CHAPTER I
INTRODUCTION
The first year of the life of a child is crucial for laying the foundations for good health. Inadequate health care in the early years transcends into adulthood, condemning the child to a lifelong health handicap.

The history of infant feeding is as remote as the history itself. The mode of infant feeding change from place to place, people to people; Literacy, socio-economic conditions, beliefs and deep rooted customs, specially in rural and tribal areas, have a significant bearing on their practices.

The value of human milk in infant feeding has been appreciated for thousands of years in India as is emphasized by "Charak Samhita" an encyclopaedic collection of Ayurvedic beliefs antedating annotater of recent English translation, summarizes the main customs in practice at that time.  

Breast feeding is the only ideal means in infant feeding because the milk contains correct proportion of most of the nutrients necessary for growth and development of the baby. Breast milk
helps to prevent infants getting sick and is always clean and good. It also helps to ensure immunity and relatively low morbidity and mortality rates. Breast feeding costs far less than any other way of feeding a baby and is easier and saves time. Breast feeding helps an infant to grow into a happy and secure person.

Within two to three days of birth, breast does not secrete milk but yields yellowish thick fluid called colostrum, which is very rich in protein and antibodies, and it is essential to feed the infants.

Though breast feeding is optimal for infant, the published data indicate that top milk feeding, supplementary foods are also needed alongwith breast milk, after a certain age of the baby to maintain its normal growth and development, because in the majority of cases the volume of breast milk decreases after about three to four months of age of the infant.

There are some cultural beliefs in different parts of India regarding the suitable time for introducing semisolid/ solid foods. Most of the communities have a religious 'ANNAPRASHAN' between 6
and 9 months of age of infant. But this practice is not usually observed by the rural communities.  

In several instances, it was observed that there is a belief that as long as the baby is breast fed there is no need for any other type of food.

Breast feeding has been established as an ideal and appropriate means for normal growth and development of the baby and is quite popular and universal in every part of India. However, this practice of breast feeding has dramatically declined due to urbanization of community in developing countries. If this trend goes on, the degree of retardation of growth and development of infant will increase further. Therefore, some international agencies like WHO, UNICEF have concentrated their activities on infant feeding practices to emphasize the necessity of timely introduction of topped milk and supplementary foods in hygienic way where breast feeding has declined and also taking suitable action to protect correct trends where it has not declined.
A large number of rural men and women have migrated to the cities over the last decades to seek their fortune. Urban slums in India constitute about 30 percent of the urban population and it has wide prevalence of malnutrition both amongst children and women. Besides, the overcrowding, poor environmental sanitation, these people have the influence of urbanization with respect to breast feeding practices on one hand and follow rural practices with respect to unhygienic conditions, superstitions and ignorance on the other hand.

Very meagre information is available on the growth of solely breast fed infants and those receiving supplementary feeds under existing conditions in poorer segments of population in developing countries like India. Some available information suggest that there are no differences in the growth of infants during the first six months of life who are solely breast fed and those receiving other foods in addition to breast milk. The reason for the observed lack of difference in growth rates is not clear. It is possible that the lack of difference in growth pattern may be because breast milk alone is sufficient for infants growth upto
six months. Other factors may be inadequacy of milk, small amount of supplementary foods, the supplementary feeds becoming in reality substitutes for breast feeding etc.

Early introduction of supplementary feeds pose several problems among poorer segments of population in developing countries with regard to infant's health.

The undue delay in introduction of supplementary feeds lead to undernutrition, because of nutritional inadequacy. Early introduction of supplements under existing condition of poor hygiene leads to increased morbidity due to infection which in turn adversely affects the nutritional status of the infants.

Tribal population is about 7 percent of total population in the country. These tribals are scattered throughout the country. Bhowmik\textsuperscript{5} has defined a 'tribe' as a social group, usually with a definite area, dialect, cultural homogeneity and unifying social organisation. The families or small communities making
up the tribe are linked through economic, religious, family or blood ties. They are living in forests and hills which are isolated from outside civilization and their young children have poor health due to various socio-economic factors and faulty methods or infant feeding practices followed by the mothers.

Madhya Pradesh is one of the largest states of India. The tribal population of Madhya Pradesh forms about one fourth of the state's population which is the highest in the country.

Chhattisgarh is south-eastern part of the reorganised state of Madhya Pradesh in India. It consists of seven districts. This region is predominantly an agricultural area. According to census report 1991, the population of tribals is about 40 percent of the total population of Chhattisgarh region. They are found in all the seven districts of the Chhattisgarh region.

A large number of slums are also found in every city of Chhattisgarh region, by the migrated people from the rural areas, and as a result, localities
have become more congested with an unhygienic environment.

Chhattisgarh, being a backward region, with a high incidence of malnutrition, it is expected that a high percentage of population living here may be taking inadequate care and using faulty techniques of infant feeding due to various reasons like illiteracy, ignorance, beliefs and customs etc. of the urban and tribal people. But no work has been done on infant feeding practices in this region so far, which is most important and essential for the infant's health. Therefore, techniques of infant feeding adopted by slum and tribal mothers of Chhattisgarh region are not well known.

Keeping in view the above, it was planned to undertake a comparative study regarding knowledge, attitudes and practices of infant feeding in the urban slums and tribals of Chhattisgarh region.

The proposed study will cover the following aspects:
1. Study of the feeding practices followed by mothers.

2. Correlating the socio-economic status with the feeding practices prevalent in the urban slums and tribal areas.

3. Study of food fads and beliefs prevalent amongst the slum and tribal areas.

4. Assessment of Nutritional status of urban slums and tribal areas.

5. Prevalence of malnutrition among the infants of urban slums and tribal areas.

It has been attempted to assess the nutritional status of the infants belonging to the urban elite group in order to compare the nutritional status of the tribal and slum infants. This will help to place the tribal and slum infants in relation of their elite counterparts.