Child Feeding Schedule

A Study in the Framework of Integrated Child Development Services

Mrs. AMRIT KAUR MALHOTRA
Mrs. SHAKUNTALA NAGPAL
Mrs. BINDU WALIA

Introduction:

Nutrition is the first need of the living organism and by nature the foetus gets its nutritional requirements from his/her mother in her womb and after birth from mother's breast. This practice of breast feeding is in vogue since time immorial. But the breast milk is not sufficient after 3 months of age and supplementary food needs to be introduced to the baby. This component of nutrition has been a very important aspect of Integrated Child Development Services which were planned on experimental basis for the rural, tribal and urban slums which have population more than one lakh. It covers the entire gamut of early childhood services such as pre-school education, health nutrition, recreation and mother's education and welfare. It was felt that if the appropriate range of mother and child related social services were provided, especially to the weaker sections of society, the national wastage of children in terms of infant mortality rate can be reduced and school dropouts, illiteracy can be prevented and the physical, psychological and social development of children ensured.

For the proper development of children who are the future leaders of the nation, ICDS was envisaged as an investment for the future progress of India. This project was started on 2nd October, 1975 in 33 Blocks on an experimental basis and expanded to 1000 projects by the end of 6th five year plan.

At present this scheme is a part of the 20-Point Programme of the Prime Minister and during the 7th plan another 1000 projects are added.

The Objectives of ICDS are:

1. To improve the nutritional and health status of children in the age group of 0-6 years.
2. To lay the foundation for psychological, physical and social development of the child.
3. To reduce the incidence of morality and morbidity, malnutrition and school drop-outs.
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development.
5. To enhance the capablity of the mother to look after the normal heatth and nutritional needs of child through proper nutrition and health education.

Mrs. Amrit Kaur Malhotra is a former Lecturer, College of Nursing, PGI, Chadigarh.

Mrs. Shakuntala Nagpal and Mrs. Bindu Walia are Instructors at Anganwadi Works Training Centre, Mohali.

In order to achieve the above mentioned objectives, ICDS provides an integrated package of essential early childhood services which comprise:

1. Supplementary nutrition.
2. Immunization.
3. Health check-up.
4. Referral services.
5. Nutrition and health education.
6. Non-formal education.

The beneficiaries are expectant and nursing mothers, children from birth to 6 years and for nutritional health education women in the age group of 15-45 years.

The focal point for the delivery of services under ICDS is the anganwadi in the village/urban slum for one thousand population. Anganwadi Worker is incharge of Anganwadi and one helper is also provided for cooking of food and cleaning, etc. Anganwadi Worker is to be selected from the local village, a lady in the age group of 18-44 years. She is a person acceptable to the community and is matriculate. In case a matriculate is not available then under-matric is also taken.

Anganwadi Worker is an honorary worker who gets an honorarium of Rs. 275/- (if matriculate) and Rs. 255/- (for under-matric) after five years of service Rs. 300 and after 10 years of service Rs. 325/-. Anganwadi Worker after opening the Anganwadi is sent for 3 months training at the Anganwadi Training Centre which are mostly run by voluntary organizations and there are nearly 300 training centres in India and 120 are run by Indian Council for Child Welfare.

During the training the subjects taught are nutrition, organization and management, community, and communication, child development, and non-formal education, health, Population education and parent and Community education.

Indian Council for Child Welfare worked a research design to provide an opportunity to the trainees of the Anganwadi Worker Training Centre to undertake studies on the various components of ICDS and provided an opportunity to the trainers to see the setting in which Anganwadi Worker is working, her knowledge about the job and the problem she faces.

The Objectives of the study are:

1. To give an opportunity to the trainers to visit the field situation, interact with the Anganwadl Workers beneficiaries and the community to understand the prevalent practices in the field.

2. To enable the trainers to take into account these practices while imparting training to Anganwadi Workers.

3. To develop in the trainers appropriate social research skills of self-monitoring and evaluation.

4. To collect empirical data regarding the implementation of ICDS pragramme.

Methodology

The study is undertaken by the teaching staff of Anganwadi Training Centre (Each Anganwadi Training Centre has three full time trainers, viz, a nutrition, Child development pre-school education, community contact & parent and community education instructor. Each instructor was to choose one component of the study related to her field of specialization.

Village Badaliala Singh was selected in Bassi Pathana Block. The village is on the roadside and easily approachable. The village's total population is 1470 and 280 families with children from birth to 6 years 190.

This data is taken from the survey register of Anganwadi Worker. In this village Anganwadi was opened 6 years back and (last year) in 1988 another Anganwadi was added.

The research design and tool was prepared by ICCW. The prepared questionnaire was to be filled by interviewing the mother/female member of the family by asking questions.

Part I of the tool has a basic information of the family and part II on breast feeding practices and supplementary food. The responses were recorded from the respondents who were mothers or female members of the family.

A total of 180 families were interviewed, 10 to 12 families in a day starting from the periphery of the village.

Table No. I

Result and Discussion

Status of the respondents	*Frequency*	*Percentages*
Mother with youngest child 0 to 6 months	20	11.11
Mother with youngest child 6 to 12 months	21	11.67
Mother with youngest child 1 to 3 years	37	20.55
Mother with youngest child 3 year to 6 years	43	23.89
Currently pregnant women	5	2.77
Other married women 15 to 45 years	54	30.00
	180	100.00

In case of mothers with youngest child under 6 years, sex of the child is male 82 and female 65.

Nuclear families were 86 (47.77%) and joint families were 94 (52.22%) and the household enrolled in the aganwadi as beneficiary were 67 (37.22%) & non-beneficiary were 113 (62.78%). Education of the respondent: 98(54.44%) were illiterate, 53 (29.44%) were educated upto V class and 25 (13.88%) upto IX class, only 2 (1.11%) were matriculate and 3 (1.66%) were above-matric.

Case-wise 71(39.44%) were scheduled caste and 109(60.56%) were other categories.

The source of income from agriculture land was of 67 families i.e. (37.23%) agricultural labourers were 76(42.23%), 14(7.77%) were technician. Business men and government servants were 9(5%) each and 5(2.77%) were brahmins. This data indicates that for majority of the population of this villages occupation is agriculture.

Table II

No. of mothers started with breast feeding

	Frequency	*Percentage*
Within 24 hours	8	4.45%
Between 24-48 hours	39	21.67%
After 48 Hours	132	73.33%
Did not breast feed	1	0.55%
	180	100.00%

This table indicates that majority of mothers, 132(73.33%), put the new born baby to breast for feeding on the 3rd day after delivery. The need for breast feeding on the 1st day of delivery is not known to the mother.

Table III

While asking opinion of the mother about giving colostrum to babies is		
Colostrum is good	60	33.33%
Colostrum is bad	120	66.67%
	180	100.00%

This table reveals that majority of the mothers 120(66.67%) believe that colostrum is bad.

The views of 60 mothers who said Colostrum is good is taken.

Table IV

If Colostrum is good, why

	Frequency	*Percentage*
It is nutritious	1	1.67%
Good for the health of baby	14	23.33%
Protects baby from diseases	nil	nil
No particular reasons	45	75.00%
	60	100.00%

This table reveals although 60 mothers said "Colostrum is good but only 14 (23.33%) indicated it is good for the health of the baby and none said, "It protects babies from disease.

The mothers who said colostrum is bad when asked if colostrum is bad why.

Table V

	Pregnancy	*Percentage*
It leads to sickness	4	3.33%
It is dirty	37	30.83%
No particular opinion	79	65.84%
	120	100

In this table although majority of mothers, 79 (65.84%), did not give any particular reason but 37 (30.83%) said, "It is dirty". This shows that they still believe in the harmful effect of colostrum.

Mother's view about supplementary food to the infant.

At what age did you/will start to give Supplementary foods.

Table VI

	Pregnancy	*Percentage*
Less than 3 months	12	6.67%
4 to 6 months	42	23.33%
7 to 9 months	58	32.22%
10 to 12 months	55	30.55%
1 year and above	13	7.23%
	180	100.00

This table indicates that 42 (23.33%) mothers only start supplementary food to babies in the age group of 4 to 6 months and 113 (62.77%) start between 7 to 12 months.

While giving reasons to start supplementary food to infants:

Table VII

	Pregnancy	*Percentage*
1. Breast milk insufficient	37	20.56%
2. Supplementary food necessary for child growth.	11	6.12%
3. Supplementary food would help weaning	15	8.33%
4. Was advised to start supplementary food.	21	11.66%
5. Starting working.	6	3.33%
6. Due to subsequent pregnancy.	4	2 23%
7. Other specify (When the child demands after the age of 8-9 months.	86	47.77%
	180	100.00%

This table indicates that 86 (47-77%) mothers only give supplementary food when the child demands after the age of 8-9 months. While starting supplementary food only 18. (8.88%) prepare food specially for the infant and others give regular family adult family food.

While enquiring about the supplementary food items.

Table VIII

	Pregnancy	*Percentage*
1. Milk, cereal preparation, pulses, vegetables.	150	83.33%
2. Milk, fruit and fruit juices	20	11.12%
3. Supplementary food not introduced	10	5.55%
	180	100.00

Mothers who did not introduce supplementary food said that they neither had money nor time.

Table IX

Mother gave food to infant at the age of 8-9 months.

1. Once/Twice daily	53	29.45%
2. Three times daily	93	51.67%
3. Four times daily	34	18.88%
	180	100.00

According to this table more than 50% mothers give supplementary food three times daily.

To explore about the practice of breast feeding during illness of infant 178 (98.22) mothers continue breast feeding and only 2 mothers (1.88%) stop breast feeding during illness of infant.

Mothers continue breast feeding when they fall ill 173 (96.11%) and only 7 (3.89%) stop the breast feeding during their illness.

Table X

The feeding practices during diarrhoea to the child.

	Pregnancy	*Percentage*
1. Reduce the amount of food.	48	26 66%
2. Continue breast feeding.	127	.75.56%
3. More fluid.	4	2.23%
4. Sugar salt solution.	1	0.55%

According to this table where as 127 mothers (75.56%) continue breast feeding during diarrhoea, but only one mother knows about sugar salt solution.

Summary and Conclusion

This study was conducted in a village of Punjab where Anganwadi is functioning since 6 years to know the child feeding practices of mothers or females by interviewing with the help of structured questionnaire. One hundred and eighty mothers/females were interviewed

The analysis of this data showed although Anganwadi is in this village for 6 years, the nutrition education and health education component is not emphasized by the Anganwadi workers. The Anganwadi worker is to impart knowledge to mothers to breast feed the new born on the day of birth and colostrum was to be given to the new born, still 132 mothers 73.33% feed the new born after 48 hours, and 120 respondents indicated that colostrum is bad. Thirtyseven respondents (30.83%) revealed that colostrum was dirty. Mothers do not know the importance of colostrum which consists partly of fluid secretions and partly of whole and fragmented a alveolar cells and some white blood cells. These cells produce antibodies which help to protect both the breast itself and the intestines of the baby against infection. Mothers need to know colostrum is not harmful inspite of its dangerously bright yellow colour (Helsing & King) Majority of the mothers start supplementary foods 113 (62.77%) after the age of 7 months of the infant where as supplementary food need to be started at the age of 4 months onward. Mother secretes about 600 ml of milk within 24 hours which has 426 calories. Infant needs 120 calories per Kg body weight so after 3 months of age breast milk calories are not enough.

Concerning feeding practices during diarrhoea to the child although 127 (75.56%) mothers continue breast feeding but only one mother (0.55%) knows about sugar salt solution. Whereas about oral rehydration solution on T.V. Radio publicity is given and literature in the form of pamphlets, hand bills, distributed in original languages by the central & state health departments all over the country, Anganwadi worker and health worker need to draw the attention of mothers on oral rehydration therapy. They need to create interest and motivation in mothers to accept the scientific knowledge on child feeding practices and on diarrhoea control and prevention.

Suggestions:

1. A study programme for grassroot health workers and Anganwadi workers to be organized jointly, regularly to help them to work together for imparting health education to mothers.
2. It should be mandatory for health workers (female) to attend Mahilla Mandal meetings and to arrange talks on feeding practices, which are to be organized by Anganwadi workers.
3. Nursery mothers association to be formed by AW and during meeting this message to be given.
4. Frequent meetings of the dais of the village with the H.W. (F) to discuss feeding practice to help the mothers to change their feeding practices. Dais can play a very effective role if she is motivated herself.

References:

1. Ghosh, Shanti. *The feeding and care of Infant, and Young Children*. V.H.A., New Delhi 1985.
2. Helsing, Elisabet & King, F. Savage. Breast Feeding in Practice. *A Manual for Health Workers*. Delhi 1982.
3. A Guide Book for Anganwadi workers by NIPCCD 1984.
4. Manual on Integrated Management Information system for ICDS by Department of Women's Welfare, Ministry of Human Resource Development, Shastri Bhawan, New Delhi, 1986.
5. Integrated Child Development Services, Central Technical Committee on Health & Nutrition, AIIMS New Delhi, August 1983.