

The mothers were interviewed at least 48 hours after delivery. The mothers of the babies who were sick or had birth weight of 2.5 kg or less were excluded from the study. Information regarding type of first feed, initiation of colostrum, type of subsequent feeding, persons concerned in prelacteal feeds were noted on a pretested proforma. As all the babies were kept in the nursery for sometime after delivery, information was taken from nursing personnel about the type of feeds till the transfer of baby to the mother.

Out of 65 mothers, 27 (41.5%) and 38 (58.5%) were primipara and multipara, respectively. The mean birth weight of babies was 2.75 kg. A total of 72.4% mothers had 3 or more antenatal visits; 23% had less than 3 and 4.6% had no antenatal check up. Thirty mothers (46.1%) had received no education, 32 mothers (49.3%) were educated till primary school level, and 3 mothers (4.6%) were graduates.

The type of first feed was plain water in 46 (70.8%), breast milk in 15 (23.1%) and artificial milk in 4 (6.1%) babies. Prelacteal feeds were used in 76.9% babies and 23.1% babies were not given any prelacteal feeds. Out of the neonates who received prelacteal feeds, plain water was used in 35.4%, plain water and artificial milk in 40%, and plain water and glucose in 1.5% babies. Prelacteal feed was given by nursing staff in nursery in 36.9%, both nursing staff and mothers in 36.9% and only mother in 3.1% babies. Majority of mothers (49.2%) started colostrum feeding within 6 hours of birth. After initiation of colostrum feeding all the mothers continued to breast feed.

In the present study, none of the babies were deprived of colostrum in contrast to previous studies by Kumari *et al.*(3) where only 16% newborns were fed colostrum.

The prelacteal feeds were used in 76.9% babies which were less than that observed by Kumar *et al.*(2). The study also shows that prelacteal feeds were given mostly by nursing staff in the nursery ward.

An early rooming in an avoiding separation of babies from the mother would allow early initiation of breast feeding.

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Nutritional Beliefs Among Anganwadi Workers

With reference to this article(1), I have a few comments to offer.

While assessing the nutritive value of a particular food, one has to keep in mind not only the protein and energy content but also minerals and vitamins and various factors that inhibit absorption of minerals, particularly iron. Bulk is an important consideration in young children. The Indian

diet is rich in iron and yet anemia is rampant because phytates and oxalates interfere with absorption. While 100 g of meat can be easily consumed by even a small child, 100 g of pulses cannot be consumed easily because of the bulk. Iron in meat and liver is absorbed much better than iron in vegetables and cereals. Likewise one cannot compare 100 g of egg with 100 g of wheat, as egg can be consumed much more easily than 100 g of wheat. Egg also provides fat which is an advantage in childhood. To compare soyabean with meat again is irrelevant because of the bulk factor. Besides soyabean has a powerful trypsin inhibitor which is destroyed only on autoclaving. What is the point of comparing almonds and groundnuts? The price of former is prohibitive. However, the composition does not vary too much. Almonds have more fat and hence more energy, but the question of eating almonds in any quantity does not arise because of the cost.

While it is true that vegetarian food can be as nutritious as non-vegetarian food, and children can grow and thrive on it, even the slightly better off vegetarians manage to get some animal proteins from milk and milk products. This also reduces the bulk of the diet. Vegetable proteins are deficient in some essential amino acids which is compensated for if a mixture of cereals and pulses is eaten. However, many diet surveys have shown that consumption of pulses is negligible because of their cost or other factors.

For young children, bulk of the diet is crucial and anything that reduces the bulk and increases calorie density, is to be recommended, hence the advice to add oil to the diet, germinating the grain and among non-vegetarian household, add meat, fish and egg to the diet if one can afford it. Along the coast line small fish is inexpen-

sive, particularly in the dried form. Many villagers rear a few hens, who feed on scrap and yield a few eggs. Similarly, there are cheaper ways of procuring meat such as pig rearing which is also widely practiced.

Digestibility of foods varies depending on various enzymes and factors not clearly understood. Even among pulses there are variations, e.g., dehusked Moong and Masoor is easier to digest than Rajmah or Urad. These tend to produce wind, hence the traditional custom of cooking them with a liberal amount of ginger.

The quality of food comprises much more than proteins and energy, and the traditional beliefs regarding some of them (not all) need to be studied and understood and not rejected outright.

The Anganwadi workers need to know the basics of feeding—home made semi-solids for the infant, going on to family food by 1-1½ year, and that they need to be fed 5-6 times a day. Effort should be made to increase the caloric density by adding a little oil. Similarly, a pregnant and lactating woman needs more family food than she was eating before. Vitamin A and iron rich foods need to be emphasized. It should also be stressed that there is adequate protein in the Indian cereal-legume based diet provided the woman is eating adequately. The dietary pattern differs widely in different parts of India and hence local dietary preferences have to be kept in mind. The simpler the message, more likely is its compliance.

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