

PREVALENCE OF FEEDING PRACTICES AMONG MOTHERS OF CHILDREN AGED 6 MONTHS TO TWO YEARS IN RURAL FIELD PRACTICE AREA OF A TERTIARY CARE HOSPITAL, SRIKAKULAM.

Paediatrics

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ABSTRACT

Introduction of breast feeding and complementary feeding in time plays a crucial role in any newborn's growth and development, and it reduces morbidity and mortality. Under nutrition is most commonly observed in majority of the Indian children. Reasons for this growth lag are inadequate breast feeding, delay in introduction of complementary foods, feeding less than the required quantity. This study was aimed to understand the various feeding practices among mothers of children aged 6 months to two years in rural practice area of a Tertiary care hospital.

Materials And Methods: The present study was a cross-sectional observational study conducted in a tertiary care hospital at GEMS hospital, Srikakulam from May 2021 to September 2021 with mothers of 152 children aged 6 months to two years.

Results: In this study, Exclusive breastfeeding was seen in 67.8% of children, introduction of complementary foods at 6–8 months was seen in 73.3% of children. Continuation of breast feeding from 12–23 months was observed in 63.2% of children. Minimum dietary diversity was reported in 62.5%, and minimum meal frequency was observed in 74.3% of the children. Feeding from bottle was practiced in 34.2% of children.

Conclusion: From this study, it can be concluded that appropriate infant and young child feeding practices are required for better growth and development of children.

KEYWORDS

Infant and Young Child, Feeding practices, Rural field practice area.

INTRODUCTION

Introduction of breast feeding and complementary feeding on time plays a crucial role in any newborn's growth and development, and it reduces morbidity and mortality. As per World Health Organization (WHO), a new born should be only on breastfeeding for the first 6 months of life, and it should be continued for at least for two years and complementary feeds should be initiated after the first six months of birth.¹ Initiation of feeding at improper time, and in an inadequate quantity can cause growth faltering and poses the child at the verge of various infectious diseases like diarrhoea, and acute respiratory infections.²⁻⁴

Feeding practices varies from one community to another community. In some traditions, some of undesirable practices such as delay to start breast feeding, discarding of colostrum, feeding of some prelacteal feeds are commonly noticeable. To educate the mothers regarding feeding of newborn babies and children, WHO has laid Infant and young children feeding (IYCF) guidelines.⁵ Starting breast feeding as early as possible, maintaining the new born solely on breast milk for the first six months of life, initiating complementary foods after first 6 months at regular intervals along with continuation of breast milk, and not encouraging the feeding through bottles are the some of the steps for better growth and development of a child.

Under nutrition is most commonly observed in majority of the Indian children. Reasons for this growth lag are inadequate breast feeding, delay in introduction of complementary foods, and feeding less than the required quantity of food. This study was aimed to understand the various feeding practices among children of 6 months to two years in rural field practice area of a Tertiary care hospital, Srikakulam.

Aims & Objectives

To study the prevalence of feeding practices among mothers of children aged 6months to 2 years in rural field practice area of a Tertiary care hospital, Srikakulam.

MATERIALS & METHODS

Study Design: Cross-sectional observational study.

Study Setting: GEMS hospital, Srikakulam.

Study Population: Mothers of 152 children aged 6months to 2 years were included in this study.

Study Period: From May 2021 to September 2021.

Inclusion Criteria

Mothers of children aged 6months to 2 years who were willing to

participate were included in this study.

Exclusion Criteria

Mothers not willing to participate were excluded from the study.

Data Collection Tools:

To collect the data, pre-designed, pre tested questionnaire was used. Mothers were enquired about previous day's 24 hours recall diet history of the children based on WHO's recent IYCF guidelines.⁵

Data Analysis:

Data analysis was done by using Microsoft Excel and SPSS version 25. Results were expressed in terms of percentages, charts and tables.

OBSERVATIONS & RESULTS

Table 1: Age Wise Distribution Of Study Population

Age group	Frequency	Percentage
6-8 months	30	19.7%
9-11 months	54	35.5%
12-23 months	68	44.8%
Mean age $\pm$ S.D	12.21 $\pm$ 3.24	
Minimum age	7 months	
Maximum age	23 months	

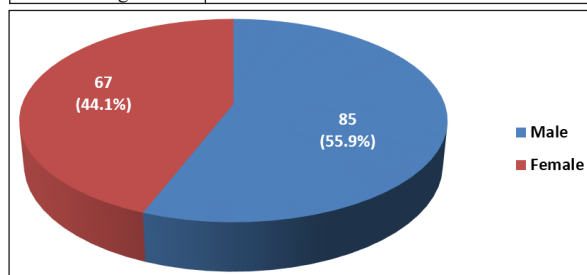


Figure 1: Gender wise distribution of study population

Table 2: Feeding Practices Of Study Population

IYCF Indicators ⁵	Total (152)
A. Breast feeding indicators	
Children ever given breast milk (n=152)	149 (98.1%)
On time starting of breast feeding (within one hour of birth), (n=152)	107 (70.4%)
Exclusive breast feeding for the first two days after birth (n=152)	141 (92.8%)
Exclusive breast feeding for the first six months (n=152)	103 (67.8%)

Mixed milk feeding below six months (n=152)	49 (32.2%)
Continuation of breast feeding (12–23 months), (n=68)	43 (63.2%)
B. Complementary feeding Indicators	
Introduction of complimentary foods (6–8 months), (n=30)	22 (73.3%)
Minimum dietary diversity (6–23 months), (n=152)	95 (62.5%)
Minimum meal frequency (6–23 months), (n=152)	113 (74.3%)
Provision of milk for non-breastfed children (6–23 months), (n=56)	51 (91.1%)
Minimum acceptable diet (6–23 months), (n=152)	141 (92.8%)
Providing egg and/or flesh food (6–23 months), (n=152)	125 (82.2%)
Consumption of sweet beverage (6–23 months), (n=152)	34 (22.4%)
Consumption of unhealthy diet (6–23 months), (n=152)	41 (26.9%)
No provision of any vegetable or fruit (6–23 months), (n=152)	15 (9.9%)
C. Other Indicators	
Feeding through bottles (0–23 months), (n=152)	52 (34.2%)

DISCUSSION

Age Distribution

In this study, distribution of children in 6–8 months, 9–11 months, and 12–23 months was 19.7%, 35.5%, and 44.8% respectively, which was similar to study by Sabreen B et al. (18.2%, 39%, 40.9% respectively).⁶

Sex Distribution

In the present study, number of male children (55.9%) were more than female (44.1%) that showed male preponderance, which was similar to Sabreen B et al. (Males 59.7%, females 40.3%).⁶

IYCF indicators

In this study, 98.1% of children were ever breast feed, which was similar to the study by Sabreen B et al. (97.4%).⁶ On time breast feeding was started in 70.4% of children, which was similar to finding by Mekonnen M et al. (70.5%), and Berhe H et al. (78%).^{7,8} Breast feeding the newborn immediately within one hour of life, prevents hypothermia as well as infections in their later life.

Exclusive breastfeeding for the first two days after birth was observed in 92.8% of children. Feeding the newborn immediately after birth with water mixed with glucose, honey or sugar is practiced in some places, which should be discouraged. Exclusive breastfeeding for the first six months was seen in 67.8%, which was in line with the study by Vijayalakshmi S et al. (72%), Sabreen B et al. (72.1%), Mekonnen M et al. (61.6%) and Rao S et al. (77.5%).^{9,6,7,10}

In this study, mixed milk feeding within six months was reported in 32.2% of children. Nourishing the newborn for the initial six months entirely on mother's milk is very hygienic, safe and healthy practice. In some communities, newborns are reared up with mixed milk that leads to early weaning of the child, increased morbidity, and sometimes mortality that should be curbed through proper health education.

Continuation of breast feeding from 12–23 months was observed in 63.2% of children in this study, which was in line with the study by Mekonnen M et al. (79.5%).⁷ Prolongation of breast feeding beyond 12 months, increases intelligence levels, decreases infectious diseases, and prevents dehydration during the spells of sickness.

In the present study, introduction of complementary foods at 6–8 months was seen in 73.3% of children, which was similar to Mekonnen M et al. (69.7%), and Kabir I et al. (71%).^{7,11} After six months, to meet the needs of growing child, timely introduction of complementary foods is very essential.

In this study, minimum dietary diversity was reported in 62.5% of children, that was much desirable and higher than the study by Kabir I et al. (41.5%).¹¹ Foods with various micronutrients are utmost required for optimal growth of children.

Present study found minimum meal frequency in 74.3% of the children which was similar to Sinhababu A et al. (78%), and Mekonnen M et al. (79.2%).^{12,7} Providing age appropriate, multiple short meals along with breast milk is much required to prevent growth faltering. Feeding of non-breastfed with minimum milk as per requirement was observed in 91.1% of study children.

In this study, minimum acceptable diet was provided in 92.8%,

consumption of egg and/or flesh food was seen in 82.2%, consumption of sweet beverages was present in 22.4%, unhealthy food consumption such as candies, chips, cakes and cookies was reported in 26.9% of children. No provision of any vegetable or fruit was seen in 9.9% of children.

Feeding from bottle was practiced in 34.2% of children, which was in line with Sabreen B et al. (32.5%).⁶

CONCLUSION

In this study, 92.8% of children were exclusively breastfed for the first two days after birth, exclusive breast feeding for the first six months was seen in 67.8%. Introduction of complementary foods on time was observed in 73.3%, minimum meal frequency was provided in 74.3%, minimum milk feeding frequency for non-breastfed was reported in 91.1% of children. Minimum acceptable diet was given in 92.8% of children, egg and/or flesh food was provided in 82.2% of children.

Undesirable feeding practices such as mixed milk feeding below six months was noted in 32.2% of children, and bottle feeding was practiced in 34.2% of children. Intake of sugar beverages was present in 22.4%, and unhealthy food consumption was observed in 26.9% of children.

From this study, it can be concluded that mothers should be educated regarding infant and young child feeding for better growth and development of children.

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