

KAP Study of Knowledge, Attitude and Practise of Mothers on Complementary Feeding

Dr. Pramila Ramawat^{1*}, Dr. Tanmay Verma², Dr. Neha Garg³

^{1,2 & 3}Dept. of Paediatrics, Index Medical College, Indore, M.P, India

***Corresponding author**

Dr. Pramila Ramawat

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Abstract: Breast feeding with timely started complementary feeding is the best way of infant feeding. It is necessary for infant's overall development, better growth, fulfilling nutritional requirement and it is most vital for reducing infant mortality. Objective of our study was to assess the knowledge, attitude and practice of complementary feeding among mothers in a tertiary Care Centre of Central India. A cross sectional study was done about knowledge of mothers with children below 2 year of age with help of pretested self-designed questionnaire based interview who are attending paediatrics OPD and IPD. In our study most of mothers did not know correct time of starting complementary feeding, they also did not know what food can be given, frequency and amount of complementary feed. In our study knowledge, attitude as well as practise towards complementary feeding was lacking hence health education to mother and family members required about correct feeding in early years of life.

Keywords: Complementary, Mothers Knowledge, Attitude and practice.

INTRODUCTION

Adequate nutrition is essential for child's optimum growth and development. It also protect child from infections, under nutrition and anemia. The links between early childhood nutrition and childhood mortality are well documented [1].

The global strategy for Infant and young child feeding as well as the National guidelines on IYCF in India recommend early initiation of breast feeding within one hour and exclusive breast feeding for the first 6 months of life to achieve optimum growth, development and health [2]. Thereafter to meet their evolving nutritional requirement, infants should receive timely, nutritionally adequate meals with regards to quality and quantity and safe complementary foods while continuing breast feeding up to 2 years of age or beyond. Introducing solid foods into an infant's diet is recommended at about 6 months because at that age breast milk is no longer adequate in meeting a child's nutritional needs (energy, protein and micronutrient) to promote optimal growth [3].

Annually about 26 million babies are delivered in India⁴. According to National Family Health Survey - 3 data 20 million are not able to receive exclusive breastfeeding for the first 6 months and only about 20% children are exclusively breastfed at 6 months of age [4]. Introduction of complementary feeding along with continued breast feeding in 6-9 months age is only 55.8%, as shown in NFHS-3 data. Moreover in Madhya Pradesh only 52% infant (age 6-9 months) received solid or semisolid food and breast milk [4]. Malnutrition rates increase between 6 and 18 months, the period of complementary feeding⁵. Stunting is irreversible and

can have long-term effects on cognitive development, school achievement, and economic productivity in adulthood and maternal reproductive outcomes. In developing countries adequate nutrition is not met as a result of poverty, lack of nutrition knowledge, poor child feeding practices and infections which results in high mortality and morbidity. Inappropriate practices such as early or delayed introduction of complementary foods, low energy and nutrient density of foods offered, feeding thin consistency feeds and in small amounts and food restriction due to cultural beliefs are common [7]. In all developing countries specially our India, poor infant feeding practices which result in high rate of infant mortality and morbidity is issue of great concern.

Objective of present study was to assess knowledge, attitude and practice of mothers towards complementary feeding in children below 2 year of age.

MATERIALS & METHOD S

A cross sectional study was conducted in rural medical college of Indore between November to December 2017. Mothers of children age below 2 year attending Paediatrics Out and in patient department were included in the study. Well informed written consent was taken by all mothers, Mothers with older children and non-willing to participate were excluded. During study 145 mothers were interviewed through a

self-designed pre tested structured questionnaire based on extensive literature search and WHO and national guidelines. The questionnaire included socio-demographic variables, starting time for complementary feeding, complementary food, frequency and amount of feed, liquid, semisolid and solid food, homemade or readymade food, their knowledge about hygiene in food preparation and feeding, finger foods. Total thirty two questions were asked in interview. The questions had single as well as multiple correct options, some were open ended and others were with options all questions asked by doctors after explaining mother about study.

Statistical analysis

Statistical analysis was done by using descriptive and inferential statistics using chi square test. Software used in analysis was SPSS 20.0 version. P Value < 0.05 is considered as level of significance.

OBSERVATION & RESULTS

In our study most of mothers did not have sufficient knowledge of complementary feeding, attitude is neutral, practice is inadequate and it associated with lack of knowledge about feeding to mother’s education, income, age and number of children.

In our study most of mothers were from rural back ground, from low socioeconomical status, illiterate, they prefer to continue exclusive breast feeding because they thought that breast feeding is sufficient for their children upto 1 year of age, most of them did not understand complementary feeding. Majority of mothers answered wrong about correct timing to initiate complementary feeding, some said 8 months, some mother told 1 year and many of them did not know about it. They also have inadequate knowledge of complementary food, it’s amount and frequency. Although Many of them knew about liquid, semisolid and solid food introduction in complementary feeding but what food can give they did not give proper answers, they knew little about homemade and readymade food. Proper hygiene practices were not followed by them during preparation of food and feeding child. Although it was found that older age mother and who having more than one child had better knowledge.

In our study we found that mother’s knowledge about complementary feeding was poor and attitude and feeding practices were also insufficient. Lack of education,

Table-1: Comparison of demographic profile to Knowledge of Mothers about Complementary feeding

Age of mother	No. of mother	Knowledge of mothers about complementary feeding			P-Value	
		Good	Average	Poor		
Below 25 year	96	10	66.2	54	32	0.037
25 years and above	49	12		28	9	

Income / month	Number of mothers	Knowledge of mothers about complementary feeding			P- Value
		Good	Average	Poor	
Above 10,000 Rs	42	12	22	8	0.011
Below 10000 Rs	103	10	62	31	

Education of mothers	Number of mothers	Knowledge of mothers about complementary feeding			P-Value
		Good	Average	Poor	
Primary	38	15	17	6	0.048
Illiterate	107	7	69	31	

Number of children	Number of mothers	Knowledge of mothers about complementary feeding			P-Value
		Good	Average	Poor	
One child	23	2	10	11	0.009
More than one child	122	20	79	23	

Table-2: Knowledge of mothers about complementary feeding

Complementary feeding Knowledge	Good	Average	Poor
Meaning of complementary feeding	22	89	34
Time to start	14	98	33
Amount of feed	25	95	25
Frequency of feed	45	65	35
Food can be given	34	85	26
Hygine practices	21	66	58
Liquid, Semisolid and solid diet	13	107	25

DISCUSSION

Knowledge, attitude and practices of complementary feeding were assessed in 145 mothers with children aged between 0 to 24 months of age.

In our study most of the mothers did not started complementary feeding or answered wrong about timing as they felt that their milk was enough or sufficient. There are many other studies, which have obtained similar results about complementary feeding [6-8]

Mothers had false belief that breast milk is sufficient in first year of life and inspite of health care workers advise they followed their beliefs which were culturally accepted in rural areas.

The main reasons for delayed complementary feeding were- not knowing the time when to start complementary feeding, misconceptions, customs and false beliefs prevalent in the community. Aggarwal A et al study in Delhi also states that, delayed complementary feeding practices are due to poor knowledge, customs and beliefs [9].

In our study common reasons for delayed complementary feeding were mother' lack of knowledge regarding complementary feeding, her false belief that breast milk is sufficient and child not accepting or vomiting complementary foods. Similar reasons for delayed complementary feeding were obtained in Anju Aggarwal *et al.*, study and other studies also [8, 9]. Infant take time to adapt for complementary food when their taste develop for it they easily accept it but it need lot of patience and continuous efforts from mother' side so mothers needed to be educated about complementary feeding practices [2].

WHO recommended appropriate age for complementary feeding is 6 months [10, 11]. In our study most of mothers were whose child was in complementary feeding age group delayed it and others also gave similar answers, which showed a definite delay in starting complementary feeding. Many other studies similar results were found [2, 8, 9, 12].

In our study illiteracy, low socio economical status and younger age associated with lack of knowledge similar result found in other studies [8, 9, 13].

About infant feeding practices. Major source of information were elders of family and neighbourhood, although health care worker visited them and give correct information but they followed experienced women of family. We found that cultural beliefs and local customs have strong influence on infant feeding practices.

CONCLUSION

In Our study mother's knowledge regarding timing of complementary feeding is inadequate and practice and attitude are inappropriate. Majority of them are not aware of the current recommendations. Correct information and guidelines about complementary feeding is not reaching the target population. False beliefs, customs and attitude of the mother tend to wean the child late. Poor breastfeeding and inappropriate complementary feeding practices are the principal proximate causes of malnutrition during the first two years of life.

Health education about correct feeding should be given to mothers and family members including appropriate time for complementary feeding initiation, complementary foods, it's preparation and practices to give on proper time and amount and hygiene. It will help to prevent malnutrition, infant and under 5 mortality and morbidity and improve the health status of children.

REFERENCES

1. Lutter, C. K., Daelmans, B. M., de Onis, M., Kothari, M., Ruel, M. T., Arimond, M., ... & Borghi, E. (2011). Undernutrition, poor feeding practices, and low coverage of key nutrition interventions. *Pediatrics*, peds-2011.
2. Lodha, S., & Bharti, V. (2013). Assessment of complementary feeding practices and misconceptions regarding foods in young mothers. *International Journal of Food and Nutritional Sciences*, 2(3), 85-90.
3. Radhakrishnan, S., & Balamuruga, S. S. (2012). Prevalence of exclusive breastfeeding practices among rural women in Tamil Nadu. *International Journal of Health & Allied Sciences*, 1(2), 64.
4. Kishor, S., & Gupta, K. (2009). Gender equality and womens empowerment in India. National Family Health Survey (NFHS-3) India 2005-06.
5. Patel, A., Pusdekar, Y., Badhoniya, N., Borkar, J., Agho, K. E., & Dibley, M. J. (2012). Determinants of inappropriate complementary feeding practices in young children in India: secondary analysis of National Family Health Survey 2005–2006. *Maternal & child nutrition*, 8(s1), 28-44.
6. Guidelines for enhancing optimal and young child feeding practices (2013). Ministry of health and family welfare, Government of India.
7. Ijarotimi, O. S. (2013). Determinants of childhood malnutrition and consequences in developing countries. *Current Nutrition Reports*, 2(3), 129-133.
8. Medhi, G. K., & Mahanta, J. (2004). Breastfeeding weaning practices and nutritional status of infants of tea garden workers of Assam. *Indian pediatrics*, 41, 1277-1279.
9. Aggarwal, A., Verma, S., & Faridi, M. M. A. (2008). Complementary feeding—reasons for inappropriateness in timing, quantity and

- consistency. *The Indian Journal of Pediatrics*, 75(1), 49.
10. World Health Organization (WHO). (2008). *Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6-8 November 2007 in Washington DC, USA*. World Health Organization (WHO).
 11. Brown, K., Dewey, K., & Allen, L. (1998). Complementary feeding of young children in developing countries: a review of current scientific knowledge.
 12. Gupte, S. (2006). Textbook of pediatric nutrition: incorporating national and international recommendations (NFI, IAP, NNF, GOI's DOWCD, BPNI, IBFAN, WABA, ACASH, FOGSI, ICMR, AAP, IPA, UNICEF, WHO, etc.). *Textbook of pediatric nutrition: incorporating national and international recommendations (NFI, IAP, NNF, GOI's DOWCD, BPNI, IBFAN, WABA, ACASH, FOGSI, ICMR, AAP, IPA, UNICEF, WHO, etc.)*.
 13. Patel, A. B., Badhoniya, N., Khadse, S., Senarath, U., Agho, K. E., & Dibley, M. J. (2010). Infant and young child feeding indicators and determinants of poor feeding practices in India: secondary data analysis of National Family Health Survey 2005–2006. *Food and Nutrition Bulletin* 31, 314–333.