

## A Review Article : Myths, Beliefs and Malpractices Relating to Breastfeeding and Complementary Feeding Practices

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**Abstract:** Feeding practices of infants and children have been the prime concern in all countries. Myths and fallacies have existed ever since societies began. Misconceptions about current breast feeding, weaning and other health-related matters are commonly heard in the cultures of developing countries. The pattern of feeding during the first two years of life is increasingly recognised as important determinants of malnutrition. Breast-fed children have at least six times greater chance of survival in the early months than non-breast children. The benefits of breastfeeding depend upon the initiation of breast-feeding, its duration and the age at which the child is weaned. Various myths regarding breastfeeding are like colostrum should not be given to children, mother should not breastfeed if suffering from an infection, infants need water also apart from breastmilk, etc. The National Family Health Survey III data released in India in 2005-06 has revealed that only 23.4% newborns in India are given breast milk within first hour of birth. The aim of this study was to review the literature regarding myths, beliefs and practices relating to breastfeeding and complementary feeding in infants.

**Keywords:** myths, beliefs, practices, breastfeeding, complementary feeding

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### I. Introduction

Feeding practices of infants and children have been the prime concern in all countries. Myths and fallacies have existed ever since societies began. Misconceptions about current breastfeeding, weaning and other health-related matters are commonly heard in the cultures of developing countries. The pattern of feeding during the first two years of life is increasingly recognised as important determinants of malnutrition. Breast milk is also called life fluid for the baby. Breast-fed children have at least six times greater chance of survival in the early months than non-breast children. The benefits of breastfeeding depend upon the initiation of breast-feeding, its duration and the age at which the child is weaned. The breast milk provides up to half or more of the child's nutritional needs during the second half of the first year and up to one-third during the second year of life. Colostrum is the first immunization of infants. Universalizing early (within one hour) and exclusive breastfeeding for 6 months reduces neonatal and infant mortality. The National Family Health Survey III data released in India in 2005-06 has revealed that only 23.4% newborns in India are given breast milk within first hour of birth. The aim of this study was to review the literature regarding myths, beliefs and practices relating to breastfeeding and complementary feeding in infants.

### II. Review Of Literature

#### India

Dr Gaurav has stated(1) various myths regarding breastfeeding:

- a. Colostrum should not be given to children.
- b. The mother should not breastfeed if suffering from an infection.
- c. Infants need water also apart from breastmilk.
- d. A woman who becomes pregnant must stop breastfeeding.
- e. Breastfeeding changes the shape and size of breasts.
- f. Nipples should be washed each time before feeding the baby.
- g. No drug is safe to take while breastfeeding.
- h. Amount of milk secretion depends on the size of breast.
- i. A baby needs to be given sugar-water before the first breastfeed.

A study conducted in Baroda revealed that most mothers avoided dal(pulses) because it was considered difficult to digest and produce gas in the child's stomach(2). Belief in mothers that undiluted milk is harmful as a weaning food was reported by a study in Delhi(3). Another study conducted in Himachal Pradesh(4) found that curd was excluded from supplementary foods by 17.4% mothers. Another study(5) found that beliefs of hot and cold foods were prevalent among mothers. Hot foods were chicken, brinjal, mutton, jaggery, fish, papaya and beet root. Curds, butter milk, bananas, lemon and other citrus fruits were considered to be cold. Some other beliefs reported in their study include ,sugar causes cough in infants, milk causes vomiting, jamoon decreases diarrhea, holy water cures measles, rice causes fever. In a study in Karnataka(6), the common reason for delayed

weaning was the mothers perception that breast milk is still sufficient for the baby followed by belief that weaning foods are indigestible. Das et al(7) study in West Bengal revealed the commonest reason for delayed complementary feeding was the belief that child will vomit everything.

Another article(8) reported that it is a common practice to discard colostrum in various parts of India. Prelacteal feeding is not new in the Hindu society. The literature seem conflicting as the Charak Samhita advises breastfeeding on the very first day but Sushruta Samhita suggests breastfeeding on the 3<sup>rd</sup> day. The Sushruta Samhita clearly mentions weaning at the time of eruption of teeth. Early weaning can lead to protuberant abdomen. The concept of rooming-in is described in Sushruta Samhita. A detailed description of wet nurses is given in ayurvedic texts.

A study reported(9)the commonest prelacteal feed was honey in 33%,another being sugarwater in 4% of children. The commonest extraneous milk given was cows milk.

A study by Harnagle et al(10) have found that 26% of mothers agreed to having given a prelacteal feed. A study(11) reported that higher rate of malnutrition was found in children who were exclusively breastfed and complementary feeds was not introduced at the right age.

A study **of Indonesia**(12)reported that 6% of mothers never breastfed.17% of mothers discarded colostrum. The reasons given for not feeding colostrum to newborns included the traditional beliefs that colostrum was dirty, cheesy or indigestible and the children will suffer from stomachache or the children will be stupid. The strong role of senior family member, particularly senior women such as the grandmother in prohibiting the consumption of colostrum for newborns has sustained this custom and that it has been carried out for generation in the study area. Exclusive breastfeeding till the age of 6 months was practiced by 12%.74% of the mothers offered supplementary liquids besides breast milk within the first 7 days of life.79% of infants were given complementary foods before 6 months of age. The practice of prelacteal feeding was also common. Sugar water and infant formula were the two most preferred pre-lacteal liquids mentioned by the mothers. Several mothers believed that providing pre-lacteal liquids could help the newborns to resist hunger. The study also revealed that early introduction of solid and semi-solid foods was common in the study area. Most of the mothers preferred to introduce complementary foods when the children were 1-4 months old.

Another study(13) reported that exclusive breastfeeding was practiced by 64% of mothers,13% of them discarded colostrum,36% of mothers practiced bottle-feeding and 12% did pre-lacteal feeding.55% of mothers had a poor perception that breastfeeding has to be stopped when the child suffers from illness like acute diarrhoeal disease and acute respiratory tract infection.

A study **in Pakistan**(14) reported that 94% of infants were given pre-lacteal feeds prior to initiation of breast milk and 65.4% did not receive colostrum. The most important prelacteal feed was honey and herbal preparation. Herbal preparations were thought to regulate gastrointestinal tract infections and water to quench thirst. During the first week ,46% infants were bottle fed and by the age of 5 months,84% were getting it.14% were given semi-solid foods during the 3<sup>rd</sup> month of age and 48% by 4 months of age.

A study(15) **in Mauritius** reported that only 17.9% of the women gave their infants only breast milk during the first 6 months. Only 34.3% of women practiced exclusive breast feeding for less than 1 month.37.9% of mothers start to use breast milk substitute within 1 month after delivery, whereby 33.9% of mothers use infant formula milk. Complementary feeding was more commonly initiated around 4-6 months in 75.2%.

A study **in Egypt**(16) reported various myths .e.g.a woman's milk becomes no good when she is in grief or that her milk stops when exposed to the evil eye. Babies were offered herbal drinks in 48.4%,pacifiers in 19% and formula milk in 16%.If baby develops diarrhea, they stop breastfeeding and not to bathe baby except after 1 week. Misconception in 22.6% of females was that breastfeeding weakens and drains women and 12.9% believed that there is no breast milk in the three days of life. There is preference to feed on one side as there is a breast that gives joy and another that makes baby sad. If mother develops fever, she should stop breast feeding. The common difficulties facing breastfeeding women in Sohag were cracked nipples in 24%,refusal to feed in 17%,breast engorgement in 11% and postpartum depression in 7%.Since most of the women in the postpartum period have PPD or baby blues, hence many of the women will not be allowed to breastfeed her baby LABAN NAKAD.

Muslim mothers aim to breastfeed their babies until the age of two years. Soon after the birth of a baby ,many muslim families practices a religious tradition of prelacteal feeds known as *Tahneek*. It is a practice of softening a date and rubbing a bit of it on the hard palate of the newborns mouth with a clean finger. Wet-nursing is a common practice in pre-Islamic Arabia.

Breastfeeding is universally practiced **in Nepal**(17).Weaning time is usually 5 months in girls and 6 months in boys. After this a ceremony called *anna prasan* (rice feeding ceremony)is performed and solid food is introduced. In Nepali society, if the mother of the child dies, it is the common belief among the people that the child either will die or may become weak. Such children are called *tuhuro*(helpless).

Amongst the **Burmese** ,it was found that the infant was fed after 3 days, when the milk appears(18).

**In Vietnam**(19),colostrum is expelled before the baby is allowed to suckle.

In Indonesia(20),colostrum is often discarded.

In **Philippines**, colostrum is thought of as dirty milk which is discarded(21).

In **Thailand**(22), colostrum is considered useless and a cause of diarrhea in infants.

**Chinese** babies(23) are given herbal tea for the first 2-3 days.

### III. Conclusion

It is concluded that most of the women are aware about exclusive breastfeeding although they do not practice 100%. This is because of the customs and traditions prevailing in our society. The role of elderly female is also very important in the family. The hard work of community health workers, ASHAs etc is very important to remove these myths. Health education regarding EBF should be given to pregnant females when they come for check-up. Health education among the women especially the elderly women can improve the knowledge. Awareness programme should be conducted in such a way that the feelings of the people should not be hurt. There are many practices associated with breast feeding. But now-a days women have become sensitive and awareness have developed in them. Mothers should come out of their culture.

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