

Infant feeding practices among tribal population

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Assam has a largely rural agrarian economy, which is characterized by high rate of work participation of women. The feeding practices, child rearing practices differs from community to community. The study has been carried out in two villages viz., Neulgaon and Laliti under Dhekargarah development block for study their existing infant feeding practices. The tribal population in the blocks is around 90 per cent and dominated by missing community. Their socio-cultural, economic and educational backgrounds differ from the other communities. A sizable portion of Deuri community also live in the area, although in different nearby villages. Women in this area are involved in various agricultural activities starting from sowing of seeds to hand weeding, harvesting and post-harvest activities. Their socio-cultural, economic and educational backgrounds differ from the other communities. Factors such as ignorance, illiteracy, lack of accessibility and inadequate utilization of health services contribute to poor health status of the tribes. Breastfeeding is an integral part of nurturing and nourishing process in new born health. Each tribe has its own exclusive practices in child rearing. The beliefs and practices related to feeding during the infancy period have a critical impact on the survival of child. In this context, a study has been carried out to identify the existing beliefs and practices on infant feeding among the tribal communities. Results showed that less knowledge about newborn feeding practices of the tribes exists in the study area. Harmful feeding practices due to misconceptions are still prevailing among the tribes despite advancement in health services. There is a need to assess the local tribe specific newborn rearing practices for promotion of beneficial practices and prevention of harmful practices.

Key Words : Infant feeding practices, Tribal population

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INTRODUCTION

According to Census 2011, the tribal population of India is 10.43 crores, constituting 8.6 per cent of the total population. The female population contributes a lot in their

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livelihood. Assam has a largely rural agrarian economy, which is characterized by high rate of work participation of women. Each tribe has its own exclusive practices in child rearing. The beliefs and practices related to breastfeeding during the newborn period (birth to 28 days of life) have a critical impact on the survival of infants. Breastfeeding is an integral part of nurturing and nourishing process in newborn health. It is invaluable for infant survival in developing countries especially among the disadvantaged groups. Colostrum is rich in nutrients and anti infective agents. It protects against respiratory and gastrointestinal diseases of the newborn. Breast-feeding practices of women are critical determinants of child survival, maternal and reproductive health and population

growth rates. Breastfeeding for the first two years of life and beyond protects the young child from infection, provides an ideal source of nutrients, is a cost-effective and safe form of feeding, fosters mother-child bonding, and lowers the risks of early childhood deaths. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health (WHO, 2002). Breast feeding is the best way to satisfy the nutritional and psychological needs of the baby. It must be remembered that inadequate feeding of infants and young children during the first two years is the main cause of malnutrition (Ministry of human resource development, 2004). However, some scholars disagree on how long to breastfeed to gain the greatest benefit and how much more risk is involved in using artificial formulas instead of breast milk (Agostoni and Haschke, 2003). Recent scientific evidence reveals that malnutrition has been responsible, directly or indirectly, for 60 per cent of all deaths among children under five years annually. Over 2/3 of these deaths are often associated with inappropriate feeding practices and occur during the first year of life. The Government of India has always been promoting at the national and international fora exclusive breastfeeding for the first six months and introduction of complementary foods thereafter with continued breastfeeding upto two years which is consistent with the Indian tradition of prolonged breastfeeding and introduction of complementary foods from six months of age through an annaprashan ceremony. Social barriers may prevent the utilization of available nutrition supplementation programmes and services for women and children. Each tribe has its own unique practices of child-bearing and child rearing. These practices continue with their other roles in their family. They are mostly engaged in farm activities as well as household works. They use to early introduction to semisolid and solid food for upbringing of their infants. The study has been carried out in two villages

viz., Neulgaon and Laliti under Dhekargarah development block for study their existing infant feeding practices. The tribal population in the blocks is around 90 per cent and dominated by missing community. A sizable portion of Deuri community also live in the area, although in different nearby villages. Women in this area are involved in various agricultural activities starting from sowing of seeds to hand weeding, harvesting and post harvest activities. Their socio-cultural, economic and educational backgrounds differ from the other communities. Therefore, the study has been carried out to identify the existing beliefs and practices on infant feeding among the tribal communities and to identify the existing pattern of introduction of and solid food.

METHODOLOGY

It was a descriptive study of cross-sectional design conducted for the year 2017-2018. Dhekargarah block was purposively selected from the blocks of Jorhat district of Assam. Beneficiaries of the study comprised of mothers having children aged 0-24 months. Total one hundred twenty (120) eligible mothers were approached through house to house visit to participate in the study. They were informed about the purpose of study and informed consent was obtained from the mothers. Data were collected through interview schedule using a pre-tested schedule. Data were entered in MS Excel sheet and proportion was calculated. WHO indicators for assessing infant and child feeding practices were used.

OBSERVATIONS AND ASSESSMENT

When mothers were questioned about their attitudes toward solid food introduction, many responded to signs of changing sleep patterns or perceived hunger from the infant. This population was unable to clearly define the reasons for early introduction of solids. Many also felt proud to have their infants eating solids. Although solids

Table 1: Distribution of mothers according to WHO indicators of infant and young child feeding practice

(n=120)

WHO indicators	N	Percentage (%)
Early initiation of breast feeding (n=120)	48	40.00
Exclusive breast feeding under six months (n = 120)	12	10.00
Introduction of solid, semisolid or soft foods before 6 months	108	90.00
Continued breast feeding at one year	95	79.16
Introduction of solid, semisolid or soft foods at 6 months	12	10.00
Minimum dietary diversity (n= 108)	100	92.59
Minimum meal frequency (n = 108)	40	37.03

were introduced to settle or keep the infant satisfied, the myth that it would allow the baby to sleep through the night was not borne out. Most of the respondents has been started solid food very early. They are continuing breast feeding also.

Solid, semisolid or soft foods were correctly introduced at 6 months only in 10 per cent of infants. Ninety two per cent mothers maintained minimum dietary diversity while about thirty seven per cent mothers maintained minimum meal frequency. Exclusive breast feeding has been continued only by 10 per cent mothers. The issue over early introduction of solids has been found more (90%). They started one type of semisolid food like rice powder boiled in water with sugar. Surprisingly, they introduced this semisolid item within 2 months of age. They believes in their tradition. Results showed that less knowledge about newborn feeding practices of the tribes exists in the study area. Harmful feeding practices due to misconceptions are still prevailing among the tribes despite advancement in health services. Health professional and advisory services are available in these area and influenced the introduction of solids and play a key role in the decision-making process. Still in many houses these guidelines were not followed.

Additionally, it was observed that the newborns had been fed with prelacteal feeds such as plain water, honey, diluted cow's milk etc. They believes that these feeds help to resist hunger, clean the tongue and stimulate suckling. The common beliefs for delayed initiation of breastfeeding were that colostrum is harmful for new born. The reasons for discarding colostrum were that it was impure, causes indigestion or diarrhea. These harmful practices were observed to be prevalent among most respondents in the particular area. The female respondents contributes a lot in their livelihood. They share abundant responsibility and perform a wide variety of duties in running the family, maintaining the house hold activities like rearing, feeding of domestic animals, performing farm activities and attending to farm labour etc.

In a study conducted by Mehta *et al.* (1998) no differences were found in body composition or growth between early and late introduction of solid foods. Early introduction of solids was between three and four months and late introduction of solids was at 6 months. Anthropometric measurements were obtained at three, six, or twelve months of age and showed no significant

differences. Rate of exclusive breast feeding less than four months was found to be similar to present study among tribal of Rajasthan but more than found in Bangladesh.

Supplementary feeding was, however, started by 6 months in majority of the children (84.5%) in Jabalpur study.

Conclusion:

There is a need to explore the area specific tribal cultural feeding practices and beliefs. This could enhance the knowledge of healthcare providers to promote proper newborn rearing. The poor status of indicators of infant and child feeding practice found in present study may be attributed to high rate of illiteracy and poor socio-economic condition among tribal women. There is an urgent need to assess the local tribe specific newborn rearing practices for promotion of beneficial practices and prevention of harmful practices. Awareness campaign should be organized frequently to make them aware about the seriousness of the topic. Income generating activities for rural women should also be promoted more. Institution delivery should be encouraged, as majority of deliveries were conducted at home so auxiliary nurse midwife and Accredited Social Health Activists can counsel and advice lactating women properly in this regard. With these measures the poor status of infant and child feeding practice among tribal women can be improved.

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