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## Breast Feeding and Weaning Practices among the Lingayath Population of Arsikere Taluk Hassan District Karnataka

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### Abstract

*The practice of breastfeeding on this earth dates back to millions of years. Breastfeeding is a natural physiological and ideal way of feeding the infants. It provides a unique biological and emotional basis for the healthy development of the children. Weaning plays a major role in determining the nutritional status of a child. Timely introduction of weaning food is important for laying down the proper foundation of growth and later growth. The study was conducted in nine villages of Hassan district. A total of 110 mothers with children with four years of age were included in the study. Pre-tested, pre-designed, structured interview schedule was used to collect the information on feeding and weaning practices. The majority of children (95%) were breastfed within 24<sup>th</sup> hours after childbirth. Children (80%) were weaned at between 6-8 month and 47% of mothers feed the breast milk up to one year. Discarding of colostrum and providing prelacteal food are in practice.*

**Keywords:** *Breastfeeding, Weaning practices, Infants, Health*

### Introduction

Breastfeeding is non-allergic and safest infant feeding method. It has nutritional, immunological, behavioural and economic benefits, and also provides desirable mother-infant bonding (Shiv Kumar Singh 2016). In India, Breastfeeding is traditionally reinforced and supervised by elderly women in the family. Indian culture on infant feeding practices has been adopted with a variation in different parts of the country due to socio-cultural and religious beliefs, literary status, family size and availability of health services (Seema Devi 2016).

Breastfeeding should be initiated within an hour of childbirth instead of waiting several hours as is often customary, although there was a little milk at that time, it helps to establish feeding and a close mother-

child relationship. The first milk which is “Colostrum” is most suitable and very good for the baby during the early period, because it contains a high concentration of protein and other nutrients that newly born baby needs desperately. Exclusive breastfeeding is the ideal way for the healthy growth and development of the infant which also prevents further under nutrition and recurrent infections. Globally, only 35% of infants are exclusively breastfed for the first six months. Weaning plays a major role in determining the nutritional status of a child. Poor weaning practices during infancy and early childhood, resulting in malnutrition, contribute to impairment of cognitive and social development. Poor school performance and reduced productivity in later life (Shaili Vyas 2012).

The beneficial effects of breastfeeding depend on initiation of breastfeeding, its duration and the age at which the breastfed and child is weaned. Breastfeeding practices vary among different regions and communities, which are further influenced by social, cultural and economic factors (Madhu 2009).

Weaning means addition or introduction of semi-solid foods along with the continuation of breastfeeding as long as possible. The term “Weaning” describes the process by which baby moves or shifts from having breast milk to consuming semi-solid with a gradual reduction in the intake of breast milk and or baby formula (Swati Kambli 2014). The process of weaning away may have grave psychological and physiological consequences. According to the psychoanalyst, weaning causes great frustration and sudden weaning is traumatic for children. Use of severe punishment in weaning away the child from mother’s breast has a detrimental effect on a child’s personality. (Kuppuswamy 1980). Introduction of timely, adequate and balanced weaning food is perhaps one of the most important single and direct remedial measures to combat infant malnutrition. Not only the appropriate timings but appropriate quantity and quality in a hygienic environment, along with increased maternal interaction time also have desired positive effect on the growth of the young children (Shaili Vyas 2014).

It is believed that the awareness of mothers regarding breastfeeding and weaning practices affects the nutritional status and health of infants. This can be vastly improved through health-related awareness of nutrition, education of mothers. Therefore, in the present paper, an attempt has been made to find out feeding and weaning practices of infants among Lingayath population of Hassan district of Karnataka.

### **Methodology**

The sample for the study comprises 110 numbers of the mother with age between 18-35 years, belongs to 10 villages within Arsikere Taluk, Hassan district, Karnataka. Data were collected during May– June

2016. Mothers of children between 0-4 years were interviewed using a pre-designed structured interview schedule. The schedule includes details on initiation and duration of breastfeeding, details on artificial feeding and weaning and newborn care practices.

### **The Population**

The Lingayathism is distinct a Shaivith denomination in India. It is established in the 12<sup>th</sup> century. It makes several departures from mainstream Hinduism and propounds monotheism through worship on Lord Shiva in the form of “**Linga or Istalinga**”. It also rejects the authorities of the Vedas, the caste system and some Hindu beliefs such as reincarnation and karma. In India, Lingayaths is a community which is legally recognized as a sect of Hinduism. Lingayths today were found predominantly in the state of Karnataka, Especially in North and central Karnataka. In Karnataka, they are larger in strength with 21% of states overall population. Significant populations are also found in parts of Maharashtra, Telangana and Andra Pradesh.

The Lingayaths of Hassan lived in houses similar to those of other communities with Kannada as the mother tongue. Among the Lingayaths, puberty customs, Baby shower, Naming Ceremony are in practice. Widow re-marriages are allowed. Dowry practices are not in force. They are pure vegetarians and refrain from alcoholic drinks.

### **Result and Discussion**

#### **Initiation of Breast Feeding**

WHO recommends initiation of breastfeeding within one hour of delivery as within half an hour of birth the suckling reflexes are strong in the newborn baby so early initiation ensures the establishment of effective breastfeeding.

In the present study (table-1) 51.82% of mothers said they breastfeed their child immediately after birth and 86.37% mothers said they feed on the same day but not immediately, i.e., 4-6 hours after childbirth. 8.18% of mothers fed on the second day and 5.45% on the third day. The reason for not feeding colostrum is the rest of the mothers (13.63%) was due to the traditional belief that it is not good for baby's health. Literacy status had little impact on the initiation of breastfeeding. Early initiation was observed in a comparatively more with educated mothers (Ansari 2007).

A study conducted by Yadav (2007), on traditional practices in the newborn care of Nepal, shows that Colostrum was regarded as dirty milk in a few communities in Nepal due to which babies were fed with cow or goats milk immediately after birth for the popular belief that, It will make the baby more intelligent. The highest percentage (79%) of Bharia tribal mothers had knowledge of timely initiation of breastfeeding, but surprisingly only 7% of mothers initiated breastfeeding within one hour of childbirth. 77% of mothers believed that colostrum protects the child against illness, but only 22% of mothers actually practiced it (Kavita Juneja 2017). When correlated with our study, 95% of Lingayath population breastfeed within 24 hours after childbirth whereas 72% in Bharia tribes of Madhya Pradesh.

Almost all Turkish women initiated breastfeeding (98%) compared with 84% of Australian women, Vietnamese women had the lowest rate of breastfeeding initiation of 75%. (Halen Mc Lachlan 2006). The rate of early initiation of breastfeeding is as low as only 15% in the tribal areas of Rajasthan. It is very low when compared to our study of 51.82%. Around 80% mothers do not give Colostrum to newborns due to their traditional beliefs that colostrum is not good for babies, which creates stomach problem that's why they prefer to give goat's milk for 3 to 5 days immediately after the birth of the infants (Gandhi Manav Kalyan Society 2007).

When comparing to the breastfeeding practices of Santals and non-Santals (general caste) only 37.78% of Santals babies and 48% of non-Santal babies were the first breastfed within 6 hours after childbirth. Majority of Santal mothers 53.12% did not give colostrum, whereas 66% non-santals feed with Colostrum (Malini Dash 2005).

The higher rate of initiation of breastfeeding within one hour with 92% and 97% were presented by Madhu (2009) and Maheswari (2010). About 76% mother breastfeeds their kids immediate after the birth among the Hakkipikkis of Karnataka. This percentage high i.e. 51.82% and 24% of mothers does not feed the colostrum because of their traditional belief (Dakshayani 2008).

Most common reasons for delay in initiation of breastfeeding, which was mainly family restriction (36.9%), certain medical cause like a caesarean section (23.1%), Mother was ill (9.6%), Baby was in NICU (11.5%) & less or no secretion of milk (13.5%) (Devang Daval 2011).

Surprisingly, in the Baigo tribe, 97.8% of babies do not introduce to breast milk for the first three days. Only 2.2% of mother feed the breast milk to their infants. (Arvind, 2002).

**TABLE 1: INITIATION OF BREAST FEEDING**

Sl.No.	Initiation of Breast feeding	Frequency	Percentage
1	Immediately	57	51.82
2	On the first day itself	38	34.55
3	On the second day	09	08.18
4	On the third day	06	05.45
5	After third day	00	00
	<b>Total</b>	<b>110</b>	<b>100</b>

### Duration of Breast Feeding

Duration of breastfeeding in present study table-2, about 5.45% of mother's feed their baby up to 6 months. And 33.64% of mothers feed up to 1-2 years, 47.27% of mothers feed up to 2 years, 13.64% of mothers continued feeding their babies for 2 + years.

About 71.1% of Porja mothers squeezed out the colostrum before they start feeding the baby. The duration of lactation was noticed mostly for 2 years is 42%, followed by 3 years is 38%, and up to 4 years is 17%. (Narahari et.al, 2009). The tribes of Himachal Pradesh feeding practices about 84% of mother give first feed 12 hours after birth and most of the mothers feed their children up to 36 months (Behl 1979). We got similar results regarding the duration of breastfeeding to infants, 47% of Lingayath communities breastfeed up to one year whereas 59% in Bharia tribes. (Kavitha Juneja 2017). Only 5% of mothers initiated feeding immediately after birth. 71% of mothers initiate after 4 hours of childbirth, unfortunately, 1.5% of mothers initiated breastfeeding after 3<sup>rd</sup> days (Hemalata 2015).

**TABLE 2: DURATION OF BREAST FEEDING**

Sl. No.	Initiation of B.F	Frequency	Percentage
1	Up to 6 months	06	05.45
2	6 to 12 months	37	33.64
3	Above 1 year	52	47.27
4	Not stopped	15	13.64
<b>Total</b>		<b>110</b>	<b>100</b>

### Introduction of Pre-Lacteal Food

Pre-lacteal food is defined as food or liquid is given to infants before initiation of breastfeeding for the first time (Chaudhary 2000).

In our study table-3, 48.19% of mothers did not use prelacteal food. Whereas in Dogras, 60% of mothers did not use prelacteal food. Sugar water 24.55% was on the top of the list and Honey and other (lactogenic food) are 22.73% and 3.64% respectively. Only 0.90% of mothers feed milk powder as pre-lacteal.

Pre-lacteal feeding varies substantially from one community to another community in all parts of India. The practice of offering pre-lacteal feed to newborns is minimal in Kerala with 10.8%, Sikkim with 12.3% and 16.7% in Arunachal Pradesh respectively. The pre-lacteal feeding is most common in Bihar with 90.6%, 86.0% in Uttar Pradesh, 71.6% in Rajasthan and 66.3% in Jharkhand (NFHS-3, 2005-06).

The mothers from the urban slums of Indore feed their babies with Jaggery water, Tea, Honey, Boiled water, Goat or Cow's milk or a traditional "Ghutti" made with Honey and Nutmeg (Aggarwal et. al., 2007). Similarly, 12% of Bharia mothers feed their babies with plain water as major pre-lacteal feed (Kavita Juneja 2017).

In our study pre-lacteal feed was more than fifty percent, i.e. (51.82%), another study reported that more than fifty percent. Yadhavannavar (92.25%), Devang Rawal (61.9%)

Plain boiled water (40%) and Honey (4%) in Kashmiri pundits, Also Honey (40%) in Dogras were prevalent as pre-lacteal feeds (Nirojini et.al 2004) and 60% of the mothers did not use pre-lacteal foods. Same in Hakkipikkis 60% of mother did not use prelacteal food and Sugar water 23.2% and milk mixed with Jaggery is used as prelacteal. These prelacteal feeds were given cleansing agents. These feeds interfere with the suckling stimulation and pro-lactating production, but also often these feeds are the source of infection to the newborn. (Dakshayani 2008).

Among tribes of Andhra Pradesh, nearly 30% of the infants were given prelacteal feeds such as glucose water, Honey, Plain water (Mallikarjuna Rao 2008).

**TABLE 3: INTRODUCTION OF PRE-LACTEAL FOOD**

Sl. No.	Pre-lacteal food introduced	Frequency	Percentage
1	Sugar water	27	24.55
2	Honey	25	22.73
3	Milk powder	01	0.9
4	Any other	04	3.64
5	Not given	53	48.19
	<b>Total</b>	<b>110</b>	<b>100</b>

### Supplementary Feeding

The growing child requires supplementary feeding at appropriate timing is important which is generally recommended as 4-6 months age of the child.

In the present study (table-4), 8.19% of infants initiating the supplementary feeding during 4-6 months and the highest percentage than 80% of infants initiate supplementary feeding during 6-8 months and 3.64% of infants initiate during 9-12 months and same observed than in Hakkipikkis study 48% during 6-9 months (Dakshayani 2008).

Only 11% of mothers introduced supplementary feeding at the right age that is six months of age. This is because mothers were aware of the importance of age of supplementary feeding that is good for the health of the growing children.

In Kenya, the mean age of introducing supplementary food for infants is between 2-7 months. By the age of 6-7 months, more than half of the infants (63.9%) had been introduced to supplement food. 20% between 8-11 months, and only 1.1% of infants have been introduced by 15<sup>th</sup> months. (Mbagaya 2009).

Too early introduction and the too late introduction of supplements to breastfeeding infants are associated with increased risk of undernutrition and infections (NFHS – 2.1998-99).

**TABLE 4: AGE FOR STARTING WEANING AND SUPPLEMENTARY FOOD**

Sl. No.	Age in months	Frequency	Percentage
1	4 to 6 months	09	08.19
2	6 to 8 months	88	80.00
3	9 to 12 months	04	03.64
4	After 12 months	00	00.00
5	Not yet started	09	08.19
	<b>Total</b>	<b>110</b>	<b>100</b>

#### **Weaning / Supplementary Food**

The term weaning is used to denote the process by which an infant changes from breast milk to mixed diet nourishment. Studies have proven that weaning before three months causes diarrhea and late introduction of solids after 6 months often leads to undernutrition in infants.

The food-related practices are highly influenced by their tradition and environment. Positive parental attitude towards infant feeding is an important component in child nutritional health (Kavitha Juneja 2017).

In our study (table-5), the majority of infants starts weaning by 6-8 months, 80% of main weaning food is cow's milk. And after that 92.73% includes Ragisari, 90% soft cooked rice, commercial formula and vegetables comes after and same in tribals Iruligas, supplementary food used by mothers are bidadhi hittu, Rice, rice with milk and ghee, Idli and Biscuit and same results reported. 82% of infants started weaning after 6 months of age and weaning food includes non-wheat cereals and unsweetened yogurt, vegetables and fruits. (Sajilata 2002).

In the current study, although the majority of infants started weaning at 6-8 months (80%) and 4-6 months (8.19%) and least at 9-12 months. Synonymous findings were observed by Shaili Vyas. More than 6 months of age is highest (5.54%) than 4-6 months (48%) and same in the study of Iruligas, Highest percent in 6-9 months is 42% and 32% in 4-6 months.



In Lucknow, weaning foods are animal's milk (35.8%) formula foods (17.6%) water 48% and tea, mashed banana, soup is 9.9%. (Neeraj 2014).

About 81% of mothers have knowledge regarding timely initiation of weaning food. Only 2% of the mothers actually practiced it. 87% of mothers initiated weaning at the age of 9 months. The common weaning foods are maize peji (82.3%), Kutki Gruel (76.1%), Boiled rice (49.5%), Boiled potato (55.7%), Boiled Agitha (67.2%) and Biscuit (28.3%) (Kavitha Juneja 2017).

Similar studies were reported by Patro (2012), who studied on Paroja tribes of Orissa, found that 68% of mothers fed their babies with cereal as a common weaning food. 85% of Hakkipikkis tribal mothers use Rice, Roti which is most commonly used in their daily routine including Bread and Biscuit (8%) and Milk (7%). None of the mothers reportedly gave commercial baby food (Dakshayani 2008). Whereas, our study found that 54.55% of Lingayath mother feeds commercial formula to their infants.

**TABLE 5: WEANING /SUPPLEMENTARY FOOD**

Sl. No.	Supplementary/ Weaning food	Frequency	Percentage
1	Cow's milk	102	92.73
2	Ragi sari	100	90.9
3	Soft Cooked rice, Salt and Ghee	74	67.28
4	Commercial formula	60	54.55
5	Cooked smashed apple	03	02.73
6	Milk and soft cooked rice	20	18.19

### Conclusion

It is concluded from the study that the mothers belong to Lingayath population of Arsikere taluk are following a good practice of feeding their baby with breast milk with 95% within 24 Hrs after childbirth. 80% of mothers initiate the supplementary food between 6-8 months of the infants. 47% of mothers feed the breast milk up to one year. However, Disheartening practices like discarding colostrum, providing pre-lacteals are matters of concern. Still, most of the mothers require awareness regarding the benefits of breastfeeding to their infants.

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