

Knowledge versus practices of child feeding among women of under two years children

Abstract

Background: It is most important that appropriate feeding practices are critical for growth and development of children especially in the first two years of life. There is less evidence found in the field of nutrition and hygiene practices in the Nepalese context and also in the specific communities.

Objective: To assess the feeding knowledge and practices among the mothers of under two years children in the Chaudhary community.

Method and Material: The total 103 responded mother of under two years children were sampled from ward no 3, Omsatiya, Rupandehi based on census data collection. Mixed method was used for quantitative data collection and Key Informant Interview (KII) was used to collect qualitative data with the help of respective tools.

Results: It is really inspiring evidence that 99 percent mothers are currently feeding breast milk to their baby. About 38% of mothers have knowledge but only 26% did breastfeed to their children within one hour after delivery. Nearly 60% of mothers who have knowledge on giving complementary foods with breast milk after six months. But nearly 18% have different practice than ideally recommended. Very consistently, knowledge versus practice, only 34 percent mother have both knowledge and practice of complimentary foods three times in a day. The majority 67 percent respondents fed only breast milk whereas 33 percent were feeding fish/meat along with breast milk to the child during sick period.

Conclusion: There are poor feeding and hygiene knowledge and practices found in the study population. So, every policy makers and frontline actors must understand the importance of complementary feeding and take actions forward to address the existing poor practice of infant and young child feeding in the community. The focus should be on dietary diversity and minimum meal frequency under the minimum acceptable diet recommended by WHO. **Funding Statement:** The author has not received any funding support for this research and is solely conducted for the partial fulfilment of the master program.

Keywords: nutrition, children, health, feeding practice

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Introduction

Improving infant and young child feeding practices among fewer than two years are critical to improved nutrition, health and development of children. Infant and young child feeding practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival.¹ Since childhood under nutrition and mortality are high in Nepal, promotion of infant and young child feeding practices among children is most critical intervention, which contributes to improved nutrition, health and development of children ultimately having impact on child survival.² Proper feeding with supplement is a vital means for compensating health deficits and enhancing the nutritional status of children.³ Global Nutrition Report 2018 revealed that the burden of malnutrition across the world remains unacceptably high, and progress unacceptably slow. Malnutrition is responsible for more ill health than any other cause. The first two years of the child's life provide a critical window of opportunity to ensure survival, growth and development through optimum infant and young child feeding (IYCF) practices.⁴ According to the NMICS,⁵ 31% of children under 5 years of age are suffering from stunting (low height for age)—a measure of chronic under-nutrition, 12% are wasted (low weight for height)—a measure of acute under-nutrition, and 24% are underweight (low weight for age)—a composite measure of both stunting and wasting.

Methods and materials

Study design

This study has applied the quantitative research design. It has focus to collect the quantitative data from the mothers and caretakers for the study. Few qualitative information was searched through Key Informant Interviews (KII) and referred anecdotal to validate the quantitative data. Likewise, secondary information was collected from the Health Post and Municipality workplace of the study area.

Population of study area

This study has been done in Chaudhary communities (Dumdumawa, Karuwani, Sakhuwana and Hathi Pharsatikar) of ward no 3 of Omsatiya Rural Municipality of the Rupandehi, district Lumbini Province. Population of the children aged between 0-23 month's children's mothers in the Chaudhary households of study areas were obtained from Municipality profile. For the qualitative (KII), eight individuals from FCHVs, teacher, health workers, mothers, and social leaders were admitted to collect the qualitative data.

Sampling procedure/sample size

The population of Chaudhary and households having 0-23 month's children in the study area considered to obtain the data. Because of the smaller size of the Chaudhary population in the study area, the

census technique was used for the study to examine the knowledge and practices of child feeding. The researcher has visited ward office and health facilities to get the total number of children of under two years of age in the study area. Total 103 children of under two years of age were identified. Thus all 103 households were taken as sample size in the census.

Table 1 Breastfeeding pattern, early initiation of breastfeeding-knowledge and practice

Currently breastfeeding	Number	Percent
Yes	102	99
No	1	1
Total	103	100
Knowledge on Early initiation of breastfeeding after delivery		
Within one hour	39	37.9
After one hour	64	62.1
Total	103	100
Practice of Early initiation of breastfeeding after delivery		
Within one hour	27	26.2
After one hour	76	73.8
Total	103	100

Data collection tools

Household survey questionnaires were used as main tools for the quantitative data collection from mothers. Check list were used to take to observe hygiene practices. Open-ended questions (KII) were used for the qualitative data collection within the study. The questionnaires were developed during literature review, expert consultation and finalized by consulting with thesis supervisor.

Results and discussions

Child Feeding Practices

Feeding practices play a critical role in child development. Poor feeding practices can adversely impact the health and nutritional status of children, which in turn has dire consequences for their mental and physical development. Child feeding includes early initiation of breastfeeding, exclusive breast-feeding up to 6 months and complementary foods at six months onwards continuing breast feeding up to the age two years at least.

Knowledge and practices on breast feeding

Breast milk is the first immunization for the baby. Breast feeding is a first and safe food for children which provides sufficient nutrients and immunity power to protect from diseases, growth and development. The World Health Organization (WHO) recommends early initiation of breastfeeding and exclusive breastfeeding for six months. The data presented in the table 2 below shows really inspiring evidence that 99 percent mothers are currently feeding breast milk to their baby and only one percent mothers of the respondents couldn't feed breast milk to the child.

However, there is the inconsistency of practices against the knowledge on early initiation of breastfeeding within one hour after delivery. About 38% of mothers have knowledge but only 26% did breastfeed to their children within one hour after delivery. Apparently, most of the mothers who have no knowledge (62%) and practices (73.8%) for the early initiation of breast feeding. There are lower practices of breastfeeding within an hour of birth which is nationwide 55% shown in NDHS.⁶

“There is the significant practice of early initiation of breastfeeding within one hour of delivery. However, few of mothers who are under

treatment in the hospital or had surgery during delivery couldn't be initiate the breastfeeding to their child.” -Health Worker

“Majority of the mother in our community feed their own children but they couldn't practice as we suggested frequency and diversity of feeding and hygiene due to their workload” - FCHV

According to the participants of KII, which is triangulated with the quantitative information during the study that all mothers breast feed their children in the Chaudhary community. Both the quantitative and qualitative findings showed that the mothers/caretakers have poor knowledge and practices of early initiation of the breast feeding to their children.

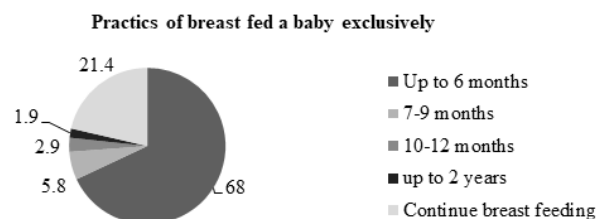


Figure 1 Percentage of knowledge and practice on exclusive breast feeding.

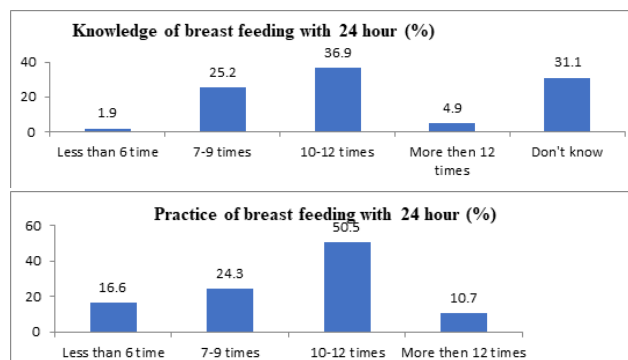


Figure 2 Frequency of breast feeding in 24 hours.

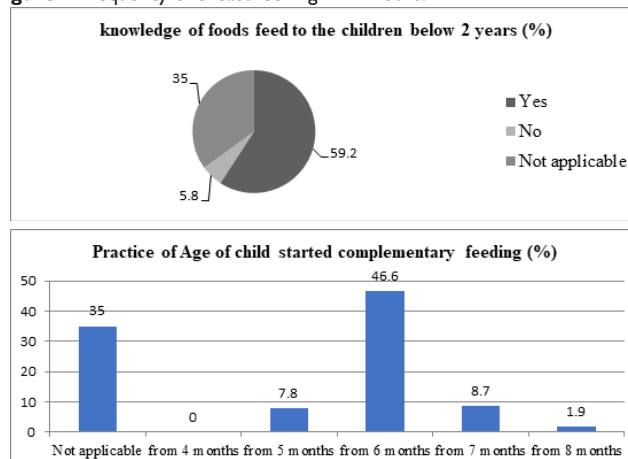


Figure 3 Introducing complementary feeding.

Exclusive breast feeding -knowledge vs. practice

Exclusive breast feeding should be provided at least 8 to 12 times in a day for a child age at 6 months to ensure sufficiency. During this period, child growth is very high, double weight of birth weight of the child should gain till 6 months. High energy, protein, vitamins and other micro and macro nutrients are needed to maintain growth and development of the child during this period. Full nutritional

requirements should be provided from breast milk by increasing frequency of breast feeding to the child before 6 months, other solid/semisolid foods must be avoided during this period to prevent the child from harmful impact.

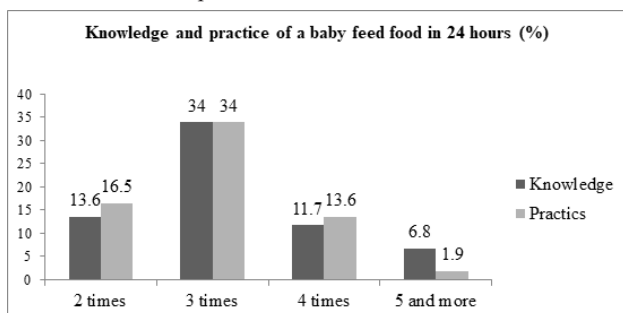


Figure 4 Frequency of giving complementary foods.

Knowledge on exclusive breastfeeding up to 6 months is universally found in this study though the practice is only 68% which is slightly higher than (DHS 2016) 66% of the infants under age 6 months were found to be exclusively breastfed. The Key Informants have also explained that there is good practices of exclusive breastfeeding among Chaudhary families. They only feed extra foods after the six months of their children.

Frequency of breast feeding – knowledge vs. practice

Study reveals that although the fewer knowledge, higher the practices on frequency of breast-feeding which is good among Chaudhary families. They fed breast milk to their children as much as possible in a day. During research it was found that about 37 percent mothers have good knowledge, but slightly more than half of the mothers have been practicing the correct frequency of breastfeeding within 24 hours.

The mother requires enough time for breast feeding to their children. The below cross tabulation data shows that in Chaudhary community the mother got more time to breast feed their children in joint family compare to nuclear family. However, frequency of breast feeding has seen irregular, mostly depending on availability of time of the mothers to feed their children.

Complementary Feeding practices

Complementary feeding is defined as the process starting when breast milk alone is no longer sufficient to meet the nutritional needs of the infant, and thus other foods and liquids are needed, to complement the breast milk. After six months, a child requires adequate complementary foods for normal growth. About 6 percent child mortality could be prevented by feeding safe and good quality complementary foods to the child on time (Lancet survival series 2003). However, even with complementary feeding, the child should continue to be breastfed for two years or more. The amount of food is increased gradually from 6 to 23 months, which is the period of transition to eating the regular family diet. This period is characterized by an increase in the prevalence of malnutrition because of poor feeding practices and infections.

Initiation of complementary feeding – knowledge vs. practice

Timely initiation of quality complementary foods should be started to all children after 6 months of age. It should be continued along with breast milk according to their age to fulfil the child's nutritional requirements.

Nearly 60% of mothers who have knowledge on giving complementary foods with breast milk after six months. This is good knowledge which is needed for the children. However, still 7.8% mothers have responded at five months, followed by 8.7% in seven months and nearly 2% said from eight month. Thus nearly 18% have different practice than ideally recommended.

“All villagers feed additional food to their children only after reaching six months of delivery. Particularly Jaulo would be the starting food for those children. The foods and vegetables are available in our own farm”. –FCHV

Minimum meal frequency-knowledge vs. practice

Children under two years of age need to be fed 5-6 times a day in addition to breast feeding. It must be remembered that inadequate feeding to the children during the first two years is the main cause of malnutrition. Frequency of giving complementary foods should be given according to age of the children to fulfil the body requirements. Three times complementary foods should be given for 6-9 months children, three times foods and one snack for 9 – 12 months and three times foods and two times snacks for 12 – 24 months. (Training Manual for Infant and Young child Feeding (IYFC) 2069,⁷ Very consistently, knowledge versus practice, above figure shows that only 34 percent mother have knowledge and practice of complimentary foods three times in a day. The recipients of foods twice a day and four times a day were higher in practice than knowledge.⁸⁻²⁴

Conclusion

Mothers have knowledge but fewer did breastfeed to their children within one hour after delivery. Apparently, most of the mothers who have not knowledge but practiced early initiation of breast feeding. Knowledge on exclusive breastfeeding up to six months is universal though the practice lower of the infants under age six months were found exclusively breastfed. Majority of mothers who have knowledge on giving complementary foods with breast milk after six months. Complementary feeding has found inadequate, and mothers didn't have adequate knowledge on child feeding. But some have different practice than ideally recommended. Less than half children are receiving rice, roti, cereals in their meal. Very consistently, knowledge and practice among mothers found regarding complimentary foods three times in a day. Though they know that higher frequency of complementary foods can help to child's growth and development and healthy, the frequency is not enough for the children in the study area. The majority respondents fed only breast milk whereas feeding fish/meat along with breast milk found lesser during sick period. Consciously, some respondents had reported to avoid junk food during sickness.

Recommendations

Every policy makers and frontline actors must understand the importance of complementary feeding and take actions forward to address the existing poor practice of infant and young child feeding in the community. The focus should be on dietary diversity and minimum meal frequency under the minimum acceptable diet recommended by WHO. A further study is recommended to assess the current nutritional status of below five years children in the Omsatiya to address the under nutrition in a timely manner.

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Declaration of interests

The author declares that they have no conflict of interest.

Ethics Approval Statement: The study proposal was approved by Sanothimi Campus, Tribhuvan University, Nepal. Individually, verbal consent was obtained from all study participants.

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