

Practices and Approach of Mothers in the Initiation of Breast Feeding among Tribals and Non-Tribals, Chhattisgarh, India: An Evidence from India's RCH-3 (2007-2008)

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Abstract:

The study aims to throw light on the practices related to breast-feeding in the tribal and non-tribal women in Chhattisgarh. The analysis of the data reveals that there exists substantial differences in the variables studied for breast-feeding practices in the tribals and non-tribals, particularly discarding of colostrums, in the initiation of breast-feeding within two hours of birth, same day after two hours of birth, one to three days or after three days of birth alongwith the frequency of breast feeding. Discarding of colostrums, though practiced by tribals and non-tribals both, it is more prevalent in non-tribals. The variations found in tribals and non-tribals are well identified when the data are analyzed according to the different background characteristics. To be more precise the study shows that by and large, there is an inverse relationship between birth order, sex, education, SLI and duration of breast - feeding.

Introduction:

Breast milk is the most valuable, but one of the most neglected sources of nutrients known in the field of nutrition science. Breastfeeding is highly recommended as compared to anything else for babies. In many developing countries, breastfeeding is also taken for granted in rural areas, but it is most likely to recede in the regions where misconceptions concerning social status demand bottle-feeding. Breastfeeding practices are closely related to socio-economic characteristics of the lactating mothers. The socio-cultural context of women's attitude towards breastfeeding and alternative foods, societal support for breastfeeding and the impact of social change factors are determinants of successful maintenance of lactation.

A review of literature on infant feeding and rearing practices in India reveals that many cultures support the general practices of delaying the initiation of breastfeeding and thus depriving the infants from getting valuable colostrums. It is customary to squeeze out and discard colostrums of the initial milk in the mother's breast. As the color is not pure white, it lends credence to the perception that in the first one or two days, it could be harmful to health of the child. Breastfeeding is generally initiated at least twenty four hours after the birth and often after forty eight or seventy two hours (*Visaria, 1988; Sandhya, 1991*), though some tribal women have been reported to breastfeeding their

infants within *six to twelve hours* of their births (Mawar, Nita & Kumar, Narendrs, 1986). During these intervals, the newly born children are normally given some pre-lacteal feeds to cleanse their stomachs, because there is a belief that every child swallows all the waste and impurities when he/she is in mother's womb. Plain water with honey, sugar or jaggery, or castor oil in some areas of Maharashtra and South India and sometimes mustard oil mixed with honey in Bangladesh and West Bengal are given to the infant as a pre-lacteal feed. Failing to initiate breastfeeding or ceasing to breastfeed during an infant's first six months of life may culminate into *eight to ten* fold increase in the rate of diarrheal mortality (Yoon *et al*, 1996).

The practice of breastfeeding in India, though universal, prolonged and intensive, is often aligned with delayed introduction of supplementary food. Food supplementation usually begins after the child is 10 to 12 months old in most of the rural areas (Bandhopadhyay & Mac Pherson, 1994). Breastfeeding, although very valuable in the initial months, is not a sufficient source of nutrients beyond the infant's sixth month of life (Wary, 1998; Jellif, 1978; Van Steen Bergen *et al*, 1984).

In addition to the length of breastfeeding, the frequency with which mothers breastfeed can affect the duration of postpartum ammenorrhoea and also the health and nutritional status of the child. There prevails a high intensity of breastfeeding in India. As demonstrated in the study of NFHS-I(1992-93), ninety two percent of children under six month of age were breastfed six or more times during the day. It was also found that the frequency of breastfeeding was slightly lower in urban areas and for children whose mothers had received education up to high school, but the differences among groups are not very large.

Sources and Limitation of Data Gathering:

The data for the study has been taken from "*District Level Household Reproductive and Child Health Survey (DLHS-RCH-3)*" of the State of Chhattisgarh. Data on breastfeeding practices were drawn from a series of questions asked from a large section of the women on the basis of a set of questionnaire. These questions were asked to those who had live births during the last three years preceding the survey, i.e., from January 2007-08 to the date of survey. Information regarding the last three children was collected. In the present study, however only the last birth of the respondents has been taken into consideration.

Methodology and selection of the variables:

In the Round II Phase One of the DLHS-RCH, nearly 50 percent of 593 districts as existing in 2001 Census in India were selected with random start from either first or second district and then alternative districts were selected. In each of the selected districts, 40 Primary Sampling Units (PSUs-

Village/wards/UFS) were selected with probability proportional to size (PPS). The sample size for DLHS-RCH was fixed at 1000 household i.e. 25 household from each selected PSU. In order to take care of non-response due to various reasons, over sampling of 10 percent of the household was done. Thus, in all 28 households from each PSUs were selected following circular systematic random sampling procedure.

Chhattisgarh is one of the most backward states of India. This tribal dominated state demonstrates differentials in the cultural practices related to breastfeeding. For the purpose of the present study, the following variables have been selected: women's place of residence, education in three categories, birth order, sex of child and household standard of living index. The variables related to breastfeeding have been cross- tabulated with the various background characteristics using SPSS software package.

Hypotheses:

In view of the a priori information gathered as well as on the basis of the relevant studies reviewed, the following hypotheses have been formulated:

- (1) There exists inverse relationship between education of the mother and duration of breastfeeding, that is, higher the level of education lesser the duration of breastfeeding.
- (2) There exists an inverse relationship between proportion of urban women and duration of breastfeeding.

Findings:

Socio-Demographic Features of Chhattisgarh:

The State of Chhattisgarh came into existence on November 1, 2000. At the time of the 1991 Census when it was still a part of Madhya Pradesh, Chhattisgarh comprised only seven districts. By 2001 Census it had 16 districts, 97 tehsils, 16 blocks, 20,378 villages and 97 urban centres. According to the provisional population totals of India, Chhattisgarh possesses a population of 20.8 million (Director of Census Operation, Chhattisgarh, 2001). The population of Chhattisgarh increased from 4.2 million in 1901 to 7.5 million in 1951, 14.0 million in 1981 and 20.8 million in 2001, but population growth has begun to decline in the state. The decadal population growth rate was 18.1 percent during 1991-2001, lower than the growth rate of 25.7 in the preceding decade. The population-sex ratio entails 990 females per 1,000 males. The sex ratio of the child population (0-6 age group) is 975 girls per 1,000 boys, much higher than the corresponding all-India sex ratio of 927. The literacy rate for the population age seven and above is 78 percent for males, 52 percent for females and 65 percent for the total population.

Table 1 shows the percentage of tribal and non-tribes women by selected background characteristics who started breast-feeding immediately within two hours of births, same day after two

hours of births, 1-3 days, after three days and never. According to table given, in Chhattisgarh 20 percent of tribal children began to take breast-feeding within two hours of births, 27 percent after two hours of births, 32.4 percent 1-3 days of birth, 20.3 percent after three days of birth and 0.5 percent children were never breastfed. In non-tribals, 26 percent children began to get breast-feeding within two hours, 22.5 percent after two hours, 27.2 percent 1-3 days, 24 percent after three days and 0.3 percent children's are never breastfed.

Further, the table shows that Birth Order, Mothers Education and Standard of Living Index (SLI) have a positive impact on this practice. It is clear from the table that by and large, an increase in the level of birth order, education, and SLI of mothers has led to an increase in the proportions of children being breastfed within two hour, after two hour, 1-3 days, and after three days of births in both tribes and non -tribes in Chattisgarh.

Table 2 gives the percentage of children whose mothers squeezed the first milk from the breast before breastfeeding, which could not be the recommended practice. Although breastfeeding is nearly pervasive in India, very few children are put to the breast immediately after birth. As studied, 57.3 percent tribal mothers in Chhattisgarh squeezed the first milk from the breast before breastfeeding the child. Only 43 percent of tribal mothers did not squeeze the first milk from the breast before breastfeeding the child. In non-tribals, 58 percent of mothers squeezed the first milk from the breast before breastfeeding. Only 42.4 percent of tribal mothers did not squeeze the first milk from the breast before breastfeeding.

As far as the background differential in squeezed out first milk is concerned, the table shows that the proportion of tribal women who have squeezed out first milk are more privileged as compared to non-tribal women in the state of Chattisgarh.

Table 3 reveals the district-wise percentage of tribal and non-tribal initiation of breastfeeding. The analysis shows that out of the majority of the tribe 30.3 and in non-tribe 31.0 children were breastfed during 1-3 days of birth. 27 percent tribal and 25.2 percent non-tribal children were breastfed after three days. Only 21.1 and 24.2 percent tribal and non-tribal children were breastfed within two hours of birth in Chhattisgarh. As far as district differential in the initiation of breastfeeding in tribal women is concerned, in Rajnandgaon 40.5, Baster 32.4, Dhamtari 27.0 percent is a higher proportion of children were breastfed within two hours of births but in Raipur only 8.0 and Koriya 9.0 percent tribe children were breastfed within two hours of births. In non-tribe Baster, Dhamtari and Raipur have a higher proportion of children were breastfed within two hour of births.

Table 4 gives the district wise percentage of children whose mothers squeezed the first milk from the breast before breastfeeding. According to table Chhattisgarh districts as a whole 59 percent tribe and 56 percent non-tribe mothers were squeezed out the first milk from the breast before breastfeeding the child. Only 41 percent tribe and 44 percent non-tribe mothers were utilized the first breast milk. If we see the table Janjgir-champa 78.5, Koriya 77.3, Raigarh 64.3, Baster 62.0 and Bilaspur 60.4 percent tribe mothers were squeezed out the first milk from the breast before breastfeeding the child. In non-tribe Jajgir-champa 69.5, Raigarh 69, Bilaspur 68 and Baster 63 percent of non-tribe mothers were also squeezed out the first milk from the breast before breastfeeding the child.

Conclusion:

The Government of India recommends that breastfeeding should begin immediately after childbirth and the infants should be exclusively breastfed for the first four months of life. It is also recommended that the first breast milk (colostrum) should be given to the child rather than squeezed from the breast and discarded, because it provides natural immunity to the child. Although breastfeeding is nearly all-pervasive in Chhattisgarh, most children don't begin breastfeeding immediately after birth. Only 20 percent tribe and 22 percent non-tribe begin breastfeeding within two hours of birth. Moreover, for 57.3 percent tribe and 58 percent non-tribe children, mothers squeezed the first milk from the breast before feeding the child. Further, the study exposed that there are variations among districts when the data analysed according to the different characteristics. To be more precise, the study showed that by and large, there is an inverse relationship between birth-order, sex, education, SLI and duration of breastfeeding in Chhattisgarh as a whole.

To sum up, it may be stated that the study has shown variations in the breastfeeding practices by different characteristics of the tribe and non-tribe women in the state of Chhattisgarh. In view of the recommendations made by World Health Organisation (WHO) concerning breastfeeding, the awareness pertaining to the importance of colostrums and breastfeeding needs to be generated through effective IEC activities and increased publicity through mass media.