ABSTRACT

Inappropriate feeding practices are the major cause of malnutrition in infancy and childhood. Consequences due to childhood malnutrition on individuals, families and the society are high. A survey by Medical Research Institute, 2009, in Jaffna district revealed some striking findings on infant and young child feeding practices. The aim of this study was to describe complementary feeding practices and factors associated with them in infants and young children in the Medical Officer of Health area, Sandilipay.

A community based cross sectional descriptive study was performed. Multistage random sampling technique was used to collect data. Nine Public Health Midwife areas were selected randomly. The Birth and Immunization Register was used as the sampling frame to trace samples. According to the inclusion and exclusion criteria, eligible children aged 4 to 23 months were listed, and a simple random selection was made to choose the estimated sample size of 427.

A structured interviewer administered questionnaire was used to collect data by interviewers after proper training, and with conformity to ethical measures. The collected data were described and analyzed using SPSS computer software. The background characteristic and feeding practices were described accordingly and the variables were categorized in to two classes. 2 x 2 tables were used to assess the statistical association using Chi-square test and Odd ratios with 95% confidence interval.

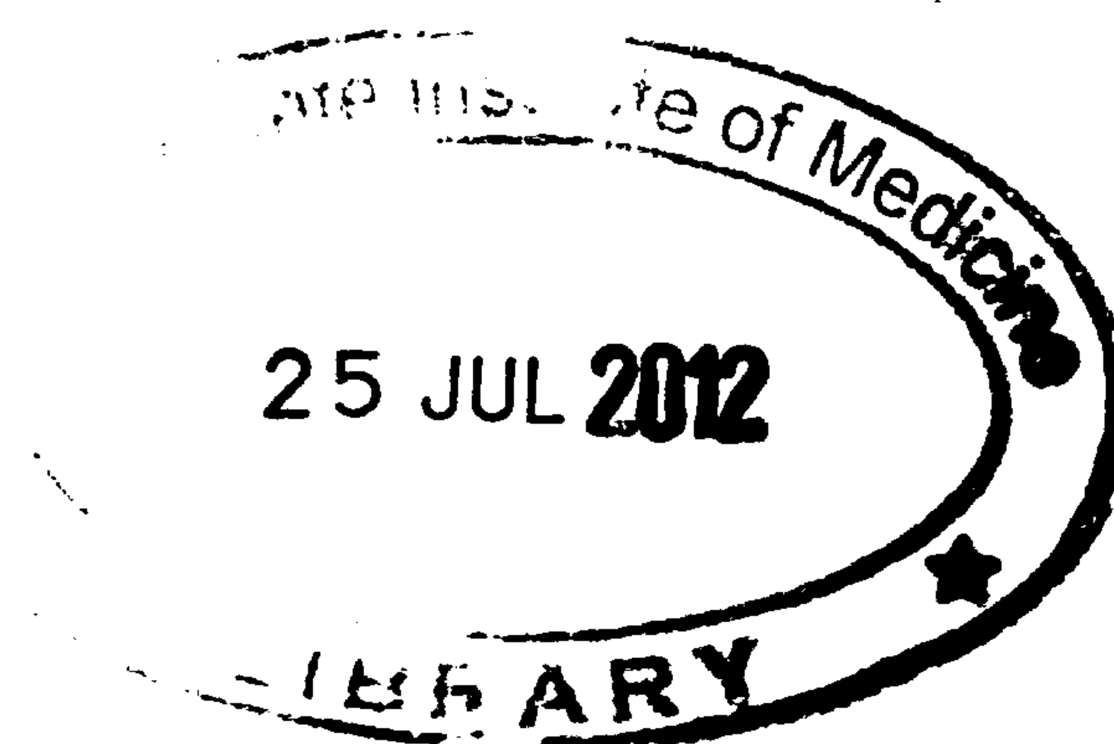
Exclusive breastfeeding among children aged 4 to 5 months (41.4%) and continued breast feeding beyond one year of age (89.8%) were found to be low. Bottle feeding was found to be a very common practice (54.1%), with the highest (66.2%) prevalence among children aged 12-15 months. The minimum dietary diversity, minimum meal frequency and minimum acceptable diet for the study sample were also at low levels: 61.8%, 89.6% and 47.3% respectively.

Key food groups, such as oily food and animal source food were not consumed adequately among this sample, whereas higher rate of sugary food, tea and coffee consumption were noted. Contact with health care workers were at a lower level and field weighing posts were the common means of contact with health staff.

Higher rate of bottle feeding was associated with higher level of maternal education, monthly income of the family higher than 15000 rupees, and contact with public health staff. Dietary diversity and minimum acceptable diet had statistically significant associations with higher level of maternal education and with families which were not receiving social aids. Adequacy of meal frequency did not demonstrate an association with any of the background characteristics.

Main caregiver not being the mother of the child, education level higher than secondary level, non consumption of flesh food by the mother, and monthly average income higher than 15 000 rupees were associated with inadequate consumption of animal source food. Adequate consumption of dairy products and eggs had statistically significant associations with feeding behaviour of caregivers' regarding their consumption of dairy products and egg.

The concept of exclusive breastfeeding up to 6 months needs to be strengthened at community level and interventions are necessary to delay introduction of solid food before completion of 6 months (180 days). Importance of continued breastfeeding up to two years of age and beyond need to be emphasized. Targeted interventions are needed to counteract the bottle feeding behaviour in the community. Introduction of oily food and animal source food in Infants' meal need to be emphasized among main caregivers and consumption of sugary food, tea and coffee by these children need to be discouraged actively.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