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Socio-cultural Barriers in Infant and Young Child Feeding Practice among Mothers of Kumal Community in Nuwakot District

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ABSTRACT

Introduction: Child feeding practices have a direct consequence on the nutritional status of children under two year which ultimately have impact on child survival. Socio-cultural barriers is one of the main factors in infant and young child feeding in various community. This study aims to explore socio-cultural barriers of infant and young child feeding practices among mothers of Kumal community in Nuwakot district.

Methods: Cross-sectional descriptive study was carried out among mother of 6-23 months children's in Kumal community. Data was collected from 67 respondents through face-to-face interview. The collected data was entered in Epi-data version 3.1 and analyzed using SPSS, version 20.

Results: Our study reveals that 83.6% of the respondents had initiated early breastfeeding. More than half (56.7%) of the respondents had exclusive breastfeeding and 97% had extended breastfeeding. Half (50.7%) of the respondents introduce complementary feeding in time, sex of child was associated with exclusive breastfeeding and complementary feeding. Similarly, size of household, mother and father education was associated with continuation of breastfeeding practice.

Conclusions: The prevalence of exclusive breastfeeding and appropriate complementary feeding is still low due to many factors and one being socio cultural practices and beliefs. Interventions that can hit the socio-cultural beliefs should be given priority to exterminate the socio-cultural taboos from root level.

Keywords: *Infant and young child feeding; early initiation; exclusive breastfeeding; complementary feeding*

INTRODUCTION

Optimal Infant and Young Child-Feeding (IYCF) practices are crucial for nutritional status, growth, development, health, and in the survival of infants and young children.[1,2] Optimal breastfeeding and appropriate complementary feeding could prevent 13% and 6% under-five mortality respectively. Over two third is associated with inappropriate feeding practices during the first year of life.[3]

This has a tremendous impact in a developing country, with a high burden of disease and low access to safe water and sanitation. Even in developed countries, recent studies have underscored the role of IYCF practices in reducing child mortality.[4]

The World Health Organization (WHO) recommends early initiation, exclusive breastfeeding for first six months of life with and continuation of breastfeeding for two years and beyond with nutritionally-adequate, harmless, age-appropriate complementary feeding starting at six months.[5] WHO and United Nation Children Fund (UNICEF) have expressed a global strategy for infant and young child-feeding. Based on these guiding principles, government of Nepal, in collaboration with national and international agencies, has adopted IYCF guidelines, which were incorporated in the Community-Based Integrated Management of Neonatal and Childhood Illness (CB-IMNCI) program.[5-7]

Appropriate infant and young child feeding (IYCF) is a keystone of care for childhood development. First two years in children's life play a significant role for appropriate growth and development which also impacts intergeneration cycle of malnutrition and holds massive importance as any damage in this period can lead to prolonged impaired cognitive development, compromised

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educational achievement, low economic productivity and Free Full Text Articles are Available at www.jhas.org.np Shrestha R et.al., Socio-cultural Barriers in Infant and Young Child Feeding Practice among Mothers of Kumal Community in Nuwakot District malnutrition.[8,9] Our objective here to explore the socio-cultural barriers of infant and young child feeding practices among mothers of Kumal community in Nuwakot district.

METHODS

A descriptive cross-sectional study was carried out among mothers of Kumal community. Census method was used, 450 households belonging to Kumal community, out of which 72 households had children aged 6– 23 month and 67 mothers were interviewed using semi-structured interview questionnaire in simple Nepali language, while 5 respondents were excluded due to out of study area.

Verbal consent was obtained from the respondents and data was collected through face-to-face interview method using a semi-structured questionnaire. After collection of data, the data was entered into EpiData version 3.1 and analyzed in terms of descriptive statistics by using SPSS, version 20. The association between demographic characteristics and practice was assessed by using chi-square test.

RESULTS

Table 1: Socio-demographic information (n=67)

Variable	Frequency	Percentage
Household size		
≤ 6	61	91
> 6	6	9
Family Type		
Nuclear	34	50.7
Joint	18	26.9
Extended	15	22.4
Children Number		
Single	60	89.6
≥ 2	7	10.4
Child Age		
6-11months	20	29.9
12-23 months	47	70.1
Child Sex		
Male	28	41.8
Female	39	58.2
Mother Age		
Below 20 years	17	25.4
20-34 years	47	70.1
Above 34 years	3	4.5
Mother education		
Illiterate	7	10.4
Literate	11	16.4
Primary	27	40.3
Secondary	10	14.9
SLC	8	11.9
Intermediate	4	6
Father education		
Illiterate	3	4.5
Literate	10	14.9
Primary	32	47.8
Secondary	8	11.9
SLC	12	17.9
Intermediate	1	1.5
Bachelor and above	1	1.5
Religion		
Hindus	65	97
Non-Hindus	2	3
Women Marriage Age		
< 20 years	54	80.6
≥ 20 years	13	19.4

Table 1 shows that majority of (70.1%) child were age between 12-23 month and same percentage of mothers were between 20 - 34 years. More than two third women (80.6%) were married before they reached 20 years of age and 10.4% mothers were illiterate. Almost all the respondents (91%) had household size less than seven, half of them were (50.7%) living in nuclear family and having single child (89.6%).

Table 2: Breastfeeding and complementary feeding practice (n = 67)

Characteristics	Yes	No
Early Initiation of Breastfeeding	56 (83.6%)	11 (16.4%)
Exclusive Breastfeeding	38 (56.7%)	29 (43.3%)
Continuation Breastfeeding	65 (97%)	2 (3%)
Complementary feeding	34 (50.7%)	33 (49.3%)

Majority of respondents (83.6%) initiated breastfeeding within 1 hour of child birth and were breastfeed even after 1 years (97%). While the percentage decreased to almost half regarding exclusive breastfeeding (56.7%) and complementary feeding (50.7%). The reason behind not initiating the exclusive breastfeeding were due to religious cause. (Table no. 3)

Table 3: Reason for not practicing early initiation and exclusive breastfeeding in time.

Characteristics		Frequency	%
Early Initiation (n=11)	Mothers milk didn't sufficient for child	1	9.09
	Due to illness of mother and child	8	72.72
	Don't know	1	9.09
	Others	1	9.09

Exclusive Breast feeding (n=45)	Busy Schedule/ workload	1	2.2
	Religious cause	17	37.8
	Not breastfeed by child properly	2	4.4
	Mother milk didn't come properly	6	13.3
	Not sufficient of mother milk	9	20
	Illness/weakness of mother and child	2	4.4
	Breast problem	2	4.4
	Start to eat other foods	6	13.3

Association between socio demographic characteristics and early initiation of breastfeeding

The bivariate analysis with socio-demographic characteristics shows that the age of mother has the significant association with early initiation of breastfeeding. Likewise, sex of child is associated with exclusive breastfeeding and complementary feeding.

Similarly, size of household, mother and father education has significant association with continuation breastfeeding. (Table no. 4, 5, 6 & 7)

Table 4: Association of selected socio-demographic characteristics with early initiation of breastfeeding practice

Factors	Categories	Timely early initiation	Not timely early initiation	Total	P value
Child Sex	Male	25 (89.3%)	3 (10.7%)	28	0.286
	Female	31 (79.5%)	8 (20.5%)	39	
Mother Age	< 20 years	11 (64.7%)	6 (35.3%)	17	0.046*
	20-34 years	42 (89.4%)	5 (10.6%)	47	
	≥35 years	3 (100%)	0	3	
Mother education	Illiterate	6 (85.7%)	1 (14.3%)	7	0.361
	Literate	9 (81.8%)	2 (18.2%0	11	
	Primary	22 (81.5%)	5 (18.2%)	27	
	Secondary	10 (100%)	0	10	
	SLC	5 (62.5%)	3 (37.5%)	8	
	Intermediate	4 (100%)	0	4	

*p-value <0.0.5 is considered statistically significant

Table 5: Association of selected socio-demographic characteristics with exclusive breastfeeding practice

Factors	Categories	Completed exclusive breast feeding	Incomplete exclusive breast feeding	Total	P value
Child Sex	Male	21 (75%)	7 (25%)	28	0.010*
	Female	17 (43.6%)	22 (56.4%)	39	
Mother education	Illiterate	3 (42.9%)	4 (57.1%)	7	0.916
	Literate	6 (54.5%)	5 (45.5%0	11	
	Primary	16 (59.3%)	11 (40.7%)	27	
	Secondary	5 (50%)	5 (50%)	10	
	SLC	5 (62.5%)	3 (37.5%)	8	
	Intermediate	3 (75%)	1 (25%)	4	

*p-value <0.0.5 is considered statistically significant

Table 6: Association of socio-demographic characteristics with continuation of breastfeeding practice

Factors	Categories	Continuation of breastfeeding	Discontinuation of breastfeeding	Total	P value
Household Size	≤ 6	60 (98.4%)	1 (1.6%)	61	0.039*
	> 6	5 (83.3%)	1 (16.7%)	6	
Child Sex	Male	27 (96.4%)	1 (3.6%)	28	0.811
	Female	38 (97.4%)	1 (2.6%)	39	
Mother education	Illiterate	6 (85.7%)	1 (14.3%)	7	0.042*
	Literate	11 (100%)	0	11	
	Primary	27 (100%)	0	27	
	Secondary	10 (100%)	0	10	
	SLC	8 (100%)	0	8	
	Intermediate	3 (75%)	1 (25%)	4	
Father education	Illiterate	2 (66.7%)	1 (33.3%)	3	0.00*
	Literate	10 (100%)	0	10	
	Primary	32 (100%)	0	32	
	Secondary	8 (100%)	0	8	
	SLC	12 (100%)	0	12	
	Intermediate	0	1 (100%)	1	
	Bachelor and above	1 (100%)	0	1	

*p-value <0.0.5 is considered statistically significant

Table 7: Association of socio-demographic characteristics with complementary feeding practice in time

Factors	Categories	Proper complementary feeding practice	Improper complementary feeding practice	Total	P value
Household Size	≤ 6	31 (50.8%)	30 (49.2%)	61	0.969
	>6	3 (50%)	3 (50%)	6	
Child Sex	Male	20 (71.4%)	8 (28.6%)	28	0.004*
	Female	14 (35.9%)	25 (64.1%)	39	

*p-value <0.0.5 is considered statistically significant

DISCUSSION

The findings of study revealed that, in Nuwakot district, breastfeeding practice among mothers of children aged 6-23 months were inappropriate as per the WHO guidelines.[10] More than two third (83.6%) of mothers had been breast feeding their children within first hour of the birth. The finding was higher than the study conducted in Nepal, where 76% of children were breastfeed within first hour.[11] Majority of the children were breastfeed with mother's milk (72.7%) whereas 27.3% of children were introduced with formula milk. The finding is quite similar to the finding by NDHS, 2011 and in Kathmandu study where 87.3% of mothers used colostrum's as first feed and the remaining mothers used infant formulas, cow/buffalos milk and water as first feed. The rate of pre-lacteal feeding is lower than the finding at Kaski district where the rate of pre-lacteal feeding was 13.4%.[11-13] More than half of the respondents exclusively breastfeed their children (56.7%). The finding is comparable to NDHS (2011) i.e. 70% and Bangladesh[14] while higher than the worldwide exclusive breastfeeding rate of 34.8%, the prevalence rate of exclusive breastfeeding in developing countries, study in China where rate of exclusive breastfeeding was less than 10% and other studies conducted in India and Zambia as well.[2,15] This difference might be due to different breastfeeding awareness program conducted at community level including world breastfeeding week celebration every year which has increased knowledge about importance of exclusive breastfeeding for 6 months of life.

Majority of respondents (97%) had continuation breastfeeding to their children. However, in this study, there was significance association between age of mother and timely breastfeeding after birth. Half of the respondents, timely initiate the complementary feeding (50.7%) to their children. The finding is quite similar to the NDHS, 2011 and Rupandehi study, where majority of infants were not given complementary foods at the recommended age.[16,17] Only 3.2% initiated complementary feeding at the recommended age of 6 months according to Chapagaun study.[11] The finding is much less than the finding in Nepal where the rate of timely introduction of complementary feeding was 74.7%. The finding is also less than the finding at Kathmandu valley and Kaski.[12,13] This might be due to elderly influence; belief of mothers that breast milk is insufficient for baby even after 6 months and lack of knowledge about proper timing of initiation of complementary feeding.[18] 4.4 % of the mothers were sick or ill to breastfeed their child whereas 2.2% mothers were busy due to their work schedule. In this study, only 14% feed meat, 9.6% feed egg, 8.8% feed milk and dairy products to their children. Studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients.[19] Therefore, it is recommended that animal source foods such as meat, poultry, fish, or eggs should be part of the daily diet or eaten as often as possible.[19]

The most commonly consumed foods are made from grains (71% among breastfeeding children and 97% among no breastfeeding children), followed by food made from legumes and nuts (54% among breastfeeding children and 78% among non-breastfeeding children), and food made from roots and tubers (44% among breastfeeding children and 62% among non-breast feeding children).[20] This study shows that there was significance association between sexes of child and complementary feeding practice as the boys were introduced complementary feeding at the age of six months and girls were introduced solid feeding at the age of five months. Various diet restrictions and food taboos imposed on infant feeding and also beliefs associated with certain foods influenced both exclusive breastfeeding and complementary feeding. This study found a common taboo that the eggs made the "tongue heavy" hence would cause the child not be able to talk in or would delay. This belief compromised appropriate complementary feeding as children missed on the nutrients provided by the eggs. There was a gap in knowledge as most mothers believed that protein foods like fish were not appropriate for their children.[21]

CONCLUSION

The prevalence of exclusive breastfeeding and appropriate complementary feeding is still low due to many factors and one

being socio cultural practices and beliefs. Weaning, socio -cultural practice, has been disadvantageous to the girls resulting Free Full Text Articles are Available at www.jhas.org.np Shrestha R et.al., Socio-cultural Barriers in Infant and Young Child Feeding Practice among Mothers of Kumal Community in Nuwakot District incomplete exclusive breastfeeding. Several factors have a direct impact on the child's health, growth and development. Interventions that can hit the socio-cultural beliefs should be given propriety to eradicate the socio-cultural taboos from root level. Cultural friendly awareness program can built the trust of the community towards the program. Utilization of locally available resources can enhance nutritional status of the children as locally available foods are organic and are rich in nutrition value. Food security trainings can be organized to the people of such community to understand the seasonal food availability and seasonal crop which can increase their knowledge in improving the availability.

The misconception of mother's milk of not being sufficient is the contributing factor for incomplete exclusive breast feeding. The proper mass media communication is required to aware the community on these particular misbelieves. Infant and young child feeding practices may be improve more focus on informing and educating mothers and care givers of children.

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