

ORIGINAL ARTICLE

Exploring Breastfeeding Practices and Influencing Factors Among the KOL Tribe in Uttar Pradesh: A Mixed-Methods Study

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ABSTRACT

Introduction: Breastfeeding is crucial for infant health, yet challenges persist in promoting early initiation and exclusive breastfeeding, particularly among marginalized communities like the KOL tribe in Uttar Pradesh. This study aimed to understand breastfeeding practices among the KOL tribe and identify factors influencing these practices. **Methods:** A mixed-methods approach was employed, involving quantitative data collection through pre-designed questionnaires and qualitative in-depth interviews with KOL tribe mothers. Sampling included random selection, and data analysis was conducted using SPSS for quantitative data and QDA minor lite software for qualitative data. **Results:** Socioeconomic challenges were prevalent among the KOL tribe, with most women being illiterate and engaged in manual labour. Breastfeeding practices varied, including delayed initiation, reliance on cow/goat milk, and misconceptions about colostrum. Health care utilization was limited, with home deliveries common due to family incompletion. Despite challenges, community support for breastfeeding was reported, and mothers felt comfortable breastfeeding in public. **Conclusion:** The study underscores the influence of socio-economic factors, cultural beliefs, and limited awareness on breastfeeding practices among the KOL tribe. Targeted interventions focusing on education, community engagement, and improving healthcare access are crucial for promoting optimal breastfeeding practices and improving infant health outcomes in marginalized communities.

KEYWORDS

Breastfeeding; KOL Tribe; Tribals; India; Mixed-Method Research; Food Fads

INTRODUCTION

Breast milk provides optimal nutrition and ensures the growth and development of newborns. Early initiation of breastfeeding

within an hour of birth reduces the risk of death by 22%. (1) The Global Strategy for Infant and Young Child Feeding aims to have at least 50% of babies exclusively breastfed for the first

six months by 2025 to increase public support for breastfeeding.(2)

Despite efforts at national and international levels, the National Family Health Survey-5 (NFHS-5; 2019-21) indicates that only 41.8% of infants are breastfed early, while exclusive breastfeeding rates are at 63.7%. (3)

Previous studies have reported decline in neonatal deaths if breastfeeding was initiated early. (4,5)

Various socioeconomic factors like wealth, rural-urban location, and region of residence, as well as psychological status and literacy can significantly influence the breastfeeding practices, and these factors vary across different communities. (6–10)

Tribal communities face physical, cultural, and socioeconomic differences that leave them at a disadvantage. Over 40% of under-five tribal children in India suffer from stunting, with 16% severely affected, in spite of extended periods of breastfeeding. This underscores improper feeding practices. (11–13)

With this backdrop, it was aimed to explore the infant feeding practices among the KOL tribes of Chitrakoot, Uttar Pradesh.

The Kol tribe, a significant tribal community in Uttar Pradesh and Madhya Pradesh, primarily resides in the Chitrakoot district, generating income from forest product gathering and selling. (14,15)

A mixed-methods approach was chosen to comprehensively investigate infant feeding practices among the KOL tribes of Chitrakoot, Uttar Pradesh. Quantitative methods captured specific aspects like early initiation of breastfeeding, breastfeeding duration, colostrum acceptance, and prelacteal feeds. Alongside, qualitative studies explored cultural influences and traditional beliefs shaping these practices.

Objective:

- To investigate perceptions and practices related to early breastfeeding initiation and exclusive breastfeeding within the Kol Tribes community.
- To evaluate the understanding of breastfeeding practices among Kol Tribes women, and identify factors influencing these practices.

MATERIAL & METHODS

Study type & study design: This research employed an observational study of mixed-method design. The study encompassed quantitative data collection through a questionnaire and qualitative data gathering via in-depth interviews.

Study setting participants and duration: The study was conducted in the Manikpur block, Chitrakoot district, Uttar Pradesh to investigate infant feeding practices among KOL tribe mothers, over a one-year period.

Sample Size Determination and sampling: Quantitative sampling utilized a formula derived from Stillers et al(13), where it was found that 75.5% of mothers initiate breastfeeding within the first hour after delivery. Using the formula $n = [Z^2_{1-\alpha} / 2p(1-p)] / d^2$, with $P=75.5\%$ and $d=5\%$, the final sample size was determined to be 211, with an additional 5% allowance for non-response. For qualitative interviews, a total of 20 in-depth interviews (IDIs) were conducted, determined by data saturation and repetition of key themes. Additionally, three Auxiliary Nurse Midwives (ANMs) were interviewed to supplement understanding of feeding practices.

Random sampling was employed for case selection.

Inclusion and Exclusion criteria: All mothers with at least one child were eligible for inclusion, with exclusions for unwillingness to participate, lack of consent, or unavailability during home visits.

Data Collection Technique and analysis: Data collection utilized a semi-structured questionnaire and interview guide. Prior to participation, individuals were briefed on the research aims and provided written informed consent. Interviews commenced with quantitative questionnaires, followed by in-depth qualitative interviews. All qualitative interviews were audio-recorded with participant consent, transcribed, and translated into English for analysis using QDA Minor Lite qualitative software.

Quantitative data was entered into Microsoft Excel, checking for completeness, and were analyzed using SPSS version 22 software. Continuous data were categorized and

expressed as percentages. Associations between categorical data were assessed via Chi-square tests, while continuous-categorical associations were evaluated using t-tests or ANOVA, with significance set at $p < 0.05$.

Qualitative data were analyzed through an inductive approach, involving multiple readings of transcripts to identify emerging themes. A coding scheme was developed iteratively, with categories and subcategories refined for consistency. Data collection and analysis occurred concurrently, with periodic revisions to the interview guide to reflect emerging insights.

Ethical Considerations & Informed Consent:

Before interviews, written informed consent was obtained from all participants, who also consented to audio recording. Data were stored securely and anonymously, with precautions taken to ensure participant confidentiality in any subsequent reports or publications. (Letter No: RMCHRC/ACADEMIC/Ph.D./1989B/04/08/2022 Dated 04.08.2022)

RESULTS

The study comprised of reproductive-aged KOL tribe women. Most (52.3%) were between 26-35 years old, with an average age of 27.5. Homemakers were the largest profession (52.3%).. Over 83.9% were illiterate, with those who claimed education having minimal reading and writing skills. Family size was large, with nearly 40% having 3-5 children. Early childbearing was common, with 62.8% delivering their first child at 15-18 years old and 5% even younger. [Table 1]

Table1: Background characteristics of study participants of KOL tribe [N=218]

Background characteristics	Frequency	Percentage (%)
Mean age*/ Age categories	27.5 (+/-6.32)*	
<18 years	2	0.9 %
18-25 years	86	39.4 %
26-35 years	114	52.3 %
36-45 years	16	7.3 %
Marital status		
Married	213	100%
Occupation		
Homemaker	114	52.30%
Labourer	71	32.60%
Wood cutter	33	15.10%
Education		

Background characteristics	Frequency	Percentage (%)
Illiterate	183	83.9 %
Primary	35	16.1 %
Reproductive history of the mother		
Mean Number of children	3 (+/-1.6)*	
1	34	15.6 %
2	70	32.1 %
3 to 5	87	39.9 %
>5	27	12.4 %
Mean age of mother at first child birth	17.9 (+/-1.64)*	
Less than 15 years	11	5.0 %
15- 18 years	137	62.8 %
18-20 years	70	32.1 %
Mean age of First child	9.58 (+/-6.77)*	
Less than 1 year	13	6.0 %
1 to 5 years	61	28.0 %
6-10 years	144	66.1 %

*mean (+/-standard deviation)

KOL tribe infant feeding practices showed a mix of breastfeeding (56.4%) and animal milk (42.7%) for newborns. While most received breastmilk, only 16.1% started immediately after birth. Over a third (30.7%) discarded colostrum due to cultural beliefs about it being unclean. Breastfeeding duration was good, with 43.1% lasting 2 years, but knowledge of its benefits was absent. Initial milk production issues affected 85.3% of mothers in the first few days.

Table 2: Details of Feed given to neonates after birth in KOL Tribe [N=218]

Details of Breastfeeding	Count (n)	Percentage (%)
What was the baby fed after birth		
Breast milk	123	56.4 %
Goat/Cow	93	42.7 %
No milk given	2	0.9 %
When was breastfeeding established		
After 1 hour	183	83.9 %
Between 30 minutes and 1 hour	35	16.1 %
Was the colostrum given to baby		
No	67	30.70%
Yes	151	69.3 %
Feed given to baby in first 6 months		
Both breastfed and Cow/Goat milk	91	41.7 %
Breastfed	127	58.3 %

Details of Breastfeeding	Count (n)	Percentage (%)
Duration of breastfeed		
8 months	6	2.8 %
12 months	22	10.1 %
18 months	47	21.60%
2 years	94	43.1 %
2.5 years	25	11.5 %
Still ongoing	24	11.0 %

Despite a lack of planning (90.9% didn't plan), most KOL mothers breastfed (56.4%). Among

those who planned, affordability of cow/goat milk was the primary driver (68.4%). Skin-to-skin contact was uncommon (16.5%), with nurses providing most assistance (54.3%) when practiced at hospitals (50.6%). Post-partum visits by health workers (ASHA) were limited (26 women), but those who received visits were more likely to practice exclusive breastfeeding (p 0.004). None of the mothers reported issues breastfeeding in public. [Table 3]

Table 3: Assistance received by KOL mothers to initiate breastfeeding [N=218]

Steps taken for breastfeeding initiation	Count (n)	Percentage (%)
Did you plan how to feed him/her in the first six months		
Planned to breastfeed	20	9.17%
Did not plan	198	90.83%
Reason for planning		
Couldn't afford cow or goat milk	13	68.42%
Informed by hospital staff	6	31.58%
Whether skin-to-skin contact with your baby after he/she was born(in the first hour after they were born)		
Can't remember	1	0.5 %
No	181	83.0 %
Yes	36	16.5 %
Assistance was received from		
Friends/ Relatives	16	45.70%
Staff Nurse	19	54.30%
Who helped you when you faced difficulties while breastfeeding		
Friends/Relatives helped me	30	13.8 %
I didn't have any problem	158	72.5 %
No help given	30	13.8 %
Has ASHA visited you after you left the hospital		
Yes	26	11.9 %
No visit in the first two week	192	88.1 %
Frequency of home visits by ASHA		
1	13	50.0 %
2	12	46.2 %
3	1	3.8 %
Ever faced problems finding somewhere to breastfeed your baby in a public place?		
No	218	100.0 %
Ever been stopped or made to feel uncomfortable about breastfeeding in a public		
No	218	100.0 %

B. Qualitative result (Table 4):

Theme I: Socio-demographic characteristics and health care facilities compliance of women and KOL community

Mothers of the KOL tribe, facing poverty as daily wage laborers, often carried their breastfeeding babies while working as woodcutters. Multiple pregnancies were common, with some women even breastfeeding two children simultaneously due

to short intervals between births. Interestingly, a few cases observed grandmothers, who were themselves still lactating from recent pregnancies, breastfeeding the babies as well.

Verbatim:

KOL woman: "Didi after completion of every 1 year I used to conceive, very frequently. Hardly 1 year breastfeeding continued else after solid food of 1st baby another baby was ready. I am telling you my story. Not 2 years or 3 years, if

it's 1 year of baby's birth, another baby used to get ready."

Theme II: Breastfeeding Practices

KOL tribe breastfeeding practices revealed some concerning trends. While most mothers breastfed on-demand, there were misconceptions about milk production leading to delayed initiation (often with cow or goat's milk offered first). There was also a lack of knowledge about colostrum's importance. Breastfeeding duration varied from 1 to 2.5 years, with some grandmothers even taking over breastfeeding duties. Interestingly, cost of animal milk was a factor in some switching to mixed feeding. Despite limited knowledge of breastfeeding benefits, all mothers reported using it during their babies' illnesses.

Verbatim: "Didn't breastfeed for 3 days. Gave goat/cow milk for 3 days using spoon. Earlier people used to do like this only. They (Mother-in-law) just used to put milk in the mouth of baby with spoon. Mother-in-law didn't let me feed baby for 3 days."

Theme III: Practices pertaining to colostrum
KOL tribe practices around colostrum were varied. Some mothers fed it to their newborns, while others discarded it entirely, depending on their location and beliefs. Interestingly, some offered the colostrum to the earth as a ritual before feeding the baby, a practice more common in rural areas. Those who discarded it considered it dirty and unfit for consumption.

Verbatim:

KOL woman: "When baby is born at home then custom is that initial milk is offered to earth and then milk is given to baby".

KOL woman: "Few people offer it to God. Dharti Maata is given first. Many people give it to baby otherwise".

Theme IV: Practices to improve breast milk secretion

KOL tribe mothers have unique practices to boost breast milk production. They consume "Pipri" (a food item) and special laddoos made with various ingredients like dry fruits and jaggery. These are consumed frequently for the first few days postpartum, driven by the misconception that breast milk production only begins after the mother eats on the third day after birth.

Verbatim: Anganwadi Worker: Yes, everyone. When mother consumes pipri, milk production starts. They give sithaura (laddoo made of gur).
Interviewer: What is added in those laddoos?
Anganwadi Worker: Saunth (dry ginger), krayal (coconut), haladi, masala, ghee or mustard oil or arsi oil (flax seed oil) whichever is available. Pipri is given definitely on third day in all cases."

Theme V: Diet of Pregnant and Lactating women

The diets of lactating KOL mothers varied greatly. Some reported eating a wide variety of home-cooked foods, while others faced poverty or restrictions from their mothers-in-law, limiting them to just rice, oil, turmeric, or even just roti and salt for the first few days.

Verbatim:

KOL woman: "Neither did she give food to me for 3 days. I could barely get Namak, Roti otherwise she didn't give food for 3 days." "After 3 days, rice cooked with some oil and turmeric was given."

"I used to have roti, chaul, kodo (some grains in forest), sabji, bathua, dhobri (Mahua)."

Theme VI: Health care utilization & VII: Community support in sustaining Breastfeeding practice

KOL mothers primarily delivered at home, with some instances even happening in fields. Despite some women seeking treatment for mastitis, most healthcare utilization was limited.

Family support for breastfeeding initiation was lacking, as evidenced by discarding colostrum. However, breastfeeding itself was widely practiced within families, and mothers felt comfortable breastfeeding in public.

Verbatim:

Anganwadi worker: "She had pain in stomach. While coming back, on the way she delivered baby. She wrapped the baby in sweater which she was putting on during that time."

Text: Interviewer: "Why at home? Why didn't you go hospital?"

KOL woman: No one listen there."

The qualitative analysis highlights the socio-economic challenges, cultural beliefs, and varied breastfeeding practices among the KOL tribe. It underscores the impact of poverty, occupational demands, cultural myths, and

lack of awareness on breastfeeding initiation, duration, and types of feed given to infants. Despite diverse practices, there's a common

thread of limited understanding of breastfeeding benefits and reliance on alternative milk sources due to unavailability.

Table 4: KOL Tribe Breastfeeding Practices: Insights from In-Depth Interviews

Themes	Domains	Codes	
Theme I: Socio-demographic characteristics and health care facilities compliance of women and KOL community	Socioeconomic status	<ul style="list-style-type: none"> ● Daily wager ● Poverty ● Agriculture work ● Wood cutter 	
	Woodcutters and breastfeeding	Mothers carry babies to forest	
	Birth Order and Pregnancies	<ul style="list-style-type: none"> ● Repeated and frequent pregnancies ● Birth Order 9 ● Preference for male child ● Two child breastfed simultaneously ● Grandmother breastfed the child 	
	Theme II: Breastfeeding Practices	Initiation of breastfeeding	<ul style="list-style-type: none"> ● Immediately after birth ● 2 hours ● 6 hours ● 12 hours ● 3rd day ● 2 years ● After 1 day
		Frequency of breastfeed in a day	On demand
		Type of first feed	<ul style="list-style-type: none"> ● Breastmilk ● Cow milk ● Goat milk ● Nothing
		Duration of Breastfeed	<ul style="list-style-type: none"> ● 1 years ● 1.5 years ● 2 years ● 3 years ● 5 years ● Breastfeed continued until milk is produced
		Reason for late initiation of breastfeeding	<ul style="list-style-type: none"> ● No milk Production ● Grandmother forbid the mother to breastfeed
		Type of feed in first 6 months	<ul style="list-style-type: none"> ● Breast milk ● Grand mother fed the baby ● Mixed
		Reason for mixed feed	<ul style="list-style-type: none"> ● Breastmilk fed when Goat milk was unavailable
Reason for not feeding goat milk		<ul style="list-style-type: none"> ● Gastroenteritis in baby ● Unavailability of Goat 	
Problem with breastfeeding		<ul style="list-style-type: none"> ● Breast Abscess ● Mastitis ● No problems ● Suckling sensation ● Abscess resolved with initiation of breastfeeding 	
Knowledge about breastfeeding		<ul style="list-style-type: none"> ● Ignorant: Baby starved for first three days ● Aware about Exclusive breastfeeding 	
Whether baby is breastfed if mother is sick	<ul style="list-style-type: none"> ● If breastmilk is produced, baby is fed 		
Theme III: Practices on colostrum	Colostrum acceptance	<ul style="list-style-type: none"> ● Baby fed colostrum ● Discarded 	
	Colostrum ritual	<ul style="list-style-type: none"> ● Offered to God 	

Themes	Domains	Codes
Theme IV: Practices to improve breast milk secretion	Reason for discarding colostrum	<ul style="list-style-type: none"> ● Not practiced ● Practiced in rural area ● Dirty and yellow
	Secretagogues	Badam Chhuara Gur Haldi, saunth, Pipri, chuara, kaju and kishmish Kodai and masala laddu Nuts Pipri 3 times a day for 10 days Before the delivery Milk is produced after consuming meal on chathi
Theme V: Diet of Pregnant and Lactating women	Frequency of consumption of Secretagogues	3 times a day for 10 days
	Misconception about breastmilk production	Milk is produced after consuming meal on chathi
Theme VI: Health Care Utilization	Diet of Lactating mother	<ul style="list-style-type: none"> ● Bathua ● Chaul ● Eveything in small quantity ● Fruits twice in a month ● Home-made food ● Kodo ● Mahua ● Millet-based roti ● Mother-in-law starved the mother ● No grains at home ● Practiced in past ● Rice, oil and turmeric ● Salt n chappati ● Veggies ● Warm water
	Frequency of food in lactation	Once in a day Thrice daily Twice in a day
Theme VII: Community Support	Place of delivery	<ul style="list-style-type: none"> ● Fields ● Home-delivery ● Hospital
	Reason for home-delivery	Ignorance of family members
Theme VII: Community Support	Treatment of mastitis	Medicines from doctor
	Support initiate breastfeeding from family members	No support
	Breastfeeding practice in Family	Practiced by all
	Any hindrance in breastfeeding in public place	<ul style="list-style-type: none"> ● Covered baby in lap ● No hindrance

DISCUSSION

Breastfeeding Practices among KOL mothers: Initiation of Breastfeeding:

Almost all mothers breastfed their babies, but breastfeeding was initiated on the 3rd of birth in most cases. A common misconception regarding colostrum among tribal women was, that the breastmilk is not produced until 3rd day of delivery. Thus, most of the infants were fed goat/cow milk for first 3 days. There was

one instance in which the baby was left starving in absence of goat milk for first three days.

There were only 16% neonates who were breastfeeding within half an hour of birth as per recommendations and colostrum was discarded every 3 out of 10 women.

Verbatim: Whenever milk is produced, baby is fed. Milk starts producing; that yellowish color, after mother start taking meal on Chathi.”

Colostrum Acceptance:

The milk produced on first three days; "Colostrum"; is discarded as it is perceived to be a yellowish, thick, dirty liquid; which is harmful and difficult for the baby to digest. This misconception is widespread across the nation, especially among tribal communities.(1)

Infants should be fed breast milk as soon as possible after birth. Pre-lacteal feedings with animal milk may increase the risk of infection, delay lactation, and impact the amount and quality of breast milk produced, risking hypoglycemia, hypothermia, and acidosis in high-risk, low birth weight infants.(1,2,16,17)

Breastfeeding rates vary among tribal populations in India. In Orissa, 48% of non-Santal and 37.78% of Santal babies were breastfed within six hours.18 Meanwhile, in Adivasi settlements near Bolpur, 93.6% of new mothers began nursing within the first six hours.(13) A study in Jharkhand found that only 29% of tribal women started within an hour, while a study in West Bengal found that 68.5% did.(19,20) In Orissa, while only 37.8% of Santals started within the first six hours, 88.6% of breastfeeding mothers fed on demand rather than a schedule. Most cases continued breastfeeding for over a year (64.7%).(18)

Breastfeeding is a common practice among tribal communities but not an exclusive one. It is a typical tradition to feed the neonates either goat or cow milk before starting them on breast milk. However, prelacteal feeding can cause "insufficient milk syndrome" and put the baby at the risk of infections, particularly diarrheal disorders. (21,22)

The practice of giving colostrum to newborns varies greatly, with 1.6% to 65.0% of mothers discarding it, according to a survey of 17 Indian studies.(23) Similarly, the discard rates ranged between 1 to 60.7% in a review conducted on 11 quantitative studies on Indian tribals.(24) The authors highlighted that traditional beliefs, influenced by elders or culture, led to the rejection of colostrum due to misconceptions such as it being impure, difficult to digest, or causing diarrhea. Colostrum was reported to be wasted in 36% of instances among Jharkhand's tribal women.(19) Rural women in

Assam who were fed colostrum showed a discard rate of 29.5%.(25)

The neonates are fed hot water, sugar-water, honey, mustard oil, tea, or goat/cow milk in order to cleanse their gut of the impurities, they have swallowed in womb. This implies that the tribals are ignorant towards both the importance of the "golden milk" and also, the negative impact of prelacteal feeds.

Diet of Lactating Mothers

Another aspect explored in the study was the diet of the pregnant and lactating mothers. A few mentioned that they used to eat almost everything cooked at their home, while others admitted that they had very little amount and restricted food items like rice, oil and turmeric or chappati and salt. This plight was either because of poverty as they did not have anything to eat or because their mother-in-law forbid them to have anything.

Almost similar findings were reported in a qualitative study in Motipur and Kapgari villages, lactating mothers were given a diet of rice crisps, tea, and hot water for the first three days after delivery. A mid-day meal of rice, boiled vegetables, and lentils was allowed after a purificatory bath, with meat and fish included based on economic status. Certain foods were discarded as harmful, and certain items were avoided due to cultural taboos. These beliefs further deteriorate the already inadequate nutrition of rural women.(26)

Health care delivery system in the community

Further, a sneak peek in the status of healthcare delivery system was explored. The importance of adequate healthcare facility lies in the fact that, with health education, promotion and awareness regarding the importance of health and hygiene, the taboos and traditional beliefs can be replaced with healthy practices. The healthcare facility was inadequate in terms of inaccessibility and unavailability of the resources. The health-seeking behaviour among tribal women was also very poor, with only 32.5% facility-based delivery. Additionally, the women had no decision-making capacity in terms of availing health care facility.

Of the few women who had facility-based delivery, only one-third were visited by ASHA. This home-visit was also not per the norms, which advocates mandatory 5 visits. The first home visit within 24 hours of discharge (Day 1) and the remaining home visits as per HBNC visit schedule i.e. 3, 7, 14, 21, 28 and 42nd day from the day of discharge.²⁷ This presents a dismal picture of the status of health care delivery system. There is no denying of the fact that with the community and health care support, the initiation and continuation of breastfeeding improves. It is observed that the EIBF, colostrum acceptance, skin-to-skin contact, initiation of complementary feeding was significantly better among those either delivering at facility or home-visited by ASHA (all p value <0.001).

The following verbatim summarizes the status of health care delivery system.

Verbatim: “Kol woman: No, No one tell in hospital. Now in hospital they may tell all these things like purpose and use but earlier it was not so. Now think, this girl is now 13 years old, when she was in my womb I used to go M.P for vaccination but no one used to come here. I used to spend my money on transportation and all and used to get myself vaccinated in hospital.”

Verbatim: “Kol woman: No didiji, didn’t know earlier. You have come first and told so we could understand. No one else told earlier. No doctor, no one”. “it was the plight earlier”

These verbatims implies that the health conditions have improved over years but still there is need for improvement. Healthcare in tribal areas lacks infrastructure and professionals.

Strength of study:

The strength of the study lies in the fact that a community-based study was conducted in three different tribal hamlets. Since, a mixed-method approach was used, so both the quantitative data and qualitative data was collected. A qualitative study gave insight into the reasons and beliefs of the feeding practices of the tribal community.

CONCLUSION

The study identified challenges to healthy birthing practices among young (avg.

marriage/childbirth 17.9 yrs) and high-fertility (3-5 children) KOL tribals. Illiteracy was widespread, breastfeeding initiation low (16.1% within 30 min), and animal milk was used without understanding its purpose. The lack of healthcare access and low awareness highlight the need for field workers to educate the community. Increased awareness and education are crucial to improve overall well-being.

Collaboration between stakeholders and the government is essential to strengthen healthcare through frontline workers, resource allocation, improved transportation, and health awareness initiatives. Education is paramount, particularly for women who need empowerment to challenge misconceptions.

RECOMMENDATION

The lack of healthcare access and low awareness highlight the need for field workers to educate the community. Increased awareness and education are crucial to improve overall well-being.

Collaboration between stakeholders and the government is essential to strengthen healthcare through frontline workers, resource allocation, improved transportation, and health awareness initiatives. Education is paramount, particularly for women who need empowerment to challenge misconceptions.

LIMITATION OF THE STUDY

This is just a tip of iceberg which is explored. As the tribal community is very ignorant of their needs and it is a closed community, more time and resources are consumed in rapport building, breaking the ice and getting them into their comfort zone. Also, many women worked as wood-cutters who were not available at their home for interview. Thus, we may have missed certain information.

RELEVANCE OF THE STUDY

The study underscores that although breastfeeding is universally practised over a longer duration among tribals, it is not based on their knowledge. The misconception about colostrum and delayed initiation of breastfeeding could be overcome through

culturally-acceptable targeted health interventions

AUTHORS CONTRIBUTION

All authors have contributed equally.

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Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

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DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS:

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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