

# Prevalence pattern of feeding practices among young children in rural area

K Rangasamy

Associate Professor, Department of Paediatrics, Vinayaka Mission's Kirupananda Variyar Medical College And Hospital, Vinayaka Mission's Research Foundation(Deemed To Be University), Salem 636308,Tamil Nadu, INDIA.

Email: [suriya3292.apple@gmail.com](mailto:suriya3292.apple@gmail.com)

## Abstract

**Background:** Optimum nutrition is essential for child survival and Quality of survival. The word nutrition is derived from nutricus which means “Tosuckle at the breast **Aims and Objectives:** To study Prevalence pattern of feeding practices among young children in rural area. **Methodology:** This was across sectional study using apretested, predesigned questionnaires. Study one in a single center to determine the pattern of feeding practices among infant and young children. 600 Infant and young children hailing from rural area of salem district were included in the study during March 2012 to August 2013. Infant and young children attending out-patient department/Well baby clinic for minor complaints, were included in this study. This study was carried out in the Chinnagoundanoor P.H.C, Salem. **Result:** In our study in GROUP – I (< 6 Month) : Exclusive breast feeding was present in 22%; Exclusive bottle feeding in 5%, Both in 73%, Feeding during illness was present in 88% but absent in 12%, Colostrum Given to 70% but not given in 30%. In Group II–(6-12 Months), Breast Feeding given in 80% but not given in 20%, Hand wash present in 89% but absent in 11%, Specially prepared Food given in 38% but not given to 62%. In. GROUP III (12M – 2YEARS). Breast Feeds was present in 29% absent in 71%, Family Pot Feeding given to 60% but not given to 40%, Taking feeds on his /her own in 25%, Child is Fed by other in 75%, Prewash Hands present in 90% and absent 10%, Specially prepared Food given to 54% and not given to 46%. **Conclusion:** It can be concluded from our study that less than six month Exclusive breast feeding was not satisfactory, bottle feeding was present, Colostrum not given satisfactorily. In 6-12 Months, H and wash is not satisfactory. In GROUP III(12 Months – 2 Years), Breast Feeds was not satisfactory, Family Pot Feeding, taking feeds on his /her own was not promoted, Prewash Hands was not satisfactory, Specially prepared Food in very less, Such faulty feeding practices should be avoided to prevent malnutrition in subsequent time.

**Key Words:** Feeding practices, Children, Malnutrition, PEM.

## \*Address for Correspondence:

Dr. K Rangasamy, Associate Professor, Department of Paediatrics, Vinayaka Mission's Kirupananda Variyar Medical College And Hospital, Vinayaka Mission's Research Foundation(Deemed To Be University), Salem 636308,Tamil Nadu, INDIA.

Email: [suriya3292.apple@gmail.com](mailto:suriya3292.apple@gmail.com)

Received Date: 07/08/2018 Revised Date: 13/09/2018 Accepted Date: 06/10/2018

DOI: <https://doi.org/10.26611/1014814>

## Access this article online

Quick Response Code:



Website:

[www.medpulse.in](http://www.medpulse.in)

Accessed Date:  
10 October 2018

## INTRODUCTION

Optimum nutrition is essential for child survival and Quality of survival. The word nutrition is derived from nutricus which means “Tosuckle at the breast”<sup>1</sup>. Breast

milk is the natural food for the infant and is “species specific”. Successful breast feeding is an important childrearing skill to be learnt and practiced by the mothers. Nutrition is defined as “The process by which the organism utilizes food”. It signifies the dynamic process in which the food that is consumed is utilized for nourishing the body<sup>2</sup>. Nutritional factors like breast feeding practices, weaning practices and diet during illness influences the growth and development of children. Recurrent infections are other important factors that lead to chronic malnutrition<sup>3</sup> “Malnutrition is often found to start in the womb and end in the tomb”<sup>4</sup> Severe forms of malnutrition like marasmus and Kwashiorkor represent only a tip of the iceberg. Many more suffer from moderate, mild (or) invisible PEM malnutrition which increases morbidity and mortality. Due to various

cultural influences like food habits, customs, beliefs, traditions, religion, food fad stocooking practices, childrearing practices, attitudes and superstitions, peopletend to consumepoordiet when goodones are easily available. Thus lack of foodis not the only problem. Often there is starvation in the midstof plenty. Premature curtailment of breast feeding, adoption of bottle feeding and change over from locally available food to commercially prepared refined foods are some of the childrearing practices that adversely affect the nutritional status of children<sup>5</sup> Traditional hand feeding should not be looked down upon. This is atraditionalmetho do feating throughout India. What should be stressed is that the hand should be cleaned, and then ailscut short and scrubbed frequently.

### MATERIAL AND METHODS

This was a cross sectional study using aprestested, predesigned questionnaires. Study done in a single center to determine the pattern of feeding practices among infant and young children. 600 Infant and young children hailing from rural area of salem district were included in the study during March2012toAugust2013. Infant and young children attending out-patient department/Well baby clinic for minor complaints, were included in this study. Children accompany in the adult visitor to the hospital were also included were included in the study while Children with moderate and severe illness were excluded from the study. This study was carried out in the Chinnagoundanoor P.H.C, salem. Absolute privacy and confidentiality was ensured study subjects were requested to answer without fear, prejudice (or) inhibition. They were given adequatettime to answer. The data is presented in tabular form and expressed in percentages.

### RESULT

#### GROUP – I (< 6 MONTH)

**Table 1:** Distribution as per the exclusive breast feeding

1	Exclusivebreast feeding	22%
2	Exclusivebottle feeding	5%
3	Both	73%

Exclusive breast feeding was present in 22%; Exclusive bottle feeding in 5%, Both in 73%

**Table 2:** Distribution as per the Feeding during illness

Yes	88%
No	12%

Feeding during illness was present in 88% but absent in 12%

**Table 3:** Distribution as per the Colostrum Given

Yes	70%
No	30%

Colostrum Given to 70% but not given in 30%

#### Group II–(6-12 Months)

**Table 4:** Distribution as per the Breast Feeding

Yes	80%
No	20%

Breast Feeding given in 80% but not given in 20%

**Table 5:** Distribution as per the Hand wash

Yes	89%
No	11%

Hand wash present in 89% but absent in 11%

**Table 6:** Distribution as per the specially prepared Food (Kanji / Mashed Food)

Yes	38%
No	62%

Specially prepared Food given in 38% but not given to 62%

#### GROUP III (12M – 2YEARS)

**Table 7:** Distribution as per the Breast Feeds

Yes	29%
No	71%

Breast Feeds was present in 29% absent in 71%

**Table 8:** Distribution as per the Family Pot Feeding

Yes	60%
No	40%

Family Pot Feeding given to 60% but not given to 40%

**Table 9:** Distribution as per the Feeding Pattern

Taking feeds on his /her own	25%
Child is Fedbyother	75%

Taking feeds on his /her own in 25%, Child is Fedby other in 75%

**Table 10:** Distribution as per the Prewash Hands

Yes	90%
No	10%

Prewash Hands present in 90% and absent 10%

**Table 11:** Specially prepared Food (Kanji / mashed Food)

Yes	54%
No	46%

Specially prepared Food given to 54% and not given to 46%

### DISCUSSION

Infants are valuable treasure to the nation. Realizing the importance of child development, United Nations declared 1979 as the International Year of the Child (IYC) <sup>6</sup> and World Health Organisation (WHO) proposed a theme on World health day during 2003 as “Healthy environment for children” and 2005 as “Make every mother and child count” to focus the attention of planners, policy makers, administrators, health and social

scientists on various problems faced by children<sup>7</sup>. Optimal infant and young child-feeding (IYCF) practice are crucial for nutritional status, growth, development, health. Breast milk is an important source of energy for infants and it provides immunity to fight against illness and reduce mortality. Exclusive breast feeding for six months is an essential component for growth and development of the infant<sup>9</sup>. For children older than six months, breast milk alone is no longer sufficient to meet the nutritional requirement and therefore other foods are needed along with breast milk. Introduction of semi-solid foods after first six months is essential to avoid the malnutrition in early life<sup>10</sup>. Early initiation of breastfeeding, exclusive breastfeeding for six months and timely introduction of age-appropriate complementary feeding are the key interventions to achieve the Millennium Development Goal 1 and 4, which address child malnutrition and mortality components respectively<sup>11</sup>. Colostrum is a thick, yellow secretion from the breast during initial two to three days after delivery. It is considered as nectar for the newborn. It provides a concentrated source of energy for the newborn which is easily digestible and also offers protection against childhood illnesses<sup>10</sup>. In our study in GROUP – I (< 6 months): Exclusive breast feeding was present in 22%; Exclusive bottle feeding in 5%, Both in 73%, Feeding during illness was present in 88% but absent in 12%, Colostrum Given to 70% but not given in 30%. In GROUPII–(6-12 months), Breast Feeding given in 80% but not given in 20%, Hand wash present in 89% but absent in 11%, Specially prepared Food given in 38% but not given to 62%. III.GROUP III(12 months – 2 years). Breast Feeds was present in 29% absent in 71%, Family Pot Feeding given to 60% but not given to 40%, Taking feeds on his /her own in 25%, Child is Fed by other in 75%, Prewash Hands present in 90% and absent 10%, Specially prepared Food given to 54% and not given to 46%. *B. Aneja et al*, New Delhi has reported 20% children were exclusively breast feed till age of 6 month in tour banlums of Delhi in 2000<sup>12</sup>. In study done by NFHS-3 in the year 2005-06 in india.<sup>13</sup> Exclusive breast from 0-6 months are 46% and 56% of children aged 6-9 months are provided with the recommended semi-solid complementary foods and breast milk. On Evaluating the complementary feeding practices it was shown that 30% of mother started complementary food before 6 months of age. 56% have started only at 8 months of age. Mean age of food complementation was 9 months of age, far beyond recommended time of 6 months. Similar study conducted by singh MB *et al*, Rajasthan, 2000 in Semiarid and rural area of Rajasthan, 8.7 month was mean age of food complementation<sup>14</sup>. Immediately after birth, at the earliest hemother should put the baby to her breast. Since

it is vey rich in protein and protective antibodies which protects the baby from neonatal infections. It is really like anoral vaccine, rather a first vaccine for preventing infections. Hence we should help the mother to overcome prejudice regarding colostrums by explaining to the mothers and their families the protective value of colostrum. It was disheartening to acknowledge asper this study that only 25% of normally delivered babies receive first feeds within ½ an hour. In 40% of operative deliveries child receive initial feeds within 1 day of life. *B.Aneja<sup>12</sup> et al* reported breast feeding was initiated within 6 hours of birth by 56% mother and after 48 hours by 22% mothers. It is essential to switch over to the usual family food. It can be given in thickened and mashed form from the family pot without hotspices. Provide little extraoil (or) ghee, green leafy vegetables and seasonal fruits to the baby. Mother should be taught about family pot feeding which will be feasible and culturally acceptable. It was painful observation that 78% (<6 month), 75% (6–12months), 50% (12month–2years), 0 25%(>2years) old children are not sticking to the feeding habits, as recommended by IMNCI. 88% of mothers (<6 month) continue breast feeding during illness, when compared to the study conducted by *Kaur.A et al* 1994, PGI, chandigarh.85.5% of mother approach of continuing breast feeding during illness<sup>15</sup> Breast-feeding should be continued when the baby is ill. It should be given during in fictions'. It is the most easily digestible food for the ill baby. It will be the best pacifier to the sick baby and it often acts as a life savior to many babies. It will satisfy then utritional and fluid demands and will offer anti infective and immunological factors. Caregivers and mother should be educated in this regards. 44% (<6 month), 52% (6–12months), 50% (12 month 2 years)

## CONCLUSION

It can be concluded from our study that less than six month Exclusive breast feeding was not satisfactory, bottle feeding was present, Colostrum not given satisfactorily, In 6-12 Months, Hand wash is not satisfactory, In Group III(12 Months – 2 Years). Breast Feeds was not satisfactory, Family Pot Feeding, taking feeds on his /her own was not promoted, Prewash Hands was not satisfactory, Specially prepared Food in very less, Such faulty feeding practices should be avoided to prevent malnutrition in subsequent time.

## REFERENCES

1. Nutrition and child development by Dr. K.E. Elizabeth 4nd Edition 2010.
2. Nutrition and child care a practical guide By Shantighosh 2nd Edition 2004.
3. Nelson Text Book of Pediatrics 19<sup>th</sup> Edition
4. Davies AK, Feeding the new born baby, proc

- RoySocmed1969.
5. ShilmsME, OlsanJA, modern nutrition in Health and Disease 9<sup>th</sup> edition.
  6. UNICEF (1979) The Year of the Child. New York
  7. World Health Organization (2013) Previous World Health Days
  8. World Health Organization (2011) Neonatal mortality rate
  9. Sample Registration System (2013) SRS Bulletin: Census and Vital Statistics. India: Ministry of Home Affairs
  10. World Health Organization (2013) Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition.
  11. Government of India (2011) Millennium Development Goals India country report 2011. New Delhi: Central Statistical Organisation
  12. B.Anejaetal, Etiological factor of malnutrition among in fantin Two urbanslum of Delhi, AIIMS, 2000.
  13. Infant and young child feeding practices in India- NFHS-3 data 2005- 06.
  14. Singh MB, et al, Desertmedicine Researchcenter2000, ICMRinsemi and rural area of Rajasthan, Jodhpur.
  15. Infant feeding practice, Kauretal, 1994, PGI, Chandigarh.

Source of Support: None Declared  
Conflict of Interest: None Declared

