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BREASTFEEDING PRACTICES AND FEEDING HABITS: A STUDY ON THE SAVARA TRIBAL COMMUNITY IN ANDHRA PRADESH, INDIA

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ABSTRACT

Infant young child feeding practices among indigenous populations significantly influence maternal health and neonatal outcomes. This study evaluates the breastfeeding patterns, timelines and weaning practices across select Indian tribal communities, with a specific focus on the Savara population of Andhra Pradesh. A comparative literature review and regional analysis were conducted using data from documented maternal health surveys and regional tribal studies across India (including the Hakkipikki, Korku, Gond, and Savara communities) to evaluate breastfeeding initiation, duration and complementary feeding trends.

Distinct regional variations emerge in lactation retention. While Hakkipikki mothers demonstrate high long-term breastfeeding rates , regions like Melghat show shorter durations due to socioeconomic constraints. In the Savara population, timely initiation within the first hour postpartum is critically low at 0.8%, with 11.0% delaying initiation for 2 to 3 days. This delay leads to harmful pre-lacteal feeding, depriving newborns of essential colostrum immunogens. Conversely, extended lactation is prominent among the Savara, spanning 26 to 27 months. Driven by positive maternal attitudes toward its safety, sterility and cost-effectiveness, this prolonged nursing serves as a natural contraceptive that lowers community fertility rates via lactational amenorrhea. Regarding weaning, 83.7% of Savara infants start complementary feeding within the optimal 6-to-8-month window, though 16.0% face delayed supplementation beyond 9 months. Addressing the critical gap in immediate breastfeeding initiation and preventing delayed weaning through culturally tailored public health interventions is essential to reduce neonatal mortality and optimize infant nutrition in tribal ecosystems.

Keywords: Breastfeeding initiation, Extended lactation, colostrum, Savara tribe, preventing, culturally, Complementary feeding and Neonatal mortality, ecosystems.

Introduction:

Breast milk is made from nutrients in the mother's bloodstream and bodily stores, providing the perfect balance of fat, sugar, water and protein for a baby's growth. Breastfeeding burns an average of 500 calories daily, aiding postpartum weight loss. Milk composition changes during each nursing session and adapts as the child ages.

The World Health Organization (WHO) defines exclusive breastfeeding as giving only breast milk, allowing only essential vitamins, minerals or medicines. Predominant breastfeeding means breast milk is the main nourishment, but allows water, fruit juice, oral rehydration salts and ritual fluids. No other food based liquids are allowed. Together, exclusive and predominant breastfeeding constitute full breastfeeding.

Breastfeeding should begin within an hour of birth to establish feeding and mother child bonding. The first milk, colostrum, is the most suitable food for this early period. It contains high concentrations of protein and nutrients and is rich in anti-infective factors that protect the baby against respiratory infections and diarrhoeal diseases [1 and 2].

The Savara tribe:

With approximately 4.92 lakh members, it is among the most populous tribes in the nation. They are found in West Bengal, Tripura, Bihar, Andhra Pradesh, Madhya Pradesh, Orissa and Assam. Nonetheless, about three-fourths of the Savara people live in the state of Odissa. There are over 3.42 lakh of them in Odissa, spread across 13 districts. They are primarily found in the districts of Ganjam and Koraput. Over one-third of the nation's Savara population resides in these two districts.

The Savara make up roughly 5.14% of all the tribal people in Andhra Pradesh (AP). They are found in a continuous band that borders the state of Odissa in the districts of Vizianagaram and Srikakulam. One of AP's most archaic tribes is the Savara. They are mostly found in the Srikakulam and Vizianagaram districts, scenic Palakonda hill ranges, which are a part of the Eastern Ghats. They can also be seen sporadically in AP's Vishakhapatnam district. The districts of Srikakulam and Vizianagaram account for about 90% of AP's Savara population.

They are of Proto-Australoid ancestry. The Savara habitat can be separated into two distinct zones based on physical characteristics: the foothill villages and the hill towns. As the name implies, the majority of the hill communities are located in mountainous areas and many of them are now reachable by road. The Savara foothill communities along the Eastern Ghats make up the second zone, which has a lower population and fewer settlements than the first. Due to the influx of non-tribal people into tribal lands over the past 20 years, these villages have had more interactions with outsiders than the hill settlements. Similar to the Jatapu of the foothill settlements, the Savara of these settlements use ploughs to cultivate terraced soil [3]

Rationale For The Study:

The study is primarily intended to bring out the traditional breastfeeding practices of the vulnerable tribal group of Savara. By examining these specific feeding habits, researchers aim to identify current gaps in tribal infant nutrition and care. Implementing proper interventions based on these findings will successfully decline infant morbidity and mortality. Furthermore, enhancing community awareness about optimal breastfeeding will yield substantial social and economic benefits, alongside significantly improved health outcomes for both the mother and child. [4]

Methodology:

The purpose of this study is to evaluate the health care practices of the Savara tribe in the Srikakulam district in particular reference to breast feeding. The sample size was chosen from various tribal mandals in the Srikakulam district using systematic sampling techniques. Out of the district's fourteen tribal mandals, six were randomly chosen. The villages included in this study were located in the Eastern Ghat mountain ranges and the surrounding areas. Savara dominance and accessibility were taken into consideration when choosing the communities. The study was limited only to the “Savara” tribes. The majority of the villages chosen are located between 10 and 45 kilometres from the Mandal headquarters and are interior. In the second stage of stratification, a total of 95 villages are chosen and five to eight

nursing mothers between the ages of 15 and 49 are chosen from each village to serve as responders. Following the field research, data were processed and analysed in compliance with the predetermined framework. Field survey data, both qualitative and quantitative, were gathered and analysed using SPSS (version 11.0).

Results And Discussion:

Socio-demographic and Economic Profile:

The sampled female respondents ranged in age from 19 to 36 years, with a high concentration of nursing mothers clustered between 19 and 30 years (mean age: (22.98± 2.76 years). Paternal ages ranged primarily between 25 and 36 years, yielding a mean age of (27.32 ± 2.78) years. Socioeconomic characterization revealed a severe deficit in maternal literacy; the vast majority of the nursing mothers were illiterate (96.0%), while a meager 4.0% had completed primary education. This maternal literacy rate is critically lower than the historical AP tribal female literacy baseline of 26.1% recorded in the 2001 Census, and falls below the 6.4% literacy rate documented specifically for Savara cohorts in Srikakulam district Lakshmi (2011).

Labor dynamics within this population show that 98% of the women are employed as primary agricultural or contract laborers, with the collection and sale of firewood acting as their primary secondary occupation. An exceptionally small percentage found formal or semi-formal employment as Anganwadi workers or aayas (helpers). Paternal literacy was marginally higher at 13.0%. Similar to the female cohort, the Savara men are primarily engaged as agricultural or contract laborers, though their occupational profile exhibits slightly more diversification into roles such as independent agriculture, auto-rickshaw driving, private security, small-scale fishing and welding. Dual income structures are standard, with household earnings restricted almost exclusively to the nuclear husband-and-wife unit. The results are shown in Table 1 and Figure 1.

Table 1. Socio-demographic and Economic Profile of the Savara Study Population

Demographic Parameter	Maternal (n = 602)	Paternal (n = 602)
Age Metrics (Years)		
Range	19–36	25–36
Mean ± SD	22.98 ± 2.76	27.32 ± 2.78
Educational Status		
Illiterate (%)	96.0	87.0
Primary Education (%)	4.0	13.0
Total (%)	**100.0**	**100.0**
Occupational Distribution (%)		
Primary Agricultural / Contract Labour	98.0	Predominant
Secondary / Diversified Sector	2.0	Common

Sector Detail	Firewood sales, Anganwadi, Aayas	Auto-driving, Security, Fishing, Welding

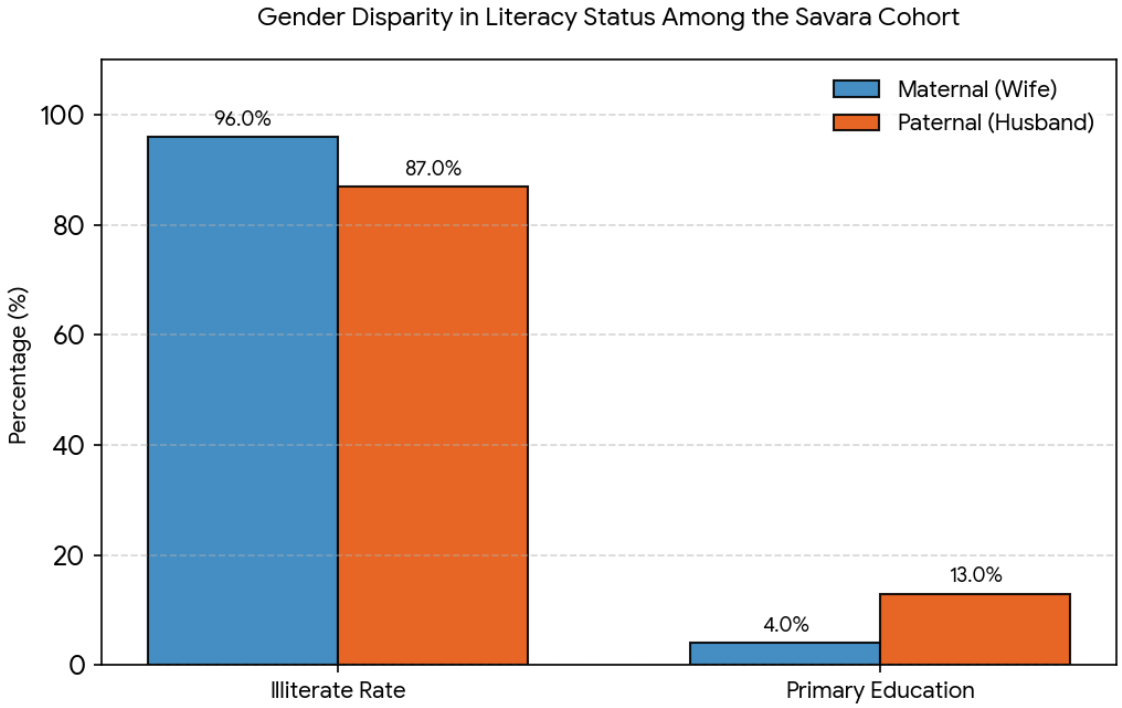

Figure 1. Clustered column graph illustrating parental literacy profiles within the Savara tribal community. The data highlights a profound deficit in formal education, featuring an explicit maternal literacy rate of only (4.0%), contrasted against a paternal literacy rate of (13.0%).

Although breastfeeding is a universal phenomenon across Indian populations, its initiation is frequently delayed by traditional beliefs and misconceptions. In the present study, only 0.8% of newborns were breastfed within the recommended one hour after birth. Breastfeeding was initiated between two and six hours postpartum for 54.3% of infants, and delayed up to 12 hours for 33.6%. Notably, 11.2% of neonates did not receive breast milk until the second, third, or subsequent days postpartum (Table 2 and Figure 2). Mothers attributed these delays primarily to the advice of elderly female relatives, perceived lack of early milk production, and directives from healthcare personnel.

Table 2: Initiation of breast feeding among the present study population

Initiation of Breast Feeding	n	%
Within 1 hour after birth	5	0.8
Within 2-6 hour	327	54.3
Within 7-12 hours	202	33.6
Second day	46	7.6
Third day	12	2.0
After 3days	10	1.6

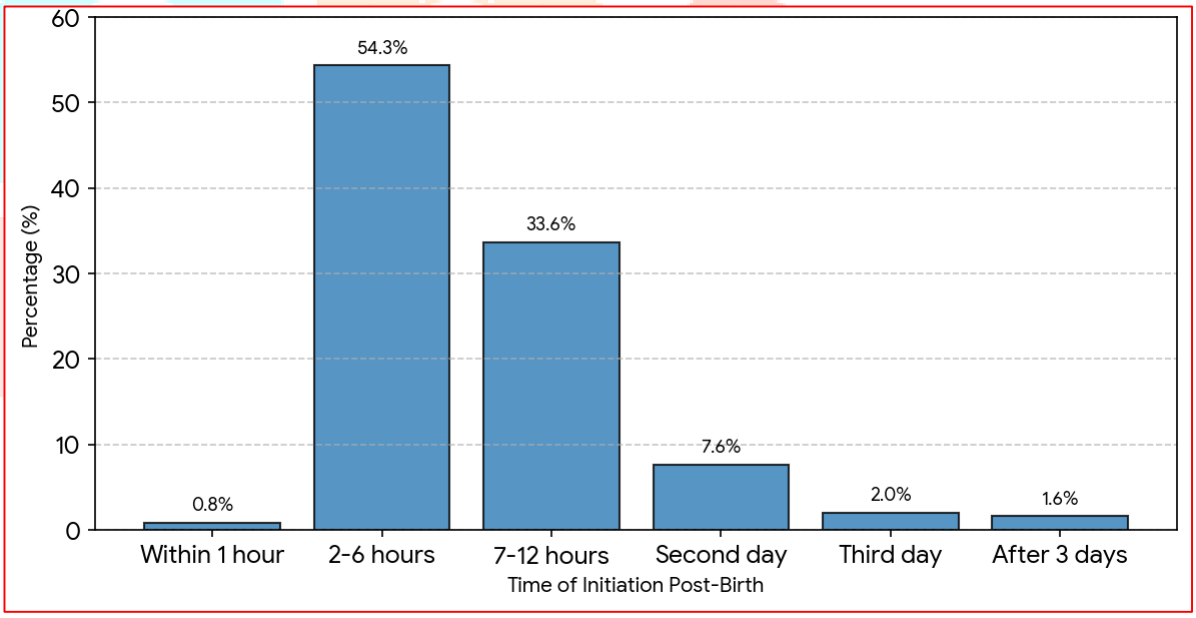

Figure 2. Distribution of the study population (n = 602) by the timing of breastfeeding initiation postpartum. The data illustrates a prominent delay in initiation, with only a negligible fraction (0.8%) conforming to the World Health Organization (WHO) recommendation of starting breastfeeding within the first hour of birth.

To evaluate the duration of lactation among Savara children, currently breastfed indexed children were excluded from the analysis. Data were instead collected from the immediately preceding sibling of multi-parous mothers. The mean duration of lactation among the Savara was (25.73± 8.39) months, which is notably longer than that reported for other Indian tribal populations. Stratified analysis revealed that weaning occurred between the 7th and 12th months for 10.6% of the children, while 38.4% were breastfed for 19–24 months and 32.0% for 25–36 months. Prolonged breastfeeding extending beyond 36 months was observed in 8.6% of the cohort (Table 3 and Figure 3).

Lactation duration remains a critical determinant of infant growth, development and immunological protection against infectious diseases. The extended breastfeeding patterns observed in this study align closely with practices documented among the Bhumija tribe of Odisha [5], reinforcing the persistence of traditional breastfeeding norms in Indian cultures. These findings contrast with other indigenous cohorts; for instance, Drakshayani and Gangadhar reported that 76.0% of Hakkipikki mothers in Mysore breastfed for one year or longer [6], while Singh and Singh observed shorter durations, with 44.7% and 40.3% of women breastfeeding up to 9 and 12 months in Korku and Gond Tribal communities of (Melghat, Maharashtra) [7], respectively.

Table 3: Duration of lactation among the children born earlier to the indexed child

Duration of lactation	Number	Percent
7-12 months	43	10.6
13-18 months	42	10.3
19-24 months	156	38.4
25-30 months	21	5.2
31-36 months	109	26.8
>36 months	35	8.6
Total	406	100.0

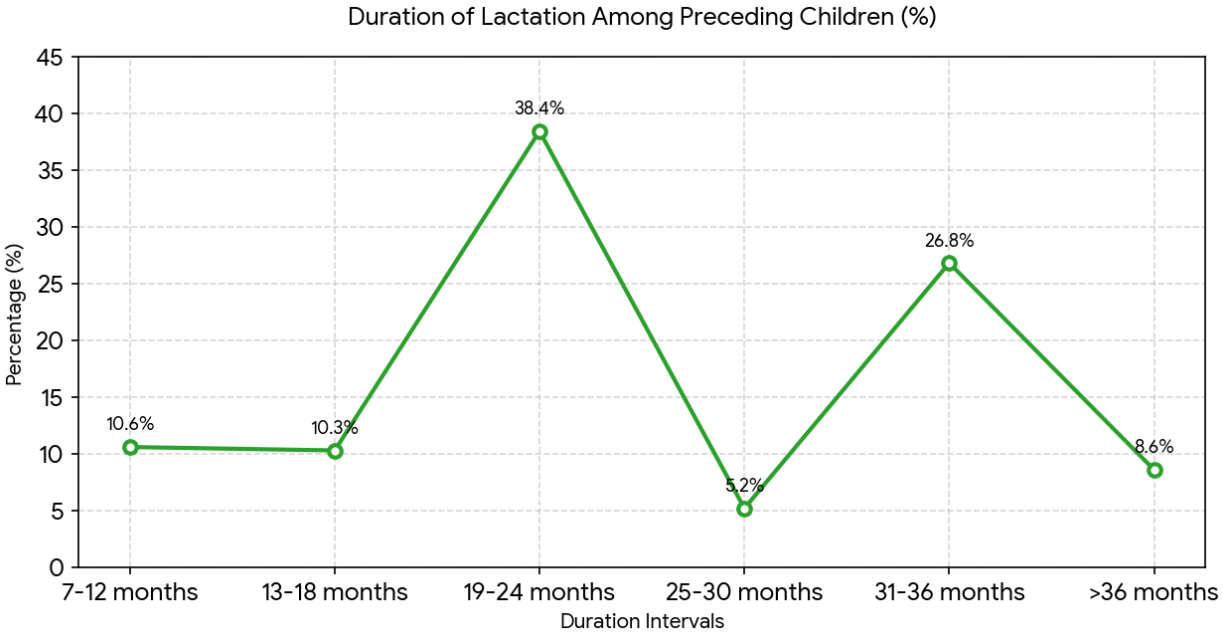

Figure 3. Frequency trend line illustrating the distribution of lactation duration among previous children (N = 406). The graph clearly presents a bimodal practice with prominent weaning cessation peaks at 19–24 months and 31–36 months.

Complementary feeding:

Within the total study sample, 71.7% of infants had transitioned to complementary feeding at the time of the survey, while the remaining 28.3% had not yet initiated complementary foods due to being in the exclusive breastfeeding stage (Table 4 and Figure 4). Chronological analysis reveals that a major proportion of infants (74.7%) commenced complementary feeding during the recommended 6–8-month window. Conversely, premature introduction of complementary foods (prior to 6 months of age) was observed in 12.8% of cases and delayed initiation defined as the introduction of semi-solids between the 9th and 12th months was noted in 12.6% of the infant cohort.

Table 4: Timing and status of complementary feeding initiation among infants

Complementary Feeding Parameters	Frequency (n)	Percentage (%)
Current Feeding Status (N = 602)		
Initiated with complementary feeding	432	71.7
Not initiated (Exclusive breastfeeding stage)	170	28.3
Total	**602**	**100.0**
Age at Initiation (n = 432)		
Early initiation (< 6 months)	55	12.8
Timely initiation (6–8 months)	323	74.7
Late initiation (9–12 months)	54	12.6
Total	**432**	**100.0**

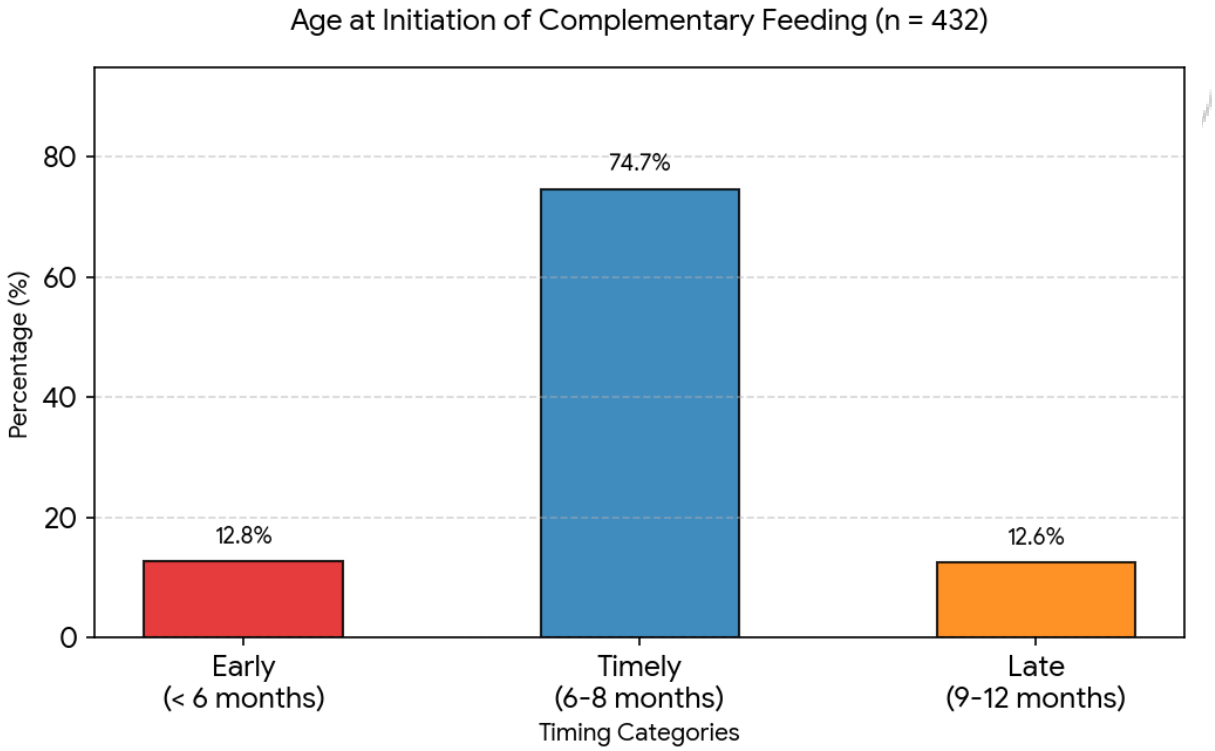

Figure 4. Percentage distribution of infants by chronological age at the initiation of complementary feeding (n = 432). The chart highlights high compliance with timely introduction (6–8 months), flanked by nearly equal rates of premature (<6) months) and delayed (9–12 months) feeding practices.

The critical link between neonatal survival and early lactation is well documented; a study involving 10,947 breastfed infants in rural Ghana demonstrated that initiating breastfeeding within the first hour of birth can reduce neonatal mortality by 22% [8]. Despite these documented benefits, cultural and familial factors frequently compromise optimal practices. While a majority of mothers (74.8%) recognize the value of colostrum, 25.2% routinely discard it often discarding the initial secretion once

(47.2%), twice (30.5%), or three times (20.8%) prior to formal feeding. Maternal rationales for this practice include compliance with elder advice (42.2%), alongside misconceptions that colostrum is impure (9.1%), harmful to the child (8.8%), stagnant (7.0%), or heavy (4.7%).

These delays in breastfeeding initiation are strongly tied to family restrictions (38.8%) and deeply entrenched community social customs or religious beliefs (25.2%;) [9]. Correspondingly, Durga Rao et al. noted the structural prevalence of manual expression, where mothers squeeze out early milk before feeding the infant [10]. Even in cohorts with lower rates of colostrum rejection, such as the 15.9% observed in related studies, family restrictions (30.2%) and social customs (25.6%) heavily dictate neonatal feeding intervals. In up to 40.0% of these cases, the delay directly prompts the introduction of pre-lacteal foods, primarily animal milk (64.8%) or honey (13.9%;) [9]. This pattern contrasts sharply with groups like the Bhumija of Odisha, who exhibit a high overall breastfeeding prevalence of approximately 95% [5]. However, it mirrors extreme geographical delays such as those documented in the Melghat tribal region of Maharashtra, where 69.69% of neonates did not receive their first breast feed until 24 hours postpartum [11] Results are represented in figure 5.

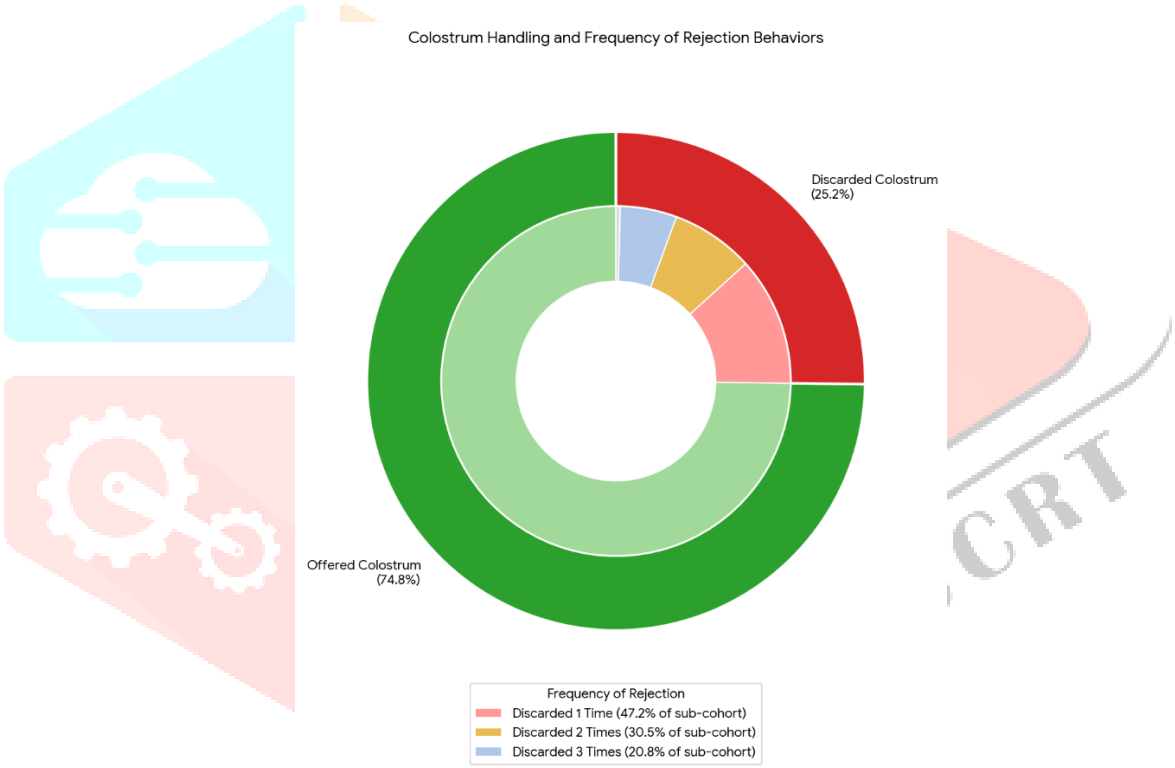

Figure 5. Nested donut chart illustrating colostrum utilization behaviors. The outer ring defines the primary practice divergence between offering (74.8 %) and rejecting (25.2 %) colostrum. The inner ring hierarchically segments the rejecting sub-cohort by chronological rejection frequencies (1, 2, or 3 sequence events).

Breastfeeding remains nearly universal in AP, with 81% of infants born during the survey reference period having been breastfed. When stratified by socio economic parameters, marginalized groups exhibited higher prevalence, as 85% of mothers from Scheduled Caste and Scheduled Tribe communities breastfed their infants. However, suboptimal neonatal care routines persist; approximately 28% of mothers reported manually expressing and discarding the initial breast milk before initiating feeding, a trend more pronounced in rural locations (31%) than urban centers (26%). This practice of discarding immunogen rich colostrum is highly prevalent in specific regions, with 38% to 42% of mothers reporting manual expression in Srikakulam, Vizianagaram, Guntur, Nalgonda, and Ranga Reddy districts [12] .

In terms of chronological initiation, only one-third (32%) of infants across the state were breastfed within the recommended first hour postpartum. Among tribal mothers in AP, while 79.0% initiated breastfeeding within the first 24 hours of delivery, approximately 8.0% postponed initiation until the second day, and the remaining cohort delayed feeding until the third day or later. These delays are heavily influenced by cultural interventions; approximately 21% of mothers explicitly stated that their decision to discard colostrum was dictated by the advice of family elders [13]

Summary And Conclusion:

Timely initiation of breastfeeding within the first hour postpartum is a critical determinant of neonatal health. In the Savara population, only 0.8% of mothers initiated breastfeeding within this recommended window, whereas nearly 11.0% delayed initiation for 2 to 3 days. Such delays frequently necessitate the introduction of pre-lacteal feeds, which predispose newborns to adverse health outcomes and deprive them of the essential immunogens present in colostrum.

Conversely, extended lactation is a well-established phenomenon among the Savara, with durations reaching 26 to 27 months, consistent with neighboring indigenous communities. This prolonged breastfeeding serves as a natural contraceptive mechanism that extends inter-birth intervals and contributes to a reduction in both community and national fertility rates. Although menstruation often resumes during lactation, the probability of conception remains low due to suckling induced prolactin secretion. The positive attitude of these tribal women toward sustained breastfeeding is reinforced by its immediate availability, cost effectiveness, sterility and safety. Regarding weaning, 83.7% of infants commenced complementary feeding within the optimal 6 to 8-month window, though a notable portion (16.0%) experienced delayed supplementation beyond 9 months of age.

References

1. Bhardwaj, Shaila, and Mary Grace Tungdim. 2010. "Reproductive Health Profile of the Scheduled Caste and Scheduled Tribe Women of Rajasthan, India." *The Open Anthropology Journal* 3: 181–187.
2. Fisher, D. 2006. "Social Drugs and Breastfeeding." Queensland, Australia: Health e-Learning.
3. Narayana, K. L., L. Giridhar, and K. Harika. n.d. 2007. "Antenatal Care Utilization of Savara Tribe Women: A Most Vulnerable Tribe of Andhra Pradesh."
4. Healthcare Bulletin. n.d. "Awareness and Practices of Breastfeeding among Mothers Attending a Taluk Hospital: A Cross-Sectional Study." Accessed May 26, 2026. healthcare-bulletin.co.uk.
5. Goswamy, Monali. 2009. "Reproductive Health and Fertility Regulation of the Bhumija Tribe of Balasore, Orissa." PhD diss., Post Graduate Department of Population Studies, Fakir Mohan University.
6. Dakshayani, B., and M. R. Gangadhar. 2008. "Breast Feeding Practices among the Hakkipikkis: A Tribal Population of Mysore District, Karnataka." *Studies on Ethno-Medicine* 2 (2): 127–129.
7. Singh, R., and P. Singh. 2008. "A Study on High Mortality of Children in Melghat Region of Amravati (Maharashtra)." *Studies of Tribes and Tribals* 6 (1): 35–40.
8. Edmond, Karen M., Charles Zandoh, Maria A. Quigley, Seeba Amenga-Etego, Seth Owusu-Agyei, and Betty R. Kirkwood. 2006. "Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality." *Pediatrics* 117 (3): 380–386.
9. Kumar, Dinesh, Neeraj Agarwal, and H. M. Swami. 2006. "Socio Demographic Correlates of Breast Feeding in Urban Slums of Chandigarh." *Indian Journal of Medical Sciences* 60 (11): 461–466.
10. Rao, P. Durga, M. Sudhakar Babu, and V. L. Narasimha Rao. 2006. "Persistent Traditional Practices among the Tribals of North Coastal Andhra." *Studies of Tribes and Tribals* 4 (1): 53–56.

11. Zodpey, S. P., S. G. Deshpande, and N. ND Vasudeo. 1996. "Breast Feeding Practices in a Tribal Community of Melghat Region in Maharastra State." *Indian Journal of Public Health* 40 (4): 120–125.
12. Satya Sekhar, P., N. V. Rajeswari, Ch. V. S. Sitarama Rao, and Anil Chandra Punetha. 2008. *Facility Survey of Public Health Institutions in Andhra Pradesh, 2008*. Hyderabad: Indian Institute of Health and Family Welfare.
13. Rao, K. Mallikarjuna. 2008. "Utilization of Reproductive and Child Health Services in Tribal Areas of Andhra Pradesh." *Studies of Tribes and Tribals*, Special Volume no. 2: 35–41.