

Infant Care Practices in A Community of Srinagar City

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ABSTRACT

Introduction: Majority of child deaths occur in infancy and early childhood period. Irrespective of best possible healthcare services provided, the mortality still remains high. The objective of this study was to determine the care practices among mothers with child upto 6 months of age.

Material and Methods: A community based cross sectional study carried out in the field practice area of department of community medicine from September 2013 to November 2013. In this study 60 mothers of infants upto 6 months of age were interviewed. A semi structured pretested questionnaire was used. The questionnaire included information about the infant, background characteristics of mother, and questions on various care practices. Data was analysed using appropriate statistical software. Results were expressed in percentages.

Results:-The percentage of babies not fed with colostrum was 40%. Prolactal feed given in 98.33%. Initiation of breastfeeding within one hour reported by 10 % of mothers. 5% babies bathed immediately after birth. Exclusive breastfeeding in 26.66%. All deliveries took place at health care institutions with 98.5% in government run hospitals while 1.5% in private institutes. 77.5% of the infants were born out of normal delivery with 22.5% caesarean sections.

Conclusion:- This study found unawareness among mothers regarding safe infant care practices.

Keywords: infant, practices, Srinagar city, exclusive breastfeeding, prolactal feed

INTRODUCTION

Infant is a young, tender, bundle of joy who should be nurtured with utmost care from the very beginning to realize his or her potential in later stages of life. Children are a pride and strength of a nation and future torch bearers of their country. To protect them is the real investment for coming generation. Infants are vulnerable to many life threatening diseases due to immature immune system.¹ Cultural values, beliefs and attitudes affect in health and disease. That is why culture is a dynamic factor.² Chances of survival during first year of life depends upon many factors but socio cultural factors also play a part in the mortality in this population group. The cultural factors and practices such as delayed initiation of breastfeeding, delayed weaning, inadequate feeding, discrimination between girls and boys may be directly dependent on child mortality. Practices just after delivery and post delivery need attention.³ Infant mortality rate is the most sensitive and reliable indicator which clearly shows the health care status of a country or region. The infant mortality rate of India was 44 per thousand live births.⁴ As per National Family and Health Survey 3(NFHS-3) it has been found out that the status of feeding practices that promote growth in a child is dismal.⁵ A simple approach of health education, hands on training of mothers, counseling regarding various practices related to child rearing will give far fetched benefits than any other measures put together to lower the burden of deaths in

early childhood which are directly related to unsafe practices. Study was done to assess the infant care practices among mothers with infants aged upto 6 months.

MATERIAL AND METHODS

The study was conducted from September 2013 to November 2013 in Nandpora area of health block Hazratbal of Srinagar city. The nearest health facility in this area is a subcenter which is under the field practice area of department of Community Medicine, Government Medical College Srinagar. As per annual survey, the area comprises mostly of weaker and impoverished sections of population. It was a non probability purposive sample. A total of 60 mothers having an infant upto 6 months of age were identified with the help of health worker and interviewed using a pretested semi structured questionnaire. Information on socio-demographic variables like age, education, type of family, age of infant, sex was collected after taking a proper consent.

STATISTICAL ANALYSIS

The data was entered in Microsoft excel (2007) and analysed using appropriate statistical software. Frequencies were obtained using descriptive statistics.

RESULTS

The study sample included 60 mothers with infants upto the age of 6 months. 55% of the mothers were in the age group of 21-30 years. 71.66% were having less than 10 years of schooling. All the infant deliveries took place at health care institutions with 98.5% in government run hospitals while 1.5% in private institutes. 77.5% of the infants were born out of normal delivery with 22.5% caesarean sections.

Of all the mothers 40% did not feed colostrums to their babies. Majority of the mothers (65.21%) believed that baby was not able to suck properly, 21.73% believed it to be unsafe while as 17.39% reported as advised by elders. Breastfeeding was initiated in only 10% of babies within one hour after birth. Non initiation was due to 50% reporting no milk let down, 20.37% saying not fed due to exhaustion, 16.67% said baby did not suck, 12.96% reported as were not told by anybody to feed. 98.33% babies were fed with prolactals. 55.93% reported given due to religious value, 23.72% as a traditional practice, 11.86% to give first feed as sweet, 8.47% as mother was unable to feed. The main types

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given were sacred soil (khake karbala) in 76.27% of babies, water in 10.16%, kehwa (cinnamon, cardamom, water, sugar) in 8.47% and formula milk in 5.08%. In 5% of babies bathing was done immediately. Exclusive breastfeeding was reported by 26.66% mothers. Reasons for non exclusive breastfeeding was 61.36% reported as less milk output. 22.72% told that breastmilk is not nutritious if compared to cows milk, not necessary to give

upto 6 months (9.09%), 6.81% reported baby still hungry even when breastfed fully. Participant characteristics are listed in Table-1 and care practices in Table-2.

DISCUSSION

The present study was conducted in a community of Srinagar city. It included 60 mother-infant pairs. Majority of the infants were from low income families with less educated mothers.

Colostrum is nutrient rich fluid secreted by mammary glands of humans loaded with immune, growth and tissue factors. It is a complex biological fluid which helps in the development of immunity in the newborn.⁶ The current study found 40% of mothers did not feed colostrums to their babies. It was more than as reported by Reshma et al (16%) in a study done in Mangalore.⁷

Prelacteal feeds are foods given to babies before establishing breastfeeding or before breast milk comes in usually on the first day of life.⁸⁻¹⁰ Giving prelacteals is usually in the context of a ritual where the person administering it holds an important position within the family or community.^{8,11} Studies have shown that it could be due to reason of insufficient milk supply.^{12,13} But in our study 45(76.27%) babies were given prelacteal feed in the form of a sacred soil khake karbala) due to religious value in this

Variables	Frequency	Percentage
Age of mother in (years)		
<=20	1	1.6
21-30	33	55
31-40	26	43.33
Type of family		
Nuclear	39	65.0
Joint	21	35.0
Education of mother		
<10yr of schooling	43	71.66
>= 10yr of schooling	17	28.34
Age of infant		
<= 1 month	6	10.0
1 – 3 months	13	21.66
4 - 6 months	41	68.34

Table-1: Socio demographic characteristics of mothers and babies

	Number who said yes	percentage
1. Colostrum not given (n=60) reasons(n=24)	24	40.0
not able to suck properly	15	65.21
Harmful for baby	5	21.73
As advised by elders	4	17.39
2. Breast feeding within (n=60)		
1 hour	6	10.0
1 to 4 hours	13	21.64
4 to 24 hours	32	53.33
> 24 hours	9	15.0
Reasons of non initiation within 1 hour (n=54)		
No milk letdown	27	50.0
Maternal exhaustion	11	20.37
Baby did not suck properly	9	16.67
Not told by caregivers to feed	7	12.96
3. Prelacteal feeding given(n=60)		
Type of feed	59	98.33
Khakekarbala (n=59),	45	76.27
Water (n=59)	6	10.16
Kehwa (n=59)	5	8.47
Formula (n=59)	3	5.08
Reasons for prelacteal feeding		
Religious values,	33	55.93
Traditional practice	14	23.72
First feed to be sweet	07	11.86
Mother unable to feed infant	5	8.47
4. Bath given (n=60)		
Immediately after birth	3	5.0
Within a week	24	40.0
After one week	33	55.0
5. Exclusivebreastfeeding over the month prior to interview.(n=60)		
Reasons for not giving (n=44) exclusive breast milk	16	26.66
Less milk output	27	61.36
Breast milk less nutritious	10	22.72
Not necessary to give upto 6 months	4	9.09
Baby hungry still after breastfeeding	3	6.81

Table-2: Infant care practices

particular sect. 23.72% reported traditional practice as a factor. Reshma et al reported 31% babies fed with sugar water or honey or jaggery water.⁷ In a study conducted in Dhaka 40% of babies were given honey while 16% sugar water.¹⁴ The major problem of giving these prelacteals leads to delay in the initiation of breast feeding.¹⁵ In a study from Nepal prelacteal feeding was reported by 841 (26.5%) among 3948 mothers. Majority of the mothers reported milk other than breast milk fed to their babies as a prelacteal feed.¹⁶

World Health Organisation (WHO) recommends that mothers initiate breastfeeding within one hour of birth. Provision of mothers breast milk to infants within one hour of birth is referred to as “early initiation of breastfeeding” and ensures that the infant receives colostrum. In this study only 10% of babies were breastfed within 1 hour after birth. It could be due to the fact that a good number of babies were born out of caesarean sections and the reason of unsafe colostrums being one among them. So, mothers as well as people around are not in favour of breastfeeding immediately following delivery. In a study done in urban slum of Delhi it was reported as 12%¹⁷ comparable to our study but both far below than a study conducted in Turkey where it was initiated in 84.3% within first hour.¹⁸

Only 10% babies were bathed immediately after birth. The practice is good and is quite lower than what was observed in a study from an urban slum of Delhi where in 34 % were bathed.¹⁷ In Nepal 92% had been bathed within the first hour.¹⁶

Exclusive breastfeeding means an infant receive breastmilk and allows vitamins, minerals, medicines as drops /syrup.¹⁹ Exclusive breastfeeding is recommended by WHO upto 6 months of age. In our study it was only a meagre percentage of 26.66 who were fed breastmilk exclusively. Less as compared to a study conducted by Oche et al in Nigeria in which 31% mothers practiced exclusive breastfeeding.²⁰ Peeyush et al reported 54% exclusive breastfeeding in urban villages of Delhi.¹⁷ Our study found a very low percentage of mothers giving exclusive breastfeed. It is a fact that working mothers are inclined towards non exclusive feeding but here it is reverse. But education of mothers is important which is quite low in our sample. And we think that deep rooted socio cultural factors more responsible than any other factor put together.

CONCLUSION

The study found a huge lacunae in the general awareness regarding primary care practices related to infants. The findings of the present study found dearth in knowledge of the mothers on infant rearing practices. A simple approach of health education, hands on training of mothers, counseling regarding various practices related to child rearing will give far fetched benefits than any other measures put together to lower the unhealthy care practices in early infancy which lead to morbidity and mortality in the young ones. These care practices are embedded in deep rooted religious, traditional, cultural and social values. More descriptive studies should be done to evaluate the various customs, traditions and the factors responsible so that training programs related to these can be developed to help mothers as well as caregivers to practice healthy habits of child rearing. Counseling and education should be dealt by health care professionals, village elders, religious leaders and this is indeed the need of the hour.

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