shows an increase in institutional deliveries. It may be due to the maternity benefit scheme under Janani Suruksha Yojana.

This report brings out that in addition to mother-in-laws, ASHAs, ANMs as well as doctors/nurses also need to be oriented and skilled trained on infant and young child feeding.

The community practice of giving prelacteal feeds continues despite the place of delivery. This underlines the need for intense skilled counselling and calls for the need to implement behaviour change communication programme for the community. All health workers need to undergo skilled training on counselling on infant and young child feeding practices so as to enhance knowledge and bring change in the practices in the community.

There is a need to support mothers to enable them to exclusively breastfeed and timely initiate complementary feeding.

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BPNI is a registered, independent, non-profit, national organisation that works towards protecting, promoting and supporting breastfeeding and appropriate complementary feeding of infants and young children. BPNI works through advocacy, social mobilization, information sharing, education, research, training and monitoring the company compliance with the IMS Act. BPNI is the Regional Focal Point for South Asia for the World Alliance for Breastfeeding Action (WABA) and Regional Coordinating Office for International Baby Food Action Network (IBFAN) Asia.

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