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Eradicate Malnutrition- Mission For Mothers And Grandmothers Too.

[1]Suvrana Magar [2]Anjali Kale, [3]Akshay Golwalkar, [4]Madhuri Engade, [5]Ajay Kale, [6]Karan Bagga

[1]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad, Maharashtra*
[2]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad, Maharashtra*
[3]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad, Maharashtra*
[4]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad, Maharashtra*
[5]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad, Maharashtra*
[6]*Department of Pediatrics MGM Medical College and Research Center N-6, Cidco, Aurangabad-431003, Maharashtra*

Abstract: *Under nutrition is not simply a result of food insecurity, but due to inappropriate infant feeding and care practices. Child health programs currently do not focus adequately on improving public awareness of the importance of breastfeeding and on providing adequate knowledge and counseling skills. Considering the culture of respecting and obeying the family senior citizens in India, when a baby is born in the family there are all kinds of grandmothers (mother and mother in law) who are ready to advice the new mother. Grandmother plays a vital role in decisions regarding what, when ,how, how much to feed a baby and all queries which mother may have asked a doctor but listened and behaved in accordance to her. So testing the knowledge, attitude and practices of grandmothers is must if we want improve the situation of malnutrition. This paper, which is a pilot study, compares child breastfeeding and complementary feeding beliefs and behaviors of paternal and maternal grandmothers and also the mothers.*

Keywords: *Infant feeding practices, Complimentary feeding, Malnutrition*

I. Introduction

Childhood malnutrition is a major public health problem throughout the developing world. India has 20% of the world's children, yet unfortunately 47% children under three years of age are underweight and 46% are stunted. NFHS-3 data show that the initiation of breastfeeding within one hour is only 24.5% while the exclusive breastfeeding rate in children under six months is only 46.4 % .[1] The World Health Organization (WHO) recommends that children should be exclusively breastfed during the first six months and should continue, with supplementation, up to the age of two years or more. The UNICEF conceptual framework suggests that care giving and feeding practices are critical for child growth, and development.[2]

Child health programs currently do not focus adequately on improving public awareness of the importance of breastfeeding and on providing adequate knowledge and counseling skills. Lot of psychological and cultural barriers contributes to the problem of underfeeding of children less than two years of age. In African, Asian, Latin American and the Pacific societies, older women, or grandmothers, traditionally have considerable influence on decisions related to maternal and child- health at the household level.[3]

Considering the culture of respecting and obeying the family senior citizens in India, when a baby is born in the family there are all kinds of grandmothers (mother and mother in law) who are ready to advice the new mother. Grandmother plays a vital role in decisions regarding what, when ,how, how much to feed a baby and all queries which mother may have asked a doctor but listened and behaved in accordance to her. In African, Asian, Latin American and the Pacific societies, older women, or grandmothers, traditionally have considerable influence on decisions related to maternal and child- health at the household level.[3] So testing the knowledge, attitude and practices of grandmothers is must if we want improve the situation of malnutrition.

II. Materials And Methods

Descriptive cross sectional study, in postnatal ward of Mahatma Gandhi Mission Medical College Aurangabad, Maharashtra. A semi-structured questionnaire was used for interviews that inquired information on socio-demographic characteristics, obstetric history, breastfeeding related factors (initiation of breastfeeding, prelacteal feeding and colostrum feeding) and economic factors, also beliefs and practices of mothers and grandmothers related to the key infant and young child feeding (IYCF) practices. We chose multigravida mothers so they have already practiced breastfeeding and complimentary feeding. We chose paternal or maternal grandmother whosoever was available. So, objective of our study was to compare knowledge, attitude

practices about breast feeding and complimentary feeding practices in multigravida mothers and grandmothers (paternal or maternal

III. Results

Socio-demographic profile- 95% of grand mothers were illiterate and only 5% of them had primary education which was statistically significant (<0.05). Amongst mothers, 21% were illiterate, 42.3% had gone to primary school and 42% to secondary school. All women were housewives. 33.1% mothers lived in rural area as compared to 65.4% grandmothers lived in rural area which was statistically significant (Table 1).

Initiation of breast feeding

Breastfeeding is widely practiced and overall, mothers and grandmothers are knowledgeable about the benefits of breastfeeding for their infants (Table 2). 25.3% mothers and 18.9% grandmothers agreed to give breastfeeding within 1 hrs of birth. Less than 25% of the mothers and less than 15% of grandmothers agreed to breast feed before 1 hour of life of newborns, so statistically significant grandmothers did not breast feed neonate within 1 hour of birth which is recommended practice. 88.5% mothers and 81.5% grandmothers agreed to the fact that colostrums is good for baby and it should be given to babies, statistically significant less grandmothers gave prelacteals than mothers. 84.2 % of both mothers and grandmothers denied giving prelacteals to the baby.

Introduction of complimentary feeding

All the mothers agreed for complementary feeding to be started after 6 months and to our surprise 10 % grandmothers agreed for continuation of exclusive breast feeding up to 9 months and 4% grandmothers wished breast feeding for 12 months of child's age which was statistically significant bad practice amongst grandmothers. When we asked about what weaning food can be given, the answer from 91.9 % mothers was starting with homemade food available for baby in the market whereas more than 96.9% grandmothers agreed for home made food articles so this practice was followed by statistically significant grandmothers. In other way more number of mothers were using readily available infant food from market because of feasibility ease of carrying and simplicity of preparation. On direct questioning whether potato chips, noodles (Maggie), biscuits are part of weaning food,81.5 % mothers said yes it can be included and just 17.5% grandmothers said yes to include and remaining 82% grandmothers said no to this . So statistically significant mothers are using junk food as part of complimentary food, which is a bad practice. However when told them to enlist what all can be given as homemade food to baby, the answer from both just included biscuits, chips, cow milk, dal chaval ka pani, fruits, khichadi, upma or chapatti etc. The list is actually very few items indicating that both of the groups were lacking knowledge regarding what all can be given to baby. Of course we gave a list of pasty cereal preparations; cereal-pulses mix preparations to them after interview was over. All the mothers and grandmothers agreed to start cow milk after 6 months of age for drinking or food preparation along with mother's milk. When asked about quantity of cow milk which can be fed to infants, 100% mothers agreed to 500-600 ml milk whereas 45% of grandmothers gave more than 800 ml cow milk to be given daily. Statistically significant grandmothers gave more cow milk than recommended 500 ml-600 ml.[4]

IV. Discussion

The present study revealed that unfortunately a large proportion of grandmothers did not practice desirable child feeding behaviors. Family support from elderly female relatives like the grandmother of the child is believed to be important for enabling the mother to follow the recommended practices. Grandmothers are the most influential member for advising about breast feeding and complimentary feeding practices to mothers as we generally see in rural as well as urban areas also. Even if doctor has told recommended practices, mothers will follow what grandmas in the family advice. Grandmothers had positive influence on feeding practices like continuing exclusive breastfeeding for 6 months, not giving prelacteals and active feeding of homemade complementary foods. Grandmothers also had negative influences in the form of starting cow milk after six months of age and giving in larger quantities than recommended. Both the grandmothers and mothers knew very few homemade items for complimentary feeding.

Significant number of mothers believed giving junk foods like biscuits, wafers and noodles as a part of complimentary food. The undesirable lYCF practices which appeared to be encouraged in grandmothers and mothers presence were delaying the initiation of complementary foods, starting cow milk after 6 months of age, giving cow milk in more amount than what is recommended. A likely reason was that most grandmothers and mothers themselves believed in the deleterious practices. In a study by minal Sharma, Shubhada kanani[5] some of the deleterious practices were equally present in grandmother present (GMP) group and grandmother absent (GMA) group eg. Giving prelacteals, delated initiation of breast feeding after birth etc. This study further reveals that initiation of complimentary feeding was delayed in GMP group(63%) than in GMA group(48%).

However significantly more mothers in GMP group practiced active feeding (81%) than in GMA group (48%) (P value<0.001). In national level survey in Iraq, rural and less educated women knew less about breastfeeding concepts than more educated urban women but more continued breastfeeding longer and introduced supplements later.[6] In the Mohammed ES et al study[7], Exclusive breast-feeding was found to be associated with mother's education ($P < 0.0001$) but not with mothers age at birth, mother's occupation, or place of birth. 42.6% did not know the suitable age to start weaning. Nearly half (50.2%) of the mothers reported that baby must be weaned completely from breast milk at the age of 2 years, and 37.1% said after one and half years.

V. Conclusion

Both mother and grandmothers had very few satisfactory practices about breast feeding and complementary feeding if infants and young children. However, most practices about complimentary feeding were suboptimal in both mothers and grandmothers. This might be due to a low level of education amongst both the groups. Grandmothers appear to play an important role in supporting some desirable child-feeding and childcare practices they, however, could also be a negative influence in terms of encouraging some undesirable child feeding behaviors. Pediatricians, medical personnel including anganwadi worker, nurses, and medical officers must counsel mothers and grandmothers both, regarding feeding practices. Our findings also support the need for health care system interventions, family interventions, and public health education campaigns to promote optimal BF and complimentary feeding practices, There is clearly a need for further research to understand specifically the role of grandmothers in childcare in the Indian context, including the role of maternal and paternal grandmothers. Grandmothers' participation in interventions to improve maternal and child survival, health and nutrition status needs to be encouraged, as including only mothers in behavior change interventions may have limited impact. This study also recommends further study on attitudes and practices of mothers and grandmothers on breastfeeding and complimentary feeding, paternal involvement in infant feeding and also practices in well educated and working women covering large sample in community.

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Table 1: Demographic characters.

Sr. no	characteristic	Mothers	Grandmothers	Chi square value	P value
1.	Education (%) (I,P,S)	(21%, 42.3%, 35.8%)	(95%, 5%, 0%)	297.095	0.000*
2.	Rural/urban (%)	(33.1%, 66.9%)	(65.4%, 34.6%)	54.290	0.000*
3.	Occupation (%) (H/W)	(100%, 0%)	(100%, 0%)	-	-

Table 2 comparison of breast feeding and complimentary feeding practices amongst mothers and grandmothers

No.	variable	Mothers interviewed (n=260)		Grandmothers interviewed (n=260)		Chi square	P value
		n	%	n	%		
1.	Initiation of BF[a] ▪ Within 1 hr ▪ After 1 hr	 66 194	 25.3 74.7	 46 214	 18.9 81.1	55.11	0.000*
2.	Feeding colostrums ▪ Yes ▪ No	 229 31	 88.10 11.9	 211 49	 81.5 18.5	4.314	0.038*
3.	feeding prelacteals ▪ yes ▪ no	 41 219	 15.8 84.20	 41 219	 15.8 84.20	0.000	1.00
4.	Exclusive BF/when to initiate CF[b]						

	▪ Up to 6 months ▪ Up to 9 moths ▪ Up to 1 year	260 0 0	100 0 0	223 26 11	85.8 10 4.2	39.834	0.000*
5.	What complimentary food ▪ Packaged food ▪ Homemade food	 21 239	 8.1 91.9	 28 252	 3.1 96.9	 6.172	 0.013*
6.	Are potato chips, noodles, biscuits CF? ▪ Yes ▪ No	 212 48	 81.5 18.5	 46 214	 17.7 82.3	 211.9	 0.000*
7.	When to start giving cow milk? ▪ >6 months of age ▪ >12 months of age	 260 0	 100 0	 260 0	 100 0	 -	 -
8.	How much quantity of cow milk? ▪ 500ml ▪ >800 ml	 260 0	 100 0	 144 116	 55.4 44.6	 149.307	 0.000*

*---p value significant (<0.05%) a—breast feeding b—complimentary