

Rare Diseases Congress 2019: Breast-milk deprivation and its effect in early infancy in rural coastal West Bengal - Dilip Kumar Mukherjee- West Bengal Health University

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This study was conducted in a Pediatric Clinic at Kakdwip, the southernmost part of south west coastal Sundarbans, near Bay of Bengal. The main source of income is from agriculture. Majority are day-labourers while the sizeable portion of people in general among the working class is poor. Environmental sanitation is not satisfactory. The 65% are Hindus & 35% are Muslim. While conducting the clinic, it was observed that some infants often came with florid case of malnutrition-quite early in age. On enquiry it was revealed that in most of these cases, the infant were denied of breast milk and was fed with candy water instead. This evoked us to study and investigate the cases and this forms the bases of this present presentation. Frank PEM can occur in early infancy (a majority occurred within 4-12 weeks of age). Inadequate and inappropriate complementary feeding practices can have severe detrimental threats to the health and nutritional status of young children. Most data show that occurrence of stunting at six months of age coincides with the introduction of complementary foods. This is due to denying the breast milk to the new born and resulting in poor performance of breast milk by the mother. the Government of India, in collaboration with international agencies, has adopted the culturally-acceptable IYCF guidelines, which were incorporated in the Integrated Management of Neonatal and Childhood Illness Inadequate and inappropriate complementary feeding practices such as untimely introduction (too early or too late) of complementary foods, improper feeding frequency, With this background, the present study was undertaken to assess the IYCF practices among children aged less than two years in Bankura district, West Bengal, low dietary diversity and less nutrient dense complementary foods and unhygienic feeding practices can have severe detrimental threats to the health and nutritional status of the children. he World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life with early initiation and continuation of breastfeeding for two years or more together with nutritionally-adequate, safe, age-appropriate complementary feeding starting at six months The reasons for not giving breast milk were-inadequate breast milk, acidity of the mother, death of the previous child in early infancy and having??? Breast milk diarrhoea? The time of initiation of complementary feeding is either too early or too late. Also, the minimum meal frequency, minimum dietary diversity and minimum acceptable diet are not achieved in majority of the infants aged six months to two

years. The majority incidences were on prime Para mother (53.33%) and in mothers whose age is less than 20. This is a very significant and alarming observation. These mothers who have no knowledge about infant feeding can be easily swayed and dictated by the advice of people around who advise them to stop breast milk and to start candy water, sago or very diluted formula feeds instead and thus gradually all these ultimately resulted in PEM. Thus the teenaged mothers who are physically, mentally, socially and psychologically are not competent to take individual charge of the baby are the victims. Complementary feeding is one of the three basic recommendations of Infant and Young Child Feeding Practices (IYCF) which needs to be initiated at the age of six months. Delayed or inappropriate complementary feeding severely affects the physical, cognitive and economic development of a child and the nation as a whole Does it signal us to raise the marriage age to 21 years at least so that the mothers become more mature, independent and capable? This study reflects the vital importance of breast milk in the feeding of new born and early infancy and also the lack of health education of the poor teenaged mothers in rural setup.

Recent Publications: 1. Ashok K Patwari, Sanjay Kumar and Jennifer Beard (2015) Undernutrition among infants less than 6 months of age: an underestimated public health problem in India. *Maternal and Child Nutrition* 11(1):119-126.
2. M M Islam, Y Arafat, N Connell, et.al., (2018) Severe malnutrition in infants aged <6 months-Outcomes and risk factors in Bangladesh: A prospective cohort study. *Maternal and Child Nutrition*. e12642.
3. Marko Kerac, H Blencowe, et.al., (2011) Prevalence of wasting among under 6-month-old infants in developing countries and implications of new case definitions using WHO growth standards: a secondary data analysis. *Archives Diseases in Childhood*. 96(11):1008-1013.
4. M Mwangome, M Ngari, ET. al., (2017) Diagnostic criteria for severe acute malnutrition among infants aged less than 6 months. *American Journal of Clinical Nutrition*. 105(6):1415-1423.
5. Y Arafat, M M Islam, et.al., (2018) Perceptions of acute malnutrition and its management in infants under six months of age: a qualitative study in rural Bangladesh. *Clinical Medicine Insights: Pediatrics*.12:1-10.