# Assessment of Feeding and Mortality Pattern among Children

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**Abstract:** *Several programmes have been implemented by Government of India along with WHO and UNICEF to improve the health status of infants. For the effective child health care delivery. Information regarding infant feeding practices and pattern of morbidity is important. This study was done to describe selected newborn and infant feeding practices, morbidity pattern and care given during the episodes of illness in DM Colony UT. The objectives of the study were to study the feeding practices & morbidity pattern of children. A house to house survey was conducted & systemic random sampling method was adopted for the study. Total 101 subjects were enrolled to collect data. Results of the study concluded that the majority of the delivery took place in hospital and mothers initiated breast feeding within one hour of delivery. Approximately half of the caregivers give prelacteal feed to the child. Complementary feeding was started at or after 6 months of age of the child. Majority of the children birth weight was in normal range and 1/4th of the child suffered from problem, mainly jaundice at the time of birth. Frequently occurring morbidities in children were diarrhoea, acute respiratory tract infections and conjunctivitis.*

**Keywords:** child morbidity, feeding pattern, caregivers, illness episodes, complimentary feeding

## 1. Introduction

Infants are valuable treasure to the nation. Realizing the importance of child development, United Nations declared 1979 as the International Year of the Child (IYC) and World Health Organisation WHO proposed a theme on World Health Day during 2003 as ' Health Environment for children' and 2005 as ' Make every mother and child count' to focus the attention of planners, policy makers, administrators, health and social scientists on various problems faced by children. Optimal infant and young child feeding (IYCF) practice are crucial for nutritional status, growth, development, health and ultimately. Breast milk is an important source of energy for infants and it provides immunity to fight against illness and reduce mortality. Exclusive breast feeding for six months is an essential component for growth and development of the infant. For children older than six months, breast milk alone is no longer sufficient to meet the nutritional requirement and therefore other foods are needed along with breast milk. Introduction of semi-solid foods after six months is essential to avoid the malnutrition in early life. Globally seven million children, under five years of age died in 2011 and about one fourth (24%) of deaths occurred in India. Around 86% of neonatal deaths arte due to pneumonia, diarrhoea, and preterm births. As per WHO- Child Health Epidemiology Reference Group (CHERG) 2012 estimates, in India the major causes of child mortality in the age group 0-5 years in India are neonatal causes (52%), pneumonia (15%), diarrhoeal disease (11%), measles (3%), injuries (4%) and others.

### Statement
A descriptive study to assess the feeding pattern and morbidity pattern among children upto 2 years of age in Daddu Majra Colony, UT. Chandigarh

### Objectives
- To study the feeding practices of children upto 2 years of age in Daddu Majra Colony, UT. Chandigarh.
- To study the morbidity pattern in children upto 2 years of age in Daddu Majra Colony, UT, Chandigarh.

## 2. Methodology

A house to house survey was conducted in Daddu Majra Colony to identify subjects. Only children below 2 years of age and their mothers were taken for the study, systemic random sampling method was adopted for the study i.e. every 5th house was surveyed to identify the study subjects. Total 101 subjects were enrolled to collect data related to assess the feeding pattern and mortality pattern among children upto 2 years of age. A written consent was taken from mothers prior to data collection. Data was compiled and analysed using SPSS-16/

## 3. Result

**Table 1:** Socio demographic Profile of respondents

| Socio-demographic variables | n (%) |
|---|---|
| Age in months | |
| 0-6 | 14(13.9) |
| 7-12 | 37(36.6) |
| 13-18 | 20(19.8) |
| 19-24 | 30(29.7) |
| Sex | |
| Male | 60(58.8) |
| Female | 41(40.2) |
| Religion | |
| Hindu | 91(89.2) |
| Muslim | 7(6.9) |
| Sikh | 2(2.0) |
| Christian | 1(1.0) |
| Family type | |
| Nuclear | 52(51.0) |
| Joint | 49(48.0) |
| Family size | |

| ≤4 | 38(37.2) |
|---|---|
| 5-8 | 55(54.0) |
| ≥9 | 8(7.9) |
| No. of rooms | |
| I | 15(14.7) |
| 2 | 44(43.1) |
| 3 | 25(24.5) |
| ≥4 | 17(16.7) |
| Monthly income of parents | |
| 1500-5000 | 9(8.8) |
| 5001-10000 | 57(55.9) |
| 10001-20000 | 31(30.2) |
| ≥20000 | 4(4.0) |
| Per capita income | |
| 500-2500 | 69(67.8) |
| 2501-5000 | 27(26.5) |
| 5001-7500 | 3(2.9) |
| 7501-10000 | 2(2.0) |

Table no. 1 depicts the socio demographic profile of the respondents. Majority of the respondents were in the age group of 7-24 months and more than 50% were males. Mostly respondents belong to Hindu religion and approximately half lived in nuclear family. More than half of the parents have monthly income in Rs 5001-10000 range.

**Table 2:** Practices related to feeding pattern of children N-101

| S.N | Practice | n (%) |
|---|---|---|
| 1. | Initiation of breast feed | |
| | Within 1 hr | 80(79.2) |
| | Within 24 hrs | 15(14.9) |
| | After 24 hrs | 5(0.5) |
| 2. | Colustrum given to the child | 84(83.2) |
| 3. | Prelactal feed given(honey) | 42(41.6) |
| 4. | Child exclusively breast feed for 6 months | 74(73.3) |
| 5. | Complimentary feeding started | |
| | Before 6 months | 46(45.5) |
| | At 6 months | 26(25.7) |
| | After 6 months | 26(25.7) |
| 6. | Top feed given by | |
| | Katori/spoon | 49(48.5) |
| | Bottle | 35(34.7) |
| | Cup/sipper | 14(13.9) |
| 7. | Breast feed | |
| | Continued | 84(83.2) |
| | Terminated – at 6 months | 3(3.0) |
| | 7-9 months | 9(8.9) |
| | 10-12 months | 5(5.0) |
| 8. | Most preferred food  by child | |
| | Sweet | 28(27.7) |
| | Salty | 60(59.4) |
| 9. | Registerd at anganwadi | 99(98.0) |
| 10. | Anganwadi food given to child | 55(54.5) |
| 11. | Reason for not giving anganwadi food | |
| | Longer distance | 8(7.9) |
| | Shortage of time | 10(9.9) |
| | Disliked by child | 7(6.9) |
| | Not preferred by mother | 11(10.9) |

Table No.2 represents practices related to feeding pattern of children. Approximately 80% of mothers initiated breastfeed to children with in 1 hour of birth. Nearly 40% of the mothers gave prelacteal feed to babies. 3/4th of mothers exclusively breast feed their child for 6 months and nearly half of the children were given complimentary feeding before 6 months. 50% of the child got top feed by

katori/spoon. More than ½ of the children like salty food and 99% were registered at anganwadi. Only 50% of the mothers gave anganwadi food to child.

**Table 3:** Morbidity pattern in children below 2years of age, N-101

| S. No. | Practice | n (%) |
|---|---|---|
| 1. | Birth Weight | |
| | 1.5-2.0 | 1(1.0) |
| | 2.1-2.5 | 37(36.6) |
| | 2.6-3.0 | 20(19.8) |
| | 3.1-3.5 | 30(29.7) |
| 2. | Immunization Status | |
| | Complete | 100(99.0) |
| | Incomplete | 1(1.0) |
| 3. | Place of Delivery | |
| | Hospital | 97(96.0) |
| | Home | 4(4.0) |
| 4. | Problem occurred to child at the time of birth | 25(24.8) |
| 5. | Frequently occurring morbidity | |
| | Diarrhoea | 21(20.8) |
| | ARI | 29(28.7) |
| | Conjuctivitis | 2(2.0) |

Table no.3 depicts morbidity pattern in children below 2years of age. Data revealed that more than half of the children have normal birth weight. More than 90% of the children were delivered in hospital and were immunized. 1/4th of the children suffered from health problems at the time of birth. The more frequently occurring morbidities to children were Diarrhoea, ARI's as compared to conjunctivitis.

**Table 4:** Health Problems in children, N-101

| Health Problem | Age of child | | | |
|---|---|---|---|---|
| | <1 month | 1-6 months | 6-12 months | 1-2 year |
| Diarrhoea | 8(7.9) | 23(22.8) | 28(27.7) | 20(19.8) |
| ARI | 3(3.0) | 15(14.9) | 3(3.0) | 1(1.0) |
| Fever | --- | 2(2.0) | 4(4.0) | 11(10.9) |
| Diarrhea,Fever, Cold | --- | 8(7.9) | 7(6.9) | 1(1.0) |
| Diarrhea,Fever | --- | --- | 1(1.0) | 6(5.9) |
| Conjunctivitis | --- | ---- | 6(5.9) | --- |
| Ear Infection | --- | 2(2.0) | 2(2.0) | --- |
| Jaundice | 25(25.8) | ---- | ---- | ---- |

Table no.4 revealed the health Problems in children among different age groups. It has been seen that diarrhoea and ARI's frequently occurring health problem in every age group. It also observed that 28% of children between 6-12 months of age suffered from diarrhoea while 15% of children between 1-6 months of age suffered from ARI's. 1/4th  %age of children below one month of age suffered from Jaundice.

## 4. Major Findings of the Study

Results of the study concluded that the majority of the delivery took place in hospital and  mothers initiated breast feeding within one hour of delivery and approx. Half of the caregivers give prelacteal feed to the child. Complementary feeding was started at or after 6 months of age of the child. Majority of the children birth weight was in normal range and 1/4th of the child suffered from problem, mainly

jaundice at the time of birth. Frequently occurring morbidities in children were diarrhoea, acute respiratory tract infections and conjunctivitis.

## 5. Conclusion

It has been concluded from the study that a few of the mothers were not following the feeding practices accurately which affects the health of the children & Diarrhoea and ARI's were the most frequently occurring morbidities among the children under 2 years of age.

## 6. Recommendations

1) An experimental study can be done to assess the effectiveness of Behavioural change practices among mothers for the prevention of Diarrhea among children below 2 years of age.
2) A study can be done to the educate the mothers /caregivers to improve the feeding practices of children under 2 years of age.

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