

CHILD-FEEDING PRACTICES IN A SUB-URBAN MUSLIM COMMUNITY IN MANIPUR: A CROSS SECTIONAL STUDYSingh K. B¹, Minita N², M. Shyami³, Priscilla K⁴, Avinash K⁵**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: The present study was done in a Muslim predominant area located in the suburbs of Imphal East district, Manipur to study the child-feeding practices and also to identify the key factors which might have an effect on it. 384 mothers having under-five children selected on PPS basis in the 11 existing villages in the area were interviewed. Pre-lacteals were used by 11% of mothers; exclusive breastfeeding rate up-to six months of age was 69%, the frequency of breastfeeding was adequate for 53% and more than half of mothers continued breastfeeding for 12-30 months. The exclusive breastfeeding rate was not associated with literacy status of mother, place of delivery or type of family. Complimentary feeding was started by 37% of mothers before the child attained six months of age. It was satisfactory in terms of quantity, quality, frequency and mode of feeding in 66% of cases. This had a significant relationship with the mothers' literacy status. The rampant use of commercial infant formula feeds by 71% of mothers for complimentary feeding, warrants educating them to replace with locally available cheap food items.

KEYWORDS: Muslim community, Breastfeeding, Complimentary feeding.

INTRODUCTION: The role of good child-feeding practice need not be overemphasized for a healthy growth and development of a child. Keeping this in view, the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) articulated a global strategy for the infant and young child feeding. Accordingly, Government of India formed Guidelines for enhancing optimal Infant and Young Child Feeding (IYCF) practices for implementation throughout the country.¹

Despite this effort, it is noted that, child feeding practices are greatly influenced by myths, superstitions, beliefs, socio-economic status, religion, knowledge and attitude of the parents. Studies have been taken up to assess the child-feeding practices in parts of the country.²⁻⁶ Most of these studies focused on breast-feeding practices. Also, the underlying factors which compelled the parents to feed their children in the way they did were not clearly spelt out. The study was taken up to assess the degree of compliance to the IYCF guidelines by a Muslim community living in an sub-urban area and also to find out the factors which determines the compliance or deviations from the guidelines so that corrective actions may be taken up in an effective way.

METHODOLOGY: A cross-sectional study was done during the period March-April of 2013 in Khetrigao area, a Muslim dominated area located in the sub-urban area of Imphal East district, Manipur. The area is also identified as the Intensive Field Practice Area of JN Institute of Medical Sciences. The area covered eleven villages with a total population of 13, 000 approximately. Eligible study subjects were selected from all the villages based on probability proportionate to size. Data by using a pre-tested questionnaire were collected by a team of trained investigators from mothers who

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had living children aged less than five years. The questionnaire included details on socio-demographic profile, breastfeeding and complimentary practices, the later emphasizing on quantity, quality, frequency and mode of feeding concerning about the last child.

A sample size of 384 was calculated assuming the exclusive rate of breastfeeding as 50%, an allowable error of 10% and a confidence interval of 95%. All eligible mothers in the selected villages were approached until the desired sample size was reached. Mothers who could not be contacted even on two visits and mothers who refused to participate in the study were excluded. Informed verbal consent was taken before the interview.

Data collected were entered in Microsoft Excel and later on transported to SPSS v 20.0. Data analysis was done by using descriptive statistics as well as by applying Chi-square wherever needed.

RESULT: There was no case of refusal to participate in the study. Completed data sets could be collected from 384 eligible mothers. Majority of the mothers (78%) were illiterate. Half of them got married before the legal age of 18 years. 84% were housewives. More than half of them belonged to nuclear family in type.

Sl. No.	Characteristics	Number (%)
1	Age of mothers (in completed years) <ul style="list-style-type: none"> • < 18 • 18 – 22 • 23 – 30 • 30 and above 	01 (0.26) 73 (19.01) 246 (64.06) 64 (16.67)
2	Mothers' literacy status <ul style="list-style-type: none"> • Illiterate • Literate 	103 (26.82) 281 (73.18)
3	Occupation of mothers <ul style="list-style-type: none"> • Housewife • Self-employed • Govt./ Pvt. Employee 	321 (83.59) 55 (14.33) 08 (2.08)
4	Mothers' age at marriage (in completed years) <ul style="list-style-type: none"> • < 18 • 18 or above 	160 (41.67) 224 (58.33)
5	Sex of children <ul style="list-style-type: none"> • Male • Female 	187 (48.69) 197 (51.34)
6	Average monthly family income (in Rs.) <ul style="list-style-type: none"> • < 3000 • 3000 – 10000 • 10000 or more 	61 (15.89) 264 (68.75) 59 (15.36)

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7	Family type <ul style="list-style-type: none"> • Nuclear • Joint 	229 (59.63) 155 (40.37)
8	Mode of delivery of last child <ul style="list-style-type: none"> • Institutional • Home 	275 (71.61) 109 (18.39)
9	Age of children (months) <ul style="list-style-type: none"> • 0-6 • 6-12 • 12-30 • 30-60 	47 (12.24) 52 (13.54) 145 (37.76) 140 (36.46)

Table 1: Socio-demographic profile of selected families

Two-thirds of the families belonged to middle class family with an income range of Rs. 3000 – Rs. 10,000 per month. 72% of the children were delivered institutionally. More than one-third of the children were in the age group of 12 - 30 months.

Sl. No.	Breastfeeding practices	No. (%)
1	Pre-lacteals given	42 (10.94)
2	Exclusively breastfed up-to 6 months	264 (68.75)
3	Baby given colostrum	354 (92.19)
4	Initiated breastfeeding within 1 hr. of birth	219 (62.57)
5	Number of breastfeeds in 24 hours <ul style="list-style-type: none"> • < 8 times • 8 or more 	204 (53.13) 180 (46.87)
6	Breastfeeding continued up-to (in months) <ul style="list-style-type: none"> • Up-to 6 • 6-12 • 12-30 • 30-60 	56 (14.58) 70 (18.23) 199 (51.82) 59 (15.36)

Table 2: Breastfeeding practices

Pre-lacteals were given to newborns by 11% of the mothers. More than two-thirds of children were exclusively breastfed up-to 6 months of age. Yet the frequency was not adequate for half of all the children. The main reason for not breastfeeding up-to six months was because of less time available for breastfeeding (81.80%). Colostrum was given to newborns by 92% of the mothers. 219 (63%) mothers initiated breastfeeding within first hour of birth. Half of the mothers continued breastfeeding for a period of 12-30 months.

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Sl. No.	Complimentary feeding practices	No. (%)
1	Age of child at initiating complimentary feeding (in months)	
	• < 6	143 (37.24)
	• At 6	69 (17.97)
	• > 6	172 (44.79)
2	Use of commercial infant products for complimentary feeding	271 (70.57)
3	Satisfactory complimentary feeding	254 (66.15)

Table 3: Complimentary feeding practices

Complimentary feeding was started at six months of one-seventh of mothers. Remaining six-seventh started it either too early or too late. This was mainly because of religious reasons prevailing in the study area. Commercial infant formula was used by 71% of the mothers for the purpose of complimentary feeding. The complimentary feeding in terms of quantity per feed, quality of food, frequency of feeding and the mode of feeding considered altogether were satisfactory for two-thirds of cases.

Social variables	Exclusively breastfed	Not exclusively breastfed	p value*
Mothers illiterate	66 (64.07)	37 (35.93)	0.232
Mothers literate	198 (70.46)	83 (29.54)	
Institutional delivery	191 (69.45)	84 (30.54)	0.636
Home delivery	73 (66.90)	36 (33.02)	
Nuclear family	161 (70.31)	68 (29.69)	0.424
Joint family	103 (66.45)	52 (33.55)	

Table 4: Association between exclusive breastfeeding up-to 6 months and key social variables

*X², d.f.=1

There was no significant difference in the practice of exclusive breastfeeding up-to six months because of literacy status of mother, place of delivery or type of family.

Literacy status of mothers	Satisfactory complimentary feeding	Unsatisfactory complimentary feeding	p value*
Illiterate	43 (45.26)	60 (54.74)	0.003
Literate	161 (63.14)	120 (36.86)	

Table 5: Association between satisfactory complimentary feeding and literacy status of mothers

*X², d.f.=1

Literate mothers were found to be significantly higher in giving satisfactory complimentary feeding to their children as compared to the illiterate mothers.

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DISCUSSION AND CONCLUSION: The exclusive breastfeeding rate of 69% in the present study area was much higher than the national rate of 46%.

This may be because of time difference between the National Family and Health Survey-3 and the present survey and improved awareness gained till then on the importance of exclusive breastfeeding.

The 11% pre-lacteal rate in the study area was almost comparable to studies done in other parts of the country.²⁻⁵ 37% of the mothers initiating complimentary feeding was higher than what was found out by studies done in other parts of the country.

Decisions made by elders in the family and religious reasons pertaining to this community may be the compelling factors. The rampant use (71%) of commercial infant formula feeds as complimentary feeds in the study area is a bad omen and warrants education of the mothers to switch-over to locally available cheap food items.

Children not having mothers were not covered in the study. Their feeding practices might be worse than which was found out in the present study. Further studies on their feeding practices are recommended.

REFERENCES:

1. Guidelines for Enhancing Optimal Infant And Young Child Feeding Practices, Ministry of Health and Family Welfare, Govt. of India, 2013.
2. A. Kameswararao. Breastfeeding Behavior of Indian Women. IJCM; XXIX (2), Apr-June 2004: 62-4.
3. Sima Roy et al. Feeding Practices of Children in an Urban Slum of Kolkata. IJCM, 34 (4) Oct 2009: 362-3.
4. Apurba Sinha Babu et al. Infants and Young Child Feeding Practices in Bankura District, West Bengal. IJCM 2010; 28 (3): 294-9.
5. R. K. Narendra et al. Breastfeeding Practices in Manipur. JMS 25 (3) Sept 2011: 64-8.
6. National Family and Health Survey -3 Report, Indian Institute of Population Sciences, Mumbai.

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