

Infant feeding practices in rural Bangladesh

August, 1997

Rukhsana Gazi
F Karim
Ahmed Ali

BRAC
Research and Evaluation Division
75 Mohakhali C/A, Dhaka1212

Abstract

This study was part of a longitudinal study on the consequences of low birth weight (LBW) babies which was carried out in three unions of Manikganj district during 1993-1994. This study aimed to assess the breastfeeding practices among infants and to compare the weaning practices among LBW and normal birth weight infants. A total of 644 infants were registered within 48 hours of birth and they received monthly follow-up visit upto one year of age. Although breastfeeding was universal in the study population, detrimental feeding practices, such as the administration of pre-lacteal foods (75%) and rejection of colostrum (11%) were prevalent among the mothers. There was a delay in initiation of first breastfeeding. Although 77% of the mothers exclusively breastfed their babies at the first month, the prevalence of exclusive breastfeeding decreased to 50% by the third month. The main reason for giving additional foods was that the mothers felt breastmilk was insufficient. A significantly higher proportion of LBW infants received additional feeding than the normal infants. It might be due to the mothers perception that the additional food to thin looking LBW babies was needed for their quick recovery and proper growth. Health workers should receive practical training on breastfeeding counselling. Weekly follow-up and monitoring of breastfeeding practices for at least one month can be introduced in the breastfeeding interventions. Audio-visual aids can be used to teach mothers how to breastfeed effectively. LBW babies require more frequent and short feedings. Expressed breast milk can be fed to LBW babies who can not suck.

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Introduction

Malnutrition is one of the major health problems in Bangladesh. About 50% of the infants born in Bangladesh in each year are low birth weight babies (<2.5 kg) and 67% of under five's suffer from moderate to severe malnutrition (1). Malnutrition leads to increased vulnerability to infectious diseases which increases energy demand and decreases food absorption. Decreased food absorption again increases the level of malnutrition, and a vicious circle begins. Chen et al reported that malnourished children had a 20 times greater risk of dying than their normal peers (2). Other studies also reported that some losses caused by growth faltering in early life are never regained in the later stages of life (3,4). But growth faltering is intimately associated with dietary practices, making the children more vulnerable to malnutrition.

For young infants breast milk is the best form of nutrition. It is easily digested, provides immunological protection and contains a wide range of nutrients. The fertility reducing impact of breastfeeding is also focused in several studies (5-8). However, several studies on breastfeeding practices have shown a general decline in breastfeeding in developing countries (9,10). In some rural communities pre-lacteal foods were given and colostrum was discarded many cultures (11,13). In some settings there was a delay in weaning while in some others early supplementation was practiced (14). These foods are often diluted (15) and the process of dilution increases the risk of contamination.

In Bangladesh, breastfeeding is usually prolonged and ranges from 24-30 months (15,16). Early supplementation is also reported to be common in rural Bangladesh(17). For the practices of early supplementation and partial breast feeding, infants are at risk of protein energy malnutrition and also become vulnerable to illnesses like diarrhoeal disorders and respiratory tract infections. At the same time, mothers are losing the contraceptive benefits of exclusive breastfeeding and are at risk of subsequent pregnancy. It is, therefore, crucial to obtain accurate information on infant feeding practices beginning from the birth. As in other developing countries, population-based data on infant feeding were scarce in Bangladesh. Many studies undertaken in rural areas of Bangladesh adopted a retrospective study design. In fact, to reveal the actual scenario regarding infant feeding practices in rural Bangladesh, prospective study is very much needed. This particular study was conducted in Manikganj district of rural Bangladesh to assess the actual feeding practices among infants by using a prospective approach.

Objectives

~~To assess breastfeeding practices among infants in rural Bangladesh beginning from birth, and~~

to compare the weaning practices among low birth weight (LBW) and normal birth weight babies.

Methods and materials

This study was carried out in three unions of Manikganj district (Betila, Baliakhora and Jagir) during 1993-94. It was a continuation of a research project on maternal morbidity (1991-93) conducted by BRAC and London School of Hygiene and Tropical Medicine (LSHTM), UK (18). Pregnant women were identified during visiting households and registered in their third trimester of pregnancy by the resident field researchers. The mothers were followed-up until delivery. We selected one informant from each household of the pregnant women who informed about the births. Birth weights of new born babies were taken within 48 hours of delivery, and in the same visit the babies were registered. A total of 644 live births were registered. After registration the infants received a monthly follow-up visit upto one year of age. During follow-up visits the information on feeding practices were collected. Any food given before stet initiation of breastfeeding was considered as pre-lacteal food. Additional food is defined to mean any food given to the child on a regular basis in addition to breast milk.

Results

Table 1. Infant feeding practices

Feeding practices	% n=644
Initiation of breastfeeding	
by 1 hour	35.6
by 2 hours	59.3
after 3 hours	5.1
Administration of pre-lacteal food	75
Rejection of colostrum	11.6
Ever breastfed	100
Continued breast feeding up to one year	95

The ever breastfed rate was 100%, which means breastfeeding was universal for the infants in the study population (Table 1). However, 11.6% of the mothers discarded colostrum. Pre-lacteal foods were commonly given to the infants (75%). There was considerable delay in initiating breastfeeding. Almost 36% of the mothers initiated feeding within one hour of birth, 60% by the second hour, and the rest after second hour. Ninety-five percent of the mothers continued breastfeeding at the end of one year.

Table 2. Types of pre-lacteal food

Prelacteal foods	% N=481
Honey	68.2
Animal milk	9.8
Sugar	14.9
Mastered oil	2.5
Water	4.6

Table 2 shows that the most common pre-lacteal foods given to infants. The most common pre-lacteal food was honey (68%), while others included; sugar (14.9%), animal milk (9.8%), water (4.6%) and mustard oil (2.55). The most common reason for giving pre-lacteal food was non-establishment of lactation (95%) (Table 3). The other reasons mentioned were infants unable to suck (2%), sickness of mother (1%), protects from common cold (1%) and good for infants health (1%).

Table 3. Reasons for giving pre-lacteal foods

Reasons	% n=515*
Non-establishment of lactation	95
Infants can not suck	2
Sickness of mother	1
Protects from cold	1
Good for child	1

*Multiple answers considered

Table 4. Percentage distribution of exclusive breast feeding by age of infants

Exclusive breastfeeding by age in months	%
1	77
2	63.6
3	52.6
4	45.4
5	35.6
6	25.8
7	20.5
8	15.6
9	9.6
10	5.1
11	2.9
12	1.9

Table 4 shows that a general decline in the percentage of exclusive breastfeeding was observed as age increased. At the first month 77% of the mothers were exclusively breastfeeding their infants. By fourth month and twelfth month the percentage of exclusive breastfeeding was 45% and 1.9% respectively. The predominant reason for giving additional foods early (before fourth month) was insufficient breastmilk.

Table 5. Practices of giving additional food to the LBW and normal babies by month of age

Additional foods	yes (%)	no (%)	Remarks
At 1st month			
LBW group	89(26.5)	247(73.5)	p<.05
Normal infants	43(18.1)	195(81.9)	
At 2nd month			
LBW group	142(41.6)	199(58.4)	p<.00
Normal infants	66(28.7)	164(71.3)	
At 3rd month			
LBW group	179(53.0)	159(47.0)	p<.00
Normal infants	89(39.2)	138(60.8)	
At 4th month			
LBW	197(58.8)	138(41.2)	p<.01
Normal infants	110(48.5)	117(51.5)	
At 5th month			
LBW	223(67.2)	109(32.8)	p>.05
Normal infants	130(60.20)	86(39.80)	

LBW- Low birth weight (>2.5 kg)
normal infants-birth weight \geq 2.5 kg

There was no significant difference in the rates of continued breastfeeding between the groups of low and normal birth weight babies at any age (1-12 month). Whereas, in first fourth months, a significantly higher proportion of LBW infants were fed supplementary foods than the normal birth weight infants (Table 5). However, difference between low and normal birth weight infants was insignificant from fifth month onwards.

Discussion

In spite of all the mothers in the study were found to breastfed their babies, harmful feeding practices such as the administration of pre-lacteal food (75%) and rejection of colostrum (11%) did occur. A high prevalence of pre-lacteal food (50-100%) is also reported in studies done in India (10,13,18,19). We observed a considerable delay in the initiation of breastfeeding. This is dangerous because a delay of the first feeding may cause hypoglycaemia in the infants. It was reported in a study done in Nepal that 38% of the new born babies had mild to moderate hypoglycaemia, and that the possible risk factors are pre-lacteal feedings and delay in feeding (20). If the first breastfeeding is delayed, it is more difficult to establish a good flow of breastmilk. The most common reason found in the study for giving pre-lacteal food (95%) was non-establishment of lactation. It seems that anxiety of mothers about initial flow of breastfeeding was a major factor behind the decision to give other food to their newborn babies.

The prevalence of exclusive breastfeeding by the fifth month, found in this study, was 35.6%. Whereas, another study carried out in rural Bangladesh reported a prevalence of 20% (16). However, we also found that by fourth month the exclusive breastfeeding was 45%. In India exclusive breastfeeding rate ranges from 15 to 61% at 4th month (10,21,22). At the end of the twelfth month 95% of mothers continued breastfeeding, and similar figures are reported in other studies (15,23). Continuation of breastfeeding beyond one year is important because breastmilk can remain an important source of protein and other nutrients, especially for the poor. The practice of extended breast feeding in rural part of Bangladesh must be protected. Health workers should promote unrestricted breastfeeding for as long as possible.

By the third month, half of the mothers in the present study stopped exclusive breastfeeding to their babies. The main cause of giving additional food was that that mothers felt their breastmilk was insufficient. This was the most common commonest reason expressed by mothers worldwide for stopping breastfeeding or early introduction of complementary food (24-26). Sometimes a baby may not get enough breast milk due to lack of enough suckling, ineffectively suckling or lack confidence of the mother. Mothers should be advised to feed their babies more than 8 times a day. A common reason of not getting enough milk is that the mother gives very short feeding (less than five minutes) each time. If the mother does not breastfeed at night she may produce less milk. If a baby cries a lot, the mother may think that she does not have enough breastmilk. But, a baby may cry for several reasons. There are, however, only two signs which show reliably that a baby is not getting enough milk. These are: poor weight gain

(<500 grams a month) and passing small amounts of concentrated urine (dark urine less than 6 times a day) (27). In rare cases, a mother may be unable to produce enough breastmilk due to poor mammary gland development or hormone disturbance (28). It has been proved that even in societies where women's diets are poor, most are able to produce breastmilk in quantities which are sufficient for good infant growth (29).

A significantly higher proportion of LBW infants were fed supplementary food in the first four months after birth. This may be because the mothers presumed that additional feeding to the light weight babies would be needed for their quick recovery and growth. This, however, is wrong. We found that from fifth month onwards, this difference became insignificant between low and normal birth weight groups. It occurred because a majority of the mothers started weaning by this time. The practice of giving complementary food before 4-6 months, even drinks of water, makes a baby suckle less at the breast. As a result the mother produces less breastmilk. Again supplementary foods lessens the infant's dependence on breast milk, and thus suckling declines. One study undertaken in Bangladesh reported that a child who received supplementary feeding early was 2.1 times more likely to face early childhood mortality than the child who did not receive supplementary feeding early (23). Morbidities were also found twice as high among infants receiving additional foods, as compared to exclusive breastfeeding (30). The critical period for growth and development of brain and other components of the central nervous system occurs during intrauterine period to the early post natal years. LBW Infants have less than normal physical and mental development. Therefore, nutrition during infancy is of crucial importance for the LBW.

The worldwide decline in breastfeeding may be due to lack of knowledge on breastfeeding and there may be a lack of support from family. Sometimes, the health workers do not have enough knowledge to motivate the mothers. The health workers should receive training on breastfeeding counselling. The training course entitled "WHO/UNICEF Package Breastfeeding Counselling" can be used to train health workers on breastfeeding breastfeeding counselling and to help mothers who complain of having insufficient milk and other common difficulties. Weekly follow-up and monitoring of breastfeeding practices for at least one month after delivery can be introduced in the breastfeeding interventions.

Conclusions

Ever breastfeeding was universal in the study population. However, detrimental feeding practices, such as the administration of pre-lacteal food (75%) and rejection of colostrum (11%), were prevalent among the mothers.

We found a delay in initiation of first feeding, which might result in hypoglycaemia in infants.

Although 77% of the mothers exclusively breastfed their babies at the first month, but it decreased to 50% by the 3rd month.

The main reason for giving additional foods was that mothers felt that they could not produce enough breastmilk sufficient for their babies.

A significantly higher proportion of LBW infants received untimely supplementation than the normal infants. Possibly this is due to the mother's perception that the early introduction of supplementary food to LBW babies was needed for their quick recovery and proper growth.

Recommendations

*Health workers should be provided with adequate knowledge and practical training on breastfeeding counselling.

* Good breastfeeding counselling is needed through post-natal household visits by health workers. This should address all the issues related to breastfeeding such as colostrum feeding, timing of initiation of breastfeeding, time of weaning, advantages of exclusive breast feeding for four months, dangers of unnecessary supplementation, unrestricted breastfeeding as long as possible, and reliable signs of insufficient breast feeding (poor weight gain or passing dark urine less than 6 times a day) which mothers can recognize.

* Family members should be encouraged to support breastfeeding and to provide good nutrition for mothers during lactation.

*Cultural taboos should be taken into account when designing intensive breastfeeding interventions. Weekly follow up and monitoring of breastfeeding practices for at least one month after delivery can be introduced in the breastfeeding interventions.

*Audio-visual aids can be used to teach mothers how to breastfeed effectively. Mothers should be encouraged to breastfeed at least 8 times a day.

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বাংলাদেশের গ্রামাঞ্চলে এক বছর বয়স পর্যন্ত শিশুদের খাদ্যাভ্যাসের উপর একটি সমীক্ষা

রুখসানা গাজী, ফজলুল করিম ও আহমেদ আলী

ভূমিকা

অপুষ্টি বাংলাদেশের একটি অন্যতম স্বাস্থ্য সমস্যা। অপুষ্টির শিকার হলে মানুষের শরীরে বিভিন্ন ধরনের সংক্রমণের আশংকা বেড়ে যায়, ফলে শরীরের ক্ষয় বেশি হয়, এই ক্ষয় পূরণের জন্য শরীরের শক্তি উৎপাদনের প্রয়োজন বৃদ্ধি পায় এবং সাথে সাথে শরীরের খাদ্য পরিশোধনের ক্ষমতা হ্রাস পায়। ফলশ্রুতিতে অপুষ্টি আরো বেড়ে যায়, এভাবে একটি চক্র তৈরী হয় যার হাত থেকে পরিত্রাণ পাওয়া কঠিন হয়ে পড়ে। গবেষণায় দেখা গেছে যে, অপুষ্টিতে ভুগছে এমন শিশুর মৃত্যুর আশংকা স্বাভাবিক শিশুদের তুলনায় বিশগুণ বেশি। গবেষণায় আরো দেখা গেছে যে, শিশু বয়সে যারা অপুষ্টিতে ভোগে তারা এমন কিছু ক্ষতির শিকার হয় যা তার পরবর্তী জীবনে পূরণ হয় না। আমরা জানি যে, শিশুর অপুষ্টির জন্য তার খাদ্যাভ্যাসই মূলতঃ দায়ী এবং শিশুর জন্মের পর ৪ মাস বয়স পর্যন্ত মায়ের বুকের দুধই যথেষ্ট, কিন্তু বিভিন্ন গবেষণায় দেখা গেছে যে, উন্নয়নশীল দেশসমূহে মায়ের মধ্যে শিশুকে বুকের দুধ খাওয়ানোর প্রবণতা কমে যাচ্ছে। তাছাড়া, শিশুকে অসময়ে (৪ মাসের আগে) বিভিন্ন ধরনের সহযোগী খাবার দেওয়ার মত ঘটনা বাংলাদেশের মত উন্নয়নশীল দেশে প্রায়ই ঘটতে দেখা যায়। এ ধরনের খাদ্যাভ্যাসের কারণে শিশুরা যেমন অপুষ্টির শিকার হচ্ছে মায়েরাও খুব তাড়াতাড়ি আরেকটি গর্ভধারণের ঝুঁকির মধ্যে পড়ে যাচ্ছে। কারণ আমরা জানি যে, শুধুমাত্র বুকের দুধ খাওয়ানো জন্মবিরতিকরনের একটি প্রাকৃতিক উপায়। সুতরাং শিশুকে বুকের দুধ খাওয়ানো এবং সঠিক সময়ে সহযোগী খাবার খাওয়ানোর ব্যাপারটি অত্যন্ত গুরুত্বপূর্ণ। তাই বাংলাদেশের একটি গ্রামাঞ্চলে শিশুদের খাদ্যাভ্যাস সম্পর্কে তথ্য জানার জন্য এই সমীক্ষাটি পরিচালনা করা হয়।

গবেষণার উদ্দেশ্য

- ক. জন্মের পর থেকে এক বছর বয়স পর্যন্ত শিশুদের বুকের দুধ খাওয়ানোর চর্চা সম্পর্কে তথ্য জানা, এবং
- খ. কম জন্মওজনের শিশু এবং স্বাভাবিক শিশুর খাদ্যাভ্যাস তুলনা করা।

গবেষণার এলাকা ও সময়

এই গবেষণাটি মানিকগঞ্জের তিনটি ইউনিয়নে করা হয়েছে। গবেষণার সময়কাল ছিল ১৯৯৩-১৯৯৪।

গবেষণার গটভূমি ও পদ্ধতি

এটি একটি ভবিষ্যাপেক্ষ (prospective) গবেষণা ছিল, অর্থাৎ এখানে শিশুর জন্ম থেকে শুরু করে এক বছর বয়স পর্যন্ত পর্যবেক্ষণ করা হয়েছে। গবেষণাটিতে গর্ভবতী মায়েদেরকে চিহ্নিত করা হয়েছে গর্ভকালীন সময়ের শেষভাগে (শেষ তিন মাসের মধ্যে) এবং এই সময় তাদেরকে গবেষণায় অন্তর্ভুক্ত করা হয়েছে। প্রতি গর্ভবতী মায়ের বাড়ির একজন প্রাপ্তবয়স্ক ব্যক্তি নির্ধারণ করা হয়েছিল যিনি শিশু জন্মানোর সাথে সাথে ত্র্যাকের অফিসে সংবাদ প্রদান করবেন। শিশু জন্ম গ্রহণ করার ৪৮ ঘন্টার মধ্যে শিশুর জন্মওজন নেওয়া হয় এবং শিশুর বয়স এক বছর হওয়া পর্যন্ত প্রতিমাসে একবার করে ফলোআপ ভিজিট দেওয়া হয়। প্রতিটি ফলোআপ ভিজিটের সময় শিশুর খাদ্যাভ্যাস সম্পর্কে তথ্য আনা হয়। শিশুকে বুকের দুধ দেওয়ার পূর্বেই যদি অন্য কিছু খেতে দেওয়া হয় সেটাকে “প্রিল্যাকটিয়াল ফুড” হিসাবে ধরা হয়েছে। আর “সহযোগী খাদ্য” হিসাবে ধরা হয়েছে সেই সকল খাদ্যকে যেগুলো বুকের দুধের পাশাপাশি নিয়মিত খাওয়ানো হয়েছে।

ফলাফল

গবেষণায় অন্তর্ভুক্ত শতকরা একশতাংশ মা তাদের শিশুকে বুকের দুধ খাইয়েছেন। কিন্তু শিশুদের জন্য ক্ষতিকারক খাদ্য চর্চাগুলো এই গবেষণায় অন্তর্ভুক্ত মায়েদের মধ্যে বিদ্যমান ছিল, যেমন- শতকরা ৭৫ ভাগ শিশুকে “প্রিল্যাকটিয়াল ফুড” দেওয়া হয়েছে, ১১ ভাগ শিশুকে কলোস্ট্রাম খেতে দেওয়া হয়নি এবং জন্মের পর শিশুকে প্রথম খাবার দেওয়ার ব্যাপারে যথেষ্ট দেরী করা হয়েছে। যদিও শতকরা ৭৭ ভাগ শিশুকে জন্মের পরবর্তী প্রথম মাসে শুধুমাত্র বুকের দুধই খাওয়ানো হয়েছে কিন্তু এমন শিশুর সংখ্যা জন্মের পরবর্তী তৃতীয় মাসে মাত্র শতকরা ৫০ ভাগ। কেন মায়েরা শিশুকে চার মাস বয়স পূর্ণ হওয়ার আগেই বুকের দুধ ছাড়াও অন্যান্য সহযোগী খাবার দিতে শুরু করেছেন এর প্রধান কারণ হিসাবে তারা বলেছেন যে, বুকের দুধের পরিমাণ শিশুর চাহিদা পূরণে যথেষ্ট ছিল না। গবেষণায় আরো জানা গেছে যে, উল্লেখযোগ্য সংখ্যক জন্মওজন কম এমন শিশুর মায়েরা স্বাভাবিক শিশুর মায়ের তুলনায় আগেভাগেই

সহযোগী খাবার দেওয়া শুরু করেছেন। এর কারণ হিসাবে মায়েরা মনে করেছেন যে, কম জন্মওজনের শিশুরা দুর্বল তাই তাদের দ্রুত বৃদ্ধির জন্য আগেভাগেই সহযোগী খাবার দিতে হবে।

উপসংহার ও সুপারিশমালা

মাঠকর্মীদের বুকের দুধ খাওয়ানোর ব্যাপারে বাস্তবসম্মত ও উপযুক্ত প্রশিক্ষণ দিতে হবে যাতে তারা প্রসূতিদের এ ব্যাপারে সচেতন করে তুলতে পারে। এ ধরনের প্রশিক্ষণে বুকের দুধ খাওয়ানোর সাথে সম্পর্কিত বিষয়গুলো যেমন; কলোস্ট্রাম খাওয়ানো, ৪ মাস বয়স পর্যন্ত শুধু বুকের দুধ খাওয়ানোর সুফল, সহযোগী বা শক্ত খাবার দেওয়ার উপযুক্ত সময় ইত্যাদির উপর বিশেষ গুরুত্ব দিতে হবে। যে সকল মায়েরা মনে করেন যে, শুধুমাত্র বুকের দুধে শিশুর চাহিদা পূরণ হচ্ছে না, সেই মায়েদেরকে এটা বোঝানো নিশ্চিত লক্ষণগুলো যেমন; শিশুর ওজন না বাড়া, শিশু দিনে ছয় বারের কম গাঢ় ও অল্প পরিমাণ প্রস্রাব করা ইত্যাদি সম্পর্কে ধারণা দিতে হবে। শিশুর বয়স একমাস না হওয়া পর্যন্ত প্রতি সপ্তাহে একবার করে শিশুকে ফলোআপ ভিজিট দেওয়া যেতে পারে যাতে করে মায়েরা শিশুকে সঠিকভাবে বুকের দুধ খাওয়ানোর ব্যাপারে উৎসাহিত হয়। মায়েদেরকে আরো পরামর্শ দিতে হবে, যেন তারা শিশুকে দিনে কমপক্ষে আট বার বুকের দুধ পান করান। যথাযথভাবে বুকের দুধ খাওয়ানোর পদ্ধতি সম্পর্কে ভিডিও ফিল্মের মাধ্যমে মায়েদেরক শিক্ষাদান করা যেতে পারে। এ বিষয়ে সকলকে সচেতন করে তুলতে হবে যে, কম জন্মওজনের শিশুকে অসময়ে সহযোগী খাবার দিলে তা আরো বেশি ক্ষতিকর বরং এদেরকে ঘন ঘন বুকের দুধ দিতে হবে। সর্বোপরি, প্রসূতি ও স্তন্যদানকারী মায়েদের জন্য পুষ্টিকর খাবারের ব্যবস্থা করার জন্য পরিবারের সকলকে সচেতন করে তুলতে হবে।