SOCIALIZATION OF MOTHERS ON BABY FEEDING PRACTICES

(A Sociological Study of Malepatan, Pokhara)

A Thesis

Submitted to

Tribhuvan University, the Faculty of Humanities and Social Sciences,

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LETTER OF RECOMMENDATION

This is to certify that the thesis submitted by Mrs. Sandhya Baral "**Socialization of Mothers On Baby Feeding Practices (A Sociological Study of Malepatan, Pokhara)**" has been prepared under my supervisor requirement for the degree of Master of Arts (MA) in Sociology, therefore this is recommended for the final evaluation and approval.

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Date: 2079/03/29 BS

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APPROVAL LETTER

The Thesis Writing presented by Mrs. Sandhya Baral entitled "**Socialization Of Mothers On Baby Feeding Practices (A Sociological Study Of Malepatan, Pokhara)**" has been approved by the Thesis Evaluation Committee under the Department of Sociology, Prithivi Narayan Campus, for the partial fulfillment of academic requirements for the completion of Masters of Arts in Sociology.

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SANDHYA BARAL

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LIST OF ABBREVIATIONS

DHS	Demographic and Health Survey
EBF	Exclusive Breast Feeding
FCHV	Female Community Health Volunteer
IYCF	Infant and Young Children Feeding
LMIC	Low and Middle Income Countries
SPSS	Statistical Package for Social Sciences
UNICEF	United Nations children Emergency Fund
WHO	World Health Organization

ABSTRACT

The main goal of this study was to find out ways of socialization of mothers on baby feeding practices. Baby feeding refers to feeding infants and young children with exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond. Infant feeding practices are integral parts of culturally-based feeding beliefs influencing how individual mothers in various ethnic groups make decisions, socialize in it.

The population in this study are mothers having babies of age group 6 months to 24 months living in urban settlement of Pokhara -5. A cross-sectional study was conducted through descriptive research design among 112 study population. Due to covid pandemic, home visit became quite difficult. So mothers visiting Urban Health centre Pokhara 5 for immunization of babies were purposively & accidentally selected. For primary data collection structured questionnaire and interview checklist was used.

The findings of the study showed that most of the mothers were Brahmins by ethnicity. They were of age group 21-34years. Respondents were home-makers, educated to secondary level. Exclusive breastfeeding till 6 months was not adequately practiced by mothers as it is only 63.39 percent of study population. 55.35 percent of the mothers practiced weaning at 6 months. While solid foods were introduced first between 6 months to 8 months. It was mother herself who was responsible for baby feeding most of the times. Selection of locally available food items by mothers showed, most babies were provided with Jaulo, lito, cerelac, fruit puree, potato, rice pudding, cereals etc. Commercial foods like biscuits, chips, cheese balls etc are almost equally served as locally available foods. New mother's socialize on baby feeding through their mother's suggestions (23.21%) and mother-in laws advices (17.8%). Second and third time mothers from their own past experiences. Mother also learn about selection of food items, preparation through social medias like You tube, facebook, tiktok etc. Mothers also consider Health professionals as source of information. Traditional beliefs like Hot and cold food items is prevalent among half of the study population. Beliefs on evil eyes and sukenas is also deep rooted. Beliefs like weaning using 'mainas beak' help child speak faster was found in Rai family and tasting alcohol to baby by eldest member of family among Gurung culture were unique.

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CHAPTER ONE

INTRODUCTION

1.1 Background

Socialization is the process through which people are taught to be proficient members of a society. It describes the ways that people come to understand societal norms and expectations, to accept society's beliefs, and to be aware of societal values. Among the agents of socialization, family play vital role to socialize a new mother on baby feeding (Lane, DG, 2008).

Secondary socialization occurs throughout our lives as we encounter groups and situations that were not part of our primary socialization experience. It may occur whenever people find themselves in new circumstances, especially those in which they interact with individuals whose norms or customs differ from theirs. Socialization ensures that we have a process through which the norms and customs of society are transmitted. It teaches people what is expected of them in a particular group or situation; it is a form of social control. Socialization has numerous goals for youth and adults alike. The socialization process also helps individuals develop a conscience aligned with social norms and prepares them to perform various roles. (Jasper, A, Dugger A, 2022)

Baby feeding refers to feeding infants and young children. WHO and UNICEF recommend exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond. The WHO (2001) recommends exclusive breast-feeding and delaying the introduction of solid foods to an infant's diet until 6 months postpartum. However, in many countries, this recommendation is followed by few mothers, and earlier weaning onto solids is a commonly reported global Practice. The gradual introduction of solid foods, known as the 'weaning process' (or complementary feeding), is essential to provide for the increasing nutritional requirements during an infant's first year (Roslyn et al. 2010).

According to (Motarjemi.Y, Kaferstein.G, Moy.G, & Quevedol.F, 1993), “For various reasons, weaning is initiated in many cultures at an even earlier age than is nutritionally necessary, i.e., 4-6 months of age. Recent surveys indicate that exclusive breast-feeding is a very infrequent practice, and water, various infusions, rice water, and similar foods are often introduced to young infants at a very early age.” Ignorance and food taboos can result in poor weaning practices among nursing mothers in developing countries. Improving the nutritional value of weaning foods by itself will not eliminate the problems of poor weaning practices. Training and providing qualitative nutrition education to mothers is necessary to change feeding practices and to improve the quality of the children’s diet during weaning (Ijarotimi, OS, Ogunsemore,MT, 2012)

To select the foods to be offered as complementary feeding, mothers base their choices according to cultural, social and subjective aspects, these being their own or their surroundings’. In addition, the media also has an important role as guiding the infants’ feeding. There are several advertising campaigns claiming that highly processed foods are rich in vitamins, minerals and energy. However, ingredients such as preservatives, colorings, and acidifiers, which are harmful to health, are disregarded. In this context, families’ eating habits, the parents’ knowledge and affective dimension are going to gradually modulate the children’s taste and food preferences, teaching them to like what they have learned to eat. For most parents, the food offered to their children is the one with high nutritional quality, besides being very palatable (Oliveira, JA. Araujo, AM. Soares, CS. Coimbra, JR 2016)

According to Barbara A, 2011,” Among several cultural and social situations, there are traditional as well as social and economic reasons why women introduce complementary feeds at an early period. Traditions may dictate the early use of a “super food”, other than human milk. Complementary feeding is in this sense a window of opportunity to introduce a wide range of food into the infant diet.”

However, despite their reputed benefits, mothers believed that vegetables could be harder to like than other food. Indeed, acceptance of vegetables is lower than for other food groups; not forgetting the categories of "meat, fish, and eggs" and fruits also often reported as refused. The lower acceptance of vegetables can be explained by their specific flavor (i.e. the presence of sulfurous notes, bitterness, sourness) and/or texture

(hard, fibrous), and their lower caloric content (Stephane, M, Najda, R, & Daniels, M, 2016)

(Klein, 1995) stated a common misconception among mothers, especially in Developing nations, is that the introduction of complementary foods prior to the recommended length of exclusive breastfeeding will certainly increase the child's weight and health. However, introduction of new foods causes the baby to suckle less because of a reduced need for breast-milk, which also leads to a decreased production of breast milk. When the baby drinks less milk and starts to consume complementary foods, the infant is not only at risk for infection, but also at risk for weight loss and malnutrition, as previously noted, because of an inadequate caloric intake.

According to (Lauren et.al.,2011), "Nearly 100% infants in rural areas of Bangladesh are breastfed and breastfed only till 2-3 yrs of life. Traditionally Bangladeshi women do not persistently encourage their infant to eat other foods until 2 years. Mothers restrict complementary food because they believe foods cause stomach problems."

In Nepal 48.6% of children under five are underweight. Since infant feeding practices adopted by mothers play a major role in influencing health of these children, there is a need to study the infant feeding practices prevalent in different areas in order to have pragmatic approaches to solve this problem. Whether it is breastfeeding or complementary feeding, the practices adopted by mothers or caretakers have direct effect on child health (Subba SH, Chandrashekhar TS, Binu VS, Joshi HS, Rana MS, Dixit SB. 2007). Management of infant feeding is strongly influenced by family and environmental contexts, and considering these factors it is relevant in the nutritional approach to mothers.

1.2 Statement of Problem

Various factors were found to have influenced the mothers' decisions to wean. Less than one hundred year ago, breastfeeding was the chief manner mothers utilized for feeding their infants. At this time, baby food industries had yet to introduce infant formulae to the market, so the survival of the child primarily depended on the provision of the mother's or a wet nurse's breast milk (Cameron & Hofvander, 1971). The introduction of new foods is a critical period. As well as a number of factors either directly or indirectly affect a mother's decision to wean her infant. One of these factors

is the educational status of the mother. Likewise beliefs, realities and misconceptions have all contributed as well as the state of family and national resources. Another common misconception is the belief that introduction of complementary foods will increase a child's weight and health status.

Likewise, utilization of commercial food products for child feeding being influenced by commercial promotions is increasing in Kathmandu valley. While no any studies of such kind is found being conducted in Pokhara. Generally speaking a research problem is a situation that needs a solution and for which there are possible solutions. Till date very few studies have been conducted on baby feeding; while no any studies on socialization of new mothers have been conducted . This Study will be conducted to find out the socialization of mothers on baby feeding practices on Malepatan, Pokhara. It will identify their practices, their source of information regarding behavior, factors which affect selection of food, food taboos and food preferences. This will fulfill the research gap so far. Following are the research questions of this study:

- What are the prevailing baby feeding practices?
- How do mothers select food for babies?
- What are factors of socialization of mothers on baby feeding?
- What are weaning practices prevalent on different ethnic groups?
- What are traditional practices prevalent regarding baby feeding?

1.3. Objectives of the Study

The **General objective** of this study is to find out ways of socialization of mothers on baby feeding practices in Malepatan, Pokhara.

Specific objectives

- To find out the baby feeding practice of Mothers of Malepatan.
- To analyse factors of socialization of Mothers on Baby feeding.

1.4. Significance of the Study

This study will make a significant contribution in assessing the awareness of mothers on selection of foods, factors of socialization, feeding practices in society. It will

identify specific cultural beliefs and tradition that affect infant weaning practices. Weaning practices, age at weaning, associated beliefs are diverse among different ethnic groups. The influence of personal beliefs and traditional practices of family members on food choices and feeding pattern will be analysed. It will identify the practice of mothers of urban community on selection of commercial foods and its associated factors.

1.5 Limitation of the study

This research study is an academic study done to meet the partial fulfillment of requirement for the Master's Degree in Sociology from Prithvi Narayan Campus, Tribhuwan University, Nepal. The sampling frame includes Mothers of Malepatan area with babies of age 6 months to 2 years, so the findings will not generalize whole country. Hence Generalization might not be valid in the context of other parts in other region of the country.

1.6 Organization of the study

The study has been organized into six chapters, which are described below for better understanding. Chapter One is the Introductory Chapter which contains the background of the study along with Objectives and theme of the study. This chapter has discussed about baby feeding and socialization along with research problem associated with the study area. Similarly, research questions are raised to achieve goals and objectives. Chapter second relates to literature review, which contains past studies done so far related to cultural influence on feeding, selection of commercial and local weaning foods. Theory of social change and Modernization theories has been linked with study. In the same way chapter three contains Research Methodology which includes Research design, nature and source of data, universe and sampling, sampling methods, data collection tools and methods of data analysis. Chapter four contains socio-demographic profile of respondents. Chapter five contains Baby feeding practices of respondents. Likewise chapter six contains factors for socialization of mothers. Chapter seven has major findings and conclusion of the study.

CHAPTER TWO

LITERATURE REVIEW

Review of Related Literature

2.1. Conceptual Review

Infant feeding practices, include exclusive breastfeeding and delayed introduction of complementary foods. However, mothers base their infant feeding decisions on an array of factors, including their experiences, family demands, socioeconomic circumstances, and cultural beliefs. (Suzzine PG, Aliya H, Elinor AG, 2009). World Health Organization (WHO) recommends that children should be exclusively breastfed during the first 6 months of life as breast milk alone is sufficient to meet the nutritional requirements of children till then.

Exclusive Breast feeding

Exclusive breastfeeding is defined as feeding infants only breast milk, be it directly from breast or expressed, except drops or syrups consisting of vitamins, mineral supplements or medicine. Exclusive breastfeeding is one of the essential actions for infant development and survival.

The World Health Organisation (WHO) defines exclusive breastfeeding (EBF) as when 'an infant receives only breast milk, no other liquids or solids are given – not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines' (World Health Organization 2016). Despite the well-recognised benefits, EBF prevalence is poor worldwide; with the Global Nutrition Report indicating the global baseline EBF rate was 38% between 2008 and 2012. In low and middle-income countries (LMIC), less than 40% of infants younger than six months of age are estimated to be exclusively breastfed (WHO, 2016).

Complementary feeding

Complementary feeding is another very important component of infant feeding. After 6 months, mother's milk is not sufficient for the growing child and complementary

feeding should be started, timely and in adequate amounts. Frequency and amount on top feeds given during the weaning period to children are important variables. Whether it is breastfeeding or complementary feeding, the practices adopted by mothers or caretakers have direct effect on child health. (Subba SH,2007).

Classification of foods

There are many ways of classifying foods:

1. Classification by Origin:
   a. Animal Origin foods
   b. Vegetable Origin foods
2. Classification by Chemical composition
   a. Protein
   b. Fats
   c. Carbohydrates
   d. Vitamins
   e. Minerals
3. Classification by pre-dominant function
   a. Body-building foods, eg milk, meat, poultry, fish, eggs, pulses, groundnuts etc.
   b. Energy–giving foods, e.g. cereals, sugars, roots and tubers, fats and oils
   c. Protective foods, e.g. vegetables, fruits, milk
4. Classification by nutritive value:
   a. Cereals and millets
   b. Pulses (legumes)
   c. Vegetables
   d. Nuts and oilseeds
   e. Fruits
   f. Animal foods
   g. Fats and oils
   h. Sugar and jiggery
   i. Condiments and spices
   j. Miscellaneous foods

Varieties of nutrients are normally supplied through the food we eat. Each nutrient has specific functions in the body. Most natural food contains more than one nutrient. These may be divided into:

i) Macro nutrients: These are proteins, fats, and carbohydrates which form the main bulk of food.

ii) Micro-nutrients: These are vitamins and minerals. They are called micro-nutrients because they are required in small amounts which may vary from a fraction of a milligram to several grams (Park, 2002).

Traditionally also girls at 5 months and boys at 6 months are introduced solid food during the time of Annaprasan, also called Pasni, Rice feeding Ceremony. This ceremony has great influence on Child feeding Practice. Timely introduction of weaning foods is necessary for proper growth and development of babies. Early weaning babies were provided with animal milk, fruit puree and cerelac.

From the Southeast Asia area, Colostrum is believed “dirty” and “stale”. As with many other cultures, this is not fed to the infant. In the Southeast Asian population, the infant is often fed by other, often lactating, women in the first few days. For Southeast Asian immigrants, the mothers often revert to bottle-feeding because of lack of family support to allow for the rest thought to be necessary in the post-partum period. In addition, breastfeeding is considered more expensive because the quality of mother’s milk can only be enriched by consuming a special diet that is costly. cultures who believe colostrum is not good for the baby, pre-lacteal feedings may be given that may include sugar water, teas, including herbal teas, salty liquids as well as milk, porridge and honey (Sandy SB,2015).

Infant feeding practices are integral parts of individuals' ethnic and cultural beliefs, with culturally-based feeding beliefs influencing how individual mothers in various ethnic groups make decisions. Strongly held feeding beliefs have led to resistance against nationally and internationally established recommendations upon infant feeding practices. An awareness of the cultural beliefs and practices is important but cannot be assumed to be common to everyone who has that cultural heritage. Many factors may influence a mother’s decision to breast feed and the duration of breast feeding. Many of these factors have been shown to influence the decisions of mothers of all cultures.

For all cultures, support from women of their own culture appears to be important and possibly more important for those less acculturated. Someone from their own culture may know about, understand the origin of, and be able to effectively change practices when necessary to improve initiation and duration of breast feeding. It is known that breast feeding related outcomes are dose dependent. By improving not only breast feeding initiation but duration as well, these benefits will be greater (Sandy SB, 2015)

2.2 Theoretical Review

2.2.1 Socialization:

Socialization is the means by which human infants begin to acquire the skills necessary to perform as functioning members of their society. “Socialization” is a term used by sociologists, social psychologists, anthropologists, political scientists, and educationalists to refer to the lifelong process of inheriting and disseminating norms, customs, and ideologies, providing an individual with the skills and habits necessary for participating within his or her own society. Socialization is thus “the means by which social and cultural continuity are attained.”

Socialization is the means by which human infants begin to acquire the skills necessary to perform as a functioning member of their society and is the most influential learning process one can experience. Unlike other living species, whose behavior is biologically set, humans need social experiences to learn their culture and to survive. Although cultural variability manifests in the actions, customs, and behaviors of whole social groups, the most fundamental expression of culture is found at the individual level. This expression can only occur after an individual has been socialized by his or her parents, family, extended family, and extended social networks.

Socialization essentially represents the whole process of learning throughout the life course and is a central influence on the behavior, beliefs, and actions of adults as well as of children. Socialization is a process that introduces people to social norms and customs. This process helps individuals function well in society, and, in turn, helps society run smoothly. Family members, teachers, religious leaders, and peers all play roles in a person's socialization. This process typically occurs in two stages:

- Primary Socialization occurs when a child learns the attitudes, values, and actions appropriate to individuals as members of a particular culture. It is mainly influenced by the immediate family and friends. Primary socialization takes place from birth through adolescence. Caregivers, teachers, coaches, religious figures, and peers guide this process.

- Secondary socialization refers to the process of learning what is appropriate behavior as a member of a smaller group within the larger society. Basically, is the behavioral patterns reinforced by socializing agents of society. It is usually associated with teenagers and adults and involves smaller changes than those occurring in primary socialization. Secondary socialization might include a college experience, where many people interact with members of different populations and learn new norms, values, and behaviors. Secondary socialization also takes place in the workplace or while traveling somewhere new.

2.2.2 Group Socialization

Group socialization is the theory that an individual's peer groups, rather than parental figures, influences his or her personality and behavior in adulthood. Peer group is a social group consisting of people of the same age. By sharing the group norms, beliefs and values they learn to become inclusive and find comfort within the group. Their shared relationship becomes more important to one another than their elders or people from different age groups. Usually the group solidarity is expressed by group conformity, communication, interaction, consciousness, etc. The members interact with one another and exhibit concern. Peers can give the best advise while decision making and encourage good deeds. This is how they can become the biggest emotional support always showing the right track. People belonging to the same ages at work, events and other situations are also capable of influencing attitudes and conduct ultimately creating a comfort zone for one another. Breast feeding and complementary food feeding mothers can communicate comfortably with other mothers of same category and get best advices and suggestions. Selection of best locally available foods becomes easier and sharing problems becomes easier. In joint families also, new mother gets suggestions and ideas from sister in laws and neighbor having babies of same age. Socialization becomes easier and comforting.

2.2.3 Gender Socialization

Gender socialization refers to the learning of behavior and attitudes considered appropriate for a given sex. Gender socialization Henslin contends that "an important part of socialization is the learning of culturally defined gender roles". Boys learn to be boys, and girls learn to be girls. This "learning" happens by way of many different agents of socialization. The family is certainly important in reinforcing gender roles, but so are one's friends, school, work and the mass media. Gender roles are reinforced through "countless subtle and not so subtle ways." said Henslin (1999). Sociologists have identified four ways in which parents socialize gender roles in their children: Shaping gender related attributes through toys and activities, differing their interaction with children based on the sex of the child, serving as primary gender models, and communicating gender ideals and expectations. (Monique L 2011) Similarly, an adult female who plays rearing and caring of babies in childhood play is mentally prepared since childhood that she is supposed to have babies after getting married. She is also supposed to breastfeed, prepare varieties of food for babies and feed them. Raring and caring of kids is considered solely a mother's responsibility.

2.2.4 Cultural Socialization

Cultural socialization refers to the manner by which parents address ethnic and racial issues within the family, specifically, the ways parents communicate or transmit cultural values, beliefs, customs, and behaviors to the child and the extent to which the child internalizes these messages, adopts the cultural norms and expectations, and acquires the skills to become a competent and functional member of a racially diverse society (Lee, R. M., 2003). Two important determinants of cultural socialization are parents' attitudes about the salience of race and their belief in the value and importance of cultural socialization. The characteristics of the child and family also play a role in the extent to which families engage in cultural socialization. Cultural socialization, the messages parents teach their children about their own race and ethnicity, is a salient aspect of child-rearing among ethnic minority families and is important for fostering a strong sense of identity and belonging to a child's cultural group. Cultural socialization, also referred to as ethnic–racial socialization, is important because it helps children learn about what it means to be a member of a racial or ethnic minority group.

Cultural socialization refers to both the explicit and implicit parental practices that teach about the positive aspects of their race, ethnic heritage, cultural customs, and traditions. Examples include talking about history or historical figures, reading culturally relevant books, celebrating cultural holidays, and encouraging use of native language.

Cultural socialization is fairly common across ethnic minority families; parents are more likely to engage in discussions of cultural socialization than any other form of ethnic–racial socialization. It transmits more complex social messages, such as discrimination or wariness of other groups. Parents with higher Socioeconomic Status report more cultural socialization and preparation for bias than do their lower Socioeconomic Status counterparts. Parents who identify more strongly with their ethnic group also value cultural socialization more and report using messages such as group pride more often than parents who identify less strongly with their ethnic group.

In Nepali culture different ethnic groups like Brahmin, Chhetri, newar, Magar, Rai, Pariyar, Damai etc. have their own way of baby care, naming ceremony, weaning ceremony, rituals, food taboos etc. Each ethnic group has their own unique beliefs and practices. All those qualities are transmitted to their newer generation. A new mom learns her own culture of baby caring and feeding through cultural socialization. It is our traditional practice of giving Annaprasan to baby boy at 6 months and baby girl at 5 months.

2.2.5 Family and Socialization

Family is usually considered to be the most important agent of socialization. Family is the most important institution for child care and socialization. Everything conducted by family is imitated and plays significant role for behaviour formation. Additionally, they provide us with our first system of values, norms, and beliefs - a system that is usually a reflection of their own social status, religion, ethnic group, and more. A very great deal of literature around socialization focuses upon what adult parents do to their babies, children and young adults. They learn from their Grandparents esp grandmothers, sisters and siblings. The influence of religious beliefs and practices are quite peripheral to food intake patterns in some regions, while they play a large role in other cultural settings. The family is rightly called the cradle of social virtues. Family

being a mini-society acts as a transmission belt between the individual and society. Family is usually considered to be the most important agent of socialization.

Family plays the most important role in the formation of personality. They along with the rest of our family, also teach us about close relationships, group life, and how to share resources. Not all socialization is intentional, it depends on the surrounding. Our parents, or those who play the parent role, are responsible for teaching us to function and care for ourselves. Additionally, they provide us with our first system of values, norms, and beliefs – a system that is usually a reflection of their own social status, religion, ethnic group, and more. The family has informal control over its members. It trains the younger generation in such a way that it can take the adult roles in a proper manner.

According to Merton R.K, "it is the family which is a major transmission belt for the diffusion of cultural standards to the oncoming generation". The family serves as "the natural and convenient channel of social continuity. The main role of a family is to nurture, mould, and guide children in the society. Besides giving the sense of belonging or identity, a family imparts culture, traditions, norms, social roles, and values into the child (Merton, 1957). The processes of listening, language learning, and respect to authority start at the family level. In a family, a new mother observes her sisters, aunties, sister in-laws, etc. taking care and feeding babies. She also hears experiences of her mother-in-laws, mothers, grandmothers etc. on baby feeding practices of their times. Traditional practices, religious beliefs, food taboos etc. are transmitted through generations.

2.2.6 Theory of Social Change

Evolutionism or unilinear social change: According to this group of theories, Change follows a straight line moving from primitive stage to more advanced ones. Social change can evolve from a number of different sources, including contact with other societies (diffusion), technological change and population growth and other demographic variables. Social change in the broadest sense is any change in social relations. Viewed this way, social change is an ever-present phenomenon in any society.

The specific meaning of social change depends first on the social entity considered. Changes in a small group may be important on the level of that group itself but

negligible on the level of the larger society. Similarly, the observation of social change depends on the time span studied; most short-term changes are negligible when examined in the long run. Small-scale and short-term changes are characteristic of human societies, because customs and norms change, new techniques and technologies are invented, environmental changes spur new adaptations, and conflicts result in redistributions of power.

Early sociologists viewed the culture of primitive peoples as completely static, but this was abandoned with the appearance of scientific studies of preliterate cultures. Anthropologists now agree that primitive cultures have undergone changes although at such a slow pace as to give the impression of being stationary. In recent years the social change has proceeded at a very rapid rate. Since World War I numerous countries have passed through profound changes not only in their political institutions but in their class structures, their economic systems, their modes of living. Various theories have been advanced to explain the direction of social change.

-Linear Theory

Some thinkers subscribe to the linear theory of social change. According to them, society gradually moves to an even higher state of civilization and that it advances in a linear fashion and in the direction of improvement.

-Deterministic Theories of Social Change

The deterministic theory of social change is a widely accepted theory of social change among contemporary sociologists. According to this theory there are certain forces, social or natural or both, which bring about social change. It is not reason or intellect but the presence of certain forces and circumstances which determine the course of social change. Sumner and Keller insisted that social change is automatically determined by economic factors.

A new mothers on ancient time used to feed babies after weaning with traditional homemade foods. Traditional food items were guided by culture and chosen by Grandmothers and elders of family. But with advancement of technologies, influence of media and contact with health professionals, mothers these days are more aware and conscious about calorie values, needs and food choices for their babies. Weaning of child is mater of great concern for whole family. Planning for weaning ceremony of

child, throwing parties at home or in party palace has been trend these days. Previously only mother of child was responsible for feeding babies. The concept of small frequent feeding to babies based on food tolerance, allergies and response (likes, dislikes) of child has replaced traditional system of feeding same food 3-4 times a day, every day. Same food is served to both male and female baby, which also mark social change.

2.2.8 Theory of Modernization

Modernization is a homogenizing process, in this sense, we can say that modernization produces tendencies toward convergence among societies. Modernization is a Europeanization or Americanization process; in the modernization literature, there is an attitude of complacency toward Western Europe and the United States. These nations are viewed as having unmatched economic prosperity and democratic stability. In addition, modernization is an irreversible process, once started modernization cannot be stopped. In other words, once third world countries come into contact with the West, they will not be able to resist the impetus toward modernization.

Modernization theory is a description and explanation of the processes of transformation from traditional or underdeveloped societies to modern societies. In the words of one of the major proponents, "Historically, modernization is the process of change towards those types of social, economic, and political systems that have developed in Western Europe and North America from the seventeenth century to the nineteenth and have then spread to other European countries and in the nineteenth and twentieth centuries to the South American, Asian, and African continents". Kendall, D. (2007)

Nepali women are culturally and traditionally expected to be responsible for feeding babies, preparing meals for the entire family and do household chores. But now in city areas women are equal partners to their husband. They work outside home, both do household chores. Ready to eat foods, packet commercial food, on call food from restaurants etc are equally practiced based on commercial on TV and easy availability. Availability of modern readymade foods prepared from all around the world makes it easier for mother to choose best food items to feed babies. They make food choices based on easiness, likes of babies and availability. The trend between the developed

and developing countries has been changing. The emerging new brands of baby food in the market everyday also indicate the situation that more and more women everyday is shifting from breastfeeding to bottle feeding. Unfortunately, the literate and socio-economically advanced women are found more likely to have the practice of bottle feeding. It commonly happens that the illiterate and socio-economically lower group follows the practices of the educated.

Also with modernization, discrimination between male and female babies on rearing and caring has also been removed from societies these days. Female babies are also equally taken care, provided with all the Nutritious food items affordable by family. In traditional societies fruits, eggs, meat etc were separated to male babies. But the situation is totally different these days. Industrialized societies has availability of food products like Cerelac, lactogen, pediasure, sarbottam pitho lito of varities of fruits flavor, protein powders etc made world wide. They can be purchased in supermarkets easily. Nuts like almonds, cashews, okhar, khajur, peanuts etc grown on different part of country or abroad are available in nearby shop. All these facilities of modern society is quite helpful for mother in making food choices based on nutritional value, likes, dislikes of babies while feeding.

2.2.9 Sociology of food and Nutrition

A Sociology of Food and Nutrition examines the social context of food and nutrition by exploring the socio-cultural, political, economic and philosophical factors that influence food production, distribution and consumption. Sociological Understandings of food choice describes that "the way we eat reflects an interplay between social structure and human agency' (Germov & Williams 2008). The quality and culture of nutrition of various social groups act as the most important component of the sociology of nutrition, at the same time they are the criterion for ensuring the food security of the country. The core of the subject of the sociology of nutrition is the socio-economic relations in the field of production, distribution and consumption of food, culture and behavior of people in the field of food consumption. Nutrition in early childhood can significantly impact physical and mental health outcomes for children. Better nutrition means stronger immune system, less illness and better health. Human breast milk is the best source of nourishment for infant, prevents diseases and promote health. Exclusive breastfeeding is recommended for first 6 months of infant's life. WHO recommends

Breast feeding up to two years. Mothers education level is strongly associated with child mortality. The promotion of artificial advertisement far exceeds the efforts to promote breastfeeding. Solid foods have been introduced at inappropriate ages, some relate cultural importance of feeding early while in some culture late feeding.

2.1.10 Child Nutrition and Feeding Practices in Nepal

Breast feeding is widespread in Nepal as stated by Malla (2002) in "Child Complementary feeding in Urban areas of Nepal'. According to the Nepal Fertility Study (1996), 82.0% mothers breastfeed their children for more than two years. The lengths of breast-feeding vary only slightly between urban and rural areas. A study conducted by Acharya (1985) in four district Tanahu, Siraha, Bajhang and Nuwakot revealed that breast feeding was given to the child except breast milk before Annaprasan, the rice feeding ceremony. If breast milk is not sufficient for the child, "Lito" made up of rice flour is given. In Tanahu, semi solid salted food like "Dal" was given after Annaprasan. Generally, Dal-bhat is the main weaning food. Acharya states that leafy vegetables are not given to children in the study area. In most of the Nepalese communities, children are not fed green leafy vegetables. In a study conducted by Benister et al (1985) in chitwan indicated that 53% of the households fed green leafy vegetables only once or twice a week to young children

2.3 Empirical Review

(R. Kruger, 2003) conducted an exploratory qualitative investigation to determine the feeding and weaning practices, knowledge and attitudes towards nutrition of mothers/caregivers of children up to 3 years old attending baby clinics in the South Africa. Data collection on six relevant nutrition topics was done using focus group interviews. Trained moderators, using a pre-tested, structured interview schedule, interviewed participants in six age groups. Focus group interviews were taped, transcribed and translated. Solid food was introduced early (at 2–3 months) and a mixed family diet at 7–9 months. Milk feeds were stopped completely from 18–24 months. Weaning diets were compromised due to poor food choices, preparation practices and limited variety. The participant's nutrition knowledge regarding specific foods, their functions and recommended quantities was poor. The women adhered to their cultural beliefs regarding food choices and preparation practices. Cultural factors

and taboos have a powerful influence on feeding practices and eating patterns. Young mothers often find it impossible to ignore their ill-informed elders or peer group.

In a survey by Zulkiffi,A, Daw,WK, & Abdul, RI, (1996) on infant-feeding and weaning practices of 566 mothers, systematically sampled from 15 rural villages, randomly selected in the rural communities of Kelantan, Malaysia. One hundred and seventeen (21.3%) of the 551 children breastfed were also given mixed feeding with infant fomulae as well. Weaning started before 4 months of age in 28.3% of the children and after 6 months of age in 12.8% of the children. The 3 most common type of food used in weaning were Nestum (45.0%), rice porridge or paste (42.6%) and wheat porridge or cakes (11.5%). Forty eight children (12.1%) discontinued breastfeeding once weaning was initiated. The main reasons for initiating weaning was mothers' perception that there was insufficient milk and that the child was always hungry (55.7%). Most mothers were also given advice by the health clinic staff on weaning, including the timing and the suitable weaning foods to give.

Roslyn, CT, et al. (2010) conducted a prospective, observational study in Ireland, aimed to identify factors associated with weaning practices in infants and examine weaning practices, including the timing of weaning of infants, and to investigate the factors that predict weaning at 12 week. Quantitative data were obtained on mothers' weaning practices using semi-structured questionnaires and a short dietary history of the infant's usual diet at 6 months. Only one mother complied with the WHO recommendation to exclusively breastfeed up to 6 months. Ninety-one infants were prematurely weaned onto solids at 12 weeks. Formula feeding at 12 weeks and mothers' reporting of the maternal grandmother as the principal source of advice on infant feeding. Mothers who weaned their infants at 12 weeks were more likely to engage in other sub-optimal weaning practices, including the addition of non-recommended condiments to their infants' foods.

Kikafunda JK, Walker AF & Tumwine, JK.(2003) conducted cross-sectional survey utilising stratified multistage random sampling methods in Central Uganda. The participants were mothers/caretakers of 261 young children aged 3-28 months. The findings revealed that while breast feeding was universal at birth, early weaning with watery, energy- and nutrient-poor staples was widespread in this rural area. The negative weaning practice of introducing complementary foods too early was highly

prevalent with almost half of the children (44.1%) having started complementary feeding before the age of four months. The weaning foods were dominated by the green cooking banana (matooke) which is known to be bulky with low nutrient content. Children from the rural areas consumed significantly more papaya, pumpkin and matooke than children from the urban areas while urban children consumed significantly more cows' milk, rice, sweet potatoes and pineapples than rural children. Consumption of animal protein, fruit and vegetables was found to be very low among this cohort of children.

(Ijarotimi OS, 2000) has entitled a research 'Weaning foods and their impact on child-feeding practices among low-income Nigerian mothers'. It was a cross-sectional survey conducted between March and June 2005 among 294 randomly selected pairs of nursing mothers and their children who attended the postnatal clinics. A structured, self-or interviewer-administered questionnaire was used to collect information on infant demographic characteristics, feeding, and socioeconomic characteristics of the parents. 15.6% received breastmilk and commercial weaning food, 7.4% received commercial weaning food only, 14.8% received local weaning foods only, 24.1% received local weaning foods plus breastmilk, and 5.8% received the family diet. High proportion of the nursing mothers used local ingredients to formulate weaning foods for their babies. The nutritional compositions of these foods is of high quality and are suitable as weaning foods, particularly for infants of low-income parents who do not have access to commercial weaning foods.

Olatona FA, Adenihun JO, Aderibigbe, SA, Adeniyi OF, 2017, entitled a study " Complementary Feeding Knowledge, Practice and Dietary diversity among Mothers of Under- Five Children in an Urban Community in Lagos State, Nigeria."It was a descriptive cross-sectional study conducted in Lagos State. Multi-stage sampling technique was employed to select 355 mothers and infants. Data was collected using a pre-tested interviewer administered questionnaire and 24-hour diet recall was used to assess dietary diversity. Knowledge of complementary feeding was low (14.9%) and was associated with older mothers' age, being married, and higher level of education. The prevalence of timely initiation of complementary feeding (47.9%), dietary diversity (16.0%) and minimum acceptable diet for children between 6 and 9 months (16%) were low. Overall, appropriate complementary feeding practice was low (47.0%) and associated with higher level of mothers' education and occupation. Complementary

feeding knowledge and practices were poor among mothers of under-5 especially the non-literate. Complementary feeding education targeting behavioral change especially among young, single and uneducated mothers in developing countries is important to reduce child morbidity and mortality.

(Kassa,T. Meshesha,B. Haji,Y.& Ebrahim,J., 2017) conducted a community-based cross sectional study design among 611 mothers who had children with 6–23 months of age in Sothern Ethiopia. A multistage sampling technique was used to identify study subjects. Data were collected using pre-tested structured questionnaire. The practices of timely initiation of complementary feeding, minimum meal frequency and minimum dietary diversity were 72.5, 67.3 and 18.8 % among mothers of 6–23 months aged children, respectively. The practice of appropriate complementary feeding was 9.5 %. Low appropriate complementary feeding of children aged 6–23 months was observed. Mothers who are illiterate, children age 6–11 months and families with large size were associated factors for inappropriate feeding practices. Therefore, nutritional counseling on child feeding practices were recommended.

(Olivera JA, Araujo AM, Soares CS, Coimbra JR 2016) conducted a study titled 'The influence of family on Complementary feeding: reporting experiences' in brasil. They say that we should know the family eating behavior to identify habits and work with the family. This study has aimed to discuss the influence of family behavior on the introduction of complementary foods for children and their consequences on child development by means of the report of two cases of experiences of children under two years. In the first case, it was difficult to introduce complementary feeding due to eating habits built over time by the family, leading to low birth weight in children. The second case showed early weaning and the early introduction in large quantities of cow's milk, due to concepts assigned by the mother about children's healthy eating patterns, which caused constipation in children. Although the implications for health are widely known, changing eating habits is a challenging task. We conclude that the management of infant feeding is strongly influenced by family and environmental contexts, and considering these factors it is relevant in the nutritional approach to mothers.

Osman,H, Zein, EL and Wick,L (2009) conducted a study on 'Cultural beliefs that may that may discourage breastfeeding among Lebanese women: a qualitative analysis'.

Participants were healthy first-time mothers recruited from hospitals throughout Lebanon to participate in a study on usage patterns of a telephone hotline for postpartum support. Thematic analysis of the content of questions which referred to cultural beliefs and practices related to breastfeeding was conducted. Twenty four percent of the 353 women enrolled in the study called the hotline, and 50% of the calls included questions about breastfeeding. Mothers expressed concern about having adequate amounts of breast milk or the quality of their breast milk. Concerns that the mother could potentially harm her infant though breastfeeding were rooted in a number of cultural beliefs. Having an inherited inability to produce milk, having "bad milk", and transmission of abdominal cramps to infants through breast milk were among the beliefs that were expressed. There are a number of cultural beliefs that could potentially discourage breastfeeding among Lebanese women. Understanding and addressing local beliefs and customs can help clinicians to provide more culturally appropriate counselling about breastfeeding.

Tulpule, C, Zheng,M , Karen J.C and. Bolton, KA, (2022) conducted a cross-sectional study among 510 mothers of children of age group 0-24 months to assess differences in infant feeding practices between Indian born mothers and Australian born mothers living in Australia. The findings showed that compared to infants of Australian-born mothers, infants of Indian-born mothers were breastfed for 2.1 months longer, introduced solids 0.6 months later and water 0.4 months later. Moreover, infants of Indian-born mothers were 2.7 times more likely to be currently breastfeeding, 70% less likely to currently consume solids and 67% less likely to consume solids before six months. In contrast, infants of Indian-born mothers were introduced to fruit juice 2.4 months earlier, water-based drinks 2.8 months earlier and cow's milk 2.0 months earlier than infants of Australian-born mothers. Additionally, infants of Indian-born mothers were 2.7 times more likely to consume fruit juice than the infants of Australian-born mothers. The evidence of early introduction of sweetened fluids in infants of Indian-born mothers provides an opportunity to support parents to delay introduction to promote optimal infant growth.

Karigi, LN, Mutuli, LA, Bukhala, P, (2016) conducted a study titled 'Socio-cultural practices and beliefs influencing infant and young child feeding in Kenya'. It was a cross-section study conducted between from January to March, 2016 in the rural western region amongst primary care givers of children aged below 2years. Random

sampling technique was utilized to select the target sample and from a target population of 1000, a sample of 166 was calculated**.** Structured questionnaires were used to collect data on socio-cultural beliefs influencing the feeding practices. Findings showed the level of education and knowledge of forbidden foods had a positive correlation. Approximately, 20(20%) reported foods recommended for the infants and young children while 80(80%) reported no specific foods recommended. Reasons associated with the recommended foods were; 4(20%) culture, 9(45%) lack of knowledge, 7(35%) due to other reasons. Cultural beliefs and taboos i.e. food taboos/restriction, beliefs associated with certain foods, have a strong influence on infant feeding and undermines optimal infant feeding practices; breastfeeding and complementary feeding.

Chakona G,(2016),conducted a study on 'Social circumstances and cultural beliefs influence maternal nutrition, breastfeeding and child feeding practices in South Africa'. The study used mixed methodology technique. Questionnaires were administered to 84 households, pairing mother/caregiver and a child (0–24 months old) to obtain information. Qualitative data on breastfeeding perceptions, IYCF practices, perceived eating habits for lactating mothers and cultural beliefs related to mothers' decision on IYCF and breastfeeding practices were obtained through focus group discussions. Exclusive breastfeeding for the first 6 months of life was rarely practiced, with young children exposed to poor-quality diets lacking essential nutrients for child growth and development. Social circumstances including lack of income, dependence on food purchasing, young mothers' feelings regarding breastfeeding and cultural beliefs were the major drivers of mothers' eating habits, breastfeeding behaviour and IYCF practices. Fathers were left out in breastfeeding and IYCF decision making and young mothers were unwilling to employ indigenous knowledge when preparing food (especially traditional foods) and feeding their children. Finding a balance between mothers' income, dietary diversity, cultural beliefs, breastfeeding and considering life of lactating mothers so that they won't feel burdened and isolated when breastfeeding and taking care of their children is crucial. Paternal inclusion in breastfeeding decisions and safeguarding indigenous knowledge is recommended.

Brown LV,et al (2011) conducted a research titled ' Evaluation of the impact of weaning food messages on infant feeding practices and growth in rural Bangladesh'. A

community-based weaning intervention used volunteers to teach complementary feeding to families of 62 breast-fed infants aged 6-12 months. Treatment children consumed a significantly greater percent of their energy and protein requirements from complementary foods than did control subjects. The affordable complementary foods consisted mainly of cereal porridge with oil and brown sugar. These findings suggest that educational interventions teaching families to feed hygienic, simple, cheap, energy-enriched complementary foods to breast-fed infants after 5-6 months can improve child growth, even under impoverished conditions.

(Bavdekar B S, et al, 1994), conducted a study titled 'Infant Feeding practices in Bombay slums' in two slum areas in a Bombay suburb covering a total population of 4879. One hundred and fifty-three mothers having children below two years were interviewed. Ninety six per cent infants below the age of 4 months received breast milk, though exclusive breastfeeding was practised only in 37% infants. Timely complementary feeding rate was only 0.48. Twenty three per cent of mothers used bottle for administration of supplementary food or water. Only 15.7% of mothers used commercial milk formula and 8.5% used commercial weaning food.

According to Mahmood SE, et al, (2012), a cross-sectional study was carried out in randomly selected villages of the Uttar Pradesh, India. A total of 123 women who had delivered within the last year were interviewed in a house-to-house survey. A study instrument was used to collect data. *Ghutti* (water mixed with honey and herbs), boiled water, tea, and animal milk were commonly used pre-lacteal feeds. About 47.2% of the respondents were not aware of the benefits of exclusive breastfeeding. About one quarter of the mothers started complementary feeding before the child was six months old. A majority (69.9%) of the mothers did not receive advice on child feeding.

Pries, A.M, et al, (2016) states Helen Keller International, in collaboration with the Nepal government, implemented a study to assess mothers' utilization of commercial food products for child feeding and exposure to commercial promotions for these products in Kathmandu valley. A cross-sectional survey was conducted among 309 mothers of children less than 24 months of age across 15 health facilities. Utilization of breastmilk substitutes was low, having been consumed by 6.2% of children 0-5 months of age and 7.5% of children 6-23 months of age. Approximately one-fourth (24.6%) of children 6-23 months age had consumed a commercially produced complementary food

in the prior day. Twenty-eight percent of mothers reported observing a promotion for breastmilk substitutes, and 20.1% reported promotions for commercially produced complementary foods. Consumption of commercially produced snack food products was high at 74.1% of children 6-23 months. Promotions for these same commercially produced snack food products were highly prevalent, reported by 85.4% of mothers. Commercially produced snack food products may be nutritionally detrimental, potentially increasing consumption of foods high in salt or sugar and displacing consumption of other more nutritious options.

Siwakoti, A, (2014) conducted a study on 'Weaning among mothers of children in Nepal. Practices, beliefs and taboos.' The study was descriptive cross sectional study conducted in Sinam VDC of Taplejung district of Nepal. The data collection methods used for this study was semi structure questionnaire to assess practice and structured guideline for Focussed Group Discussion to understand the beliefs and taboos on weaning in the area. A total of 120 mothers with children aged between 3 month to around 3 years were included to assess the weaning practice. Majority of them belonged to Janajati(35%) which was predominant ethnic group. Majority of respondents belonged to Hindu religion (66.7%) 34.7% of respondents had primary level of education. There is significant relationship between mother's education and weaning practice in the study. Farming (25%) and foreign employment (51.7%) were major source of income and occupations followed in the area. 90.8% belonged to middle class in the wealth index. Positive association was found between income range and weaning practice.47.5% of mothers introduced weaning foods before 6 months of age of infants, 40% after 6 months and 12.5% before 1 month. Most common types of weaning foods in this study area were sarbottam pitho(81.8%) and khole (47.1) with rice as a staple diet.85.83% of respondents still breastfed their child along with complementary feeding.

Ulak,N, KC D, Tiwari K, (2020) conducted study on 'Complementary Feeding Practices and it's Associated Factors Among Mothers in Selected Urban Area of Nepal.' A community-based cross-sectional study was conducted among 237 mothers having children aged 6-23 months in Bhaktapur Municipality. Pretested structured questionnaire was used to collect data using a face-to-face interview. 54.8% were boys and 42.2% were girls. In this study 61% were breastfed within 1 hour of birth, 33% were given pre-lacteal feeding, 19% were given complementary feed on time, 55.3%

had good minimum meal frequency, and 47.70% were given minimum number of food groups and 26.5% were practicing good minimum acceptable diet. Total Kcal intake supplied is equal to WHO recommended standard however, triggering 84% of participants included processed food as a part of complementary feeding which is never the good practice. The majority of mothers lack the knowledge regarding ideal feeding practices as calorie intake was equal to WHO recommendation. There was a gap in knowledge and practice regarding duration of exclusive breastfeeding and initiation and continuation of ideal complementary feeding. The rate of complementary feeding was found on declining trend. Emphasis given to educate mothers about complementary feeding practices can be very useful for the purpose.

(Subba SH, 2007) has conducted a cross sectional study among mothers who attended the immunization clinics of 18 wards of Pokhara municipality area on title 'Infant feeding practices of Mothers in an Urban Area in Nepal.' A total of 168 mothers were interviewed using semi-structured questionnaire and prevalence of breastfeeding was 99.4% (167). Only 60.5% were practicing exclusive breastfeeding at 5 months. Almost 40% of the mothers started complementary feeding before the recommended age of 6 months and 22.5 % delayed introduction of complementary feeding beyond the recommended age. Breast feeding practices adopted by mothers of are still lacking in terms of late initiation of and early starting of complementary feeding. There is a need to educate the mothers regarding proper infant feeding.

2.4 The Conceptual Framework of The Study

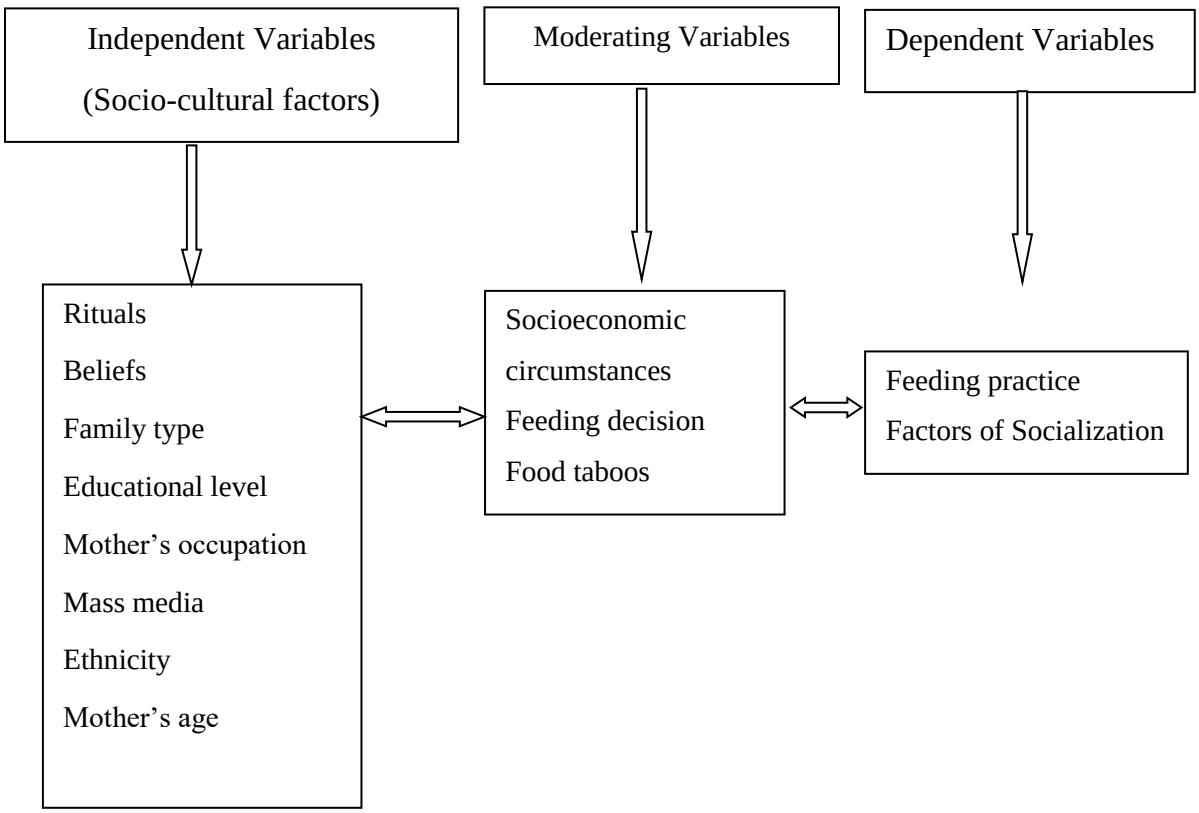

Figure 1: Conceptual framework for the study of socialization of mothers on baby feeding practice

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Selection of Study Area

As being the permanent resident of the area, study was carried out at Malepatan, Pokhara Valley. While taking babies for immunization on Urban Health clinic, I saw some babies so healthy and others lean and thin. This made me curious how mothers residing in urban area make choices for babies. Being the member of locality, curiosity of knowing how my neighbor rear and care babies, who socialize a new mother, what influence their behavior, etc, encouraged me to select this area. As Malepatan also represents a typical urban community of Nepal with major ethnic groups, different level of socio-economic condition and cultural diversity, it provides clear picture of socialization in a society. Traditional practices, their influences, social norms, taboos etc prevalent among permanent residents and mixed practices of temporary residents certainly fulfill my aspiration to learn socialization. So far, no any studies have been found on socialization of mothers on baby feeding. The findings of the study can clearly picture scenario of the urban communities of Pokhara valley. This can inspire other researcher to study their locality.

3.2. Research Design

A cross-sectional survey is that where all the information is collected at the same time and subjects are contacted once. It helps to measure prevalence and is easy to carry out and cheap. This helps researcher who is a student in terms of time and financial limitations. A cross sectional study cannot measure disease incidence, because risk or rate calculation require information across a time period. Nevertheless, it studies can assess disease prevalence. A cross sectional study was applied for the study purpose. This study has followed the descriptive research design. It aims at describing accurately the characteristics of a group, community or people. Descriptive research design enables us to make observation in a completely natural environment. It is very useful in providing fact needed for planning social action programs. It is even more useful for

planning, prediction and awareness. It helps to provide answers to the question of what, when, who, where, and how associated with particular research problem.

3.3. Nature and source of data

This study includes primary data obtained from Mothers having children of age 6 months to 2 years (Respondents). Quantitative as well as Qualitative study was conducted to identify socialization of mothers on baby feeding.

3.4. Universe and Sampling

Universe was Mothers feeding babies at Urban settlement of Pokhara-5. Sampling Frame includes Mothers having children of age 6 months to 2 years which is 448. Out of Total population of Malepatan which is 14,803, there were 448 babies of age 6mths to 2 yrs: (Source: Urban health centre, Pokhara -5. Data of year 2077 B.S)

Sample size was considered to 25 percent of population as it will better represent the population. This study includes 112 Mothers having children of 6 months to 2 years as respondents.

3.5 Sampling method

Due to covid pandemic, home visit became quite difficult. So mothers visiting Urban Health centre Pokhara-5 for immunization of babies were purposively & accidentally selected for data collection. Every months' 5^{th} day and 18^{th} day were scheduled for routine immunization of all babies on Urban health clinic. Starting from Mangsir 2077 to Falgun 2077, selecting 10-15 mother's on each immunization day, along with 2 days of National Vitamin A capsule distribution days. Data were collected by face to face interview of mothers.

3.6 Data Collection Methods and Tools

Methods used for data collection were

- Questionnaire: It is a list of questions or items used to gather data from respondents about their attitudes, experiences, or opinions. It can be used to collect qualitative and/or quantitative information.

- Interview: It involves two or more people exchanging information through a series of questions and answers.

For primary data collection tools used were structured questionnaire and interview guide. Questionnaire was drafted in English.

a. Structured questionnaire

Structured questionnaire was prepared through review of relevant literature and articles. Socio-demographic information, local and commercial foods taken, feeding practices information were obtained using questionnaire. Questionnaire were pre-tested before collecting data.

b. Interview checklist

Interview guide was made after literature review. Interview guide was used to collect information on food choices, traditional beliefs and weaning practice.

In every interview, a very good rapport was established between the investigator and respondents asking less personal question even it took longer time. After that, all participants involved in the study were fully informed about the nature of the study, research objectives, confidentially of the data and risks and benefits. The consent form was then read aloud, they were asked if they understood clearly about what participation in the study would entail and if they had further queries. Any misunderstanding was clarified. For mother's willing to participate, a paper-based questionnaire was administered face to face as well as interview was conducted in Nepali language using guide.

3.7 Methods of Data Analysis

Collected data were checked for completeness and organized properly. It was classified into purposeful category, coding, counting was done on excel. All analysis for the interview data was performed using SPSS version 22.0. Data were entered according to their type (numeric, ordinal and nominal). Collected data are analysed and interpreted using Descriptive statistics (mean, median, mode, percentage, frequency, range etc). Findings are presented on relevant tables, pie charts, bar graphs and figures.

CHAPTER FOUR

SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

This chapter has highlighted the socio-demographic characteristics of the study population. It includes ethnicity of baby, age of baby, birth order, sex, etc. Likewise, mother's age, education, occupation, type of family and family income. Moreover, it also deals with baby feeding practices, food choices, traditional practices etc. The presentation of the result is based on primary data that were collected from the questionnaire in order to find out conclusion. This study was conducted among 112 mothers of children aged 6 months to 2 years.

4.1 Socio-demographic characteristics of the Respondents

Socio-demographic characteristics of the respondents such as age, ethnicity, education, family type, occupation, age of child, sex of child are described and showed.

4.1.1 Caste/ Ethnicity wise distribution of respondent

Caste is closely concerned with the Hindu Philosophy, religion, custom and tradition. It is a form of social stratification which is unique in Nepal, India and other Hindu society. It gives socio-cultural identification to the Nation. According to the census of Nepal 2011 A.D, 126 caste/ ethnic group have been identified in Nepal.

Table 4.1.1 Caste/ Ethnicity wise distribution of the respondents

Castes/ Ethnicity	Frequency	Percentage (%)
Brahmin	41	36.60
Chhetri	25	22.32
Dalit	21	18.75
Janjati	20	17.86
Others	5	4.47
Total	112	100%

Source: Field Survey 2077

The given table 4.1.1 shows the ethnicity of the population in which 36.60 percent were Brahmin followed by Chhetri 22.32 percent, Dalit 18.75 percent, and janjati 17.86 percent. 4.47 percent belong to others which include caste like Rajput, Shah, Khatoon, Gaak, Muslim etc. Major four caste groups are identified among the respondents. This is the typical feature of Nepali society in which there is unity among diversity.

4.1.2 Age wise distribution of respondents

Age is the demographic composition that generally reflects the experiences of people throughout their life. It also reflect their maturity and judgmental ability.

Table 4.1.2 Age wise distribution of Respondents

Mother's Age	**Frequency**	**Percentage (%)**
20 yrs and below	11	9.82
Between 21 to 34yrs	95	84.82
35yrs and above	6	5.36
Total	112	100%

Source: Field Survey 2077

As shown in the table 4.1.2, Out of 112 mothers, 84.82 percent mothers belong to age group 21-34 years, 9.82 percent were of 20 years and below, remaining 5.36 percent were of 35 years and above. This shows that very young mothers and elderly mothers were not present in the community. Not much age variation was found.

4.1.3 Educational background of Respondents

Education is an enlightening experience which gives us knowledge of the world around us. It makes us capable of interpreting things among other things. Nepal has made significant progress in education at all levels during the past. According to the census of Nepal 2011AD, total literate population were 16.1 million out of 26.9 4 millions total population.

Table 4.1.3 Education level wise distribution of respondents

Education level	Frequency	Percentage (%)
Can read and write	4	3.57
Primary level (Upto class 5)	6	5.36
Lower Secondary level (6-8)	9	8.04
Secondary level (9-10)	30	26.78
Higher Secondary (11-12)	26	23.21
Bachelor level	27	24.11
Higher Education	10	8.93
Total	112	100%

Source: Field Survey: 2077

As shown in table 4.1.3, Out of 112 Mothers, most of the mothers were educated till secondary level, 26.78 percent. 24.11 percent were Bachelor degree holder. Mothers have even achieved higher education of Masters degree, 8.93 percent. Remaining 3.57 percent mothers can read and write. An educated mother not only ensures sending her child to school but will also provide supportive environment at home. 4 mothers were able to read and write but not received formal education. There were no any illiterate mothers.

4.1.4 Distribution of Respondents on the basis of Occupation

Occupation determines the source of income of the family. Employment is a socio-economic phenomenon which keeps the socio-economic status of society. Community contains mothers of different professional skills living together helping each other in need. Mothers face difficulties on rearing and caring while continuing their job simultaneous. Working mothers find breast feeding difficult to continue. Likewise sharing of ideas among similar peer group makes socialization of new mother easier as well. Ideas on food choices, availability of better options, easy and acceptable options etc will make them more comfortable on caring babies.

Table 4.1.4 Occupation wise distribution of Respondents

Occupation of Mother	Frequency	Percentage (%)
Home maker	79	70.54
Service	19	16.97
Business	13	11.60
Farming	1	0.89
Total	112	100%

Source: Field survey 2077

As illustrated in the table 4.1.4, 70.54 percent mothers were Home maker. Many of them revealed that they left their job for the up-bringing and caring of their babies. Others were involved in service 16.97 percent, Business 11.60 percent and farming 0.89 percent. Homemakers stay at home with their in-laws, mothers, aunties etc for longer time and socialize more easily. Non-agricultural occupation was popular among respondents in urban area.

4.1.5 Age wise distribution of babies

Age is the demographic composition. The age structure of population affects a nations key 'Socio-economic issues'. It also can be used to help predict potential issues of society/ nation.

Table 4.1.5 Age wise distribution of babies

Age of Baby	Frequency	Percentage (%)
6-8 months	7	6.25
9-12 months	33	29.46
13-24 months	72	64.29
Total	112	100%

Source: Field survey 2077

The given table 4.1.5, describes the age of babies. Most of the babies belong to age group 13 months to 24 months which is 64.29 percent. It was followed by 9 months to 12 months which is 29.46 percent. Remaining 6.25 percent were 6-8 months babies**.** These age groups babies are learning phase children who learn how to eat food. They explore different taste of different food items. Individual likes and dislikes are yet to be clear.

4.1.6 Distribution of babies on the basis of Gender

Sex is the demographic composition. The census of Nepal 2078 B.S recorded 48.96 percent of male population and 51.04 percent of female population.

Table 4.1.6 Gender wise distribution of babies

Gender of baby	Frequency	Percentage (%)
Male	59	52.68
Female	53	47.32
Total	**112**	**100%**

Source: Field survey 2077

In contrast to the national census, this study population contains 52.68 percent male child and more female child of 47.32 percent. (Table 4.1.6) It was interesting to find a respondent giving birth to her 3rd son expecting to have a daughter. Mothers living in urban area were not discriminating among son and daughter on weaning ceremony, selecting foods and nutritious diets to their children. Both were equally served with fruits, eggs, milk and meats.

4.1.7 Birth order wise distribution of babies

Birth order is the order in which a particular child is born in the family. New mother's face more difficulties while caring and feeding child. The second and third time mother has past experiences on baby feeding making them easier to deal with child behavior related to feeding. Socialization of mothers becomes more easier as they have past experiences of culture based weaning practices, weaning ceremony, weaning foods, babies responses for those foods, like, dislikes, any problems associated etc .

Table 4.1.7 Distribution showing birth orders of child.

Birth Order	Frequency	Percentage (%)
First Child	70	62.5
Second Child	37	33.04
Third Child	5	4.46
Total	112	100%

Source: Field Survey 2077

As shown in the table above, 62.5 percent of the babies were first born child to their parents while, 33.04 percent were second born child and remaining 4.46 percent were third born child of their parents. 70 out of 112 mothers participating in the study were first time mothers'. First time mothers living in single family have problem on socialization. They seek advices from elderly people on family and relatives or neighbor. They are also not much aware of traditional culture and practices. Two respondents shared their stories of making phone call to health professionals within family or their own mother regarding feeding of babies. Those who had second or third babies, recall past experience.

4.1.8 Distribution of Respondents on the basis of Family type

A family is a smaller unit of society and it's a social group made of parents and their children. It is a group of persons united by the ties of marriage, blood or adoption, constituting a single household and interacting with each other in their respective social positions, usually those of spouses, parents, children and siblings.

Table 4.1.8. Distribution of Respondents based on family type

Types of Family	Frequency	Percentage (%)
Single	64	57.14
Joint/ Extended	48	42.86
Total	112	100%

Source: Field Survey 2077

As mentioned in the table 4.1.8, Out of 112 respondents, 57.14 percent of the respondents belong to Single/ Nuclear family. Remaining 42.86 percent belong to joint/ extended family. Those living on joint or extended family were constantly supported by mother-in-law, sisters-in-law, etc sharing their experiences. Those ideas and information turned fruitful in feeding babies. Respondents could easily socialize. Celebration of cultural fest, festivals, rituals etc also help them socialize easily.

4.1.9 Distribution of Respondents based on Monthly Income.

Individuals' total earnings from wage, investment, interest and other ventures are included on monthly income. Socio-economic status and purchasing ability of parents determine supply of nutrient to children.

Table 4.1.9 Distribution of respondents based on Monthly Income

Family Income (Monthly)	Frequency	Percentage (%)
Less than Rs. Fifty thousand	60	53.57
Between Rs. Fifty thousand to below Rs. One lakh	47	41.96
Rs. One lakhs and above	5	4.47
Total	112	100%

Source: Field Survey 2077

As shown in the table 4.1.9, Out of 112 respondents, 53.57 percent of the study population have income less than fifty thousand. Likewise, 41.96 percent have income between Rs Fifty thousand to below Rs. one lakhs. Remaining 4.47 percent had income equal to one lakhs and above. Individual and family's expenses are determined by income. Those respondents who have adequate income visit departmental store and buy fortified nutritious diets to their kids like, nuts, horlicks, pediasure, meat, egg etc. They also have more tendency to buy ready to eat and commercial foods than economically poor people. In the name of modernization, they have tendency to show off which has negative impact.

4.1.10 Occupation of Respondent's husband

Occupation of respondent's husband is the source of income of family. The socio-economic status of family is mainly determined by income. Urban area consist of people involved in various income generating activities rather than agriculture.

Table 4.1.10 Distribution based on Occupation of Respondent's husband

Occupation	Frequency	Percentage (%)
Business	28	25
Job holder	32	28.58
Foreign employment	15	13.39
Farming	3	2.68
Daily wage	21	18.75
Driver	12	10.71
Unemployed	1	0.89
Total	112	100%

Source: Field Survey 2077

As shown in table 4.1.10, 28.58 percent respondent's husband was Job holder. It was followed by Business (25 percent), Daily wage (18.75 percent), Foreign employment (13.39 percent), Driver (10.71 percent) etc. Non-agricultural occupation was common. There were diverse group of occupations among the husband's of respondent. Only one person was unemployed and was looking for jobs.

CHAPTER FIVE

BABY FEEDING PRACTICES AMONG MOTHERS

5.1 Exclusive Breast Feeding

Breast milk is a complete food, appropriate to the needs of children in their first months of life. All infants should be fed exclusively on breast milk from birth to six months of age. As reported in DHS 2001 two third of the children under 6 months were being exclusively breastfed in Nepal.

5.1.1 Exclusive Breast-Feeding Practice

Table 5.1.1 Exclusive Breast-Feeding Practice

Exclusive Breast feeding	**No. of babies**	**Percentage (%)**
Yes	71	63.39
No	41	36.61
Total	**112**	**100%**

Source: Field Survey 2077

As shown in the table 5.1.1 only 63.39 percent of the babies were exclusively breastfeed for 6 months. Rest of them was non-exclusively breastfed. First time mothers usually face problems with breastfeeding. Lack of breast milk production, insufficient production, small nipple, crack nipples etc are reason behind non-exclusive feeding. Sweet foods, jwano soup, meat etc are culturally significant for breast milk production.

5.1.2 Non-exclusive Breast Feeding Practice

Table. 5.1.2 Non-exclusive Breast Feeding Practice

Other feeding	**No. of Babies**	**Percentage**
Lactogen/ Formula feeding only	14	34.14
Bf+ Animal milk	10	24.40
BF+ lactogen	17	41.46
Total	41	100%

Source: Field Survey 2077

Among 41, babies who were not exclusively breastfeed were fed with lactogen only by 34.14 percent babies, Breast feeding with lactogen by 41.46 percent and additional animal milk along with breast milk by 24.40 percent babies. (Table 5.1.2) Previously cow's milk was considered very superior drink to babies. But now situation is different.

Case- A 35yrs mother from Poudel family said, she didn't provide animal milk to her baby even when her breast milk was not adequate because her doctor advised not to give animal milk till one years of age. But suggested to feed lactogen as it has similar composition as mothers' milk.

5.1.3 Continuing Breastfeeding till 2years of age

Breast milk needs to be exclusively provided till 6 months and later on only by 2 years of age substituted by appropriate foods until the child is gradually introduced to family food. WHO recommends that babies be breastfed for 2 years or more, as long as all their nutritional needs are being met.

Table 5.1.3 Continuing breastfeeding till 2years

Breastfeeding till 2 years	**No. of babies**	**Percentage (%)**
Yes	97	86.6
No	15	13.4
Total	**112**	**100%**

Source: Field Survey 2077

As shown in the table 5.1.3, 86.6 percent of the babies were planning of continuing with breastfeeding along with complementary feeding while data was taken, out of 112 babies of age 6 months to 2 years. They were determined to breast feed their child till 2years as well as continue if child wants along with providing complementary foods.

5.1.4 Practices related to weaning months

Among all ethnic groups/ castes in study population, weaning ceremony of female babies were conducted at 5 months while male babies at 6 months. Traditionally also girls at 5 months and boys at 6 months are introduced solid food during the time of Annaprasan, also called Pasni, Rice feeding Ceremony. This ceremony has great influence on Child feeding Practice. Timely introduction of weaning foods is necessary

for proper growth and development of babies. Early weaning babies were provided with clear liquids and semi-solid foods like animal milk, fruit puree, soup, Juice.etc.

Table 5.1.4 Showing Practices related to weaning months of babies

Weaning months	No. of Babies	Percentage (%)
4 months	1	0.89
4.5 months	1	0.89
5 months	42	37.5
6 months	62	55.35
7 months	6	5.36
Total	112	100%

Source: Field Survey 2077

As shown in the table 5.1.4, 55.35percent babies received weaning foods at 6 months. Two babies were provided with weaning food quite early at 4 months and 4.5 months. While six babies were provided weaning food late at 7 months. Early feeding was done due to inadequate breast milk production. While late feeding was done due to adequacy of breast milk. Usually semi-solids and liquids are introduced before rice feeding ceremony.

5.1.5 Months of introduction of solid foods

Weaning is the gradual process of introducing an infant to solid food while still breast feeding till he/she can handle adult food. Beyond the six month, the infant requires vitamins, iron and extra energy for growth and sustenance of life through the introduction of weaning food. Only breast milk does not fulfill the nutritional need of babies for growth and development. Only after rice feeding ceremony solid foods are introduced to babies on all ethnic groups.

Table 5.1.5 Months of Introduction of Solid Foods

Solid foods introduced first	No. of babies	Percentage (%)
Below 6 months	10	8.94
Between 6 months to 8 months	97	86.60
Between 9 months to 12 months	5	4.46
Total	112	100%

Source: Field survey 2077

As shown in the table 5.1.5, 86.60 percent of the babies were introduced with solid foods form between six months to eight months. Very few babies were provided with solid foods before six months and after nine months. Late introduction of solid food affects babies as it causes lack of adequate nutritious diet for growth and development.

5.1. 6 Person responsible for feeding baby most of the time

Table 5.1.6 Person responsible for feeding baby most of the time.

Baby feed by	Frequency	Percentage (%)
Mother	84	75
Self	12	10.71
Father	1	0.89
Grandmother	11	9.82
Grandfather	2	1.79
Caretaker	2	1.79
Total	112	100%

Source: Field survey 2077

As shown in the table 5.1.6, 75 percent babies were mostly feed by mother herself most of the time. It was followed by self 10.71percent, Grandmother 9.82 percent, Grandfather 1.79 percent, father 0.89 percent and caretaker 1.79 percent.

Case- A 25yrs old mother who belong to Baral family with 10 months baby girl says " Its my Mother-in-law who decide what to give child to eat. She says *Hamra pala ma esto chin chin ma kwaune bhanni hunthena… 4-5 ghanta ma kwayo ani kaam ma gayo*. But I prefer to give small frequent feed to child."

5.2. Selection of foods for Babies by Mothers

Weaning practices are all the activities carries out by nursing mothers during the process of weaning. There is no particular food substance or formula to use. The approach differs from country to country and from one community to another. Same is guided by culture, individual beliefs, custom, attitudes, values, the types of local food substances available, level of education, the stage of development, and technology the particular community has attained. The type of weaning food the mother gives varies

according to the local community. Honey, sugar and animal milk are avoided till 1 year by some mother based on doctors advice. Chemical mixed and preserved food items were avoided. Many food items were selected and avoided based on likes and dislikes of babies. Some mothers noticed food allergies to babies and avoided those.

5.2.1 Selection of locally available foods

Affordable, available, and locally contextual complementary foods take into account the cultural diversity and food availability resulting in long term improvement in feeding practices. Locally available foods are all foods consumed in thearea including fortified food available in market. It include locally available foods of each food groups.

Table 5.2.1 Selection of locally available foods by mothers

Locally available food items	No. of Respondents	Percentage (%)
Jaulo	91	81.25
Lito / Sarbottam pitho	71	63.39
Cerelac	72	64.29
Rice pudding	43	38.39
Cereals (boiled /cooked/ Mashed)	45	40.18
Vegetables (boiled/cooked/ Mashed)	29	25.89
Potato	64	57.14
Fruits/ Puree	68	60.71
Oats	30	26.79
Dhido	12	10.71
Roti	15	13.39
Others	16	14.29

Source: Field Survey 2077

As shown in the table 5.2.1, most of the mother's provide locally available nutritious food for their babies based on babies likes and dislikes. 81.25 percent babies enjoyed eating jaulo. Babies almost equally eat lito (63.39 percent), cerelac (64.29 percent) and

Fruits or puree (60.71 percent). Babies hardly take vegetables (25.89 percent) while enjoy eating potatoes (57.14 percent). Babies also eat traditional foods like *dhido* (10.71 percent) sharing plate with their Grandparents. Others include food items like kodo ko *soup, suji halwa, puwa, saatu, kaulo, chiura, bhuja and kholey*. Most babies refuse vegetables because of their specific flavour (bitterness, sourness etc) and texture (hard, fibrous). It can be better served blending with rice and potatoes. This help them gain minerals and vitamins of vegetables which their body needs.

Some mothers avoid lito, oats and cereals for babies as they consider it causing diarrhoea, abdominal discomfort, gas problem and vomiting. Some avoid lito, cerelac and oats based on dislikes of baby.

5.2.2 Selection of commercially available foods

Commercially produced complementary foods can improve nutritional status of young children if they are appropriately fortified and of optimal nutrient composition. But these days there are commercial foods with high in salt and sugar without nutrition content. Consumption of unhealthy foods, beverages and snacks among less than 2 years children is increasing in low-income country. Exposure to commerical promotion of products, minimal preparation and ease of feeding motivates mothers to it.

Table 5.2.2 Selection of Commercially available foods to feed babies

Commercial foods items	No. of Respondents	Percentage (%)
Biscuits	72	64.29
Noodles	54	48.21
Chips	71	63.39
Cheese balls	75	66.96
Choclates	63	56.25
Cornflakes	10	8.93
Others	14	12.5

Source: Field Survey 2077

As shown in the table 5.2.2, mothers also offer commercial, ready to eat, fast foods to their babies. 66.96 percent babies were served with Cheese balls, Chips (63.39 percent), Biscuits (64.29 percent), Choclates (56.25 percent), Noodles (48.21 percent). It was

quite surprising to see 4.46 percent babies under 2 years were served tea daily. Others include food items like ice- cream, juices, chocos, chatpat, panipuri.etc.

Two mothers were fond avoiding chowchow and chowmein as they believe it causing jaundice to their babies. Seven mothers avoid sweets and choclates as not good for babies and cause dental carries. Ice-cream cause common cold to five babies, so respondents avoid it.

Case : A 40 years old women of Gurung family says "My baby boy is 15 months old. He does not like most of the home made food. Only food he eat is Jaulo. But he likes to eat biscuits, chips, cheese balls, bread etc. I buy him those foods from nearby shop. *Sajilai khancha*.. I avoid egg and meat as his teeth are not well developed *adkincha ki bhanera darr laagcha*… His father is abroad for earning….and says to buy whatever child ask for."

5.2.3 Additional Nutritious diet supplemented to babies

Regular meal supplied to babies may not supply adequate calories, proteins, vitamins etc needed for proper growth and development of children. Additional nutritious diet must be supplemented to children.

Table 5.2.3 Additional Nutritious diet supplemented to babies

Extra/ additional nutritious foods	**No. of Respondents**	**Percentage**
Meat –regularly (at least twice a week) Sometimes (twice a month)	25 40	22.32% 35.71%
Egg- regularly (at least twice a week) Sometimes (twice a month)	73 10	65.17% 8.93%
Horlicks, Pediasure	18	16.07%
Nuts/ powder	27	24.11%
Vitamins (B complex and Vitamin D)	6	5.36%
Ghee	60	53.57%

Source: Field Survey 2077

As shown in the table 5.2.3, 65.17 percent respondents provided eggs regularly to their babies while 8.93 percent provided sometimes. Likewise, only 22.32 percent babies were provided meat regularly while 35.71 percent babies were provided meat sometimes. Very few mothers added nutrients like Horlicks, pediasure to babies milk. Nuts were provided as powder as well as whole and soaked to 24.11 percent of the babies. Vitamin B complex and Vitamin D were also provided to babies (5.36 percent). 53.57 percent of the mothers supplied babies with ghee regularly. Ghee has been traditionally considered important to babies. Most use ghee with jaulo, and rice, while some with roti and suji.

Case- 26yrs Mrs Shah, mother of 20 months baby girl was found avoiding eggs till 18 months. She believed it is hard to digest for babies, create gas problem and also cause abdominal discomfort.

Another mothers were found avoiding meat for 2yrs as babies don't have proper teeths to chew, hard to digest for babies. One mother believed her baby vomits on the day eggs and meat are provided. It might be because of have allergies. Six mothers avoid nuts like almonds, cashew etc as they are not well tolerated by babies.

5.3. Serving cooked food brought from outside

In urban societies there, is a trend of taking babies to restaurants, cafes, hotels and resorts while parents visit those places. Likewise mothers who run business like shops buys ready to eat food from nearby restaurants and serve same food to babies.

Table 5.3.1 Mothers serving cooked food from outside

Serving cooked food from outside	**No. of Respondents**	**Percentage (%)**
Yes	41	36.61
No	71	63.39
Total	**112**	**100%**

Source: Field Survey 2077

As shown in the table 5.3.1, around 36.61percent mothers serve ready to eat foods like momo, chowmein, noodles, French fries, chaat, samosa etc to their babies frequently within a week. These foods are served quickly, look appealing, tasty but are very unhealthy and poor quality compared to home-made food. Babies will learn to skip meal and ask for fast food again and again.

5.4. Introduction of Regular family foods to babies

Regular family food refers to family meal common to adults of the family. It includes mixed foods consumed on daily basis like rice, dal, curry, roti, meat etc in Nepali context. No separate or modified food prepared for baby. Beginning at 6 months, an infant can eat pureed, mashed or semi-solid foods. By 8 months most infants can also eat finger foods. By 12 months, most children can eat the same types of foods as consumed by the rest of the family. However, they need nutrient-rich food, and foods that can cause choking, such as whole peanuts, should be avoided.

Table 5.4.1 Months of introduction of Regular family foods to babies.

Family food	No. of Babies	Percentage (%)
6-8 months	33	29.46
9-12 months	44	39.29
13-24 months	10	8.93
Not yet	25	22.32
Total	112	100%

Source: Field Survey 2077

As shown in the table 5.4.1, 39.29 percent of the babies were introduced with mixed family food at 9-12 months. Babies receiving mixed family food were served with Rice, dal and curry same as prepared for whole family.

5.5 Mode of baby feeding

Babies after 9 to 12 months start to imitate self feeding. It is good for them to practice self feeding. Bringing hand to mouth or spoon to mouth is developmentally very important. But mothers usually feed babies to avoid spilling and wasting food. A utensil such as a spoon, or just a clean hand, may be used to feed a child, depending on the culture. Eating by hand is common in many cultures, and children may be given solid pieces of food to hold and chew on, sometimes called “finger foods”. It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.

Table 5.5 Mode of Baby feeding

Mode of feeding	No. of babies	Percentage (%)
Hands	31	27.68
Spoon	52	46.43
Both	29	25.89
Total	112	100%

Source: Field survey 2077

As shown in table 5.5, 46.43 percent babies were feed using spoon. Thereafter, feeding using hand was by 27.68 percent and then both by 25.89 percent. Bottle feeding practice for feeding lactogen and animal milk was found among 35 respondents. This show westernization or modernization behavior of people of urban settlement. Bottle feeding and lactogen feeding are more common in western societies than in traditional modern society.

5.6 Sanitation and Hygiene while feeding

Clean drinking water, hygiene and sanitation play important role in maintaining health. Contaminated water leads to diarrhea, abdominal discomfort and other diseases. Hand washing is the best measures of preventing many illnesses.

5.6.1 Source of drinking water and purification method

Table 5.6.1 Source of drinking water and purification method

Source	Frequency	Percentage (%)
Tap	52	46.43
Jar	46	41.07
Spring	13	11.61
Underground water	1	0.89
Total	112	100%
Purification methods		
Boiling	89	79.46
Filter	5	4.46
No any	18	16.08
Total	112	100%

Source: Field Survey: 2077

As shown in table 5.6.1, tap water was most common source of drinking water used for baby which was 46.43 percent, followed by jar water (41.07 percent). Common method of water purification used is Boiling (79.46 percent). Most mothers provide babies with boiled water. Some prefer using jar water and just make it warm and provide to babies. 13 mothers were using spring water which is considered naturally cool and clean.

5.6.2 Hand hygiene practices

Hand hygiene is the best way to avoid germs and prevent illness in babies. Microbial contamination of complementary foods is a major cause of diarrhoeal disease, which is particularly common in children 6 to 12 months old. It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.

Table 5.6.2 Hand washing before preparing food and feeding babies

Hand washing	**Frequency**	**Percentage (%)**
Before preparing food		
Soap and water	38	33.93
Only water	74	66.07
Before feeding baby		
Soap and water	33	29.46
Only water	79	70.54

Source: Field Survey 2077

As shown in the table above, 66.07 percent mothers wash hands only with plain water while preparing food and while feeding babies 70.54 percent wash hands with just plain water.

5.6.3 Storage of food

Safe preparation and storage of complementary foods can prevent contamination and reduce the risk of diarrhea.

Table 5.6.3. Practices related to storage of food among respondents

Storage	Frequency	Percentage (%)
Air tight container	64	57.14
Packet itself	29	25.89
Normal plastics	9	8.04
Not applicable	10	8.93
Total	**112**	**100%**

Source: Field Survey 2077

As shown in the table, half of the mothers store food items like Sarbottam pitho, cerelac etc on airtight container (57.14 percent). It prevents early degradation of food products.

5.6.4 Hygienic management of leftover foods

Bacteria multiply rapidly in hot weather and more slowly if food is refrigerated. Larger numbers of bacteria produced in hot weather increase the risk of illness. When food cannot be refrigerated it should be eaten soon after it has been prepared (no more than 2 hours), before bacteria have time to multiply.

Table 5.6.4 Practice of hygienic management of leftover food among respondents

Management	Frequency	Percentage (%)
Good	71	63.39
Poor	41	36.61
Total	112	100%

Source: Field Survey 2077

As shown in the table 5.6.4, Out of 112 mothers, 63.39 percent mother have proper practice on management of leftover foods. They usually do not feed babies by warming leftover food. Every time fresh food is prepared and served within 2 hours.

5.6.5. Practices regarding cleaning of feeding utensils

A child should have his or her own plate or bowl so that the caregiver knows if the child is getting enough food. A utensil such as a spoon, or just a clean hand, may be used to feed a child, depending on the culture. The utensil needs to be appropriate for the child's age. Many communities use a small spoon when a child starts taking solids.

Later a larger spoon or a fork may be used. The use of bottles with teats to feed liquids is more likely to result in transmission of infection than the use of cups, and should be avoided. All utensils, such as cups, bowls and spoons, used for an infant or young child's food should be washed thoroughly.

Table 5.6.5 Practices regarding cleaning of feeding utensils

Cleaning method	**Frequency**	**Percentage (%)**
Boiling feeding bottle and utensils	35	31.25
Normal wash	67	59.82
Rinsing with boil water	10	8.93
Total	112	100%

Source: Field Survey 2077

As shown in table 5.6.5, 59.82 percent of the respondents just wash utensils used for babies normally without additional cleaning. There is not much practice of making separate utensils for babies and boiling those (31.25 percent). Those mothers who use feeding bottles to feed lactogen, animal milk etc only boils those bottles. Five mothers added utensils along with bottle while boiling during early weaning days.

CHAPTER SIX

FACTORS FOR SOCIALIZATION OF MOTHERS ON BABY FEEDING

Socialization is the process of learning group norms, habits and ideas. Imitation, Suggestion, identification and language are process of learning. Imitation is copying by an individual of action of other. Suggestion is the process of communicating information.

6.1 Family and Relatives as source of Information

Home is generally considered as first school and family as first teacher. Regarding baby feeding mother's have received ideas by imitating from their sister's, in-laws and neighbors. Likewise, listen to the suggestions from their own mother, mother-in- law and aunty. Also ask their friends about their personal experiences. They use their own past experiences in second or third babies.

Table 6.1. Family and Relatives as source of information on baby feeding

Ideas received from relatives and family (main source)	**No. of babies**	**Percentage (%)**
Mother	26	23.21
Herself (Past experiences and learning)	24	21.43
Mother –in -law	20	17.86
Father-in -law	2	1.79
Husband	1	0.89
Siblings	13	11.61
Aunty	2	1.79
Sister in law	6	5.36
Friends	9	8.03
Neighbor	9	8.03
Total	112	100%

Source: Field survey 2077

As shown in the table 6.1, whenever mother needs ideas on baby feding, she refers to her own mother (23.21 percent). Mother's use her own past experiences and new learned ideas on baby feeding. She is sole decision maker (21.43 percent). Thereafter, she follows ideas given by mother-in-laws, siblings (sister's), sister-in-laws, friends, neignbours etc.

6.2 Social media's used by mothers

Social medias have been widely used these days for spreading health related messages and information. The main advantage of using social networking sites is that they enable interaction between provider and receiver. Mother's seeking information on breastfeeding, baby foods, selection of food items etc. find information in simple understandable language and practical information based on experience of provider. Out of 112 mothers, 60 donot use any social media for information related to feeding babies.

Table 6.2 Showing Social Media's used by mothers for information on baby feeding

Social media	Frequency	Percentage (%)
Youtube	30	57.70
Facebook	10	19.24
Tiktok	5	9.61
Newspaper/Magazine	5	9.61
Radio/ F.M	1	1.92
TV	1	1.92
Total	52	100%

Source: Field Survey 2077

As shown in the table 6.2, Out of 52 mothers who use social media for information on baby feeding, mother's mainly use You tube (57.70 percent) followed by facebook (19.24 percent), Tiktok (9.61percent), Newspaper/magazine (9.61 percent) for information on baby feeding.

6.3. Health professionals as source of Information

Health professionals, hospitals are responsible for health promotion and dissemination of proper messages on baby feeding practices. Encouragement and positive words by health professional are more powerful and have more influence on behavior of mother.

Table 6.3 Health professionals as source of Information

Source	No of mothers	Percentage (%)
Doctor/ clinic	10	22.22
Nurses	10	22.22
FCHV/ Social mobilizer	6	13.33
Health post	6	13.33
Medical hall/ pharmacy	7	15.56
Other health worker	3	6.67
Suhara training	3	6.67
Total	45	100%

Source: Field survey 2077

As shown in table 6.3, only 45 mothers have received information on baby feeding from health professionals. Out of which, 22.22 percent of the mothers received information from doctors in hospitals and clinics. Likewise nurses in hospitals and clinics 22.22 percent. Others received from nearby medical shops/ pharmacy, health post during immunization visit, FCHV/social mobilzer and some have received Suhara training organized by some organization. Respondents also practice seeking advices on phone from relatives who are medical professionals.

6.4 Culture and Tradition as a factor for socialization

Social cultural beliefs and practices dictate behavior and practices of the people hence they influence feeding practices. Traditional customs, beliefs or methods are ones that have existed for a long time without changing. They add a new level of complexity to ethical deliberations. They incorporate the religious, spiritual and /or traditional principles that characterize a local population. Cultural beliefs and taboos i.e. food taboos/restriction, beliefs associated with certain foods, have a strong influence on

infant feeding and undermines optimal infant feeding practices; breastfeeding and complementary feeding

Table 6.4.1 Traditional beliefs and practices prevalent among respondents

Beliefs/ Practices	**Yes**	**No**
Beliefs of Hot and cold food items.	59 (52.68%)	53 (47.32%)
Belief that pre-lacteal food should be given at birth	2 (1.79%)	110 (98.2%)
Do not to feed Colostrums	5 (4.46%)	107 (95.54%)
Belief on Evil eyes while feeding babies openly in front of people	30(26.79%)	82 (73.21%)
Throwing initial some portion before feeding baby	24 (21.43%)	88 (78.57%)
Sukenas caused by evil eyes or touch of pregnant	30 (26.79%)	82(73.21%)
Weaning ceremony practiced	68 (60.71%)	44 (39.29%)

Source: Field Survey 2077

As shown in table 6.4.1, 52.68 percent of the respondents believe on hot foods and cold foods. They avoid foods like banana, curd, apple, spinach, juice etc on cold days. Likewise, honey, grapes, litchi and mango on summer days as hot foods. Some believe cow milk as hot and avoid to babies. Practice of pre-lacteal food like honey given as first sweet feed to newborn is very minimal. Pre-lacteal foods are not considered good for newborns. 98.2 percent respondents do not practice pre-lacteal feeding. Two of the respondents provided honey as pre-lacteal feed to their babies.

Colostrums give high immunity power to children in their whole life. In some communities, culture and traditional norms hinders feeding colostrums. 95.54 percent mothers feed colostrums to their babies.

26.79 percent of the respondents believes in existence of evil eyes (*chokha laanu or aakha laaunu*) and avoid feeding babies openly. It is considered that if someone sees baby eating or baby's food and waters his/her mouth (drooling) then the child suffers from chokho. 21.43 percent respondent practice throwing some portion of food before feeding to remove evil eyes.

Generally, thin and lanky child are considered to suffering from Sukri. 26.79percent believe sukenas as caused by evil eyes and touch of pregnant ladies. 68 respondents provided food to their babies only after weaning ceremony. Others believe ceremony as not good for babies (fapdaina). Some consider tasting baby with food on naming day.

On conducting face to face interview with respondents, mother's belonging to Brahmin family, were found with beliefs like while feeding babies openly infront of other people, babies will give up eating due to evil eyes. So it is better to feed babies inside house. Respondents practice spitting before feeding, throwing some portion or touching plate to leg if evil eyes see while feeding babies. One of the respondent believe that during menstruation if unmarried lady touch baby, s/he will catch sukenas. Only solution for this is tieing thread of mother's cloth on baby's body. Respondents also believe that when baby does not eat properly, they are suffering from Runche which is treated by fukney by spiritual people.

On some families with grandmothers, mother's get advices like Feeding large amount at a time (less frequent) is better for babies. No need of frequent feeding. Giving all type of food at young age will help them accept all food otherwise they will dislike later. Making habit of adult food like maize, aato is good for baby. One of the respondent shared stories of her grandparents time, babies were only breastfed for 1 year. Thereafter dal bhat was served for four times in a day.

Mothers of Magar family believe that if baby don't eat food, putting on jantar, fukne, kauda badni for sukenas baby. For evil eyes, black tika on forehead and fisherman net on abdomen.

Mother of Rajput family believe, if child is taken to relatives place for first time and relative offer food, food is tasted by guardian first and then only given to child (suspicious). If runche or sukenas happens, chilly, mustard seed and ajwain is put on fire after circling child on Sunday and tuesday.

6.5. Feeding Rituals/ Weaning

Weaning ceremony or pasni or annaprasan is a ritual conducted to feed baby with complementary food along with breastfeeding. Based on socio-economic status of family, there is also trend to give party on party palace after ritual at home. It is generally done at 5 months for girl child. Likewise at 6 months for boy child. 60.71 percent mothers practiced pasni/ weaning ceremony for their babies. Rest of them considered feeding on nwaran/ naming day (Fapdaina). Three respondents revealed that, they performed weaning ceremony of previous child at party palace but Covid 19 this time disturbed their plan.

On Brahmin and chhetri family, it was found that Puja is done by pandit. Variety of food are cooked and just tasted to baby. Usually on 5^{th} month for girl and 6^{th} month for boy. Six respondents shared that they took baby to temple, worship god and then feed at home. Almost all fix date with jotis/ pandit. A 36yrs respondent said, "On the day of my sons weaning ceremony 1 mana rice was cooked on separate tauli for baby. All of it was placed on Charesh plate/ silver plate and little amount tasted to baby using silver spoon. All varieties of food prepared are tasted."

On Magar family, one respondent said she prepared month wise rice (5 mana /6 mana) based on baby gender. Local kukhura (sapeta) was cooked separately. Both were tasted to baby. New white daura surwal is worn by baby both male and female. On Another family one mana rice, meat, egg and other varieties were prepared and tasted to baby.

A 31 years respondent living in extended Gurung family said "On weaning day of my daughter, I prepared kheer along with meat, egg, and other varieties. Curd, sugar and fruit mixture is a must. All these are tasted to baby. Locally prepared alcohol is also tasted to baby by the eldest member of the family as its our traditional practice."

A 34 years respondent from Rai family said, " My mother-in-law cooked 1 mana rice along with other food varieties on my sons pasni and feed by bird (Maina) beak. There is a belief that baby speaks fast and fluently like bird Maina."

6.6 Beliefs on Hot and Cold food items

As it is the most common beliefs among mothers while feeding babies and selecting food items. Food items avoided as cold were Banana, Curd, Orange, Juice, freeze items, Ice-cream, Apple, Cucumber, Spinach and bottle guard as vegetables etc. Cold milk, cold water and most of fruits are avoided in winter season and rainy days.
Likewise food items avoided as hot foods were Honey, Mango, Litchi, Horlicks, Carrot, Coconut, Grapes, Cow milk on summer days. This belief was found prevalent among 59 (52.68 percent) respondents.

Case- A 33years mother of Poudel family verbalized she avoids fruits during winter as her children catch cold. She says " *jado mahina laagesi ta ma falful kinera lyaudina….dekhe pachi kta kti khana khojchan…diyo bhaney chiso laagcha*…."

CHAPTER SEVEN

MAJOR FINDINGS AND CONCLUSION

7.1 Key Findings

Among one hundred twelve (112) respondents who participated in the study, all were mothers having children of age group 6 months to 24 months living in urban settlement of pokhara-5. The major findings of the study were:

- Major four caste groups are identified among the respondents. This is the typical feature of Nepali society in which there is unity among diversity. 36.6 Percent mothers belong to ethnic group Brahmin followed by Chhetri (22.32 percent), Dalits (18.75 percent), Janjati (17.86 percent) and others (4.47 percent).
- Respondents of age group 21-34years were 84.82 percent, 20yrs and smaller were 9.82 percent and rest 5.36 percent were of 35 years and above.
- Out of 112 Mothers, most of the mothers were educated till secondary level, 26.78 percent. 24.11 percent were Bachelor degree holder. Mothers have even achieved higher education of Masters Degree, 8.93 percent. Remaining 3.57 percent mothers can read and write. 4 mothers were able to read and write but not received formal education. There were no any illiterate mothers.
- 70.54 percent mothers were Home maker. Many of them revealed that they left their job for the up-bringing and caring of their babies. Others were involved in service 16.97 percent, Business 11.60 percent and farming 0.89 percent. Home makers stay at home with their in-laws, mothers, aunties etc for longer time and socialize more easily. Non-agricultural occupation was popular among respondents in urban area.
- 64.29 percent of the babies belong to age group 13 months to 24 months. 52.68 percent of all the babies were male by gender.
- Out of 112 babies, 70 were first born child to their parents. For a first time mother, feeding practices influenced by tradition becomes new things to learn and explore.
- Family wise distribution of respondents showed 57.14 percent of respondent belong to single family. Respondents with monthly income of less than fifty thousand were 57.14 percent.

- Husband's occupation of respondents showed more were Job holder (28.58 percent) , followed by Business(25 percent), Daily wage(18.75 percent), Foreign employment (13.39 percent) etc.
- Exclusive breastfeeding was not adequately practiced by mothers as it is only 63.39% of study population who exclusively breastfeed till 6 months.
- First time mothers find baby feeding confusing as when and how to introduce solid foods continuing with breastfeeding. Only 86.6% mothers continued breastfeeding till 2years.
- 55.35 percent of the mothers practiced weaning at 6 months. While solid foods were introduced first between 6 months to 8 months among 86.6 percent babies.
- It was mother herself who was responsible for baby feeding most of the times, 75 percent.
- Selection of locally available food items by mothers showed, babies were provided with Jaulo (81.25 percent), lito (63.39 percent), cerelac (64.29 percent), fruit puree (60.71 percent), potato (57.14 percent), rice pudding (38.39 percent), cereals (40.18 percent) etc
- Commercial foods like biscuits (64.29 percent), chips(63.39 percent), cheese balls(66.96 percent) etc are almost equally served as locally available foods.
- Extra nutritious food like eggs is served regularly to 65.17 percent babies. While other food items like meats, nuts (almonds, kaju, okhar) are minimally provided to babies.
- 36.61 percent mothers serve cooked food brought from outside like momo, chowmein etc to their babies.
- 39.29 percent babies are provided with Regular family food at the age of 9-12 months while weaning started on 5 months for baby girl and 6 months for baby boy in all ethnic groups.
- Out of 112 babies, 52 were feed by spoon followed by 31 babies with hands and 29 were feed by both hand and spoon.
- Main source of drinking water used was tap (46.43 percent) and method of purification was boiling among 79.46 percent.
- Hand washing with soap and water is minimally practiced. 33.93 percent wash hand with soap and water before preparing food while 29.46 percent wash hands with soap and water before feeding babies.

- Storage of food was done in Air tight container by 57.14 percent mothers, management of leftover food was found good among 63.39 percent respondents.
- Cleaning of feeding utensils was done by Normal wash (59.82 percent). Those using feeding bottles only boil those bottles (31.25 percent).
- New mother's socialize on baby feeding through their mother's suggestions (23.21 percent) and mother-in laws advices (17.8 percent). Second and third time mothers from their own past experiences (21.43 percent). Some have observed their sister (11.61 percent) and sister in-laws practices (5.36 percent). Others seek advices from friends (8.03 percent), aunties and neighbours (8.03 percent).
- Mother also learn about selection of food items, preparation through social medias like You tube (57.70 percent), facebook (19.24 percent), tiktok (9.61 percent) etc.
- Mothers also consider Health professionals as source of information. Especially they get advices from doctors (22.22 percent), nurses (22.22 percent), FCHV /social mobilizer (13.33 percent), health post (13.33 percent), & medical/pharmacy (15.56 percent).
- Traditional beliefs like Hot and cold food is prevalent among 52.68 percent of the study population
- Belief that pre-lacteal foods should be given at birth has nearly been removed as 98.2 percent do not believe this. Likewise not feeding colostrums has also reduced as 95.54 percent said it is wrong practice.
- Belief on Evil eyes while feeding babies openly in front of people (*chokho laagne*) was practiced by 26.79 percent. Throwing some portion of food before feeding (*chokho hataune*) was practiced by 21.43 percent.
- Sukenas, (which is severe form of Malnutrition) was believed to be caused by evil eyes and touch of pregnant is prevalent among one third of the study population (26.79%). They practice Fukney, cauda badni, jantar badni etc.
- Weaning ceremony is done by 60.71%. Most of them with family members only at home. Some revealed they threw party on their previous baby's weaning ceremony and this time Covid 19 disturbed their plan. Rest who donot perform ceremony said "*fapdaina", "nwaran ma jutho lagako"*

7.2 Conclusion

This study was conducted to find out the baby feeding practices of urban mothers and socialization factors affecting feeding among 112 mothers of babies from 6 months age to 2 years of urban area, Malepatan, Pokhara-5. This study was based on primary data collected using questionnaire and interview in Urban health clinic. This study was based on descriptive cross-sectional study design.

Feeding practices refers to both exclusive breast feeding and continuing breast feeding after complementary feeding, also selection of food stuff on complementary feeding. Study findings show mothers leaving jobs for rearing and caring of babies and staying at home as home- maker. Giving importance to family and children is significant social change. There is a great need for supporting new mothers on Exclusive Breast Feeding till 6 months. And, continuing breast feeding along with complementary feeding till 2 years of age. Increasing trend of using lactogen formula and bottle-feeding practice in the name of westernization / modernization is actually a negative socialization seen in urban settlement.

The trend of giving fast foods and ready to eat foods is increasing among mothers in the name of busy schedule are unhealthy practices. Selection of food items based on nutritional values and local availability need to be taught mothers. Babies growing with grandparents and learning traditional feeding practices, food taboos and beliefs are precious moments. Babies sharing *kodo ko kholey, dhido, makai ko aato* etc with grandparents signify tradition being transmitted through generations. These food items have good nutritional values as well. Programs on Baby feeding and nutrition awareness need to be provided to mothers in community regularly. Awareness on harmful effects of commercial foods like chips, cheese balls, biscuits, tea etc on babies' health condition is to be created. Hand washing before preparing food and before feeding babies should be done with soap and water thoroughly. Many mothers have started complementary food before 6 months which shows lack of knowledge.

Our culture and tradition has taught mothers to socialize on baby feeding as in all ethnicity weaning is practiced at 5 months for baby girl and 6 months for baby boy. Varieties of food items are needed on weaning day which signifies that babies need

nutrients from each food groups. The wrong practice of throwing colostrums is almost about to end. This signifies unidirectional social change on feeding behavior.

Beliefs on evil eyes and sukenas are deep rooted. Sukenas is actually due to lack of proper balanced diet to babies. Traditional beliefs and practices should be changed through awareness campaigns, role plays and dramas. Behaviour change communication might turn effective. Traditional practice of tasting alcohol to 6 months baby prevalent among Gurung was quite unique but not beneficial for babies. Meanwhile feeding using 'Mainas' beak has no harm rather more cultural significance as it is associated with child speaking fluently as Maina bird.

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ANNEX I

QUESTIONNAIRE on Socialization of Mothers on baby feeding Practices

Code no:

Sample of Consent Form

Individual Informed Consent Form

Hello, I am Sandhya Baral a Master student of Prithvi Narayan Campus in Pokhara. I am a sociology student by background and doing research on Socialization of Mothers on Baby feeding Practices. You are chosen as one of the participants in this study. All the information will provide you kept private and confidential. Your name will not be entered and published in any form. The answer that you provide will not be judged right or wrong or penalized if you disagree to participate. You are allowed to stop me or skip the question if you do not want to answer.

Your participation is voluntary. Your experience might help to change the lives of other mothers in the country as well as uplift the quality of health service. The information gathered from this research would be only used for research purpose and not be used for personal purpose.

Do you want to ask anything before we proceed?

This interview will take 30 minutes to complete and will be taken separately. Do you agree to be interviewed?

Agreed to participate ( ) Did not agree to participate ( )

To be signed by the interviewee

I agree that I have read this consent procedure to the participant.

Signature/Date

THANK YOU

A. Socio-demographic Profile

a) Ethnicity:
b) Mother's Age:
c) Babies Age:
d) Sex of Baby:
e) Type of family: Single Joint Extended
f) Level of Education of Mother:
g) Occupation of Mother:
h) Source of Family Income: (Amt-)
i) Birth order : a. 1st b. 2nd c. ≥3rd

B. Feeding Practice :

Q.No.1. Are you still breastfeeding?

a. Yes b. No

Q.No.2. How long did you exclusively breastfeed your baby?

Ans ……

Q. No. 3. When did you first introduced solid foods to your baby?

Ans …… Months

Q. No. 4. Who feeds to your baby most of the time?

a. Baby Himself/ Herself d. Father

b. Mother e. Grandfather

c. Grandmother f. Others……(specify)

Q. No. 5. What local weaning food do you give to your baby?

i. Jaulo a. Yes b. No

ii. lito (sarbottam pitho) a. Yes b. No

iii. Rice pudding a. Yes b. No

iv. Cereals mashed a. Yes b. No

v. Mashed apple a. Yes b. No

vi. Mashed potato a. Yes b. No

vii Any Others ……..……..

Q.No. 6. What commercial food do you give your baby?

i. Cerelac a. Yes b. No

ii. Biscuits a. Yes b. No

iii. Noodles a. Yes b. No

iv. Chips a. Yes b. No

v. Choclates a. Yes b. No

vi. Cheese balls a. Yes b. No

Vii Any Others……

Q.No. 7. How many times do you give solid foods in a day?

Ans……..

Time 1st ……. 2nd…….. 3rd…… 4th……

Food …… …… …… ……..

Q.No.8. When did you introduce regular family food for your baby?

Ans ……..

Q. No. 9. Does your child share plate with other family members?

a. Yes b. No

Q.No 10. Do you feed cooked food from outside to your baby? (momo, chowmein)

a. Yes b. No

Q. No. 11. Do you provide extra supplement of nutrients like Calcium biscuits, Horlicks, fish oil, Vit B complex?

a. Yes b. No

If yes, specify……..

C. Factors of Socialization

Q.No.12. Whose ideas are followed to feed Baby?

a. Grandmother b. Mother

c. Maternal Grandmother d. Siblings

e. Others…….. (specify)

Q.No.13. Do you follow food guide and advices on social media (facebooks, You tube, newspaper, TV, radio, magazines)?

a. Yes b. No

Q. No 14. Have you ever received any advices from health clinic staff/nurses/ doctors on weaning foods?

a. Yes b. No

Q.No.15. Do you ask any other mothers/ friends on society regarding foods they feed and modify your practice?

a. Yes b. No

Q.No.16. Do you avoid food items based on belief of Hot and cold food (eg. Spinach, banana)?

a. Yes b. No

Q. No.17. Food items you avoid for your baby?

Food items Reason

Traditional Beliefs and Practices

Q. No.18. Did you believe in giving pre-lacteal food (honey, animal milk, herbs, water) after birth before breastfeeding?

a. Yes b. No

Q.NO. 19. Did you believe on 'Not feeding colostrum- it is bad for baby'?

a. Yes b. No

Q.No.20. Do you believe on Evil eyes and avoid feeding baby in-front of other people?

a. Yes b. No

Q. No. 21. Did you practiced expressing initial breast milk before every feeding to avoid evil spirit?

a. Yes b. No

Q. No. 22. Did you performed any Weaning Ceremony for your baby?

a. Yes b. No

i. If yes, at what age?.....

Q. No. 23. Are there any differences on rituals between male and female baby in your society?

a. Yes b. No

i. If yes, what is it?.....

Q. No. 24. Are there any differences on male and female regarding food amount to be provided and weight gain pattern?

a. Yes b. No

if yes, specify…….

Q.No. 25. Do you believe Runche/sukenas is caused by evil spirit or being touch by pregnant?

a. Yes b. No

ANNEX II

OBSERVATION CHECKLIST

SN	ITEMS
1	Handwashing before food preparation
2	Handwashing before feeding
3	Source of water used……..and treatment given (boiling/chemicals/ No)
4	Cleaning of feeding utensils
5	Food storage method (Clean/Unclean)
6	Management of left-over food…….. Good/ Poor
7	Risk of Contamination of food by germs (boiling of utensils, place of keeping utensils)
8	Mode of feeding (hand/spoon)

Interview Guide:

a. Food choices/ Taboos

b. Traditional beliefs and Practices

c. Feeding ritual/Weaning ceremony