Feeding practices of Children under Two Years of Age in Karbalaa

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Abstract:-

Aim: The study sought to investigate local feeding practices of children aged two years and below and to identify unfavorable beliefs and practices regarding the feeding process.

Subjects and Methods:- this cross- sectional study was carried out in Karbalaa Pediatric hospital for the period between 2nd of January through April 2006. 500 mothers having children aged two years and below were inter viewed while attending the out patient clinic of Karbalaa pediatric hospital. The data was collected through inter viewing the mothers by using a special questionnaire form.

Results: The results showed that the majority of mothers (96%) breast fed their babies initially but a large number 258 (51.6%) introduced the bottle feeding too early; and the most common reason for introducing bottle feeding was insufficient milk in the breast (50.7%)

The study also showed that more than half, 288 (57.6%) of the mothers gave prelacteal feed.

More than half of the mothers 261 (52.2%) in the study started complementary feeding at the proper time. Most of the mothers in the study weaned their children abruptly.

Mother in law was the main source of information about feeding. There has been a significant association between type of feeding and mother's age, occupation and educational level.

Key Words:- Feeding, Practices, Under 2yearschildren,Karbalaa

Introduction:-

Patterns of child feeding, including breast feeding (BF), have an impact on the health and growth of young children, methods of feeding develop gradually as the result of numerous constantly changing sociocultural, technical, economic, and ecological influence which affect human rearing patterns[1].

The wide prevalence of protein-energy malnutrition is associated with errors in feeding and weaning practice [2].

Breast feeding has proved to be superior to artificial supplements for medical, financial, social and psychological reasons, feeding formula increase health risks to children when it unnecessarily replaces breast feeding [3]. Successful breast feeding in human is a practical art, it depend on instinctive reflex behavior initiated by instinct, encouraged by social support and guided by knowledge and information[4].

Exclusive BF is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth [5].

New mothers should initiate BF as soon as possible after giving birth, early and subsequent use of pacifiers, water, glucose water and formula supplementation have been shown to promote early weaning and nipple confusion [3].

In recent years, the effect of maternal factors on BF such as age, parity, educational attainment, employment status, reproductive experience, information sources and knowledge about BF has been reported [6]. There has been increasing concern in recent years about the changing pattern of BF, particularly in societies in rapid transition, data from (86) countries revealed that there are very large difference in BF practice between population groups within countries and within different groups over a period of time. As the baby is growing, his needs are increasing, so that he needs other food in addition to breast milk, WHO recommends that infant start receiving complementary food at six months of age in addition to breast milk. Economic, social, cultural and environmental factors can all play a role in what children eat and how they will be fed [7].

Weaning refers to the termination of BF, this can happen any time from the 1st month to the 7th year of baby's life or even beyond. WHO recommends that no child be fully weaned before the age of two years? Culture plays a very important part in determining the age of weaning. In most modern industrialized societies, babies are either not breast fed at all or weaned at a very early age, traditionally Muslim babies are weaned at around the age of two years [8]. Details on feeding and weaning practices are needed in order to design the content of health education programs, there fore the present study sough to investigate the local feeding practices of children aged two years and below and to identify unfavorable beliefs and practices regarding the feeding process.

Subject & Method:-

This cross sectional study was conducted at Karbalaa pediatric hospital during the period from 2nd of January through April 2006. 500 mothers of children aged two years attending to out patient clinic of the hospital were selected to participate in the study on a convenient base.

A structured, self-administered questionnaire was designed and used for the data collection. The questionnaire form included close and open ended questions. The questionnaires include the following: information child age, use of prelacteal feed, type of child feeding in the first six months (Full breast feeding ⟶ BF + water, Bottle, partial ⟶ bottle +BF) and duration, type of complementary food and time of introducing it and method used for weaning.

The data was presented in form of frequency and percentages; also chi-square test (χ^2) was used to show the association between different variables, the P-Value of less than 0.05 was considered significant.

Results:-

Table-1 shows the type of baby feeding during the 1st six months of life. Partial breast feeding was reported by 258 (51.6%) of the mothers.

Table- 2 shows the reasons for introducing artificial feeding, in sufficient milk was the main reason followed by working of the mothers. From the total group of the mothers, 288 (57.6%) gave prelacteal food to their babies, sugar and water was used by 193 (67%) of them, Table-3.

Table-1: The distribution of mothers according to the type of feeding given to their children in the first six months of life.

Type of feeding	No.	%
Full Breast feeding	222	44.4
Bottle feeding	20	4
Partial feeding	258	51.6
Total	500	100

Table-2: The distribution of the mother's according to the reasons stated by the mother for introducing artificial feeding

Reasons	No.	%
Insufficient milk	141	50.72
Work (in or out side house)	56	20.14
Pregnancy	40	14.39
Filial refusal / uninterested	18	6.47
Breast and nipple complications	7	2.52
Maternal unwillingness	6	2.16
Dilute milk	3	1.08
Mother's milk harmful	3	1.08
Maternal illness	3	1.08
Filial sickness	1	0.36

*Some gave more than one reason

Table- 3:- The distribution of the mother's according to the type of prelacteal feed

Type of prelacteal feed	No.	%
Sugar and water	193	67
Water	50	17.36
Cumin and water	36	12.5
Cardamom and water	8	2.79
Date	1	0.35
Total	288	100

Table-4 shows the age of starting complementary feeding, the highest percentage, (52.2%) was at the age of 6-8 months. Semisolid foods were the most common 295 (59%) type of foods introduced to the babies at first time.

Table-5 shows the methods used by the mothers for weaning their children, painting the nipples with unpleasant tasting material was the main method used (46.04%) and most common material used was aloe Juice (83.3%).

Table-4:- The distribution of infants and babies was according to the age and types of complementary food.

Age of starting complementary food (month)	No.	%
<3	45	9
3-5	159	31.8
6-8	261	52.2
9-11	10	2
≥ 12	25	5
Total	500	100
Type of foods offered to the baby at first time		
Fluid (fruit juice, milk)	165	33
Semisolid (cerelac, yoghourt, mashed potatoes, biscuit soften in tea or milk, vege table soap, egg yolk)	295	59
Solid (rice, meat, agg, chicken, vegetable and beans	40	8
Total	500	100

Table-5:- The distribution of the mother's according to the method used for weaning

Method of weaning	No.	%
Painted the nipples with unpleasant testing material	221	46.04
-Aloe juice	184	83.3
-Hot pepper	30	13.5
-Salt	7	3.2
Painted the nipples with a colored substance	62	12.92
-Lipstick	31	50
-Cascara	21	33.9
- Tea leaf	20	16.1
Sent the child away to relatives for few days	12	2.5
Closed the slit in her dress	23	4.79
Gave teat to the child	10	2.08
Put hair on the nipple	2	0.42
Bottle feeding	54	11.25
Gave the baby food	62	12.92
-Sweet	20	32.3
-Milk	18	29
-Other family foods	24	38.7
Self-refusal	34	7.08

*Some used more than one method

As shown in table 6, mother in law was the main source of information about baby feeding, 237 (47.4%).The age of the mother, her level of education and occupation revealed a significant association (P=0.001) with the type of baby feeding as shown in table-7.

Table-6:- The distribution of the mothers according to their source of information about baby feeding

Source of information	No.	%
Mother in law	237	47.4
Health care providers	93	18.6
Mass media	74	14.8
Other relatives (mother, sister)	56	11.2
None (self dependant)	32	6.4
Friend	8	1.6
Total	500	100

Table-7:- The distribution of mothers according to their age, occupation, education and type of baby feeding

Mother's age (years)	Breast feeding (n=222)		Bottle feeding (n=20)		Partial feeding (n=258)		Total (n=500)	
	No.	%	No.	%	No.	%	No.	%
<20	1	0.5	2	10	1	0.4	4	0.8
20-29	127	57.2	4	20	225	87.2	356	71.2
≥30	94	42.3	14	70	32	12.4	140	28
χ^2= 96.13, df=4; P=0.001								
Mother's occupation								
House wife (present with baby)	198	89.2	4	20	112	43.4	314	62.8
Work out side home	24	10.8	16	80	146	56.6	186	37.2
χ^2= 123.4; df=2; P=0.001								
Mother's education								
Illiterate	6	2.7	10	50	15	5.8	31	6.2
Primary	89	40.1	1	5	129	50	219	43.8
Secondary & University	127	57.2	9	45	114	44.2	250	50
χ^2= 84.57; df=4; P=0.001								

Discussion:-

In the currents study the most common type of feeding was mixed type and this was similar to other studies in Iraq, Libya and Saudi Arabia[2,9,10], and the main maternal reason for introducing artificial feeding was in sufficient milk. Women who said that they did not have enough milk may not have know how to breast fed correctly, or may not have had the help and support they needed from their families, the same finding was also reported by a study carried out in Saudi Arabia were in adequacy of milk secretion was reported by (32.2%) of women [10].

The present study showed that prelactel feed were given to more than half of the total infants and the most common was sugar and water, this in agreement with a study conducted in Baghdad in 2002[11]. This finding might be explained by that wrong belief and practice in the community hold by most mothers, they thought that it reduces the risk of jaundice. Weaning practice differs from one community to another not only in the type of foods, but also in the age of introducing these weaning foods [9].

In this study, more than half of the mothers introduced complementary feeding to their babies at 6-8 months of age, this finding was also observed by a study done in Egypt, which showed that large proportion of mothers (54%) introduced the baby to complementary foods between 6-9 months [12].

Most of the mothers in order to wean their infants, painted the nipple with unpleasant tasting material, most common with aloe juice, a similar practice was also reported by a study conducted in Egypt[12]. The weaning method should be gradual because abrupt weaning method might cause psychological trauma to the child.

The main source of information about baby-feeding was the mother in law, who may hold certain believes and practices, and it also indicates the failure of the health system in offering the right information to mothers, the same finding was also observed by other study[6].

The present study demonstrated a significant association between maternal age and type of baby feeding, the majority of breast feeding mothers were of young age group, which might be explained by that, those young mothers had more willing and agree to BF their babies, he might be the first baby, this finding comes with other study in wasit, Iraq[13].Also there was a significant association between mother's occupation and type of baby feeding, as it is evident that higher proportion of house wives breast fed their children than mothers working out side home and this in agreement with previous study done in Al-Ramadi, Iraq[4]. In addition this study showed a significant association between the mother's educational level and type of baby feeding, the majority of those mothers who use bottle feeding were illiterate, this finding disagree with the results of another study[4], which showed no significant association between educational level and type of feeding. The current result might be explained by that higher proportion of illiterate mothers were working outside home as farmers, so had no enough time to breast feeding their babies.

In the light of the results of the present study, it is recommended to strengthening the educational programmes which carried in primary health care centers for mothers on the advantages of breast feeding, proper feeding and weaning practices in order to improve the health and nutritional states of their children.

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