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STUDY OF FACTORS AFFECTING COMPLEMENTARY FEEDING OF 6 TO 24 MONTHS CHILDREN ATTENDING OPD OF PHC MANER

Community Medicine

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ABSTRACT

Background: As per NFHS-4 Bihar factsheet, Infant mortality rate in rural—49. Under five mortality rate in rural—60. Both the indicators directly or indirectly depend on exclusive breast feeding and complementary feeding . Children under age 6 month exclusively breastfed rural –54.2 . Breastfeeding children age 6-24 month receiving adequate diet rural.7.1. study of factors affecting complementary feeding is of outmost important for health planners and policy makers.

Objectives: 1. To determine the factors influencing the inappropriateness of complementary feeding.2.To assess the knowledge of mothers regarding complementary feeding. 3. To assess the practices of complementary feeding in terms of quantity, quality and timing.

Methods Study area: RHTC,Maner,Igims, Patna Study design : Cross-sectional study . Sample size : 124. Study period : Nov 2018 to Apr 2019.Tool of study : A pre-tested structured questionnaire was administered to mother/caregiver in face-to-face interviews during visit to OPD, RHTC,Maner, IGIMS, Patna. Data was collected, compiled and analaysed by using SPSS 17.0.

Results: In this study,only 43% of children were exclusively breastfed and only 7.1% of breastfeeding children age 6-24 month received adequate diet. The correct knowledge of initiation of complementary feeding was found in 80% of mothers but it was practiced by only 33%. The overall knowledge of 23% mothers was satisfactory and 27% had poor knowledge of complementary feeding whereas only 7% women had good overall practices. There is significant association of education of the parents with the practices of complementary feeding .Occupation of the mothers and type of family had also shown statistically significant association with the overall practices about complementary feeding.

Conclusion: There was a knowledge gap , hence reduced practice of Initiation and continuation of ideal complementary feeding & consistency and frequency regarding complementary feeding .

KEYWORDS

Complementary feeding, National Family Health Service

INTRODUCTION

Babies feeding from birth up to the second years of life influences an individual's whole life. It is common knowledge that breastfeeding is important for optimal infant feeding. Breast milk alone can be used for feeding babies in the first six months of life, but from then onwards, complementary feeding is necessary. The nutritional adequacy of complementary food is essential for the prevention of infant morbidity and mortality, including malnutrition and overweight,1 Malnutrition is one of the most widespread conditions affecting child health. The 'germ' of malnutrition 'infects' a fetus in the intra-uterine life due to lack of sufficient antenatal care on part of the mother. The condition deteriorates further when after birth the infant is deprived of exclusive breast feeding or initiation of weaning is delayed. Weaning should be started after the age of 6 months and should contain energy rich semi – solid food. Malnutrition makes a child susceptible to infections and delays recovery, thus increasing mortality and morbidity.2 Scientific evidence indicates that various inappropriate complementary feeding practices such as untimely introduction of complementary food, improper feeding frequency, and low dietary diversity of complementary food have been shown to have numerous negative effects on children's health [4]. Appropriate complementary feeding entails introduction of complementary foods at 6 months with continued breastfeeding up to at least 2 years and beyond, feeding frequency for age, and consumption of a diverse diet [3,4]. According to NFHS-4 Infant mortality rate in urban area 34 and rural 49,Under five mortality rate in urban—4 and rural—60.[5] The both indicator directly or indirectly depends upon exclusive breast feeding and complementary feeding.1Children under age 6 month exclusively breastfed urban –46.8,rural-54.2[5] .Breastfeeding children age 6-24 month receiving adequate diet urban—8.4, rural—7.1[5].Study of factors affecting complementary feeding is of outmost important for health planners and policy makers.

Objective of the Study 1. To determine the factors influencing the inappropriateness of complementary feeding..2. To assess the knowledge of mothers regarding complementary feeding. 3. To assess the practices of complementary feeding in terms of quantity, quality and timing.

MATERIALS AND METHODS

Study design : Cross-sectional study *Study period* : Nov 2018 to Apr 2019 *Tool of study* : structured Questionnaire A pre-tested structured questionnaire was administered to mother/caregiver in face-to-face interviews during visit to OPD, PHC Maner;. Mothers were asked specific questions to elicit information on complementary feeding regarding socio-demographic and economic characteristics, knowledge, attitude and practices.

Inclusion criteria:

All mothers of 6 months to 24 months children attending the OPD ,PHC Maner were included in the study.

Exclusion criteria

1. Mothers of child less than 6 months and more than 24 months.2. Mothers of children with known anomalies.3. Mothers whose child was very sick needing emergency care.4. Mothers who failed to provide consent for any reason.

RESULTS

In this study,124 mothers were selected,out of which only 110 mothers give consent to participate in the study.The reason for not participating in the study were lack of time and not showing interest in giving their details.

RELATION BETWEEN MOTHER EDUCATION AND FEEDING HABITS

Out of 64(58%) of mothers who are illiterate, only 4(13 %) were having appropriate complimentary and 60 (80%) were giving inappropriate complimentary feeding as shown in Table-1 . out of 20(18%) mother having education up to primary school , only 9(25%) were practicing inappropriate complementary feeding and 11(15%) were practicing inappropriate complementary feeding . Out of 26(24%) mothers having secondary school education 35(32%) were using appropriate complementary feeding and 75(68%) were using inappropriate complementary feeding , i.e. overall we can say that as the education level of mothers increasing , appropriate feeding practice is increasing .

RELATION BETWEEN MOTHER OCCUPATION AND FEEDING

Out of 56(50%) of mothers who are housewife 49(70%) were practicing inappropriate complementary feeding and the rest 7(18%) were practicing inappropriate complementary feeding, 27(25%) old mothers were self employed , out of which 17(42%) were practicing appropriate complementary feeding and 10(14%) were practicing inappropriate complementary feeding and 17(42%)were using

appropriate complementary feeding as shown in Table-2 . Out of 27(25%) salaried , 16(40%) were using appropriate complementary feeding and 11 (16%) were using inappropriate complementary feeding. That means that the mothers are more economically independent , they are practicing appropriate complementary feeding.

RELATION BETWEEN SOCIO-ECONOMIC CLASS AND FEEDING

Out of total 110 mothers, 42 (38%) are practicing appropriate complementary feeding and 68(62%) are practicing inappropriate complementary feeding as shown in Table-3 .In higher socioeconomic status, more mothers are practicing appropriate complementary feeding than in lower socio-economic status.

RELATION BETWEEN TYPE OF FAMILY AND FEEDING PRACTICES

Out of 110 mothers , 53(48%) belong to nuclear family and 56(51%) belongs to joint family as shown in Table-4. In this study, mothers belonging to the joint family are more practicing appropriate complementary feeding.

KNOWLEDGE OF COMPLEMENTARY FEEDING

In this study, 88(80%) were aware about the timing of complimentary feeding , while 40 (37%) of mothers were having knowledge of complementary feeding and 69(63%) were not aware of complementary feeding as shown in Table-5.

PRACTICE OF COMPLEMENTARY FEEDIN G

In this study 36(33%) were practicing correct frequency of complementary feeding, 55(50) were practicing appropriate consistency and 73(66%) were practicing appropriate amount as shown in Table-6.

TABLE 1 -Mother education and feeding

Education	Appropriate complementary feeding	Inappropriate complementary feeding	total
illiterate	4(13%)	60(80%)	64
Primary school	9(25%)	11(15%)	20
Secondary school	22(62%)	4(5%)	26
total	35(32%)	75(68%)	110

TABLE 2- MOTHER OCCUPATION AND FEEDING

occupation	Appropriate complementary feeding	Inappropriate complementary feeding	total
House wife	7(18%)	49(70%)	56
Self employ	17(42%)	10(14%)	27
salaried	16(40%)	11(16%)	27
total	40(36%)	70(64%)	110

TABLE-3 SOCIO-ECONOMIC CLASS AND FEEDING

S-E Class	Appropriate complementary feeding	Inappropriate complementary feeding	Total
Upper class(A)	13(30%)	3(5%)	16
Upper middle class(B)	14(33%)	8(12%)	22
Middle class(C)	28(19%)	10(14%)	18
Lower middle class(D)	5(12%)	21(31%)	26
Lower class(E)	2(6%)	26(38%)	28
Total	42(38%	68(62%	110

TABLE-4 TYPE OF FAMILY AND FEEDING

Type of family	Appropriate complementary feeding	Inappropriate complementary feeding	Total
Nuclear family	12(30%)	41(60%)	53
Joint family	28(70%)	28(40%)	56
Total	40(37%)	69(63%)	110

TABLE-5 KNOWLEDGE OF COMPLEMENTARY FEEDING

knowledge	know	NOT know	total
time	88(80%)	22(20%)	110
frequency	40(37%)	69(63%)	110

TABLE-6 PRACTICES OF COMPLEMENTARY FEEDING

practices	DO	DO NOT	TOTAL
frequency	36(33%)	74(67%)	110
Appropriate consistency	55(50%)	55(50%)	110
Appropriate amount	73(66%)	37(34%)	110

DISCUSSION:

In my study ,prevalence of complementary feeding7.1%while in Trivedi et.al. prevalance of complementary feeding is 20.8%, In Seema Hasnain et.al, it is 70%,in S.Rao et.al. it is 32%.Regarding the knowledge of CF, it is 80%, in this study , it is 70.4% in Trivedi et.al., it is 54.0% in Seema Hasnain et. Al And 90% in Sethi et.al. . Regarding the practice of complementary feeding, it is 33.0% in my study . It is 52.0 Trivedi et.al.. In Seema Hasnain et.al. , it is 43%, it is 64% in S.Rao et. al., and in Sethi et. al , it is 61.4%.Similar to other studies, significant association was seen between the prevalence of CF and literacy status of mother. Also , with respect to socio-economic status.,

CONCLUSION

As the literacy level of mother increases the practice of complementary feeding increases.As income increase ,the use of complementary feeding increases. There was a knowledge and practice gap of Initiation and continuation of ideal comple mentary feeding. Consistency and frequency regarding complementary feeding .

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