A STUDY ON THE PRACTICE OF LACTATING MOTHERS IN THANJAVUR DISTRICT

Dr. A. Sivagami
Research Advisor & Head, Department of Social Work
Bharathidasan University Constituent, College for Women,
Orathanadu, Thanjavur District, Tamilnadu

S. Nathiya
Research Scholar, Department of Social Work
Bharathidasan University Constituent, College for Women,
Orathanadu, Thanjavur District, Tamilnadu

ABSTRACT

Childhood mortality is one of the important indicators of a country’s general medical and public health conditions, and consequently, the country’s level of socio-economic development. Its decline is therefore not only desirable but also indicative of an improvement in general living standards. In India, 2.1 million children die before their fifth birthday. Half of these children die even before they are 28 days old, accounting for one-fourth global infant deaths. Of the 9.7 million child deaths worldwide annually, one-third occur in India. The statistics are equally shocking among neonate’s children new born to a maximum age of 28 days old. While around 4 million children die within the first 28 days of life across the planet every year, India records around one million of these cases. Among the reasons cited for the poor state of infant and child health in India are inadequate neonatal care, insufficient breastfeeding, malnutrition, low immunity and high incidence of communicable diseases. The main objective of the study was to identify the Advancement of Socio-Economic Development by Investing in Child Nutrition and Breastfeeding of Mothers. The researchers adopted descriptive design as they aimed at describing the social and economic development by investing in mother and child health. About 50 respondents were selected through simple random sampling in Thanjavur District. The findings in this study could provide important information for authorities in the health sector to improve the nutritional state of child in the community. The study concluded that the practice of lactating mothers in rural areas seemed to be better.

Key words: Breastfeeding, Malnutrition, Supplementary Food

1. INTRODUCTION

India has made significant progress in the past several decades in improving the health and well-being of its people. Over the past 40 years, life expectancy has risen by 17 years to 61 years, and infant mortality has fallen by more than two-thirds to 74 deaths per 1,000 live births. Despite these significant strides, the country continues to bear a heavy burden of both communicable and non-communicable diseases. Furthermore, India is experiencing a slow epidemiological evolution from infections and parasitic diseases to non-communicable diseases.

The Government of India has recommended that complementary feeding of infants should be started at the age of 6 months. The three recommended infant and young child feeding practices for children aged 6-23 months include: continue breastfeeding; feed semi-solid/solid food according to the age of the child; and feed a variety of foods such as cereals, fruits, vegetables and milk. It is recommended that children aged 6-8 months should be given complementary food twice a day while children aged 9-23 months should be fed three times a day. The amount of food given should be equivalent to 200 Kcal per day for children aged 6-8 months, 300 Kcal per day for children aged 9-11 months and 550 Kcal per day for children aged 12-23 months.

2. REVIEW OF LITERATURE

WHO (2011) mentioned that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Breastfeeding has an extraordinary range of benefits. It has profound impact on a child’s survival, health, nutrition and development. It provides the infant with nutrients; vitamins and minerals needed for growth and development for the first six months, and no other liquids or food are needed.

UNICEF (2013) says that breastfeeding creates a special bond between mother and baby which lead to positive repercussion for life, in terms of stimulation, behavior, speech, sense of wellbeing and security. It also lowers the risk of chronic diseases, such as obesity, high cholesterol, high blood pressure, diabetes, and childhood asthma and childhood leukemia. Studies have shown that breastfed infants do better on intelligence and behavior tests into adulthood than formula-fed babies.

3. OBJECTIVES OF THE STUDY

- To understand the breastfeeding practices of respondents and also their cultural practices related to child care
- To find out the association between practices of the Breast feeding of the respondents

4. RESEARCH METHODOLOGY

The researchers adopted descriptive design as the research aimed at Practice of Lactating Mothers in Rural Areas. About 50 respondents were selected through simple random sampling in Thanjavur District. Both primary and secondary data used for this study. The primary data were collected by using a pre-tested interview schedule. Secondary data were from published and unpublished sources including the reports, journals and magazines.

5. KEY FINDINGS

5.1. Socio-Economic Background of the Respondents

The above table explains about the distribution of respondents by their age, religion and caste. Out of 50 respondents (lactating mothers) the majority 40 (80%) of them were below the age of 27, followed by that 7 (14%) and 3 (6%) of them were between the age group of 28-32 and above 33 years category respondents.

As far as religious believe of the respondents is concerned that the vast majority 45 (90%) of them were belonging to Hindu religion, followed by that 2 (4%) and 3 (6%) of them were belonging to Christianity and Islam religions believers.

In addition to the Indian people are categorized on the basis of caste for many purposes. Likewise, with a view to check the intention of lactating mothers interest on kangaroo mother care, the researcher made an analysis that the majority 30 (60%) of them were belonging to backward class,
followed by that 15 (30%), 5 (10%) of them were belonging to scheduled caste, most backward class respectively. The inference drawn from the above table is that the young age group (below 27 years) lactating mothers (61.3%), Hindu religions background (79.3%) and backward class and scheduled castes (73%) had really have an interest to take care of their babies like kangaroo.

5.2. Pattern of Feeding
Out of 50 respondents the majority 33 (66%) of the respondents were feeding their babies through breast feeding only; followed by that 10 (20%), 5(10%) and 2(4%) of them feed their babies through breast milk and formula, breast milk and solids and formula milk respectively. It is inferred that the majority 33 (66%) of them preferred to give and continuity of breast milk done for their babies.

5.3. Newborn Care Practices
A total of 46 (92%) of the deliveries were hospital deliveries and 4 (8%) were home deliveries. The care provided during the home deliveries was mainly given by an untrained birth attendant 25 (50%). A household knife 25 (50%) was used to cut the umbilical cord in five home deliveries. In both in-hospital and home deliveries, nothing was applied for umbilical cord dressing 30 (60%). Talcum powder 5 (10%) and turmeric was used by some mothers for cord dressing. A total of 15 (30%) of the mothers still practiced branding of the child for illness. A total of 93% of the children received all vaccinations needed according to the national immunization schedule.

5.4. Mother’s knowledge on Breastfeeding and Complementary Feeding Practices
Only 6 (12%) of newborns was weighed within 3 days of delivery. Colostrum were given to almost 25 (50%) of babies, which is a remarkable achievement; however, 10 (20%) received pre lacteal foods. Less than half (10%) of infants were breastfed within one hour of delivery; the percentage was higher in rural areas 30 (60%) than urban areas 20 (40%). About 10 (20%) of infants were breastfed after one day, and 9 (18%) between 1-24 hours of delivery. Only 11 (22%) of children aged <6 months were exclusively breastfed.

6. HYPOTHESIS TEST

- There is no significant association between age of the respondents and their feed too uncomfortable to breastfeed in a public place. It had been proved by chi-square test (x² =1.603). The table value of x² at 5percent level for 2 degree of freedom is 5.99. The calculated value of x² is less than the table value and hence the null hypothesis is accepted and concludes that there is no significant association between the age of the respondents and feed too uncomfortable to breastfeed in a public place.

- There is no significant association between Place of residence of the respondents and their feeding your infant now. It had been proved by chi-square test(x² =10.4). The table value of x² at 5percent level for 4 degree of freedom is 9.488. The calculated value of x² is more than the table value and hence the null hypothesis is rejected and concludes that there is significant association between the Place of residence of the respondents and their feeding your infant now.

7. CONCLUSION
The information regarding the advantages and duration of breastfeeding needs to be provided for the community as a whole. The practice of exclusive breastfeeding was scarce with inappropriate complementary feeding in very poor hygienic environment. In Orathanadu rural community, high prevalence of malnutrition was observed among young children, essentially stunting. Obesity was also very high among mothers. Nutritional problems observed were due to poor knowledge on feeding practices, low education and socio economic level of mothers. There is a great need of developing educational program based on locally available foods.

Dr.A.Sivagami and S.Nathiya. “A Study on the Practice of Lactating Mothers in Thanjavur District”- (ICAM 2016)
REFERENCES


