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NUTRITIONAL AND HEALTH STATUS OF CHILDREN THE ROLE OF BREAST FEEDING

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INTRODUCTION

Breast feeding was the best, is the best and will remain the best as for as infant feeding is concerned. Breast feeding has been a part of our culture since ancient times. Breast feeding is a rich traditional practice in Indian society. Many social, moral ad mythological factors are attached to the practice of breast feeding. The Indian mind has recognized breast milk as the best food for the child since antiquity. But in modern times, till recently the practice of breast feeding has been declining even in Indian society especially in affluent class under the influence of the oxidant. However, breast milk now again has been recognize as the most suited food for the baby world over. This has resulted in activities for increasing awareness and promotion of breast feeding.

Colostrum provides important nutrients and also protects against infections. Colostrum is the first phase of breast milk produced after delivery. In traditional Indian societies majority of the mothers reject the colostrums and do not feed the child with colostrums considering it dirty, indigestible and harmful. However, recent scientific researches in immune biology have shown that colostrums is the best food for the child providing adequate general immunity for the whole life. Ever since this new information has emerged, the public health agencies throughout the world have initiated programs to generate awareness regarding promotion of breast feeding and use of colostrum.

Breast milk is one of the most energy dense food existence. Its ratio in protein. Fat and carbohydrate concentration is unequally adapted to the babies' needs and various at different times in the day, even during a single feed. When baby is put to the breast, a first milk produced the foremilk is low solute. So if she / he is just thirsty, a showth suck will satisfy her / him. The longer the baby suck from one breast, the more fat and protein she/ he obtains from breast milk.

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Ninety percent of the carbohydrate in breast milk is in from of lactose milk is in from of lactose milk sugar as compared to with four percent in cow milk. Due to its unique composition (and its high lactose content) breast milk is able to pass through a babies intestine, much faster than infant formula. Some of the lactose turns into lactic acid, which has the power to resist harmful bacteria and helps the stool softener. As a substitute for lactose, source is added to infant formula. Sources is much sweeter than breast milk, hence bottle feed infants have a higher tendency towards tooth delay when their teeth come through. Fat is more easily absorbed from breast milk than from cow's milk. Many times babies who do not get enough essential fatty acids can develop dermatitis, have low blood platelets count which result in hemorrhages under the skin they are susceptible to infection. Mostly this combination of symptoms never occurs with breast fed babies. Breast milk contaminant - infective agents against virus and bacteria present in breast milk and is entirely clean, day or night. When the baby is put to the breast the never impulses travel to hypothalamus and hypothalamus activates the posterior lobe of pituitary glands.

There are many enzymes in breast milk. They are absent in the secretion of mammary glad before birth and appear after delivery. Breast milk can also adjust it a baby is premature. Milk is only food your baby will need during the early days. The act of breast feeding is an act of tenderness and love. It is only the duty but it gives satisfaction and pleasure to the mother. So it is called "The Hain of Love" that gives thousand and millions wave of Love. Breast milk ensure the baby's health. India is facing a grave challenge of having very high rates of child undernutrition and a high infant and child mortality, which demands an urgent need for a comprehensive multi-proved evidence based interventions, which include initiation of breast feeding for the first six months of life and introduction of appropriate and adequate complementary food at 6-9 months of age, are available to improve child survival.

Undernutrition is an underlying cause of an estimated 53 percent of all under five deaths. Those who survive may get locked in a vicious cycle of recurring sickness and fettering growth, often with irreversible damage to their cognitive and social development. It is significant to note that a larger proportion of under five children are undernourished in India, contributing to high child mortality. The research evidence over the last few decades, has clearly identified causes of high child mortality and also the remedies, which are effective and feasible for implementation at a large scale, in the community. Exclusive breast feeding stands out as a single most effective intervention for child survival. Universalizing early (with in one hour) and exclusive

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breast feeding (for 0-6 months) is viewed as a major public health intervention to reduce the child mortality particularly in the neonates and infants. Improving complementary feeding is viewed as a major contributor to reduce anemia and stunting as well.

The act of enabling all women to practice initiation of breast feeding and exclusive breast feeding can save not only hundreds or thousands of babies, but also provides health benefits of women, in terms of less fractures in alter ages. Further, ensuring adequate and timely introduction of complementary feeding along with continued breast feeding, could benefit the nation to reduce stunting quickly. It poses a serious challenge, given the numbers that we have to reach inversely. This would require great deal of planned action. State of breast feeding and complementary feeding practices in India:

"The status of breast feeding and complementary feeding practices is very dismal in India. According to the NFHS-3 the initiation of breast feeding within one hour of the birth was only 24.5 % however, more recent data from the DLHS -3 shows slight improvement, to 40.2%. An analysis of data of 534 districts, revealed that in 138 districts initiation of breastfeeding within 30.9% in 194 it is between 50.89% and only in 5 districts it is above 90%. The NFHS - 3 also reported exclusive breastfeeding up to the age of six month to be only 46.4 %. Further analysis of age wise data also reveals that exclusive breast feeding rapidly declines from first month toxic months and only about 27.6% children - continue it by six month, giving a real low fighter of exclusive breastfeeding. According to DLHS3, in 485 districts exclusive breastfeeding for the first six month is below 50%. This patter no flow rate of exclusive breastfeeding for the first six month and complementary feeding is equally prevalent in both rural and urban India, including urban slums.

Introduction of complementary feedings, along with continued breastfeeding in 6-9 months age is only 55.8% more recently, the DLHS -3 data reveals that introduction of complementary feeding along with continued breast feeding in 6-9 months age is only 2.9%. This is disturbing news, as earlier NFHS studies had shown a rise of about 20% over 6-7 years. District wise complementary feeding data is yet to be available during this age period. The important point here is to go for the district level action and monitor these three indicators properly, uniformly and in harmony with the state and national data.

Possible reasons for suboptimal breastfeeding and primarily lack of proper information to mothers, total lack of counseling of feeding of infants, inadequate heath care support inability, inability of the health care providers to help mothers experiencing breast feeding difficulty, aggressive promotion of baby foods

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by the commercial industries and lack of proper support structures at the community and work place like maternity entitlements and arches. Strategies for achieving optimal breastfeeding and complementary feeding.

One of the major reasons for India not been able to enhance its breastfeeding and complementary feeding rates in past decides is that it has not taken action in a holistic manner and interventions have not reached to all people with health care services. Ad hoc actions like few message here and there have prevailed, either due to a strong belief that is enough or may be lack of understanding on how will it happen. For a basic need to succeed in optimal breastfeeding practices mothers and babies have to stay together and supported as well several sectors other than health are involved. Following seven poinstrategy with suggested actions for improving breastfeeding is proposed. It is expected that developing an action plan based on these, would improve the rates of breastfeeding and complementary feeding.

To achieve high rates of exclusive breastfeeding for the first six months and appropriate complementary feeding, there after, one needs to act comprehensively and use all sets of strategies which include interventions by health and related sectors, including labour, HIV, disaster management, planning etc. while it is well established now that, one to one counseling and group counseling, worlds for exclusive breast feeding and have potential to increase exclusive breastfeeding at 1 and 6 month significantly complementary feeding can counselling, however food supplementary are required per food insecure population.

Materials and Methods

There are more than 40 villages in the coastal line of Kanyakumari District. Of these Rajakamangalam Village is selected for the present study. Fishering is the main occupation of the respondent of the village. There are 60 Children under the age of 2 years in the village of that 25 children are attending the anganwadi and the reminder were not attending the researchers has selected 50 children under 24 months of age were selected at random for the study.

Objectives

1. To study the socio - economic conditions of the respondents.
2. To study the Breast feeding practice of mothers in the study area.
3. To offer suggestions for the mothers regarding the optimum feeding.

Results and Discussion

Table 1 - Age and Sex distribution of the Study Population

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Age groups (in months)	Males	Females	Total
0-11	10	13	19
12-23	7	10	17
24-35	3	4	7
Total	23(46%)	27(54%)	50(100%)

Source: Survey Data

Table 1 shows the age - sex distribution of the study population. Females comprised of 54% of the study population. Maximum number of children belonged to 0-11 months age.

Table -2 Background characteristics of the study population.

Background Characteristics Mother's Education	Frequency	Percentage
Middle School	10	20
High School	18	36
Higher Secondary & above	22	44
Religion		
Hindu	0	0
Christian	30	60
Muslim	20	40
Caste		
BC	8	16
MBC	38	76
SC / ST	4	8
Type of Family		
Nuclear	13	26
Joint	37	74

Source : Survey Data

Table-2 shows the background characteristics of the study population. 36% of the mothers have completed high school level education, 60% of them Christian, 76% of the people belong to MBC community.

Table - 3 Nutrition and Health status of the study population

Nutrition and Health status	Frequency	Percentage
Birth Order		
1	18	36

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2	25	50
3	7	14
Knowledge of Colostrums Feeding		
Yes	40	80
No	10	20
Initiation of breast feeding		
With in 1 hour	16	32
1 - 3 hours	22	44
After 3 hours	12	24
Exclusive breast feeding		
Yes	22	44
No	28	56
Timely Complementary Feeding		
Yes	23	46
No	27	54
Type of feeding		
Demand Feeding	43	86
Scheduled Feeding	7	14
Type of pre lateral Feed		
Water	26	52
Honey	12	24
Plam Candy Water	11	22
Any Combination of Pre - lateral	1	2
Breast Feeding		
Following	41	82
No Following	9	18
Knowledge about Feed		
Advices by elder	4	8
Doctor	46	92
Continuation of Breast Feed after Six month		
Continued	39	78
Discontinued	11	22
Food (After 1 year)		
Breast Feeding	8	16
Cerelac	7	14

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Others (Rise)	35	70
Consultation during disease		
Doctor	43	86
Relation	5	10
Friends	2	4

Table - 3 shows the Nutritional and health status of the study population. 50% of children had a birth order of 2.80% of the respondents know about the colostrums. 44% of the respondents initiated on breast feed 1 - 3 hours after birth. The proportion of exclusive breast feeding children was only 44% and 54% of the children did not receive complementant feeding. 86% of them had demand feeding. 52% of them giving water. 82% of the mothers have followed breast feed, 92% of them taking advice knowledge about feed by doctors. 78% of them are continuation of breast feeding after 6 months, 70% had given cooked rice to their child after 1 year. 82% of them are consultation during disease with doctor.

Conclusion

Health and nutrition programs, as well other programs dealing with women and children should mainstream breast feeding counseling and support investigation to help women to succeed both in early (with in hour) and exclusive breast feeding (for the six months of life) . Current focus of the health systems to treat sick babies must be presented by the preventive health interventions, the delay in their expansion is not only inexcusable but a matter of serious concern also. The reasons may be lack of understating of program managers on how to do, lack of co - ordination and weak policies .It is the time when we should look at the reasons. So that ad hoc actions have way for the lack of co-ordinate ones. Putting in practice the recommendations and comprehensively addressing all the seven strategies could make a difference.

Suggestions

1. It is essential to strengthen feeding counseling services to mothers in all levels.
2. The present study suggests a need for dissemination of information an education regarding optimal breast feeding practices and for protecting and promoting healthy traditional practices.
3. Mothers should be made aware of advantages and psychological implications of optimal breast feeding practices.
4. Efforts should also be made for promoting institutional deliveries for providing them better opportunities of health education for early initiation of breast feeding.

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5. It is recommended by with that exclusive breast feeding should practice for six months.

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