Journal of Food and Nutritional Disorders

Research Article A SCITECHNOL JOURNAL

Feeding Practices among the Infants Attending the Expended Programme of Immunization Clinics at THQ Hospital of Cholistan

Nida Kanwal*, Hajira Ahmad, Mahpara Safdar, Syeda Mahvish Zahara and Zaheer Ahmad

Department of Environmental Design, Health and Nutritional Sciences, Allama Iqbal Open University, Islamabad, Pakistan

***Corresponding author:** Nida Kanwal, Department of Environmental Design, Health and Nutritional Sciences, Allama Iqbal Open University, Islamabad, Pakistan, Tel: 3027580745; E-mail: kanwalnida76@gmail.com

Received date: 23 January, 2023, Manuscript No. JFND-23-87661;

Editor assigned date: 27 January, 2023, PreQC No. JFND-23-87661 (PQ);

Reviewed date: 10 February, 2023, QC No. JFND-23-87661;

Revised date: 18 April, 2023, Manuscript No. JFND-23-87661 (R);

Published date: 25 April, 2023, DOI: 10.35248/2324-9323.100355

Abstract

Aim: To assess the feeding practices among the infants attending the expended programme of immunization clinics at THQ hospitals of Cholistan.

Methods: Observational hospital based descriptive study design was used. Study tool was an interview based questionnaire. Data was collected by filling the questionnaires. 130 interviews were conducted with mothers of infants. This study population was the infants of Bahawalpur Cholistan. Data was analyses by using latest version of SPSS software. *Chi square* test was applied.

Results: According to the research 73% mothers were giving prelacteal feed. 63% mothers were giving exclusive BF. 12.3% mothers giving CF at 6 months of age. 24% mothers have knowledge about CF. 93% of infants were malnourished and 7% infant was normal weight.

Conclusion: This research throws light on the different CF protocols exercised by mothers. It likewise uncovered the wholesome status of infants of Cholistan. There are various risk factors that are associated with malnutrition. Improper mother feed and wrong CF practices badly affect the health of infants. Malnutrition prevalence is high in this area of Pakistan.

Keywords: Prelacteal feed (Ghutty); Complementary Feed (CF); Breast Feed (BF); Malnutrition; Infant

Introduction

Appropriate feeding practices are important for infants. These include initiation of BF and CF at right time and continuation of EBF till 6 months of age [1]. The benefit of BF lasts for whole life for both mother and infant. Due to large number of benefits EBF is advised for all newborns until they are at least one year old. Breastfeeding is more common among women with lower levels of formal education than it is among women with greater levels in low and middle income countries [2]. Feeding procedures during one's early years determine all the physical and psychological prosperity in one's later years. Breast feeding not only provide soothing effect to gut but it also provide a large number of antibodies. World health organization recommends BF as long as a half year old enough. According to research conducted in Jinnah hospital Lahore 80% of mother had knowledge about exclusive BF. BF saves mother from postpartum hemorrhage. BF safe baby from obesity and type 2 diabetes mellitus. The number of obese infants is increasing they are directly linked with inappropriate nutritional works at early stages of life. Hypersensitivity reactions are less prevalent in BF babies. Mortality can be minimized by proper nutrition [3-5].

The Pakistan National Nutrition Survey (NNS) 2019 shows that 44.3% infant in Punjab are on EBF till 6 months of age .43.9% infant in Baluchistan, 52.3% in Sindh and 60.8% in KP are on EBF for 6 months of life [6]. The result of poor diet during the 1st 2 year of life comes in term of health problems. In CF it must be an obligation to provide nutrient rich food. In CF we provide mash food till the first half year of life along the bosom feed. The type of complementary food is dependent upon the availability. Ideal BF and nourishing with nutrients is basic window from birth to 2 years of life for the healthy development. The poor sustaining rehearses are dangerous to social and monetary advancement. Prelacteal taking care of an infant substances or fluids prior to breastfeeding, is a typical social practice in Pakistan, yet is related with neonatal dismalness and mortality since it defers early commencement of breastfeeding [7]. Deficient eating regimen is viewed as significant reasons for development hindering in low-pay nations, however mediations focusing on these gamble factors have made restricted progress.

The primary causes of early mortality and under nutrition are inadequate newborn and young child feeding. Ideal sustenance in early youngster's life assumes a fundamental part in working on mental and engine improvement lessens the chance of getting irresistible illnesses [8]. Improper BF and CF practices support malnutrition. Malnutrition causes a decrease in immunity. The feeding practices are important in first 2 years of life because death rate and survival rates are associated with it. Unequal mixture of nutrients results in drastic health effects and increasing mortality [9].

Healthy and proper feeding practices are very important for infants. Imbalance feeding practices put a bad effect on baby's life. Infants' first year of life consist of two nutritional stages, first stage is EBF or bottle feed and second is the starting of weaning after six months of age. According to above studies there is a problem of malnutrition among infants due to faulty feeding practices [10]. Malnutrition in first year of life has a very devastating impact on whole life. Research was conducted to disclose the feeding rehearses in Cholistan region. Pakistan is an under developed country there is still scarcity of food in backward areas [11].

Materials and Methods

Observational hospital based descriptive study design was used. In this study the results and interaction with risk factor is studied together [12-15]. The study population was the infants of Bahawalpur Cholistan. Data was collected from THQ hospitals (Ahmad Pur East,

Yazman, Khyrpur Tammy Wali, Hasilpur and BHU Qiladrawar) [16]. Interviews were conducted with 130 mothers having the infants. As those infants were taken who belonged to Cholistan at THQ hospitals [17]. These were available at the time of sampling and can be included in study. But only Cholistan infants were selected that's why convenient sampling technique was applied. Study tool was an interview based questionnaire. Data was collected by filling the questionnaires by asking questions from mothers [18]. The weight and height of infants were measured. *Chi square* test was applied between variables. All the data was analyzed on SPSS latest version [19]. Variables were entered in the variable sheet of SPSS software and data was entered in data sheet [20]. Percentage of variables was calculated and represented with graphs and tables.

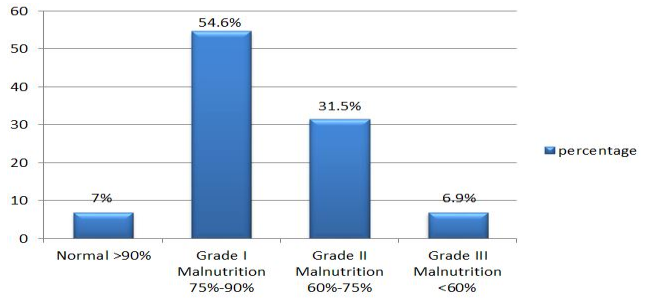
Results

Table 1 shows that different feeding practices are being done among infants.

Infant distribution according to age	
Age in months	**Percentage**
<4 months	15.40%
4 to 6 months	21.50%
7 to 12 months	63.10%
Gender distribution	
Male	47.70%
Female	52.30%
Practices of prelacteal feed	
Yes	73.10%
No	26.90%
Exclusive breast feed	
Yes	63%
No	37%
Age of starting the complementary feed	
Less than 4 months	0.80%
4 to 5 months	6.90%
At 6 months	12.30%
Greater than 6 months	37.70%
Still not starting CF	42.30%
Education level	
Yes	20.80%
No	79.20%
Knowledge of mothers about complementary feed	
Yes	24%
No	76%
Mother employment status	
Yes	23%
No	77%

Table 1: Feeding practices among the infants (n=130).

Figure 1 shows that 7% infants were of normal weight, 54.6% of infants fall under the grade I malnutrition, 31.5% infants fall under the grade II malnutrition and 6.9% infants fall under the grade III severe malnutrition (Gomes classification).



Y= Frequency

X= Grading of nutritional status

Figure 1: Weight for age distribution (n=130).

Table 2 shows that there is no association between mother education and keeping the infant on exclusive breast feed.

Mother education	Yes	**Keeping the infant on EBF**		**Total**
		Yes	**No**	27
		20	7	
	No	62	41	103
Total		82	48	130
Pearson *Chi-square* value		1.7	**P-value**	0.1

Table 2: Association between mother education and exclusive breast feed.

Table 3 shows that there is no association between mother education and keeping the infant on exclusive breast feed.

Education level	**Introducing the prelacteal feed**		**Total**
	Yes	**No**	
Primary	17	1	18
Secondary	3	2	5
Middle	2	0	2
Intermediate	0	2	2
Total	22	5	27
Pearson *Chi-square* value	12.38	P value	7.81

Table 3: Association between education level and introducing the prelacteal feed.

Discussion

Cholistan is the poorest area of Pakistan. There is a high shortage of water in Cholistan. Animals and humans beings are drink water from the same ponds. It is among the major causes of their miserable health. In my study 15.4% infants were less than 4 months, 21.5% infants were 4 to 6 months and 63.1% were of 7 to 12 months. 47.7% were male babies and 52.3% were female babies. Breast feeding was being done without age and gender discrimination. There are many hurdles in path of EBF but the illiteracy and false belief are the culprits. In my study 63% mothers were giving breast milk to their infants. Behind this not giving BF (37%) to the infant there is a belief in these people that mother has “athraa” (bitter milk). They belief that mother has bitter milk if we feed baby on this milk the child will become ill. In Pakistan from 1983 to 2008 there is a tremendous fall in BF from 96% to 31% among the job holder mothers.

A mother in this area use different food practices and overall picture of nutritional status is very bad. In my study 42.3% infants were not being provided with CF even they were about to 1 year of age. The reason was that parents cannot afford CF diet. This result is similar to a research in New Zealand interoperated that more than 80% of moms were giving EBF to infants till the 9 months of life. The initiation of nutrient feeding too early or late both of them causing the non-satisfactory health results. The delayed introduction of CF is common in village areas of Pakistan which causes the PEM. In my study 7% infants were having normal weight and 93% infants were under weight. There is a relationship between malnutrition and BF and weaning practices. They don't have sufficient food to maintain their normal weight. In the first days of life when weaning started many types of food are given by the parents to their babies. 20% mothers were giving CF below the age of 6 months. On asking they told they

do not have knowledge about CF. In my study only 24% mothers have the knowledge about CF. They feed their child whatever they have irrespective of age. They little bit know about CF and BF. A Pakistani study showed that mother's educational level is poor about when to give and when to stop weaning. 20.8% mothers were educated due to less resource. Poverty is another big factor. There are no ways to earn money so they cannot meet their educational and nutritional demands. In Ajmer a study was done which showed there is low level of girls' education, role of ghutty are main causes of malnutrition. In my study statistically there is no association between mother education and keeping the infant on exclusive breast feed. This result was contrary to this study conducted in other country. To increase nutritional status in Nigeria interventional efforts are done on mothers to educate them to BF.

73.1% people were giving Ghutty as with the concept that prelacteal feed is also an important tradition from years. In my study there is statistically association between education level and introduction of prelacteal feed. It has been observed that there are many traditions which are followed by many people irrespective of their economic status; educated or uneducated they are following these traditions from centuries. In this study 23% mothers are working ladies who are doing jobs outside the house and 77% mothers are not doing jobs. Women who are doing job do not feed their child on exclusive breast milk. They have to work hard for earning so cannot cook food at home. These reason infants in these areas are very malnourished. They are facing kawashikor and marasmus. BF is diminished due to availability of prepared food for Jobian.

Conclusion

In this study different feeding practices of Cholistan mothers came out. Overall picture of nutrition is very bad poor education system, poverty, low socioeconomic condition and unhygienic condition are the factors associated with malnutrition. Mother did not introduce CF to infants during infancy. These poor rehearse cause the malnutrition. Even these areas do not have any facility to get information about feeding. Exclusive BF must be followed and CF should be started at proper age. Mother's status of acknowledgement is important in infant feeding.

References

1. Aguayo VM (2017) Complementary feeding practices for infants and young children in South Asia. A review of evidence for action post-2015. Matern Child Nutr 13:e12439.
2. Ali M, Arif M, Shah AA (2015) Complementary feeding practices and associated factors among children aged 6-23 months in Pakistan. PLoS One 16:e0247602.
3. Ariff S, Saddiq K, Khalid J, Sikanderali L, Tariq B, et al. (2020) Determinants of infant and young complementary feeding practices among children 6-23 months of age in urban Pakistan: A multicenter longitudinal study. BMC Nutr 6:75.
4. Asim M, Ahmed ZH, Hayward MD, Widen EM (2020) Prelacteal feeding practices in Pakistan: A mixed-methods study. Int Breastfeed J 15:53.
5. Zeleke LB, Gebremichael MB, Adinew YM, Gelaw KA (2017) Appropriate weaning practice and associated factors among infants and young children in Northwest Ethiopia. J Nutr Metab 2017:9608315.
6. Bhandari S, Thorne-Lyman AL, Shrestha B, Neupane S, Nonyane BA, et al. (2019) Determinants of infant breastfeeding practices in Nepal: A national study. Int Breastfeed J 14:1-7.
7. Bhatti ZI, Anwar M, Yasin IM (2018) Knowledge, attitude and practice of mother's regarding weaning in rural community of Lahore. Pakistan J Med Heal Sci 12:1015-1017.
8. Gerritsen S, Wall CR, Grant CC, Teixeira JA, Marchioni DM, et al. (2019) Inequalities in infant feeding practices among the growing up in New Zealand cohort. Mult Digi Pub Inst Proc 8:54.
9. Gungor D, Nadaud P, LaPergola CC, Dreibelbis C, Wong YP, et al. (2019) Infant milk-feeding practices and food allergies, allergic rhinitis, atopic dermatitis, and asthma throughout the life span: A systematic review. Am J Clin Nutr 109:772S-799S.
10. Jamil M, Khanum A, Omer MT, Hamid MH (2018) Knowledge, attitude and breastfeeding practices of mothers of infants: An experience from a tertiary care hospital in Lahore. Proceedings SZPGMI. 32:1-7.
11. Javed A, Khaliq-Ur-Rehman MA, Ishtiaq A (2017) Knowledge and practices among mothers regarding weaning practices, visiting pediatric outpatient department Bahawal victoria hospital Bahawalpur. J Sheikh Zayed Med 8:1177-1180.
12. Karnawat D, Karnawat BS, Joshi A, Kohli GK (2015) Knowledge, attitude and practices about infant feeding among mothers of urban and rural areas of Ajmer district. J Med Res 1:90-94.
13. Katepa-Bwalya M, Mukonka V, Kankasa C, Masaninga F, Babaniyi O, et al. (2015) Infants and young children feeding practices and nutritional status in two districts of Zambia. Int Breastfeed J 10:1-8.
14. Khan MA, Qureshi Z, Khan KA, Gill FN (2016) Patterns and determinants of breast feeding among mother infant pairs in Dera Ghazi Khan, Pakistan. J Ayub Med Coll Abbottabad 28:750-754.
15. Luoma J, Adubra L, Ashorn P, Ashorn U, Bendabenda J, et al. (2023) Association between asymptomatic infections and linear growth in 18-24 month old Malawian children. Matern Child Nutr 19:e13417.
16. Na M, Aguayo VM, Arimond M, Stewart CP (2017) Risk factors of poor complementary feeding practices in Pakistani children aged 6-23 months: A multilevel analysis of the demographic and health survey 2012-2013. Matern Child Nutr 13:e12463.
17. Nisar MU, ul Haq MM, Tariq S, Anwar M, Khawar A, et al. (2016) Feeding patterns and predictors of malnutrition in infants from poor socioeconomic areas in Pakistan: A cross-sectional survey. Cureus 8:e452.
18. Olatona FA, Adenihun JO, Aderibigbe SA, Adeniyi OF (2017) Complementary feeding knowledge, practices, and dietary diversity among mothers of under-five children in an urban community in Lagos state, Nigeria. Int J MCH AIDS 6:46-59.
19. Oloko M, Ekpo R (2018) Exploring traditional weaning practices in north western Nigeria; food, knowledge and culture: A step towards safeguarding community food security. Acad J Interdiscip Stud 7:97.
20. Roess AA, Jacquier EF, Catellier DJ, Carvalho R, Lutes AC, et al. (2018) Food consumption patterns of infants and toddlers: Findings from the Feeding Infants and Toddlers Study (FITS) 2016. J Nutr 148:1525S-1535S.