

## Barriers to optimal feeding practices

Women need an enabling and supportive environment to optimally feed infants. They face several barriers in ensuring optimal infant feeding.

A recent review of studies (Kavle et al., 2017)<sup>1</sup> from 2000-2015 from several countries including India, identified sixteen barriers to exclusive breastfeeding. The study showed that there is negative association between maternal employment, caesarean section delivery, and delayed initiation of breastfeeding within an hour of birth and exclusive breastfeeding. Some of the other barriers include lack of supportive work environment, inadequate skills of health care providers in health facilities, lack of skilled counselling during antenatal period in health facilities and later during first six months in the communities, poor family support, use of pre-lacteal feeding, use of infant formula without being medically indicated, breastfeeding problems like sore nipples and mastitis, and perceived insufficiency of breastmilk.

### *Barriers for good complementary feeding with continued breastfeeding after 6 months.*

Socio cultural factors and traditional practices influence the practice of introducing early complementary feeding (Aggarwal et al., 2008<sup>2</sup>; Vyas et al., 2014<sup>3</sup>). Caregivers lack the knowledge about appropriate complementary feeding and foods (quality and quantity) (Malhotra, 2012<sup>4</sup>; Aruldas et al., 2010<sup>5</sup>); lack of knowledge and understanding among health worker is significantly associated with the child poor complement feeding practices (Parikh and Sharma, 2011<sup>6</sup>; Chaturvedi et al., 2014<sup>7</sup>). Low income and poor household food security are important factors in nutritional outcomes of infants and young children (Chaturvedi et al., 2016<sup>8</sup>). However, income is only one of the many determinants of poor feeding practices (Subramanyam et al., 2010<sup>9</sup>). Availability of ready to eat food is replacing fresh homemade foods (Kaushik et al., 2011<sup>10</sup>).

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<sup>1</sup> Kavle J A, LaCroix E, Dau H and Engmann C (2017) Addressing barriers to exclusive breast-feeding in low- and middle-income countries: a systematic review and programmatic implications. *Public Health Nutr* 20(17) : 3120-3134. <https://www.ncbi.nlm.nih.gov/pubmed/28965508>

<sup>2</sup> Aggarwal A, Verma S, Faridi MMA and Dayachand (2008) Complementary Feeding-reasons for inappropriateness in timing, quantity and consistency *Ind J Pediatr* 75: 49-53. <https://www.ncbi.nlm.nih.gov/pubmed/18245935>

<sup>3</sup> Vyas S, Kandpal S D, Semwal J, S Chauhan S, and Nautiyal V (2014) Trends in Weaning Practices among Infants and Toddlers in a Hilly Terrain of a Newly Formed State of India. *Int J Prev Med*. 5(6): 741-748. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4085927/>

<sup>4</sup> Malhotra N (2012) Inadequate feeding of infant and young children in India: lack of nutritional information or food affordability? *Public Health Nutrition* 16(10): 1723-1731. [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D59A4AB3DC2E01DC828890D90050768E/S1368980012004065a.pdf/inadequate\\_feeding\\_of\\_infant\\_and\\_young\\_children\\_in\\_india\\_lack\\_of\\_nutritional\\_information\\_or\\_food\\_affordability.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D59A4AB3DC2E01DC828890D90050768E/S1368980012004065a.pdf/inadequate_feeding_of_infant_and_young_children_in_india_lack_of_nutritional_information_or_food_affordability.pdf)

<sup>5</sup> Aruldas K, Khan M E and Hazra A (2010) Increasing appropriate complementary feeding in rural Uttar Pradesh. *The J of Family Welfare* 56:51-56. <http://medind.nic.in/jah/t10/s1/jaht10s1p51.pdf>

<sup>6</sup> Parikh P and Sharma K (2011) Knowledge & Perceptions of ICDS Anganwadi Workers With Reference to Promotion of Community Based Complementary Feeding Practices In Semi Tribal Gujarat. *National J of Community Medicine* 2 (3): 457-464. [http://njcmindia.org/uploads/2-3\\_457-464.pdf](http://njcmindia.org/uploads/2-3_457-464.pdf)

<sup>7</sup> Chaturvedi A, Nakkeeran N, Doshi, Patel R, Bhagwat S (2014) Capacity of frontline ICDS functionaries to support caregivers on infant and young child feeding (IYCF) practices in Gujarat, India. *Asia Pac J Clinical Nutrition* 23: S29-S37. <https://pdfs.semanticscholar.org/d2ce/cb5a1849b168f9e05b8fa72537a84f9d1152.pdf>

<sup>8</sup> Chaturvedi S, Ramji S, Arora N K, Rewal S, Dasgupta R and Deshmukh V (2016) Time-constrained mother and expanding market: emerging model of under-nutrition in India. *BMC Public Health* 1-13. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960674/pdf/12889\\_2016\\_Article\\_3189.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4960674/pdf/12889_2016_Article_3189.pdf)

<sup>9</sup> Subramanyam MA, Kawachi I, Berkman LF and Subramanian S V (2010) Socioeconomic inequalities in childhood undernutrition in India: analyzing trends between 1992 and 2005 *PLoS ONE* 5 (6): 1-9. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0011392>

<sup>10</sup> Kaushik J S, Narang M and Parakh A (2011) Fast food consumption in children. *Indian pediatrics* 48(2): 97-101. <https://www.indianpediatrics.net/feb2011/97.pdf>