

**ORIGINAL RESEARCH ARTICLE****INFANT AND YOUNG CHILD FEEDING PRACTICES AMONG MOTHER IN SATAR COMMUNITY**RK Ban ^{1*}, L Rajbanshi ²¹ Nepalese Army Institute of Health science, Sanobharang, Kathmandu, Nepal² College of Nursing, Chitwan Medical College, Chitwan, Nepal***Correspondence to:** Ms. Rita Kumari Ban, Nepalese Army Institute of Health science, Sanobharang, Kathmandu, Nepal. Email: chandragiri074@gmail.com**ABSTRACT**

Infant and Young Child Feeding (IYCF) practices differ in communities due to differences in knowledge, culture and other socio-economic factors. The objective of this study was to find out the practices of Satar mothers on IYCF and their correlates. A descriptive study employing non-probability sampling technique was used to select 132 mothers who had infants aged from 6 months to 23 months. Descriptive statistics and chi-square test were used to find out the association between practice of breastfeeding and complementary feeding with selected socio demographic variables. Findings depicted that practice of breastfeeding was lower than complementary feeding among Satar mothers. About 37.1% respondents initiated breast feeding in less than an hour (≤ 1 hour). While 80.3% respondents fed colostrums, almost the half of them (43.4%) practiced prelacteal feeding. Exclusive breastfeeding and introduction of complementary foods at the age of six months were 49.2% and 51.5% respectively. Exclusive breast feeding was found to have significant association with educational level of respondents ($p < 0.001$), education level of her husband ($p < 0.001$), sex of children ($p = 0.023$) and place of delivery ($p < 0.001$). Feeding practices in Satar community were found to be associated with mother's educational status so there is still a need for programmes, which support and encourage breast-feeding particularly focusing more on younger and less well-educated mothers.

Key words: Feeding practices, Infant, Satar, Young child.**INTRODUCTION**

Infant and young child feeding (IYCF) practices comprising breastfeeding as well as complementary feeding have major role in determining the nutritional status of children. WHO and UNICEF recommend that infants be exclusively breastfed for the first 6 months of life and thereafter receive adequate complementary foods in addition to continued breastfeeding until 2 years of age or beyond¹.

High rates of exclusive breastfeeding during the first 6 months of life and continued breastfeeding with Complementary feeding can potentially prevent 13% and 6% respectively of under-5 deaths each year. Recently, increasing emphasis has been placed on exclusive breastfeeding for infants up to 6 months of age as an important factor for child survival, growth and development. However, continued

breastfeeding is also very critical to improve feeding in children 6-23 months of age².

There has been drastic reduction in child and infant mortality rates in Nepal in the last 15 years, neonatal mortality has declined by 27% over the 15 years period preceding the survey, 45 to 33 deaths per 1000 live birth. Infant mortality has declined by 42% over the last 15 years, while under 5 has declined by 54% over the same period. Despite their achievement general malnutrition is still an enduring problem in the country and around 50% of children are suffering from chronic malnutrition or are stunted. Currently, only 53% of babies in Nepal are breastfed exclusively till the age of 6 months and 35% are breastfed within the first hour of birth³.

The Santhal (Satar) community, one of the most excluded ethnic groups in Nepal, is concentrated in Jhapa and Morang districts in Eastern Nepal. The Santhal follow their own customs regarding birth, death and marriage ⁴.

The study has identified the existing practice of Satar mothers, residing in Jhapa district of Nepal, on infant and young child feeding.

METHOD

The descriptive study design was carried out from 2013-8-6 to 2013-9-6 in Satar community of Jhapa District. Data was collected from Jalthal VDC at ward no 1, 2, 3, 5, 6 and 8. Purposive sampling technique was used and sample size was 132. Populations of the study were mothers who had 6 months to 23 months age children. Data was collected using structured questionnaires which were administered face-to-face to the mothers in their home settings. Written approval was taken from research committee of CMC (CMC-IRC). Written approval was taken from the authority from President of Satar community. In a day 6-7 respondents were interviewed by the researcher herself to collect the data. The collected data were analyzed by using descriptive statistics in terms of frequency, percentage and chi-square test. The findings of the study are presented in the tables below.

RESULTS

Table 1: Demographic Characteristic of Respondents (n=132)

Variables	Frequency	Percent
Age (in year)		
Up to 20	21	15.9
21-25	51	38.6
26-30	43	32.6
31-35	17	12.9
Occupation		
Farmer	5	3.8
Service holder	11	8.3
Business	8	6.1
Daily labor	92	69.7
House wife	16	12.1
Religion		
Hindu	111	84.1
Christian	21	15.9
Education status of respondents		
Illiterate	55	41.7
Literate	77	58.3
Place of delivery		
Home	86	65.2
Institution (Health facility)	46	34.8
Types of delivery		
Normal	121	91.7
C/S	11	8.3

Mean Age S.D (23.9 4.21), Minimum 16 and Maximum 35 years

Out of 132 respondents, 38.6% of the respondents were in the age group of 21-25 years and 12.9% respondents were age group of 31-35 years. Daily labor was the main occupation of 69.7% of the mothers. 58.3% respondents were literate. Moreover, 65.2% children were born at home. Similarly, 91.7% were normal deliveries.

Table 2: Breastfeeding Practices of Respondents

Variables	Frequency	%
Initiation of breastfeeding after baby birth (n=132)		
≤1 hour	49	37.1
>1hour	83	62.9
Mean ±S.D. = (6.19±2.7) minmum-20min, maxi- mum-18hrs		
Practice of colostrums feed- ing (n=132)		
Yes	106	80.3
No	26	19.7
Practice of Prelacteal feed- ing (n=132)		
Yes	58	43.4
No	74	53.6
Type of Prelacteal feeding (n=58)		
Cow's milk	52	89.7
Lactogen	5	8.6
Honey	1	1.7
Practice of exclusively breast feeding (n=132)		
<6 months	43	32.6
6 months	65	49.2
> 6 months	24	18.2
Mean ± S.D (6.19±2.69) Minimum 2 months, Max18 months		

This table reveals that 62.9% respondents had initiated first breast feeding after 1 hour of birth of the baby. Total 80.3% respondents had fed colostrum sot their newborns..Similarly, 43.4% respondents had practiced prelacteal feeding. In regards to prelacteal feeding, 89.7% had fed cows milk to the child. Majority of respondents 49.2% had exclusively breastfed their babies.

**Table 3: Complementary Feeding Practices Respon-
dents**

Variable	Freq.	%
Initiation of complementary feed- ing started time (n=132)		
< 5 months	40	30.3
5-6 months	68	51.5
7 months of age or later	24	18.2
Mean ± S.D (6.3±2.49) Minimum 2 months, Maximum 18 months		
Reasons of starting complementary feeding before 6 months of age (n=40)		
Insufficient breast milk	33	82.5
For develop habit	7	17.5
Reasons of starting complemen- tary feeding After 6 months of age (n=24)		
Sufficient of breast milk	21	87.5
Refused by child	3	12.5
Types of complementary food fed daily to baby*(n=132)		
Grains groups	132	100
Vegetables groups	132	100
Fruits	22	16.7
Milk/Dairy	74	56.1
Meat/Beans groups	124	94
Frequency of feeding semi solid/ solid food for 6-8 months child (n=30)		
2 times	6	20.0
3 times	24	80.0
Frequency of feeding semi solid/ solid food for 9-23 months child (n=102)		
3 times	52	50.9
4 times	35	34.4
5 times	15	14.7

*multiple Responses

This table depicts that 51.5% respondents started

complementary feeding within 5-6 months while 18.2% respondents started after 7 months of age. The main reason for cited by 82.5% of those starting complementary feeding before 6 months, was insufficiency of their breast milk. To part of frequency of feeding semi solid/ solid food for 6-8 months children, 80.0% respondents had practiced it 3 times a day while for 9-23 months of children, 50.9% respondents had practice for similar times (3 times a day).

Table 5: Association between Respondents' Exclusive Breastfeeding Practice and Selected Socio-Demographic Variables (n=132)

Sociodemographic variables	Exclusive Breast feeding		P value
	<6 month n (%)	>6 month n(%)	
Age group(in years)			
Up to 20	9(42.9)	5(23.8)	0.032**
21-25	12(23.5)	4(7.8)	
26-30	15(34.9)	11(25.6)	
31-35	7(41.2)	4(23.5)	
Education status of respondents			
Illiterate	30(54.5)	9(16.4)	<0.001**
Non-formal /Basic education	12(28.6)	12(28.6)	
Secondary level of education and more	1(2.9)	3(8.6)	
Place of delivery			
Home	37(43.0)	20(23.3)	<0.001**
Institution	6(13.0)	4(8.7)	
Sex of children			
Female	32(42.1)	11(14.5)	0.023**
Male	11(19.6)	13(23.2)	
No. of children			
1 child	11(21.5)	5(9.6)	0.001**
2 children	15(31.5)	12(25)	
≥ 3children	17(53.1)	7(21.9)	
Family income			
<10000	6(42.9)	2(14.3)	0.002**
10000-15000	30(46.9)	11(17.2)	
>15000	7(13.0)	11(20.4)	

χ^2 is computed for p-value, **Significance level is <0.05

Table 5 shows that there is significant association of mother's exclusive breast feeding with age group ($p=0.032$), educational level of respondents ($p<0.001$), family income ($p=0.002$), number of children ($p=0.001$), sex of children ($p=0.023$) and place of delivery ($p<0.001$).

Table 6: Association of Respondents' Practice of Initiation of Complementary Feeding With Socio-demographic Variables (n=132)

Socio demographic variables	Complementary Feeding			P value
	<5 month n(%)	5-6month n (%)	>7month n(%)	
Age group (in year)				
Up to 20	9(42.9)	8(38.1)	4(19.0)	0.050
21-25	9(17.6)	35(68.6)	7(13.7)	
26-30	14(32.6)	19(44.2)	10(23.3)	
31-35	8(47.1)	6(35.3)	3(17.6)	
Education status of respondents				
Illiterate	29(52.7)	16(29.1)	10(18.2)	<0.001**
Non-formal /Basic education	10(23.8)	20(47.6)	12(28.6)	
Secondary level of education and more	1(2.9)	32(91.4)	2(5.7)	
Place of delivery				<0.001**
Home	36(41.9)	30(34.9)	20(23.3)	
Institution	4(8.7)	38(82.6)	4(8.7)	
Types of delivery				
Normal	38(31.4)	60(49.6)	23(19.0)	0.337
C/S	2(18.2)	8(72.7)	1(9.1)	
Sex of child				0.072
Female	29(38.2)	35(46.1)	12(15.8)	
Male	11(19.6)	33(58.9)	12(21.4)	
No. of children				
1child	9(17.3)	38(73.1)	5(9.6)	0.001**
2children	16(33.3)	22(45.8)	10(20.8)	
≥ 3 children	15(46.9)	8(25)	9(28.1)	
Family income				0.002**
<10000	6(42.9)	6(42.9)	2(14.3)	
10000-15000	28(43.8)	25(39.1)	11(17.2)	
>15000	6(11.1)	37(68.5)	11(20.4)	

χ^2 is computed for p-value, **Significance level is <0.05

Table 16 shows that there is significant association of mother's initiation of complementary feeding with educational level of respondents ($p<0.001$), family income ($p=0.002$), number of children ($p=0.001$), sex of children ($p=0.023$) and place of delivery ($p<0.001$). Similarly, it is insignificant with type of family, type of delivery, sex of children and religion of respondents

DISCUSSION

In this study, socio demographic information showed that 38.6% of the respondents were in the group of 21-25 years and 69.7% respondents were doing daily labor. This study reported that 77.3% of respondents had child age between 9-23 months. This study showed that 100 percent respondent had done breast feeding but only 37.1% respondents had initiated it within ≤ 1 hour. NDHS (2006) shows that about 35% of infants were initiated breast-feeding within one hour of birth⁵.

This study revealed that 80.3% respondents fed colostrums. Concerning about discarding colostrums, this study showed that 19.7% respondents. This study reveals that 43.4% respondent had practice of prelacteal feeding. According to NDHS (2011), the data show that 28 % of infants are given a prelacteal feed³.

This study revealed that 49.2% respondents fed breast milk for 6 months. Concerning about respondents complementary feeding practices, 51.5% respondents initiated within 6 months. This study showed that reasons for starting complimentary feeding after 6 months was majorly due to insufficiency of breast milk.. The study is supported by a study done by Rao et al (2011) where around 71% mothers felt that their milk was enough for baby⁶.

This study revealed that, 88.6% respondents did continue breastfeeding with complementary feeding. This study showed that 80.0% respondents had practice 3 times semi solid/ solid food feeding for 6-8 months children and 50.9% of the mothers practiced the same feeding pattern for 9-23 months children, . This study showed that types of complementary food intake where there cent percent respondents had practiced feeding grain groups and vegetables groups. 16.7% took fruits groups daily.

There is significant association between initiation of breast feeding within an hour with educational level of respondents ($p=0.001$), Women's occupation ($p<0.001$), number of children ($p=0.007$) and place of delivery ($p=0.009$).

There is significant association of mother's exclusive breast feeding with age group ($p=0.032$), educational level of respondents ($p<0.001$), family income

($p=0.002$), number of children ($p=0.001$), sex of children ($p=0.023$) and place of delivery ($p<0.001$).

There is significant association of mothers initiation of complimentary feeding with educational level of respondents ($p<0.001$), family income ($p=0.002$), number of children ($p=0.001$), sex of children ($p=0.023$) and place of delivery ($p<0.001$).

CONCLUSION

Based on the study findings, it can be concluded that initiation of breastfeeding within an hour and exclusive breastfeeding practice at the age of 6 months was low among Satar mothers and prelacteal feeding was still prevalent. In contrast, colostrums feeding practice was good and more than half of the respondents had good practice of initiation of complimentary feeding. Similarly, frequency of practice of feeding semisolid or solid food was good among children. In spite of these good practices, there were gaps in practice of feeding different types of food groups. There was lack in feeding fruits groups and meat/ beans groups food. Factors like educational level of respondents, their occupation, place of delivery, economic status of respondents were found to be associated that influenced practice of infant and young child feeding. There is still a need for programmes, which support and encourage breast-feeding and complementary feeding particularly focusing more on younger mothers, less well-educated mothers, mother delivering at home and those who are involved in daily labor.

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