A STUDY ON FACTORS AFFECTING THE COMPLIMENTARY FEEDING PRACTICES IN INFANTS AND YOUNG CHILDREN (6-23 MONTHS)

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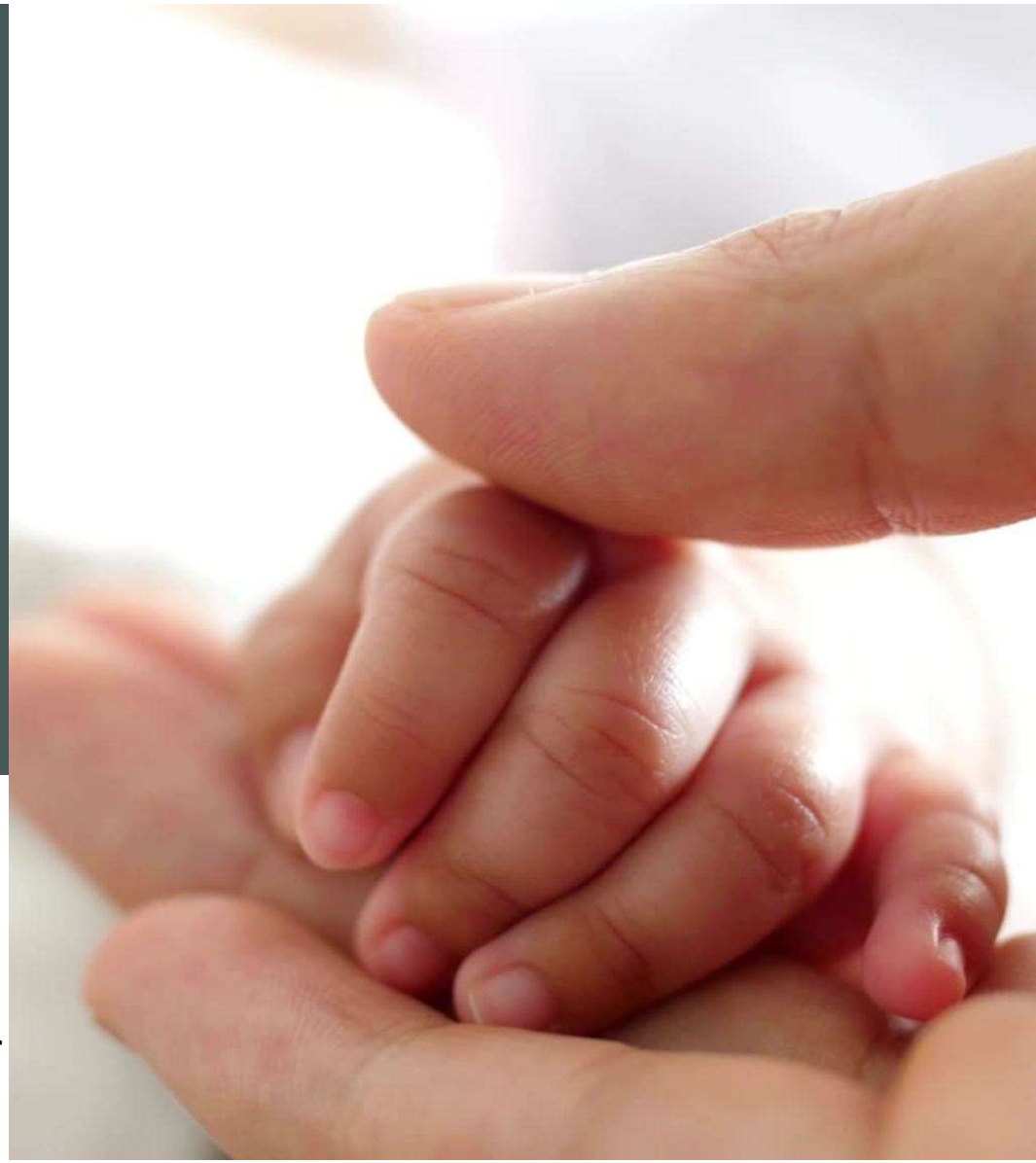

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WHAT IS COMPLEMENTARY FEEDING?

The gradual addition of semi-solid foods alongside breast milk to offer a more variety and balanced diet is referred to as complementary feeding.

It begins at the sixth month and lasts until the child is 23 months old.

The first 1,000 days of life - is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.

Inadequate complementary feeds in this phase of life results in malnutrition, making the child vulnerable to various infectious diseases, debilitating health conditions and a high rate of mortality.

FEW FACTS ON INADEQUATE COMPLEMENTARY FEEDING

Globally in 2020, 149 million children under 5 were estimated to be stunted, 45 million were estimated to be wasted, and 38.9 million were overweight

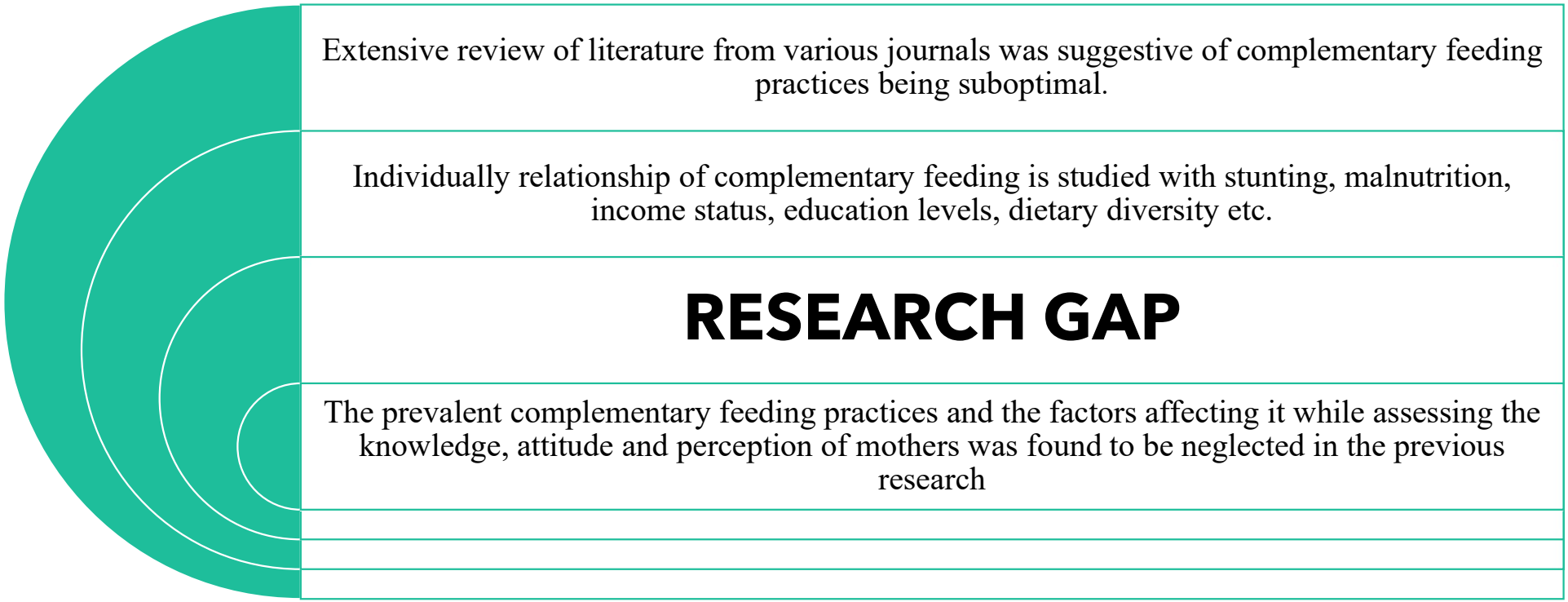
Around 45% of deaths among children under 5 years of age are linked to undernutrition

India ranked 107 out of 121 countries in the Global Hunger Index 2022 with its child wasting rate at 19.3 per cent, being the highest in the world

As per National Family Health Survey (NFHS V) prevalence of malnutrition among children under five years of age in India:

stunting 35.5%, wasting 19.3%, underweight 32.1%

REVIEW OF LITERATURE



RATIONALE

- Rajasthan, like many other regions in India, has a high prevalence of malnutrition.
- As per NFHS V the complementary feeding practices in 6-23 months age group is only 5 percent in Jaipur district of Rajasthan.
- Exploring complementary feeding practices can provide insights into the factors contributing to malnutrition and help identify areas for intervention.

RESEARCH QUESTION

What are the current complementary feeding practices in infants and young children of the age group 6-23 months residing in semi urban areas of Jaipur, Rajasthan?

What are the factors affecting optimal complementary feeding in infants and young children of the age group 6-23 months residing in semi urban areas of Jaipur, Rajasthan?

OBJECTIVES

- To identify the current complementary feeding practices in infants and children of 6-23 months.
- To identify the factors that influence complementary feeding.
- To identify barriers to optimal complementary feeding practices.
- To provide recommendations for improving complementary feeding practices.

METHODOLOGY

STUDY DESIGN

A descriptive cross-sectional study.

DATA COLLECTION TOOL

A semi-structured Schedule.

SAMPLE SIZE

110 mothers having children of 6-23 months.

DATA ANALYSIS TOOL

MS Excel and SPSS.

SETTING

15 Anganwadi centres of Amber tehsil of district Jaipur, Rajasthan were selected for data collection based on the average number of mothers with children in the age group of 6-23 months being registered at the facilities.

SAMPLING TECHNIQUE

Purposive sampling of 110 mothers having children of 6-23 months.

INDICATORS FOR INFANT AND YOUNG FEEDING PRACTICES

AGE (months)	TEXTURE	FREQUENCY	AVERAGE AMOUNT OF EACH MEAL
6-8	Semisolid foods	2-3 meals per day plus frequent breast feeding	Start with 2-3 tablespoonfuls increasing to ½ of a 250 ml cup
9-11	Semisolid or finely chopped foods	3-4 meals per day	½ of a 250 ml cup/bowl
12-23	Family foods, chopped or mashed	3-4 meals plus breast feeding.	3/4 to one 250 ml cup/bowl

INDICATOR	DEFINITION
Minimum dietary diversity 6–23 months.	Children 6–23 months of age who consumed foods from at least five out of eight defined food groups in a day. (Breast milk, grains, pulses, dairy products, flesh foods, eggs, vitamin A rich fruits and vegetables).
Minimum acceptable diet 6–23 months.	Children receiving at least the minimum dietary diversity and minimum meal frequency for their age in a day. Denominator: children 6–23 months of age.

RESULTS

Maternal characteristics	%
Age of the mother	
Under 20 years old	**1%**
20-29 years old	**85%**
30-39 years old	**15%**
Mothers highest level of education	
No formal education	**4%**
Primary education	**1%**
Secondary education	**25%**
Higher Secondary education	**28%**
Graduate and above	**43%**
Mothers working status	
Working	**8%**
Homemaker/Housewife	**92%**

Respondents Husbands education	%
No formal education	**2%**
Secondary education	**18%**
Higher Secondary education	**30%**
Graduate and above	**50%**
Respondent's husbands' occupation	
Farmer	**2%**
Manual Laborer	**11%**
Service industry	**57%**
Professional	**6%**
Businessman	**21%**
Pursuing higher studies	**3%**
Family's monthly income (23)	
Destitute <Rs. 10000	**14%**
Aspirers Rs. 10,000 to 40,000	**68%**
Middle class Rs. 40,000 to 250,000	**18%**

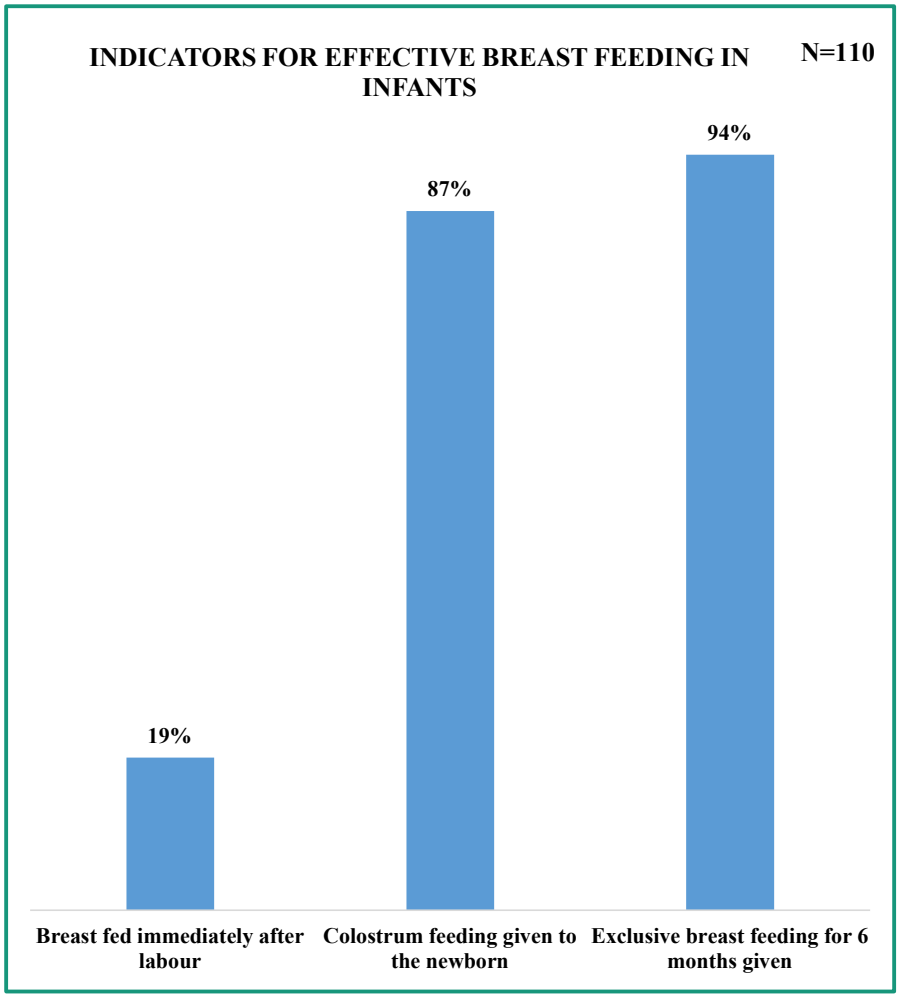
RESULTS

Child characteristics	%
Gender of the baby	
Male	**59%**
Female	**41%**
Age of the baby	
6-8 months	**19%**
9-12months	**26%**
1-2 years	**55%**
Birth Order	
First	**52%**
Second	**33%**
Third	**10%**
Fourth	**5%**

Religion	%
Hindu	**99%**
Muslim	**1%**
Caste	
General Category	**20%**
Schedule caste	**19%**
Schedule tribe	**9%**
Other backward class	**52%**
Type of family setup	
Extended family	**52%**
Joint family	**42%**
Nuclear family	**6%**

INDICATORS FOR EFFECTIVE BREAST FEEDING IN INFANTS

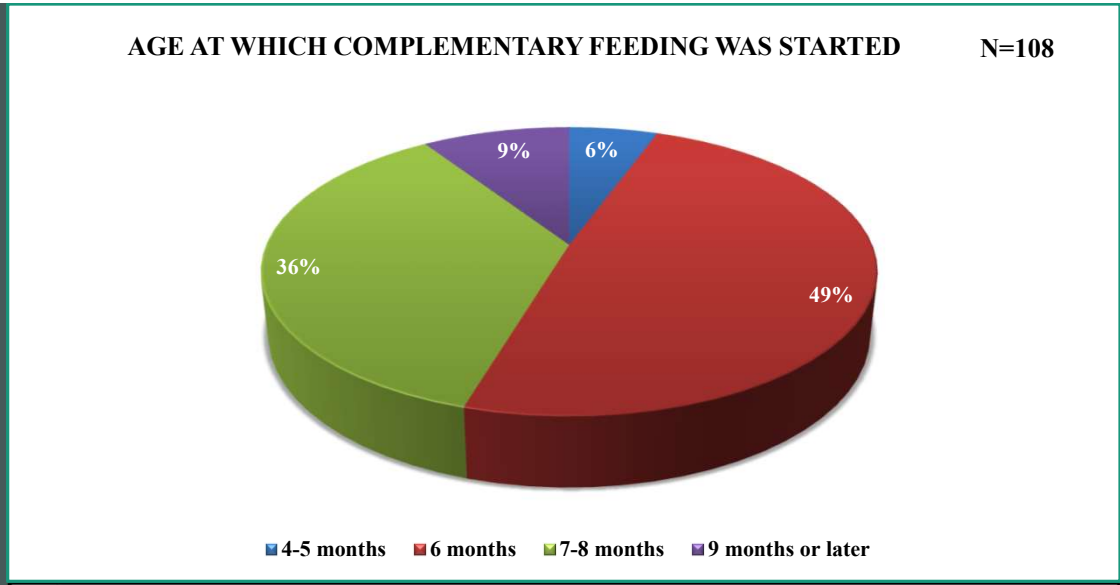
Although colostrum and exclusive breast feeding was good only one fifth of the mother's breastfed their newborn immediately after labor

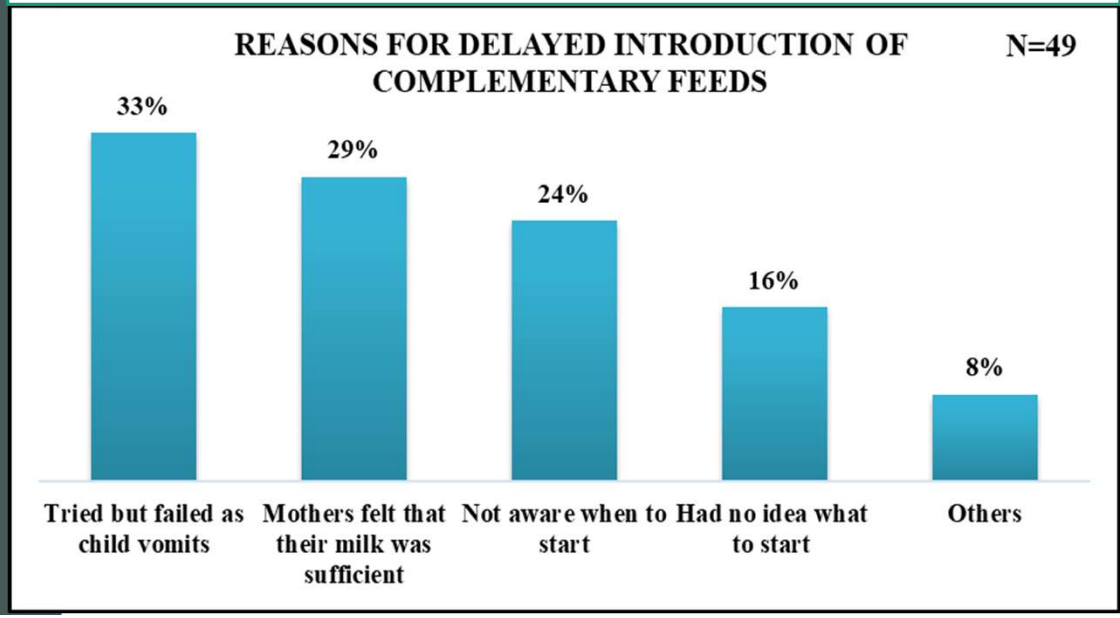


INITIATION OF COMPLEMENTARY FEEDING

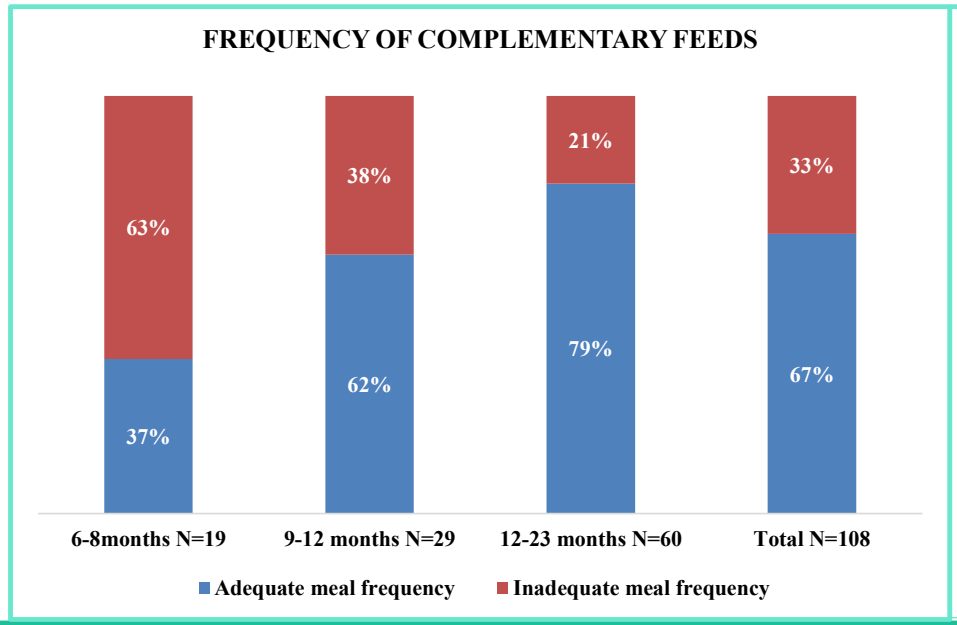
Out of the total respondents 98% started feeding their children complementary feeds.

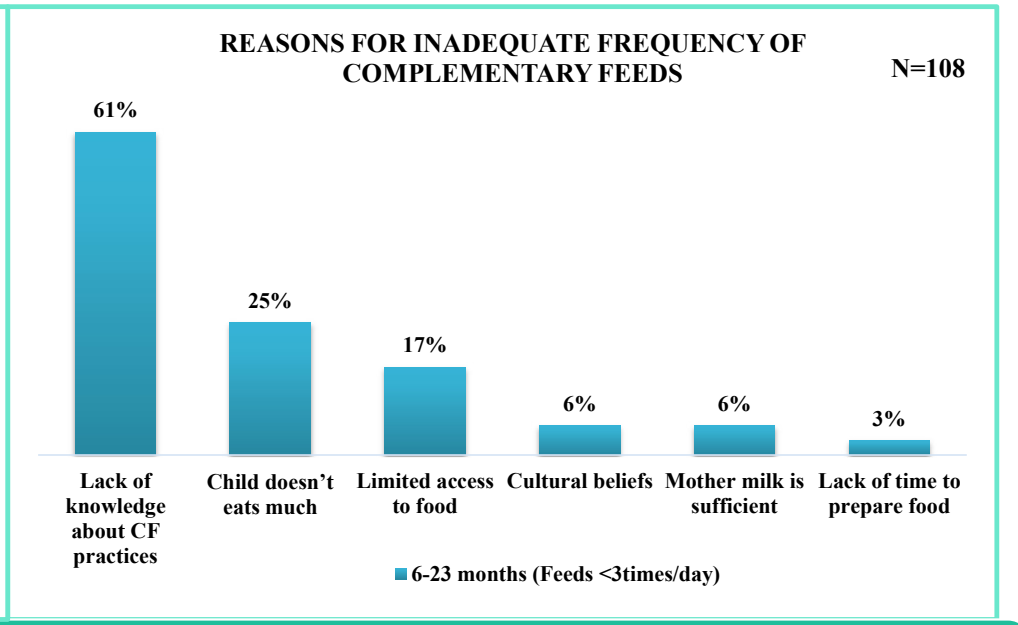
Of which nearly half of the mothers started feeding their child at 6 months of age.





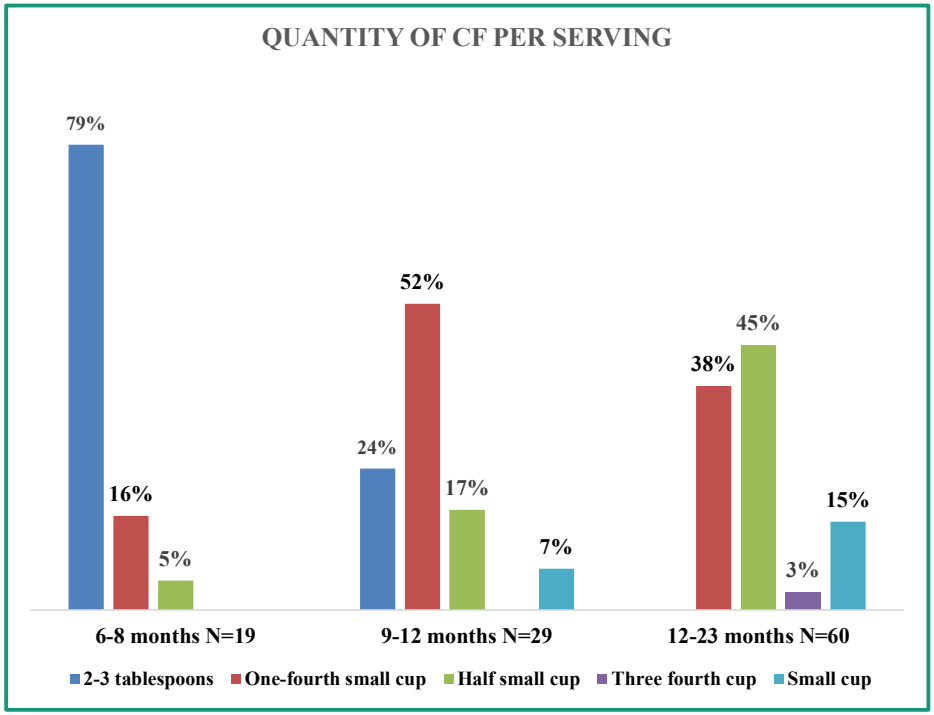
FREQUENCY OF COMPLEMENRATY FEEDS





Frequency of feeding is seen to be lowest in 6-8 months of age group but is found to increase gradually as age increases.

QUANTITY OF COMPLEMENTARY FEEDS PER SERVING



Large proportion of babied received only 2-3 tablespoons of feeds it was increased to half small cup only in 5 percent of infants

Only 17 percent of infants 9-12 months received enough per serving.

18 percent of children 12-23 months received enough per serving.

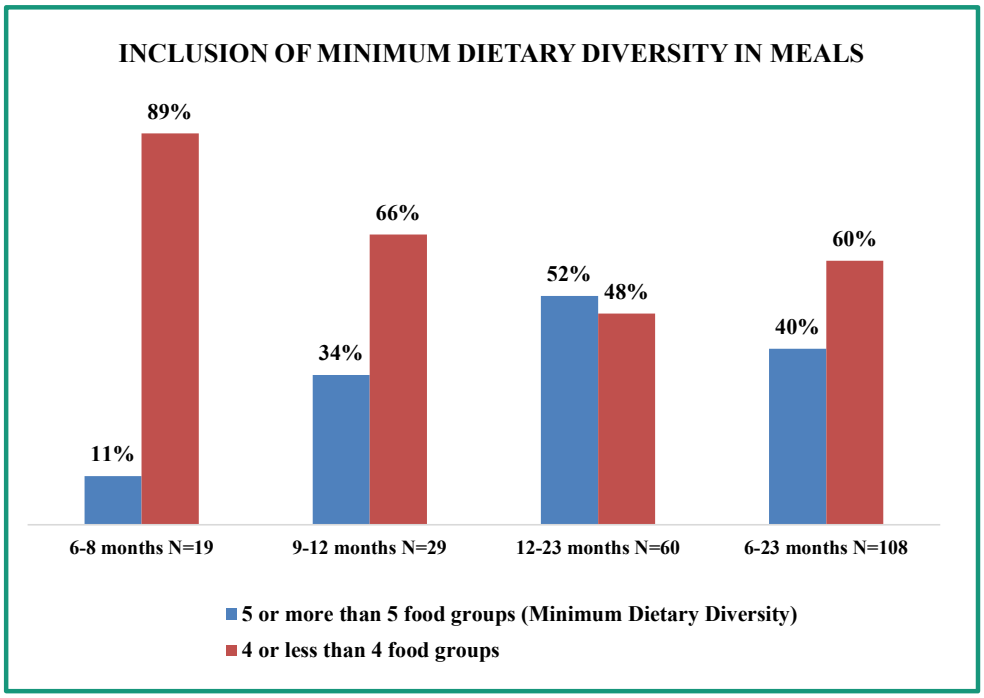
83% of infants 6-12 moths age received semisolid texture of feeds and 17% received watery feeds

TYPE OF FOOD GROUPS GIVEN TO THE CHILDREN

Age of the baby (months)	Rice/ wheat	Pulses	Vegetables	Fruits	Processed food	Commercial baby foods	Milk products
6-8	89%	58%	5%	16%	37%	5%	58%
9-12	97%	83%	14%	34%	34%	10%	59%
12-23	100%	83%	35%	57%	37%	10%	75%

Rice, wheat and pulses were the most common food groups offered to children.

MINIMUM DIETARY DIVERSITY

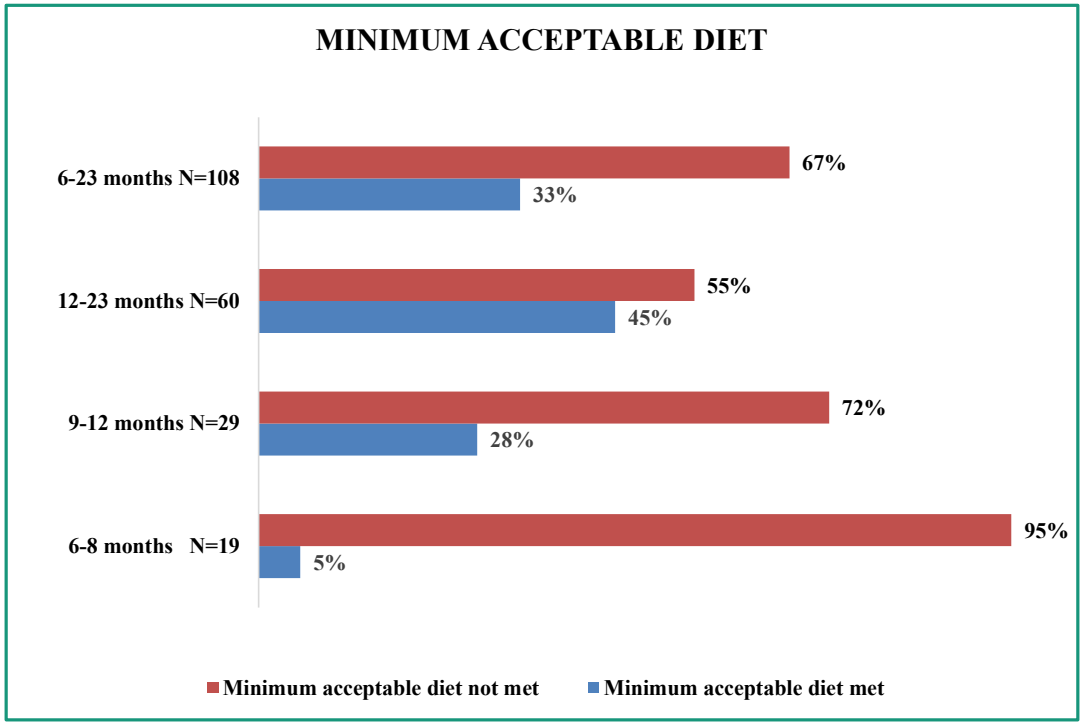


Including five or more food groups in the feeds per day is called minimum dietary diversity.

A low dietary diversity was observed in infants of 6-8 months of age group

Gradual increase in the inclusion of dietary diversity is observed with age but still overall its only 40 percent.

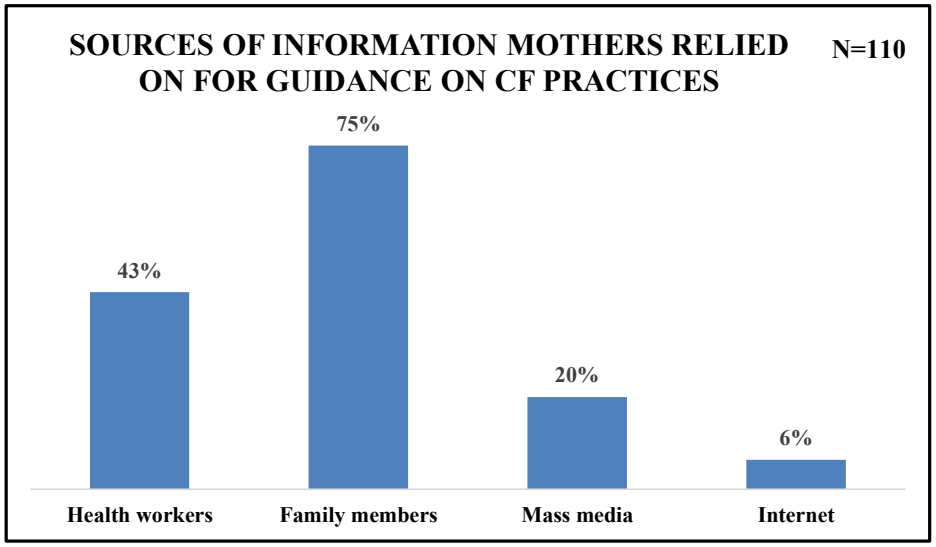
MINIMUM ACCEPTABLE DIET

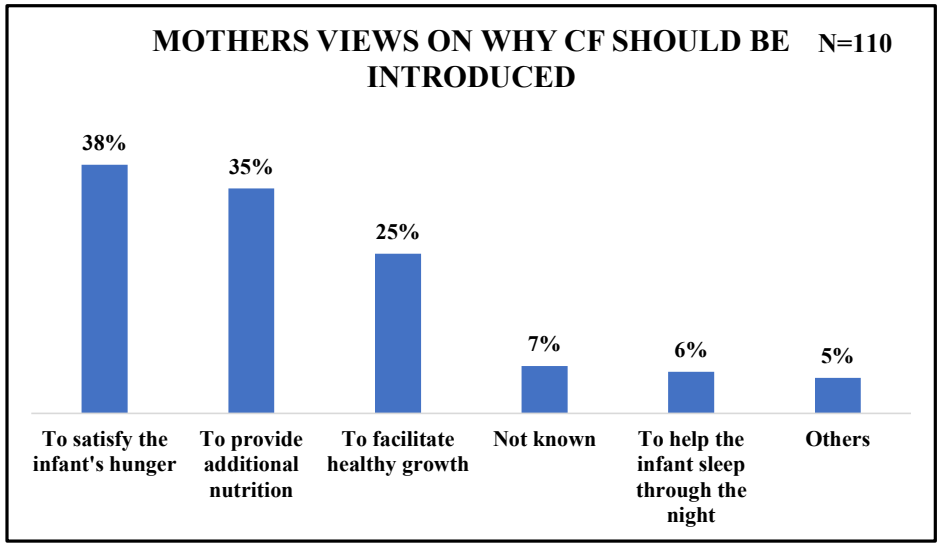


Receiving at least the minimum dietary diversity and minimum meal frequency for their age is referred to as Minimum acceptable diet.

It was found to be least in 6-8 months of age group.

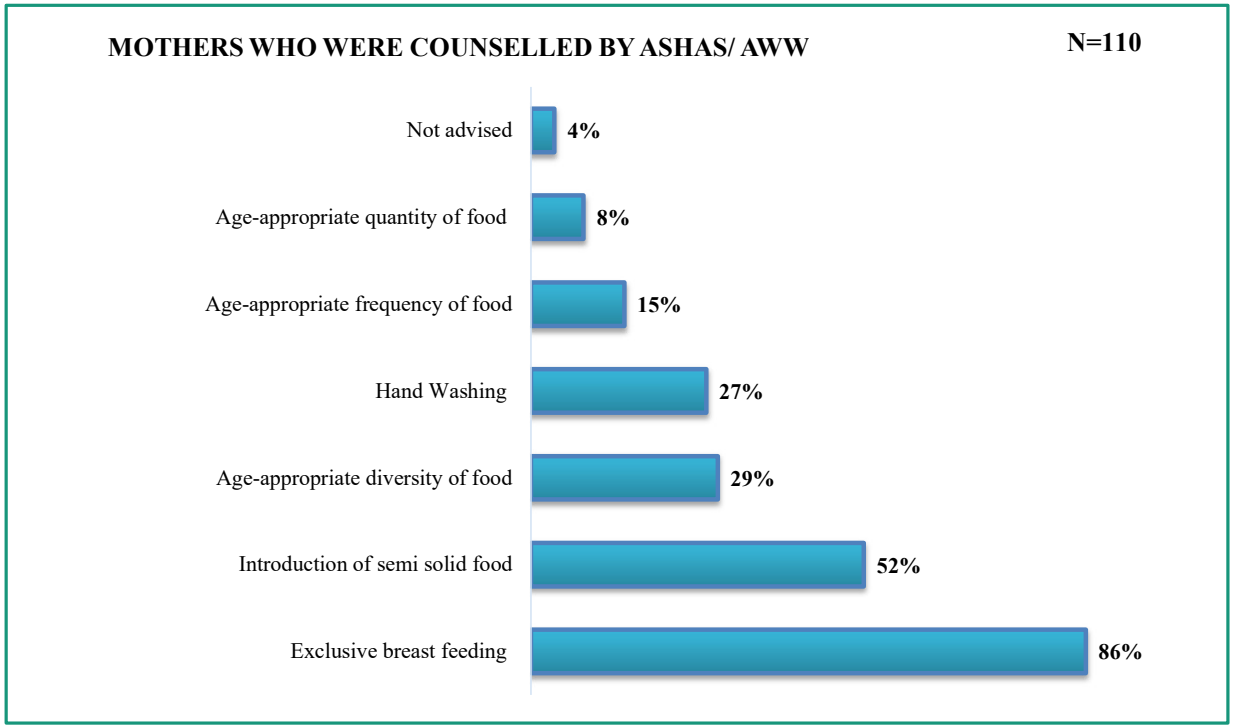
KNOWLEDGE ABOUT COMPLEMENTARY FEEDING PRACTICES





A large proportion of mothers relied on their family members to decide on what to feed their infants

COUNSELLING ON CF BY ASHA/AWW

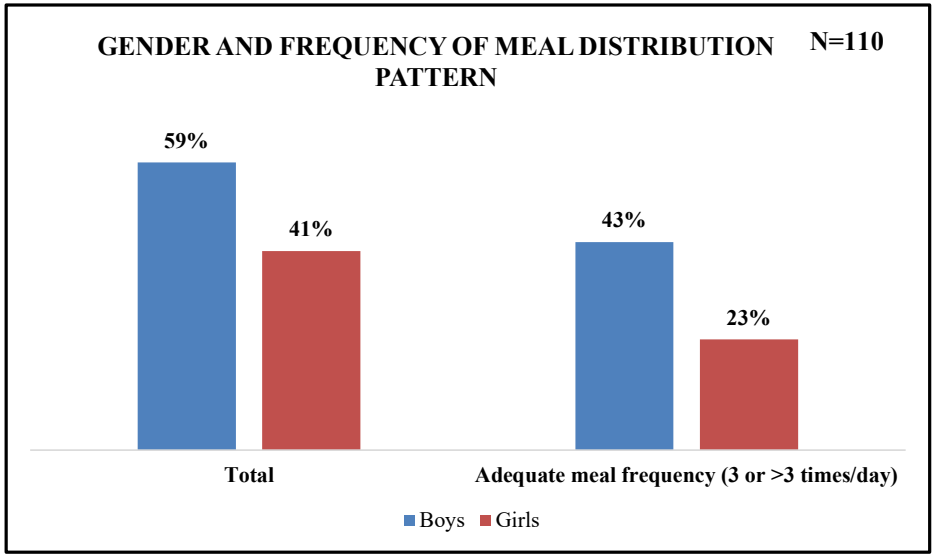


About half of the mothers had received counselling on introduction of semisolid food as complementary feed after completion of 6 months of age

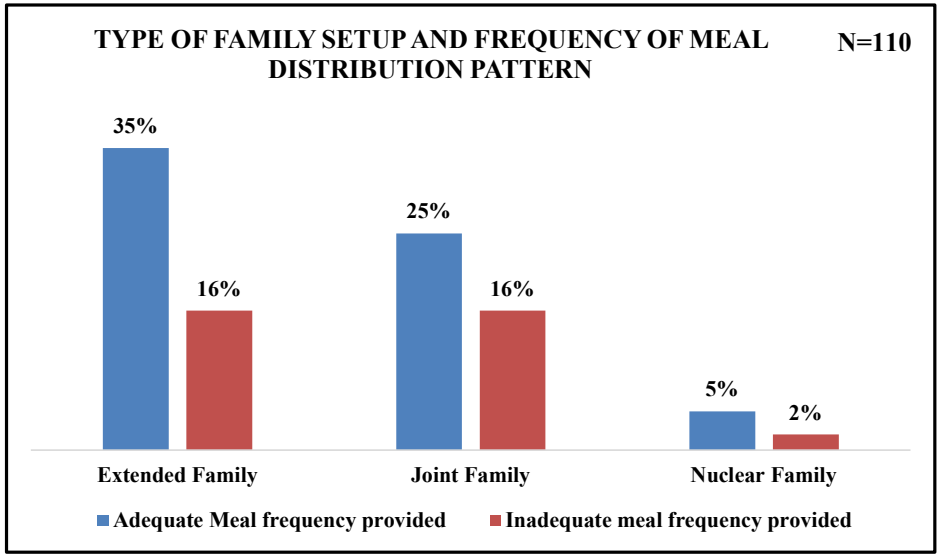
It was also seen that the mothers had not received adequate counselling on important complementary feeding indicators like inclusion of diversity of food groups, age-appropriate frequency of food, age-appropriate quantity of food.

BIVARIATE ANALYSIS

- GENDER AND FREQUENCY OF MEALS
- FAMILY SETUP AND FREQUENCY OF MEALS

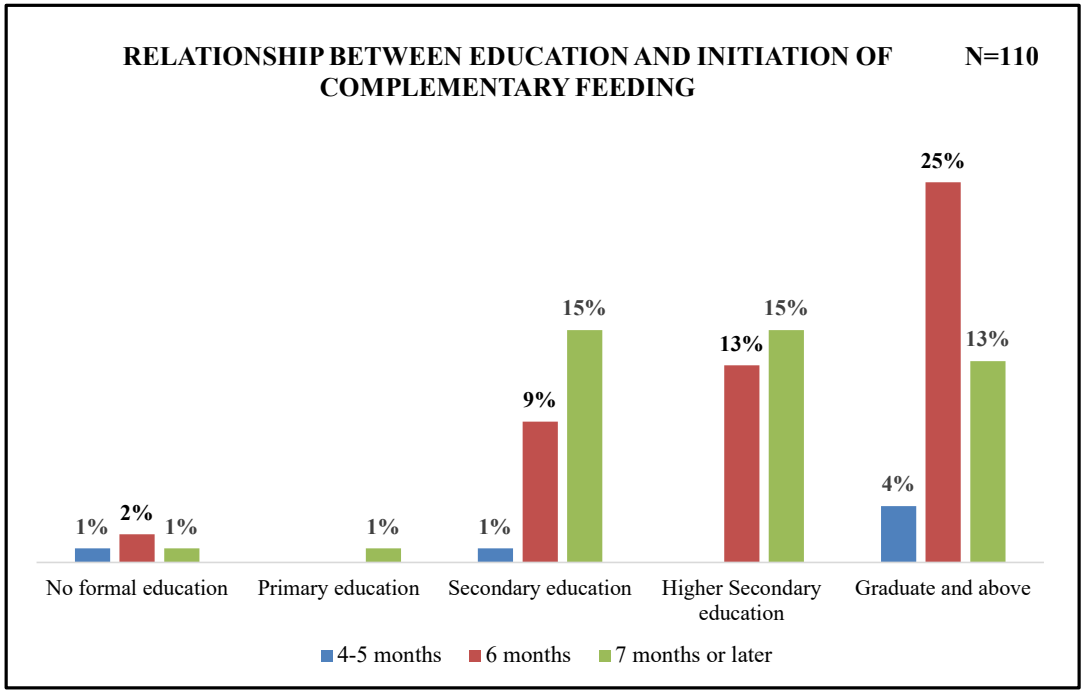


Males received comparatively more frequency of meals than females. (p=0.06)



More the family members available they can assist in feeding and caregiving however, results were not found to be statistically significant, (p=0.7).

BIVARIATE ANALYSIS ON EDUCATION AND INITIATION OF CF



A gradual increase was observed in initiation of complementary feeds at 6 months of age as the education levels increased.

Late initiation of complementary feeds was also found to be persistent with increasing education levels

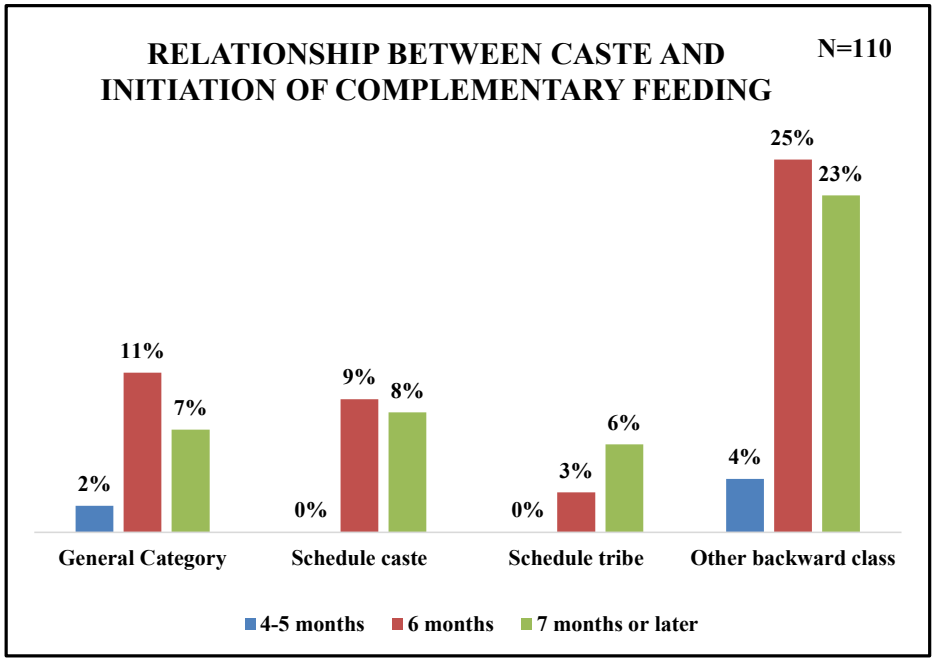
relationship of these two factors was not found to be statistically significant (p=0.12).

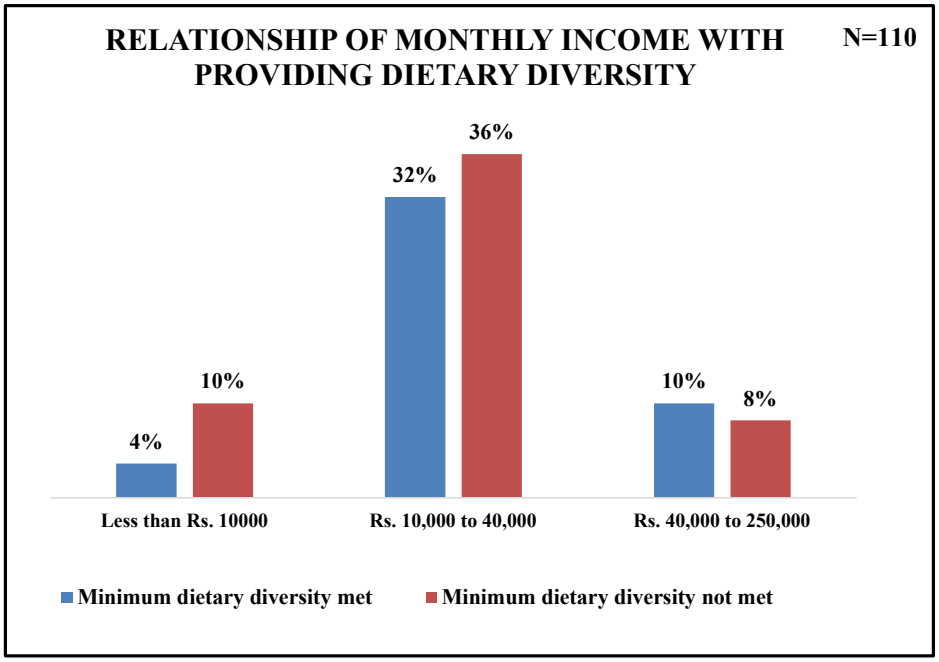
It was observed that though mothers were highly educated they lacked knowledge about CF practices.

BIVARIATE ANALYSIS

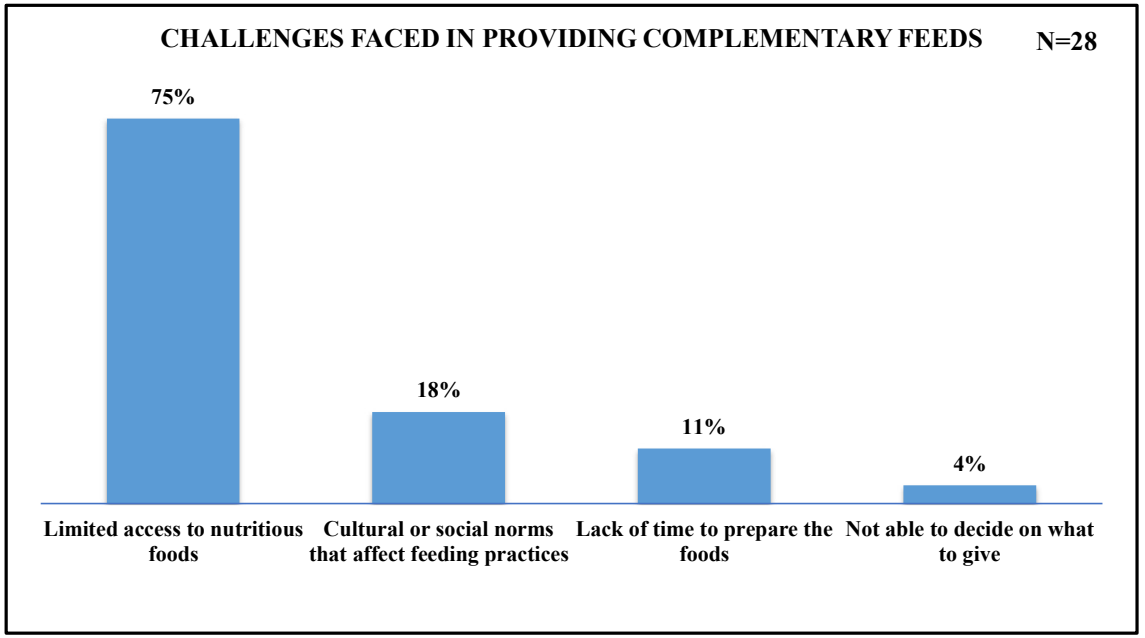
A delay in initiation of complementary feeds was seen predominantly in schedule tribe category of caste and other categories as well however these results were not found to be statistically significant (p=0.37).

Minimum dietary diversity in complementary feeds was found to be low in families with an income of less than 400000 however the results were not found to be statistically significant, (p=0.2).





CHALLENGES FACED IN PROVIDING COMPLEMENTARY FEEDS



- Limited access to nutritious food was found to be a major cause especially in families with low income
- Cultural norms identified were mostly mothers' milk is sufficient and should be continued rather than CF.

CONCLUSION

- Complementary feeding practices were found to be poor in terms of timing of introduction, insufficient frequency, less nutritional diversification, and insufficient feed quantity.
- Income, education , and lack of knowledge were discovered to be barriers to adequate feeding practices.
- Inadequate supplemental feeding practices have a substantial impact on babies health and development, resulting in short and long-term implications for the child's general well-being.
- educating mothers on appropriate complementary feeding practices is critical to closing the gap between the established IYCF guidelines and current ongoing practices.
- Optimal complementary feeding will help in reducing malnutrition, mortality, and morbidity associated with undernutrition and provide healthy growth for the babies.

RECOMMENDATIONS

1. Improve Maternal Education through:
   - Training
   - Demonstration
   - Awareness
2. Training of healthcare professionals, especially ASHAs and AWW on the latest IYCF guidelines.
3. Counselling of mothers on utilization of the fortified foods "Take Home Ration" provided under the ICDS scheme.
4. Developing culturally sensitive interventions that consider the traditions, beliefs, and preferences.
5. Sensitization, Capacity building monitoring and evaluation of the changes among the target groups and stakeholders.

THANK YOU