

RESEARCH BRIEF



Series 2, November 2014

Bihar lags behind on breastfeeding and complementary feeding practices!

As per National survey (NFHS 3), the infant and young child feeding practices in Bihar are far behind optimal. Only 4% children begin breastfeeding within one hour of birth. Exclusive breastfeeding is just 27.9% and complementary feeding is 57.3%. In Bihar, institutional deliveries are also very low at 27.7%.

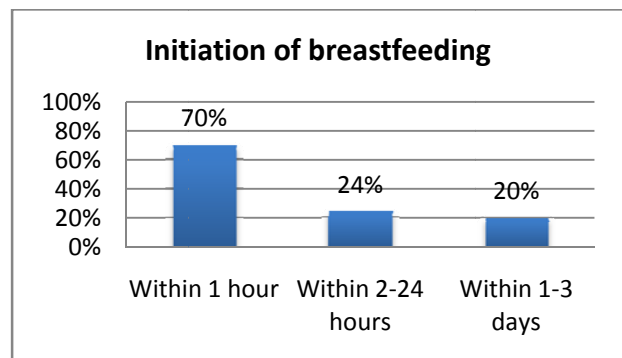
Infant mortality rate in Bihar is at 55 per thousand live births. The undernutrition status shows 55% underweight and 50% stunting in children less than three years of age. The figures are alarming and show how much work needs to be done to overcome the gaps.

BPNI undertook the study in order to assess the situation in five districts of Bihar namely, Samastipur, Saran, Jamui, Muzzafarpur, and Vaishali. 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. This study also aimed to 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 520 mothers with infants 0-12 months (337 mothers with infant 0-6 months and 183 mothers with infant 7-12 months) were covered in the survey in the five districts of Bihar. 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.

The survey reported that breastfeeding was a universal practice. Majority (70%) 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 discussions, which showed that there is awareness about initiation of breastfeeding and it there even in case of home deliveries. Importance of mother's first milk (colostrum) was known to most of the mothers and here role of anganwadi worker for behavior change was significant.



Prelacteal feeds (something being given before beginning of breastfeeding) is common in all the study districts, things used included sugar water, honey and plain water especially in summer. Bottle-feeding was being practiced by 21% of the mothers.

Exclusive breastfeeding was practiced by only 37% of mothers and median duration of breastfeeding was at a low of 1.78 months. Exclusive breastfeeding could be an overestimate as mothers mentioned giving water frequently during the focus group discussion.

Status of complementary feeding was also very poor among the community. Only 26% mothers started complementary feeding at 6 months. A high proportion of mothers (59%) started early complementary feeding i.e before 6 months. During

the discussion mothers expressed that there is no fixed time to start complementary feeding and family starts 'Upri Ahaar' during 7-8 months of age. It was found that, lack of knowledge was noticed among the participants of all 5 districts about initiation and quantity of complementary feeding. The child is fed from family kitchen and no separate food is prepared for the child.

Giving powdered milk/infant formula is dangerous practice and is on the rise (11%), which should be taken up seriously and community should be made aware of the ill effects of feeding formula milk. The service providers need to be sensitized on this issue so as to bring about change in the practice.

The discussions held during the survey suggest initiation of breastfeeding is improving due to the efforts of community health worker probably due to the Janani Suraksha Yojana, wherein incentive is being provided to the community health worker for institutional delivery.

The community still follows the practice of giving prelacteal feeds due to social customs and beliefs, which needs to be discouraged through skilled

counseling and support that needs to be provided at community and family level. It requires a vigorous approach.

Regarding exclusive breastfeeding, which probably could be an overestimate in the survey findings, as survey was done in winter when most of the mothers were not giving water to the child. But during the discussion with mothers it came out clearly that most of the mothers gave plain water or sugar water during summers. They believed that it is important to give this to keep them active, quench thirst and not feeling hungry. In order to enhance the exclusive breastfeeding rates it would be necessary to build this factor in the communications for mothers and mothers-in-law that mother's milk has plenty of water content and extra water is not required. The complementary feeding rates are poor and mothers are not aware as to the optimal complementary feeding practices.

The health workers need to be given skill training on counseling skills for optimal infant and young child feeding practices to enable them to counsel the mothers and families adequately.

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