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Practices of rural mothers regarding infant's feeding (Birth-2 years)

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Abstract

This research project addresses the practices of rural mothers regarding infants' feeding (birth –2 years). The purpose of this project has been to assess the practices regarding infants' feeding among rural mothers; to determine the association between practice responses and selected socio – demographic variables and to determine the nutritional status of infants (Birth – 2 years). Study was conducted on hundred rural mothers of Silao, Nalanda (Bihar). The self-constructed interview schedule was used to analyse the practices of mothers about infant feeding (birth–2 years). Statistical analysis was performed using frequency, percentage and chi–square. Results showed that majority of mothers have knowledge regarding infant feeding. Nutritional status is normal in sixty one per cent but poor in thirty nine per cent.

Keywords: Practices, infant feeding, nutritional status

1. Introduction

Breastfeeding helps in nurturing a healthy child and a healthy adult in future. An exclusive breastfeeding practice reduces infant morbidity and mortality in resource – constrained society. Numerous studies (M.N.-1998; H and M-2004; S.K.-2011; Das-2014; Ray-2015) ^[1, 2] have underlined the advantages of exclusive breastfeeding for growth, immunity and prevention of illness in young infants a exclusive breast feeding apart from being beneficial to the baby, has also been shown to have significant short and long term health benefits for the mother.

Despite the benefits of exclusive breastfeeding, this practice is not widespread in the developing world and the increase at the global level is very modest with much room for improvement. Infant nutrition programs worldwide continue to require investment and commitment to improve feeding practices in order to have maximum impact on reducing infant morbidity and mortality.

However, many mothers are unable to practice exclusive breastfeeding due to many reasons namely lack of confidence in mothers to breast feed, breast pain or soreness , lack of encouragement from healthcare providers or family members. Breastfeeding practices and attitudes have been shown to be influenced by demographic, biophysical, social, cultural and psychological factors. Hence, in the light of above discussion the study was conducted with the following objectives

1.1 Objectives

- To assess the practices regarding infants' feeding among rural mothers
- To determine the association between practice responses and selected socio–demographic variables
- To determine the nutritional status of infants (Birth – 2 years)

2. Methodology

The study was conducted at Silao village Nalanda (Bihar). Self-constructed interview schedule 'Gramin Mataon ka Shishu Aahar ke Prati abhyas (birth-2 years)' was used to assess the practices of 100 rural women regarding infants' feeding. It contains questions related to Feeding practices and Nutritional status of mothers about infant feeding (Birth – 2 years). Further, Non-elastic Measuring Tape was used to measure MUAC and weights of infants were measured using Weighing Machine.

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3. Result and discussion

The results of the present study “practice of rural mothers regarding infants’ feeding (birth – 2 years)” are explained under the following headings:

- (A) Practices regarding infants feeding among rural mothers
(B) Association between practice responses and selected

socio-demographic characteristics
(C) Nutritional status of infants (Birth – 2 Years)

(A) Practices regarding infants feeding among rural mothers

Table 1: Feeding practices among rural mothers

S. No.	Questions	Response	f (%)
1.	Colostrum feeding?	Yes	9
		No	91
2.	When breast feeding initiated after birth?	With in 1 hour	49
		1 – 24 hours	48
		After 1 day	3
3.	Till how many months you exclusive breast fed your child?	2 months	90
		4 months	10
		6 months	-
4.	Weaning started at?	<4 months	3
		4– 6 months	97
		>6 months	-
5.	Weaning food used	Yes	100
		No	-

Table 1 showed that 91% mothers were not practically colostrum feeding, 49% mother initiated breast feeding within one hour of birth and none of rural mothers practiced exclusive breast feeding for 6 months. Weaning started usually at 4-6

months. Only 3% mothers weaned their child before 4 months. All the mothers used weaning foods as rice water and dal water.

Table 2: Practices regarding infants’ feeding among rural mothers

S. No.	Question	Response	f (%)
1.	Do you breast feed your child when he cries?	Yes	12
		No	88
2.	Do you clean your breast before breast feeding?	Yes	48
		No	52
3.	Do you feel relax and happiness during breast feeding?	Yes	95
		No	5
4.	Do you breast feed your child while lying on bed?	Yes	26
		No	74
5.	Do you clean your child’s mouth with clean water after breast feeding?	Yes	54
		No	46
6.	Do you let child burp after breast feed?	Yes	30
		No	70
7.	While preparing supplementary food do you keep in your mind yours child food choices?	Yes	38
		No	62
8.	Do you give your child mashed food?	Yes	97
		No	3
9.	In what ways you stopped breast feeding your child?	Using cereals	47
		Bitter food (Neem, Nail paint)	15
		By using Honey nipples & honey	17
		Leaving your child with some one	21

Table 2 showed that 88% practiced scheduled feeding, 48% mothers cleaned their breast before breast feeding, 95% felt relaxed & happiness during breastfeeding, majority of mothers (74%) did not feed their child while lying on bed. Fifty four per cent mothers cleaned their child’s mouth with clean water after breast feeding, 74% mother did not let their child burp after breast feed, 64% mothers did not keep in mind child food choices and 97% respondents gave their child mashed food.

Forty seven per cent mother used cereals, 15% used bitter (Neem , Nail paint) , 17% mothers used honey nipple & honey still 21% left their child with other adults.

(B) Association between practice responses and selected socio-demographic characteristics

Ho: practice of mothers is independent of socio-demographic characteristics

Table 3: Association of practice regarding scheduled feeding or when the child cries with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	17.936**	4	13.3
Religion and breast feed practice	1.9573 NS	1	3.84
Occupation of mother and breast feed practice	3.3664 NS	3	7.81
Occupation of husband and breast feed practice	3.9146 NS	3	7.81
Types of family and breast feed practice	0.5963 NS	1	3.84

NS: Not significant; **Significant at 1% level of significance.

Table 3 showed that one of five chi-square value calculated only one chi-square values (age with feed practice) is significant. Others chi-square values of religion, occupation of mothers, occupation of husband and types of family with

practice are not significant. It implies that practice regarding scheduled feeding is significantly associated with religion, occupation of mothers, occupation of husbands and type of family.

Table 4: Association of practice regarding cleaning of breast before breast feeding with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	4.7492 NS	4	9.49
Religion and breast feed practice	6.9478 **	1	6.63
Occupation of mother and breast feed practice	5.5900 NS	3	7.81
Occupation of husband and breast feed practice	12.5103 **	3	11.3
Types of family and breast feed practice	5.1107 *	1	3.84 6.63

NS: Not significant; **Significant at 1% level of significance; *Significant at 5% level of significance.

Table 4 depicted that calculated chi-square value (religion, occupation of husband and types of family with practice) are significant. Others chi-square values of age, occupation of mothers with practice are not significant. It implies that

practice regarding cleaning of breast before breast feeding is significantly associated with religion of respondents as well as occupation of husbands and type of family whereas not significantly associated with age and occupation of mothers.

Table 5: Association of practice regarding relaxation and happiness during breast feeding with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	41.7004 **	4	13.3
Religion and breast feed practice	0.6818 NS	1	3.84
Occupation of mother and breast feed practice	9.1932 *	3	7.81 11.3
Occupation of husband and breast feed practice	1.5591 NS	3	7.81
Types of family and breast feed practice	1.0025 NS	1	3.84

NS: Not significant; **Significant at 1% level of significance; *Significant at 5% level of significance.

Table 5 showed that two of five chi-square value calculated (Age and occupation of mothers with practice) are significant. Others chi-square values of religion, occupation of husbands, types of family with practice are not significant. It implies that practice regarding relaxation and happiness during breast

feeding is significantly associated with age of respondents as well as occupation of mothers whereas not significantly associated with religion, occupation of husbands and type of family.

Table 6: Association of practice regarding breast feeding child sitting / lying on bed with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	8.7966 NS	4	9.49
Religion and breast feed practice	3.7942 NS	1	3.84
Occupation of mother and breast feed practice	1.7398 NS	3	7.81
Occupation of husband and breast feed practice	8.1790 *	3	7.81 11.3
Types of family and breast feed practice	1.8042 NS	1	3.84

NS: Not significant; *Significant at 5% level of significance.

Table 6 showed that one of five chi-square value calculated (occupation of husband with practice) is significant. Others chi-square values of age, religion, occupation of mothers and types of family with practice are not significant. It implies that

practice regarding breast feeding child (sitting/lying) is significantly associated with occupation of husband of respondents whereas not significant associated with age, religion, occupation of mothers and type of family.

Table 7: Association of practice regarding cleansing of child's mouth / tongue with clean water after breast feeding with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	28.097**	4	13.3
Religion and breast feed practice	1.9593 NS	1	3.84
Occupation of mother and breast feed practice	7.9361*	3	7.81
Occupation of husband and breast feed practice	3.3264 NS	3	7.81
Types of family and breast feed practice	1.6682 NS	1	3.84

NS: Not significant; **Significant at 1% level of significance; *Significant at 5% level of significance.

Table 7 showed that two of five chi-square value calculated (Age and occupation of mothers with practice) are significant. Others chi-square values of religion, occupation of husbands and types of family with practice are not significant. It implies that practice regarding cleansing of child's mouth / tongue

clean water after breast feeding is significantly associated with age of respondents as well as occupation of mothers whereas not associated with religion, occupation of husband and type of family.

Table 8: Association of practice regarding letting the child burp after breast feed with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	19.776**	4	13.3
Religion and breast feed practice	3.2258 NS	1	3.84
Occupation of mother and breast feed practice	9.1887*	3	7.81 11.3
Occupation of husband and breast feed practice	10.7089 *	3	7.81 11.3
Types of family and breast feed practice	0.0141 NS	1	3.84

NS: Not significant; **Significant at 1% level of significance; *Significant at 5% level of significance.

Table 8 showed that three of five chi-square value calculated (Age, occupation of mothers & occupation of husband with practice) are significant. Others chi-square values of religion and types of family with practice are not significant. It implies

that practice regarding letting the child burp after breast feed is significantly associated with age of respondents as well as occupation of mothers and occupation of husbands whereas not significant associated with religion and type of family.

Table 9: Association of practice regarding preparation of supplementary food according to the child food choices with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	3.0800 NS	4	9.49
Religion and breast feed practice	1.7966 NS	1	3.84
Occupation of mother and breast feed practice	6.1913 NS	3	7.81
Occupation of husband and breast feed practice	10.170 *	3	7.81 11.3
Types of family and breast feed practice	0.267 NS	1	3.84

NS: Not significant; * Significant at 5% level of significance.

Table 9 showed that one of five chi-square value calculated (Occupation of husband with practice) are significant. Other chi-square values of age, religion, occupation of mothers and types of family with practice are not significant. It implies that practice regarding preparation of supplementary food

according to the choices is significantly associated with occupation of husband of respondents whereas not significant associated with age, religion, occupation of mothers and type of family.

Table 10: Association of practice regarding feeding mashed food to the child with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	15.769**	4	13.3
Religion and breast feed practice	0.2327 NS	1	3.84
Occupation of mother and breast feed practice	17.151 **	3	11.3
Occupation of husband and breast feed practice	1.08002 NS	3	7.81
Types of family and breast feed practice	0.589 NS	1	3.84

NS: Not significant; ** Significant at 1% level of significance.

Table 10 showed that two of five chi-square value calculated (Age and occupation of mothers with practice) are significant. Other chi-square values of religion, occupation of husbands and types of family with practice are not significant. It implies

that practice regarding feeding mashed food to the child is significantly associated with age of respondents as well as occupation of mother where as not associated with religion, occupation of husband and type of family.

Table 11: Association of practice regarding weaning with socio-demographic characteristics

Variables	Chi-square value	df	Table value
Age and breast feed practice	9.9296 NS	12	21.0
Religion and breast feed practice	6.4312 NS	3	7.81
Occupation of mother and breast feed practice	199.24 **	9	21.7
Occupation of husband and breast feed practice	10.925 NS	9	16.9
Types of family and breast feed practice	3.3858 NS	3	7.81

NS: Not significant; ** Significant at 1% level of significance.

Table 11 shows that one of five chi-square value calculated (occupation of mothers with practice) are significant. Other chi-square values of age, religion, occupation of husbands and types of family with practice are not significant. It implies that practice regarding weaning is significantly associated with

occupation of mother where as not significant associated with age, religion; occupation of husband and type of family.

(C) Nutritional status of infants (Birth – 2 Years)**Table 12:** Distribution of children according to signs of nutritional deficiency

S. No.	Nutritional Deficiency Signs	Response	f (%)
1.	Pallor	Present	8
		Absent	-
2.	Glossitis	Present	-
		Absent	-
3.	Angular Stomatitis	Present	-
		Absent	-
4.	Bitot's Sport	Present	-
		Absent	-
5.	Oedema	Present	-
		Absent	-

Table 12 showed that eight per cent children suffered from pallor which is sign of nutritional deficiency.

Table 13: Distribution of children according to Mid Upper Arm Circumference (MUAC)

Nutritional Deficiency Signs	Response	f (%)
MUAC	Severe Malnutrition < 12.5 c.m	23
	Mild- moderate Malnutrition 12.5-13.5 c.m	20
	Normal >13.5 c.m	57

Table 13 shows that fifty seven per cent children have normal MUAC.

Table 14: Distribution of children to nutritional status (Weight / Age)

Nutrition Grade	Nutritional status	f (%)
80% of Ideal weight	Normal	61
71 to 80 % of Ideal weight	Grade I	32
61 to 70 of Ideal weight	Grade II	5
51 to 60 of Ideal weight	Grade III	2
< 50 % of ideal weight	Grade iv	0

Table 14 showed that nutritional status of 61% children are normal.

Conclusion

In general results show that though mothers have knowledge regarding infant feeding but they are not practicing in actual life. Nutritional status is normal in 61% but poor in 39%.

4. Suggestions for rural mother

- Nutrition status of children was found to be low in 39%. So, exclusive breast feeding for infants up to 6 months proper weaning foods could be suggested so that nutrition status improves.
- Programme should be planned for in – laws and family member for positive behavioural change in - infant health.

5. Implication of the study

The findings of the study could be useful to health personnel's and policy makers. Some innovative strategies consisting of both monitoring and strengthening the practices and behavioural attitude of rural women regarding infant feeding.

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