A Study to Assess the Knowledge and Practice of Complementary Feeding among Mothers of Infants of a Selected Hospital

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Abstract: <u>Methods</u>: A cross sectional non experimental descriptive design was adopted for this study. A purposive sampling was applied for selection of samples. A structured interview schedule and self reported rating scale was designed and the association between sociodemographic variables and knowledge and practice of mothers was assessed using statistical inferences. <u>Background</u>: Nutrition affects development as much as development affects nutrition. According to UNICEF, every year 1 million children die under the age of five due to malnutrition related causes in India. An estimated six percent under five deaths can be prevented by ensuring optimal complementary feeding. <u>Aim</u>: To assess the knowledge and practice of complementary feeding among mothers of infants of a selected hospital. <u>Results</u>: Majority of the mothers had average knowledge (61.82%) and average practice score (70%). There was fair degree of linear relationship between knowledge and practice of mothers. A significant association was found between age of infant and nutritional pattern of infant with practice of mothers. Birth order of infant and knowledge of mothers was also significantly associated. <u>Conclusion</u>: Findings suggest that knowledge and practice of mothers can be improved by planned teaching programmes and distribution of IEC material to be encouraged in hospitals and communities.

Keywords: Infant, knowledge, practice, complementary feeding

1. Introduction

Complementary feeding is "the systematic process of introduction of suitable food at the right time in addition to mother's milk in order to provide needed nutrients to the baby". Within the framework of the global and national Infant and Young Child Feeding (IYCF) guidelines, the prime characteristic of satisfactory complementary feeding is that foods given should complement rather than replace breast milk, which should continue till at least 2 years age, to meet the nutrient needs of the young child. Appropriate complementary feeding requires a combination of strategies. Establishing appropriate universal and timely introduction of complementary feeding has emerged as one major strategy to combat this 'avoidable' under nutrition in young children. Often, it is not the food insecurity with respect to the child's diet but lack of awareness which results in inadequate intake and undernutrition. What is required is focused and aggressive awareness generation on issues related to complementary feeding.

2. Materials and Methods

The study was conducted in under five clinics of selected tertiary hospital.A cross sectional non experimental descriptive design was adopted for this study.The conceptual framework adopted in present study was based on the Health Promotion Model designed by Nola.J.Pender. A purposive sampling method was used and 110 subjects were selected accordingly.

The research tools used were

- 1) A structured demographic schedule was used to obtain demographic details of the mothers.
- 2) Knowledge and practice questionnaire
- 3) Self reported rating scale was used for assessing the practices regarding complementary feeding

3. Results

Table 1: Distribution of mothers according to knowledge
score regarding complementary feeding

(n = 110)			
Percentage	No of mothers	Knowledge score	
0	0	Poor $(0 - 6)$	
61.82	68	Average (7 – 13)	
38.18	42	Good (14 – 20)	
100	110	Total	

Mean =13, SD = 2.88



Table 1 shows that majority of mothers 61.82% had average knowledge whereas 38.18% had good knowledge regarding complementary feeding and none of them had poor knowledge.

Table 2 Distribution of subjects according to practice score of mothers regarding complementary feeding

n = (110)			
Percentage	No of mothers	Practice score	
0	0	Poor $(0 - 14)$	
70	77	Average (15 – 28)	
30	33	Good (29 – 42)	
100	110	Total	

Mean = 27.94, SD = 3.84

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 Table 3: Correlation between knowledge and practice regarding complementary feeding. (n =110)

 P Value
 r Value
 Correlation between



Scatter diagram showing correlation between knowledge and practice of mothers

The above figure shows that the mean knowledge score was 13 with standard deviation ± 2.88 . and the mean practice score was 27.94 with standard deviation \pm 3.84.The correlation coefficient was calculated by using Karl Pearson's correlation.The value of 'r' calculated was 0.23 which indicates fair degree of linear relationship. The p value is <0.05 which indicate significant association between knowledge and practice regarding complementary feeding.

4. Findings of Study

The mean knowledge score was 13 and the mean practice score was 27.94. Majority of the mothers had average knowledge and practice. Linear relationship was found between knowledge and practice of mothers. The significant association was found between age, nutritional pattern of infant with practice and birth order of infant and knowledge of mothers.

5. Analysis

Descriptive statistics was used to analyse sample characteristics. Mann Whitney U test and ANOVA were used for hypothesis testing. SPSS 17 software was used for

data analysis.

6. Discussion

The results of study shows that the healthcare delivery system at present is giving more emphasis on the preventive rather than the curative aspect. Nutrition lessons and demonstration about preparation of complementary feeding should be carried out in the immunization clinics and in community. Preparation of booklets, pamphlets, menu planning cards, diet plans which can be given to health workers to circulate in community as well as to mothers attending the post natal clinics. Education campaigns will help to reduce incidences of malnutrition. Strategies to promote complementary feeding should target all the stakeholders and not only the mothers. The strategies should target mother in law, father and community leaders. Increase in involvement of mass media for educating mothers along with attendants during each point of contacts like vaccination would aid in improving nutrition and health status of children.

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