

### Breast Feeding and Weaning Practices Among Urban Muslims of District Lucknow

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It is well known that breast feeding improves child survival by providing protection against infectious diseases and malnutrition for the baby and some contraceptive effect for the mother(1,2). In rural communities, the child is often breast fed till mother's milk is exhausted. The duration of breast feeding varies with rural/urban residence, literacy, socio-economic and psychological status, religious values and other factors(3). This paper attempts to understand the duration and frequency of breast feeding, child spacing and opinions regarding advantages and disadvantages of breast feeding among urban Muslim mothers of District Lucknow.

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### Material and Methods

Seventy three Muslim women in the reproductive age group who were residents of an urban area of district Lucknow were randomly selected. History of each pregnancy included date of birth, sex of child, person attending delivery and duration and frequency of breast feeding. Opinions of mothers were collected by open ended questions using interview technique. Median duration of breast feeding was calculated, this index being preferred to mean duration as the latter gets affected by a few extreme values. Standard statistical techniques for calculation of median duration, percentage, *etc.*, were used for data analysis.

### Results

Sixty three per cent of the women surveyed were literate and 37 per cent illiterate. Three-fourths (76.5%) of them were housewives, while 23.5% were working in Government or private services. All their husbands were educated upto primary level and above. The average family size was 5.9 persons and the sex ratio was 1113 women per 1000 males. The majority (85.7%) were living in nuclear families. Most (78.9%) deliveries were attended by physicians and 21.1% by trained medical personnel (nurse/midwife, trained dai, *etc.*) which clearly showed that this population had utilized the modern health services. All respondents reported breast feeding their children from the first day of birth. Sex bias was found in duration of breast feeding (24.9 months for boys and 21.3 months for

girls). Median duration according to parity 1, 2, 3, 4, 5 and 6 was found to be 23, 26.7, 25.6, 14.8, 17.5 and 11 months, respectively (*Table I*) Mothers currently breast feeding

introduced at a mean age of 8.2 months, and included rice, kheer, porridge, bread, biscuits, boiled eggs, egg yolks, bananas, pudding, curd and wheat.

TABLE I—Parity-wise Duration of Breast Feeding

Parity	Duration of breast feeding (mo)				Total (N)	Median duration
	0-11	12-23	24-35	36+		
1	20	12	28	4	64	23.0
2	4	16	32	—	52	26.7
3	4	16	28	—	48	25.6
4	4	12	16	—	32	14.8
5	—	8	—	—	8	17.5
6	4	—	—	—	4	11.0
Total (N)	36	64	104	4	208	22.4

were asked how many times the child was breast fed during the previous day between sunrise and sunset. This data were collected only for children below two years of age since no child older than 2 years was being breast fed. Many mothers did not know the number of feeds, offering the feed "whenever the child cried". The mean frequency in children below 3 months was 7.5 times per day and above 3 months 5.3 times per day.

In about half the mothers who breast fed for 12-17 months, birth interval was 2 years (*Table II*) while 75.0% mothers who breast fed for more than 2 years had birth interval of about 4 years.

Most mothers were aware that breast feeding helped keep child healthy, but only 36.3% were aware that it conferred immunity (*Table III*).

The mean age at which liquid foods were given was 1.4 months as reported for 90% of infants (10% did not respond). Liquids given to infants included water, diluted milk, toned milk, barley water and pulse's water (dal ka pani). Solids were

TABLE II—Relationship of Duration of Breast Feeding with Birth Intervals

Duration of breast feeding (mo)	Birth intervals (%)			
	1 yr	2 yr	3 yr	4 yr
0-11	—	3.2	—	—
12-17	100.0	50.0	14.2	25.0
18-23	—	31.2	28.5	25.0
24+	—	15.6	57.3	75.0
Total (N)	1	32	7	8

## Discussion

The median duration of breast feeding among the study population of urban Muslim women was less (22.4 months) than that of Muslim mothers of Bangladesh (23.8 months)(4).

Many studies have shown a decline in breast feeding in developing countries, mainly due to rapid urbanization and rise in economic status. The prolonged breast feeding in our study population appeared

**TABLE III—Mother's Literacy and Reasons for Breast Feeding\***

S. No.	Reasons	Literacy of mothers	
		Educated	Non-educated
1.	Keep the child healthy	72.7	100.0
2.	Keep the child immunized	36.3	—
3.	Improved child's digestive system	9.0	—
4.	No disadvantages	27.2	80.0
5.	Don't know	36.2	20.0
Total (N)		46	27

\* Multiple response

to be counter to the current trend, but the parity wise median duration indicates that there has been a decline here too. Longer breast feeding resulted in longer birth intervals, in consonance with earlier reports(5,6) that breast feeding has well established contraceptive effect, though the duration of this effect is not predictable. The infants at the age of 1.4 months in the study population were given liquid foods. Thus, the infant feeding practices among the studied population are in agreement with the recommendations of WHO/UNICEF(7).

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### Supplementary Feeding Pattern in Children Living in a Resettlement Colony

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Malnutrition contributes to a large proportion of childhood morbidity and mortality in India. Delayed and inadequate wean-

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