ABSTRACT: BACKGROUND: Good nutrition is essential for growth, development and survival of infants. Objective: To study knowledge, attitude and practices of infant feeding among rural mothers. To identify factors associated with growth and morbidity among infants. METHODOLOGY: Community based cross sectional study which was conducted from June 2012 to October 2012. Rural mothers were selected by simple random sampling method and interviewed using pretested questionnaire. STATISTICAL ANALYSIS: Data was analyzed by means, proportions, percentages and chi-square test. P<0.05 at 95% confidence interval was considered for significance. SPSS version 16 was used to analyze the data. Results: 60.7% of infants were males. 39.3% of infants were females. Statistical correlation exists between social class and birth weight (p<0.02). In 90.6% of infants colostrum was not given. 94% of infants were breast fed. In 41% of infants weaning was started at 9 to 12 months. Only 20% infants were normal and 52.7% were with grade-1 malnutrition. 20.7% mothers were boiling utensils which were used for infant feeding. 96.7% mothers told breast feeding was best for babies. 38.7% mothers were not aware that colostrum given in first hour would reduce infant mortality rate. CONCLUSION: Awareness must be generated among mothers regarding infant feeding and better living conditions through health education. Health workers should provide it at grass root levels. KEYWORDS: Feeding practices, rural mothers, field practicing area, infants.

INTRODUCTION: Breastfeeding is fundamental right of the child. The initiation of breast feeding and timely introduction of adequate, safe supplementary foods in addition with breast feeding are important for growth, development, health of infants. Undesirable cultural practices need to be discouraged. About 128 million stunted children lives in Asia. One in every third malnourished child in world lives in India. UNICEF and WHO launched ‘Baby friendly hospital initiative in 1992 as part of global effort to promote breast feeding.

Looking to the importance of infant feeding practices, with objective to study infant feeding practices the present study was conducted.

MATERIALS AND METHODS: Community based cross sectional study was conducted from June 2012 to October 2012. Rural mothers of infants were selected by simple random sampling method by using random numbers table. Sample size of 150 infant mothers were selected and interviewed using pretested questionnaire. Data was analyzed by means, proportions, percentages, and chi-square test. P<0.05 at 95% confidence interval was considered significance. SPSS version 16 was used to analyze data.
RESULTS: Total 150 infants were selected 60.7% (91) males and 39.3% (59) were females. There is statistical correlation between social class and birth weight (p<0.02). In social class 4 and 5 birth weight was low. In 90.7% (136) colostrum was not given. Mothers were discarding colostrum before giving breast milk. 6% (9) infants were not breast fed. In 40.7% (61) of infants weaning was started at age of 9-12 months. 69.3% (104) mothers were cleaning the utensils after feeding baby with soap water. Only 20% of mothers were cleaning by boiling. 52.6% (79) of infants were with grade 1 malnutrition.

Only 20% of infants were well-nourished. Diarrheal episodes are more in infants who are not fed on colostrum 41% (56). Respiratory infections are less in infants who are fed on colostrum 14.3% as compared to those who do not fed 27%(37). 96.7% (145) of mothers told breast feeding is best for baby. 11.3% (17) do not know that breast feeding should be continued after weaning. 36% (54) of mothers do not know that weaning should be started at age of 6 months. Only 36% of infants received breast feeding within 1 hour.

| NUTRITIONAL STATUS    | NUMBER | PERCENTAGE |
|-----------------------|--------|------------|
| Normal                | 30     | 20         |
| Grade 1 malnutrition  | 79     | 52.6       |
| Grade 2 malnutrition  | 28     | 18.7       |
| Grade 3 malnutrition  | 13     | 8.7        |
| **Total**             | **150**| **100**    |

Table 1

| MODE OF CLEANING UTENSILS USED FOR FEEDING INFANTS | NUMBER | PERCENTAGE |
|---------------------------------------------------|--------|------------|
| Boiling                                           | 31     | 20.7       |
| Cleaned with soap water                           | 104    | 69.3       |
| Cleaned with tap water                            | 14     | 9.3        |
| Cleaned with mud/ash                              | 1      | 0.7        |
| **Total**                                         | **150**| **100**    |

Table 2

| REASONS FOR LATE INITIATION OF BREAST FEEDING | PERCENTAGE |
|----------------------------------------------|------------|
| Family restriction                            | 34.1%      |
| Caesarean section                             | 22%        |
| No milk secretion                             | 14.5%      |
| Baby in NICU                                   | 10.2%      |
| Mother was ill                                 | 10.5%      |
| Doctor/Nurse advice                            | 8.7%       |

Table 3
REASON FOR NOT GIVING COLOSTRUM | PERCENTAGE
---|---
Family restriction | 36%
It is infectious | 27%
Tradition/Customs | 16%
Baby in NICU | 12%
Mother was ill | 9%

Table 4

**DISCUSSION:** According to IYCF (2006) guide lines govt. of India recommends that initiation of breast feeding should begin immediately after birth preferably within 1 hour.\(^1\) In our study 36% of infants started breast feeding with in 1 hour of birth. Common reasons for late initiation of breast feeding were family restrictions 34.1% and caesarian section 22%.

As per data in NFHS-3 report breast feeding was started with in 1 hour in 30.3% in urban region of India\(^2\). In another study by Kumar D (2006) urban slums showed breastfeeding with in 1 hour as 6.3% and 32.6% with-in 24 hours.\(^3\) In a study by Kulkarni et al (2004) in urban area 61.3% of literate and 43.7% of illiterate mothers had initiated breast feeding with-in 6 hours of delivery.\(^4\) As colostrum is thick secretion, it was considered unhealthy. This shows their poor knowledge about physiology of milk secretion. Mothers should be properly counseled about same.

Different studies reported varying figures regarding the rejection of colostrum.58.7% in MICS report (2006) of Bhavnagar urban slums,\(^5\) 82.9% in Srivastava S.P. et al(1994) study\(^6\), 3.6 in Chaterjee Saurav et al (2008) study,\(^7\) 29% in a study by Banapur Math C.R. et al(1996)\(^8\), 15.6% in Kumar D et al 2006 study.

In a study Bharadwaj et al (1991) observed that reason for not giving colostrum was religious belief (63.6%) followed by reasons that it was thick (12.8), unclean (11.8%) and its removal causes easy suckling for the child (11.8%).\(^9\) We noticed that there was wrong belief in community should be changed by awareness generation about importance of colostrum to their child and cleaning of utensils after feeding.

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