

Survey on Infant Young Child Feeding Practices in Haryana

INTRODUCTION

This report is a part of the survey on infant feeding practices in 4 districts of Haryana i.e.Gurgaon, Faridabad, Rewari and Narnoul(M.G) assigned to Resource Development Centre by Department of Women and Child Development, Haryana under improving Infant & Young Child Feeding in Haryana, during the year 2005-06.

BACKGROUND

In India, while the infant mortality rate (IMR) has shown decline there still remains the need to accelerate improvements in infant and neonatal survival to achieve Tenth Plan goal, to reduce IMR to 45 per 1000 live births by 2007 so as to reduce it further by 27 by 2012. Problems such as malnutrition in children, poor maternal and adolescent nutrition, gender discrimination, all continue to be major challenges.

Even today, every fourth infant born in India has low birth weight and every second young child is malnourished, reflecting inadequate caring practices related to health, hygiene, infant and young child feeding, psychological care, and discrimination for girls and women.

Inadequate infant and young child feeding practices contribute to the sharp increase in malnutrition-almost fourfold between the first few months of life and the completion of two years of age. Recently released UNICEF's report card on nutrition, says that each year 600000 under-5 child deaths could be averted in India if a handful of simple health interventions along with correct infant feeding were to be universally applied.

It is estimated that worldwide 10.9 million children under five years of age die every year, of which 2.42 million deaths occur in India alone. The Global strategy on Infant and Young Child Feeding, adopted by World Health Assembly (WHA), recognizes that two-thirds of these deaths occur during the first year and is related to inappropriate infant feeding practices.

This statement is further strengthened by a research on accelerating child survival published in the Lancet, which clearly establishes that universal breastfeeding (exclusive breastfeeding for the first six months and continued breastfeeding for the next six months) is the single most effective child survival intervention-it reduces under-5 mortality by 13 to 16 percent. Adequate complementary feedings after six months could prevent an additional 6 percent of all such deaths. Extending the coverage of these two optimal infant and young

child feeding practices to 90% could prevent 19% of all deaths among children under five.

A recent study rural Ghana reveals that 22% of neonatal deaths could be reduced if all mothers started to breastfeed within an hour of birth.

Recently released WHO Child Growth Standards are based on the breastfed child, as the norm for growth and development. WHO reiterates that breastfed infants should be the standard for measuring healthy growth. While it is known that children fed on breast milk substitutes gain weight quickly compared with breastfed babies, such bonny babies face many health problems at a later stage.

The rationale behind promotion of optimal infant and young child feeding, especially breastfeeding, is not confined to its singular contribution to improved child survival and healthy growth. Optimal infant feeding also contributes to improved development outcomes and better active learning capacity in young children. The World Bank has produced a comprehensive report on the importance of improved nutrition on the reduction of poverty. Central to the report's recommendations is the firm statement that steps to prevent malnutrition MUST occur during pregnancy and the first 2 years of life.

Scientific evidence is available that breast milk alone is the ideal nourishment for infants for the first six months of life, and their 'first immunization'. It contains all the nutrients, antibodies, hormones and antioxidants that an infant needs to thrive- the 'nurture provided by nature'. It protects babies from diarrhea and acute respiratory infections, stimulates their immune systems and thereby prevents and reduces malnutrition, morbidity and mortality in infants and young children.

Promotional of optimal infant and young child feeding practices is crucial for preventing malnutrition & early growth faltering; reducing infant and neonatal mortality and for promoting integrated early child development. Breastfeeding is a critical entry point for ensuring progressive fulfillment of children's right to survival, growth and development to full potential, without discrimination.

Breastfeeding also creates a strong bond between the mother and the child, stimulating development of all five senses of the child, providing emotional security and affection, with a lifelong impact on psychosocial development. New research also indicates that it confers cognitive benefits, thereby enhancing brain development and learning readiness. Responsive care and feeding is another way in which infants participate actively in their own development. The benefits of breastfeeding for maternal health, well-being and empowerment including those for birth spacing are also well established.

National plan of action for children, 2005 underlines India's commitment for children manifested in several articles of the constitution dedicated to children. It also spells that the right of child articulated in the constitution of India and the

CRC should work in synchrony to ensure all rights to all children. Building on these provisions and in recognition to India's commitment to the Millennium Development Goals and the World Fit for Children, the state shall work to progressively extend these guarantees and protection to all children.

India has become one of the first countries in the world to update its legislation to protect, promote and support breastfeeding, in harmony with the new Global Strategy for Infant and Young Child Feeding. The enactment of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of production, Supply and Distribution) Act, 1992 (As Amended in 2003) is a measure step forward in ensuring the best possible start in life for young children. This Act regulates marketing and supply of infant milk substitutes, feeding bottles and infant foods. It mandates that all mothers be empowered so that their infants receive exclusive breastfeeding for the first six months. Thereafter, they shall receive optimal complementary feeding, along with continued breastfeeding up to two years of age or beyond.

In 2004, National Guidelines for Infant & Young Child Feeding was came into action these call for concrete action plans on optimal Infant & Young Child Feeding and lists responsibilities of several stake holders.

Status of Infant & Young Child Feeding and 10th Five-year Plan Goals for India and Haryana

In the major strategies to stated commitments of the tenth plan include recognition of the early childhood up to six years as critical for the development of children and prenatal to first three years as the most crucial and vulnerable period in the life for laying the foundation for the achievement of full human development potential and cumulative life-long learning.

Data from NFHS-2 reflects that in India, 47% (percentage below-2SD) children under the age 3 years are underweight. According to the NFHS-2, in India, breastfeeding within one hour was initiated only 15.8% of infants, which reaches 37.1% within the first 24-hours; only 55.2% of children of 0-3 months and 27.3% of 4-6 months, were exclusively breastfeed. According to the Multiple Indicator Cluster Survey (MICS) 2000 of UNICEF India, the percentage of 'true' exclusively breastfeed babies between 0-3 months is even lower (15.6%).

After the age of six months, introduction of complementary feeding with continued breastfeeding is critical for meeting the protein, energy, and micronutrient needs of the children. However according to NHFS-2, in India, it is delayed in the case of a substantial proportion of children. Only 33.5% of children (6-9 months old) who are breastfed consume solid or mushy foods.

OBJECTIVE

The study had the following specific objectives:

- To assess the status of infant and young child feeding practices in the districts
- To understand the barriers of infant feeding practices

OUTLINE OF TASK CARRIED OUT

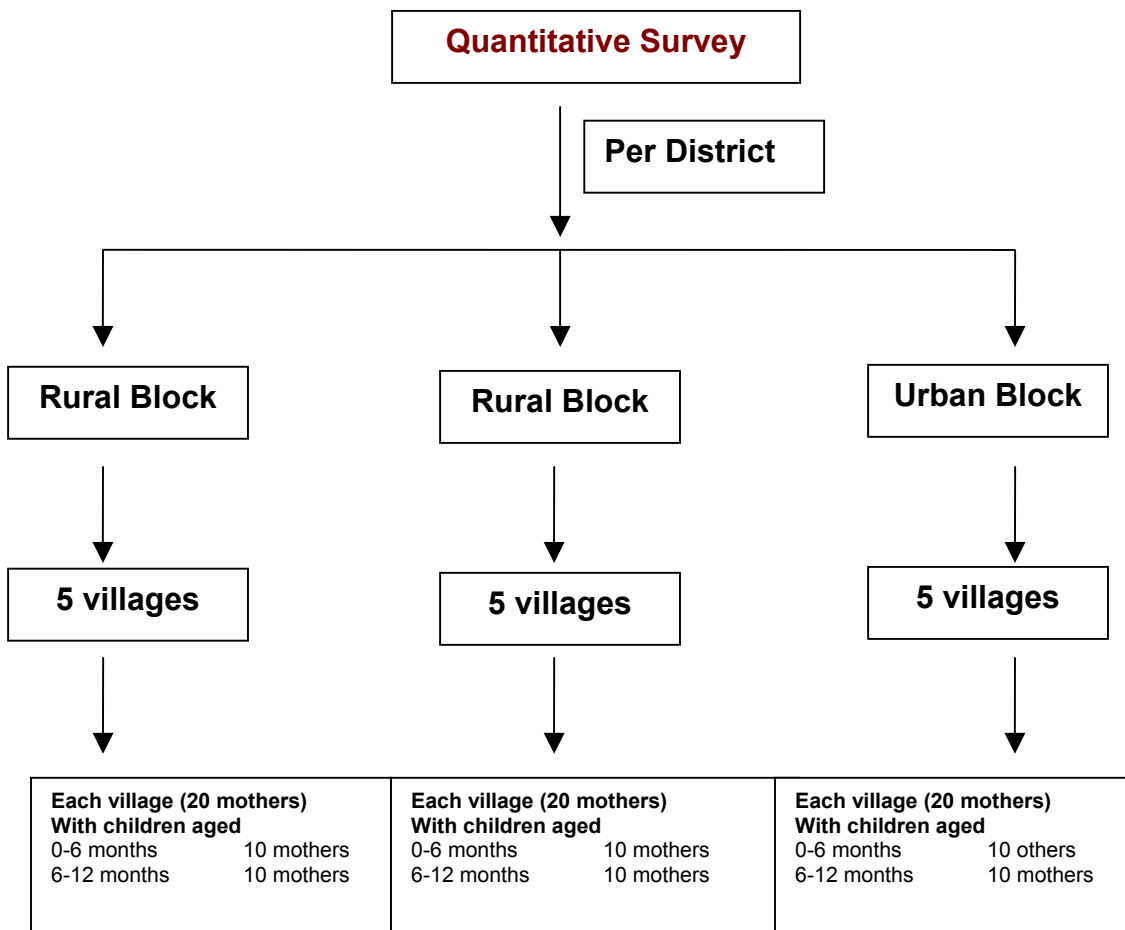
1. In phase 1, quantitative data (percentage early initiation, exclusive breastfeeding, prelacteal feeding) was collected by interviewing mothers of infants between the ages of 0-12 months.
2. During phase II, qualitative data (barriers and opportunities for optimal infant feeding practices) was collected through in-depth interviews of mothers, pregnant women, mothers-in-law, health workers and father-in-law/husband.

STUDY DESIGN, METHODOLOGY, DATA COLLECTION AND ANALYSIS

I. Quantitative Study: Status of Infant and Young Child Feeding

The study was conducted in both rural and urban areas of the districts. A total of 300 mothers of 0-1 year old children were interviewed out of three strata in the district (from the cluster of 5 villages in each of two rural blocks and from the block headquarter).

The stratification was done by selecting three Blocks randomly from the district i.e. 2 rural blocks and one urban. 5 villages were selected per block. From every village 20 mothers with children aged 0-6 months and 6-12 months were interviewed (10 mothers with each age group).



II. Quantitative Study: Status of Infant and Young Child Feeding

The main aim of undertaking the qualitative study was to understand the barriers to optimal breastfeeding practices. The study helped to establish some of the positive factors on which health workers, community workers and communicators can build on the programs to motivate mothers and other stake holders (in the family and community) to promote optimal infant and young child feeding practices.

The qualitative study was based on in-depth interviews. The information gathered from in-depth interviews is of great help in designing interventions to improve knowledge, attitude and practice related to optimal infant feeding practices.

The following issues were covered by the in-depth interviews:

- Knowledge of appropriate breastfeeding practices, for example, initiation, colostrums feeding, exclusive breastfeeding and introduction of complementary

feeding (mothers of infants, pregnant women and mothers-in-law);

- Exact practices adopted for the infant and reason for adoption of both favorable as well as unfavorable infant feeding practices;
- Visualizing factors, which can be used as a starting point to promote healthy feeding practices;
- Identifying factors, which will generate or strengthen community and familial support for mothers to adopt appropriate breastfeeding practices?
- Identification of key stakeholders at the community level-TBASs, influential women, women’s groups or forums etc. which can be targeted for the promotion of optimal infant and young child feeding practices at the community and family level.

In-depth interviews: Steps Adopted

In depth interviews were conducted with 25 respondents per district for qualitative survey as per following details;

Qualitative Survey

25respondents per district as per following details

Nursing mothers	-	5
Pregnant women	-	5
Mother-in-law	-	5
Husband/father-in-law	-	5
Community workers (AWW/ANM etc)	-	5

Programme officer, Department of women and child development, of the respective districts were the Nodal Officers, the blocks and villages were finalized by the concerned Programme Officers of Districts.

III. Methodology

The programme methodology was based on a structured survey format, followed by participatory interaction based on focused group discussion (FGD) to assess the status of infant and young child feeding practices.

IV. Data Analysis

All completed schedules of quantitative and qualitative data, were collected and data entry and analysis has been done district-wise.