ABSTRACT

Initiation of complementary feeding is a remarkable step in infant's life. Its implications on growth have considerable importance. As it is bounded by various socio-economic and cultural beliefs, a well-designed nutrition education programme is an urgent need.

This study was carried out, to assess the effects of nutrition education intervention model on complementary feeding practices. The study comprised of three phases namely situation analysis, development and implementation of the intervention model and evaluation.

Two Medical Officer of Health areas, namely Horana and Bandaragama in the Kalutara District were selected to carryout this study. Mothers and fathers of thousand families, with a child of six months to two years of age were randomly selected for Phase I. They were interviewed by Public Health Nursing Sisters to obtain data on knowledge, attitudes and practices. Focus group discussions were also held. Knowledge and attitudes of Public Health Midwives on complementary feeding were assessed and the existing materials for health education were reviewed.

Analysis of data revealed, that knowledge on aspects of weaning such as age of introduction of different food items, frequency of feeding, amount of feeds, and feeding during an illness were inadequate.

Knowledge of Public Health Midwives regarding complementary feeding was also deficient. Only few health education materials were available.

These findings were presented to experts and the nominal group techniques were used to finalize the content of the intervention model. Health education strategies such as interpersonal and group discussions, role-plays, demonstrations, and health education materials such as leaflets and flip charts were used to implement the health education programme.

As Public Health Midwives are responsible for educating people they were trained to implement the intervention model. The Medical Officer of Health area Horana served as study area while MOH area Bandaragama served as the control area. Nutrition education intervention programme was implemented in intervention area but not in control area.

Two hundred and three families in the Horana MOH area and 202 families in Bandaragama MOH area with an exclusively breast fed infant, two and a half months to three months of age were selected for the Phase II of the study.

Parents had to commence complementary feeding according to the intervention model in intervention area, while existing health care practices were carried out in control area. Prior to implementation of intervention, infants' anthropometric measurements, haemotological measurements were noted. During the intervention period frequency of infections was noted in both intervention and control areas. Five months after intervention these measurements were repeated to assess the impact of the intervention. Out come of the intervention was assessed by post intervention interviews of parents and Public Health Midwives.

There was a significant improvement in knowledge of mothers as well as fathers, on age of introduction of different food items, frequency of foods, amount of feeds and feeding during an illness in the intervention group, when compared with the control group.

Mean haemoglobin level also showed significant improvement in infants in intervention area when compared with the control group. However, weight and length measurement showed no significant difference between the intervention group and

the control group. Prevalence of upper respiratory tract infection was high in both groups. This may be a major factor contributing to restriction in weight gain.

This study showed that the nutrition education itself could not achieve positive effects on growth of an infant. Nutritional education together with improvement in living conditions is likely to result in a significant improvement in nutritional status.