

Assessment of Feeding Practices of Young Children Less Than 2 Years of Age

Manpreet Kaur¹, Jaspreet Kaur¹, Shivalli Sirswal¹, Sarita Kumari¹, Nikita Thakur¹, Bhawna Duna¹, Prabhjot Kaur², Geetanjali Kalyan^{3*} and Pankaj C Vaidya⁴

¹Graduate Nurses, National Institute of Nursing Education, PGIMER, Chandigarh, India

²BSN, MSN Medical Surgical Nursing, Clinical Instructor, National Institute of Nursing Education, PGIMER, Chandigarh, India

³BSN, MSN Pediatric Nursing, PhD scholar Clinical Instructor, National Institute of Nursing Education, PGIMER, Chandigarh, India

⁴Associate Professor, Department of Pediatrics, PGIMER, Chandigarh, India

***Corresponding Author:** Geetanjali Kalyan, BSN, MSN Pediatric Nursing, PhD scholar, Clinical Instructor, National Institute of Nursing Education, PGIMER, Chandigarh, India.

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Abstract

National and international guidelines on Infant and Young Child Feeding Practices recommended that early initiation of breast-feeding within an hour of the delivery, exclusive breast feeding till first six months of age and adequate quantity and quality of complementary feeding along with breast feeding up to the age of 2 years or beyond is essential to achieve optimal growth and development of a child. The current study is conducted in the pediatric outpatient department of a tertiary care center of India catering to the health Needs of Northern India. The current study is conducted as a pilot study to assess the feeding practices of infants and young children less than 2 year of age. The findings of the study would help in highlighting the problems faced during data collection and would present a picture of current feeding practices followed by Indian mothers and would be an eye opener for both physicians and nurses to introspect into their role adequacy or need of additional efforts in terms of advocacy of these guidelines.

The study is conducted by employing descriptive approach on 200 children of 0 - 24 months of age over one week period. The data was collected by using a semi structured interview schedule developed from the Infant and young child feeding guidelines provided by Government of India, WHO, UNICEF and USAID, and by incorporating questions from standardized tools developed by Food and Agriculture Organization of the United Nations, Global Opinion Panel's and WHO feeding. The data was analyzed by using SPSS (version 20.0). The findings of study revealed that the mean age of the study subjects was 5.31 ± 2.48 months. Majority of them were males. The breast-feeding practices showed that about 95% were breast fed and 68% of them were exclusively breast fed till six months of age, whereas early initiation of breast feeding was delayed. The feeding practices of children of age group 6 - 12 months depicted that 67% of mothers initiated complementary feeding at the age of 6 months and 21% at the age of 7 - 9 months. Based on Infant and Young Child Nutrition complementary feeding monitoring tool only 23% of children had adequate complementary feeding practices.

It is concluded that time of initiation of breast feeding after delivery was delayed in majority children whereas, frequency of breastfeeding in a day was better and initiation of complementary feeding at recommended time of 6 months was present in majority of children.

Keywords: Breast Feeding; Complementary Feeding; IYCF; Feeding Practices; Six Months; Less Than 2 Years

Abbreviations

IYCF: Infant and Young Child Feeding; WHO: World Health Organization; UNICEF: United Nations International Children's Emergency Fund; USAID: United States Agency for International Development; OPD: Outpatient Department

Introduction

Every infant and child has the right to good nutrition according to the convection of the rights of the children [1]. An appropriate diet is critical in the growth and development of children especially in the first two years of life. According to UNICEF report about NFHS data 2016, under five mortality rank of India is 47 and under 5 mortality rate is 53%. Infant mortality rate (under 1 year of age) is 41%. Nutrition parameters reflects that low birth weight percentage is 28, early initiation of breastfeeding percentage is 41, exclusive breastfeeding < 6 months percentage is 46 and breastfeeding at age 2 is 77%. As per the parameters of malnutrition percentage of Underweight is 44, stunting percentage is 48, wasting percentage is 20, and overweight percentage is 2 [2]. Timely, adequate, safe and appropriate complementary feeding if started after six months of exclusive breastfeeding and continued for 2 years of age, lowers the risk of malnutrition, gastrointestinal diseases (diarrhea), pneumonia, otitis media and urinary tract infections in infant and also help mothers to return to pre-pregnant state [3].

Optimal breastfeeding refers to exclusive breastfeeding which does not even include any kind of liquid. Government of India, WHO, UNICEF, and USAID recommends early initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for first 6 months of life, the introduction of nutritionally adequate and safe complementary foods after 6 months together with continued breastfeeding up to 2 years of age or beyond [1]. Breastfeeding alone is the ideal nourishment to the baby upto 6 months of age. It remained the First Immunization, a key intervention to achieve fourth Millennium Development Goal and a priority in second Sustainable Development Goal that is zero hunger [4,5].

Complementary feeding is defined as any solid, semi solid, or liquid food with nutritional value other than breast milk, given to the child along with breast feeding. The complementary foods are specially prepared foods for infants before they start to eat family foods hence also called transition foods. These foods complement breast milk but do not replace it, thus initiating the weaning process [5]. When breastfeeding does not give enough nutritional satisfaction to the infant, complementary foods should be added up in the child's diet along with breastfeeding as these are readily consumed and digested by the child and provides additional nutrients to meet all the growing needs of the child including more vitamins, minerals, proteins, and carbohydrates that are generally available from breast milk [6]. The transition from the exclusive breastfeeding to the family foods covers the time from 6 to 24 months of age, and is a crucial period. It is the time when malnutrition starts in many children, leading to high prevalence of malnutrition in children under the age of 5 years. Complementary feeding should be timely and adequate that it should be started at the age of 6 months along with continued breastfeeding. Complementary feeding should be given in appropriate amounts, frequency, consistency and using a variety of foods to meet the nutritional requirements of the developing and growing child. Every age group has different energy requirements [7,8]. The initiation of complementary feeding can be done by signals which indicate that baby is now ready to ingest the complementary foods. These signals include age of baby upto six months, ability to sit without support and loss of tongue thrust reflex [9]. Infants and young children feeding practices have a great impact on the first five years of life and if not given adequately it may lead to malnutrition. According to WHO's "Global Target 2025" by making people aware of exclusive optimal breastfeeding and initiation of complementary feeding at the age of six months till 2 years of age along with breastfeeding can increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%, reduce stunting by 40% in children under five years of age [10].

Fewer studies from Indian scenario related to infant and young children feeding practices have revealed inadequacy in feeding practices [11-14], and it is also advisable that time to time assessment should be performed to find out the improvement in the feeding practices of infant and young children and if still inadequacies exists interventions must be employed. Keeping in views this concept this study has been planned.

Materials and Methods

A descriptive survey was conducted in the pediatric OPD, of tertiary care hospital of India with an objective to assess feeding practices in infants and young children less than 2 years and to find out association of feeding practices with selected demographic variables. Here

the feeding practices refer to the expressed feeding practices adapted by mother related to feeding of infant and young children less than two years of age. Written informed consent was obtained from the patient in his/her own language. Study was approved by the Ethics Review Committee of the institute. Mothers of 200 patients in age group of less than 2years attending pediatric OPD were selected by total enumeration sampling method between 26/03/2016 to 2/04/2016 period. The tool was prepared by referring guidelines provided by Government of India, WHO, UNICEF and USAID, and standardized tools developed by Food and Agriculture Organization of the United Nations, Global Opinion Panel's and WHO. The new questions were framed by referring the guidelines and relevant questions were selected and compiled from the standardized tools into a semi-structured interview schedule. The tool developed was extensively reviewed by the guide and co guides. The content validity of tool was established by the 10 experts who were from the field of nursing. The tool was checked for content, language and understanding. The content validity index was 97%. The tool consisted of two parts one for 0 - 6 months infants feeding practice assessment and other for 7 - 24 months child's feeding practice assessment. In each group 100 mothers were interviewed in separate rooms. It took 20 - 25 minutes to interview one mother. The data was analyzed using SPSS (version 20.0). Both descriptive and inferential statistics were applied.

Results and Discussion

Results

Socio demographic data of study subjects

The results of socio demographic data of study subjects revealed that the age range was 4 days to 24 months and the mean ± SD was 5.31 ± 2.48 months. About 28% were in age group of 6 - 12 months and only 4% were in 18 - 24 months. Out of total, 64% were males. While taking birth weight into consideration, more than half (52%) had more than 2.5 kg birth weight and 3.5% mothers were not aware of their child's birth weight. In immunization status, majority 83.5% had completed immunization till the time of data collection (Table 1).

	N = 200
Variables	n (%)
Age (months)	
< 2	41 (20.5)
2 - 4	41 (20.5)
4 - 6	18 (9)
6 - 12	56 (28)
12 - 18	36 (18)
18 - 24	8 (4)
Gender	
Male	128 (64)
Female	71 (35.5)
Ambiguous	1 (0.5)
Birth weight (kg.)	
= 2.5	37 (18.5)
> 2.5	104 (52)
< 2.5	52 (26)
Do not know	7 (3.5)
Immunization status	
Completed	167 (83.5)
Not completed	33 (16.5)

Table 1: Socio demographic profile of the study subjects.

Mean ± SD = 5.31 ± 2.48

Range = 4 days-24 months

Socio-demographic profile of mothers

In socio-demographic profile of mothers showed that majority 64.5% were in age group of 20 - 30 years and only 3.5% were having age < 20 years. The mean ± SD of age of mothers was 27.85 ± 0.525 years and in range of 19 - 35 years. About 60.5% gave birth to the child under the study by normal vaginal delivery and about 53.5% were having primi gravid status of parity. As per educational status, maximum mothers 42% were having education up to secondary level and 7% were illiterate. On viewing occupation of mothers, about 87% were not working and only equal number 1.5% were doing skilled and professional work respectively. On residency basis, half of them belonged to urban area and another half were from rural background (Table 2).

	N = 200
Variables	n (%)
Age (years)	
≤ 20	7 (3.5)
20 - 30	129 (64.5)
≥ 30	64 (32)
Mode of delivery	
Normal vaginal delivery	121 (60.5%)
C section	79 (39.5)
Parity	
Primi gravid	107 (53.5)
Multi gravid	93 (46.5)
Educational level	
Illiterate	14 (7)
Primary	37 (18.5)
Secondary	84 (42)
Graduate and above	65 (32.5)
Occupation	
Not working	174 (87)
Unskilled	10 (5)
Skilled	3 (1.5)
Professional	3 (1.5)
Service	10 (5)
Habitat	
Urban	100 (50)
Rural	100 (50)

Table 2: Socio demographic profile of mothers.

Mean ± SD = 27.85 ± 0.525

Range = 19 years-35 years

Health status, health problems of study subjects and treatment given by parents

Health status of study subjects depicts that about 31% of the children visited the hospital for immunization and others visited due to the problems of different body systems. Less than half 46.5% were hospitalized in their lifetime and out of them 35.5% hospitalized

once. Many (41.9%) mothers reported more than two organ involvement for hospitalization and others reported involvement of only one system as cause of hospitalization. As far as the duration of hospitalization is concerned maximum subjects 44.01% were hospitalized for 1 - 2 weeks (Table 3). Regarding health problems of subjects from birth till date the commonest (13%) was cough (Figure 1). In context to the treatment given by parents 62% were treated with prescribed medicine, 9% left untreated and 8% children were treated with home remedies (Figure 2).

N = 200	
Current health issues of study subjects	n (%)
Vaccination	62 (31.0)
Gastroenterology	24 (12.0)
Respiratory	23 (11.5)
Neurology	19 (9.5)
Urinary	9 (4.5)
Eye, ear, nose and throat	5 (2.5)
Cardiac	5 (2.5)
Orthopedic	2 (1.0)
Others*	51 (25.5)
Hospitalization status	
Hospitalized	93 (46.5)
Not hospitalized	107 (53.5)
No. of hospitalizations (N = 93)	
One time	71 (35.5)
Two times	11 (5.5)
Three times	8 (4)
Four times	2 (1)
Five times	1 (0.5)
Reason for previous hospitalization	
Gastroenterology	18 (19.3)
Respiratory	16 (17.3)
Neurology	10 (10.7)
Cardiac	5 (5.3)
Urinary	3 (3.3)
Endocrinology	2 (2.2)
Others *	39 (41.9)
Duration of hospitalization	
Less than one week	24 (25.8)
1 - 2 weeks	41 (44.1)
2 - 4 weeks	17 (18.3)
More than 4 weeks	11 (11.8)

Table 3: Health status of the study subjects.

*here other means having problems of two or more organ systems.

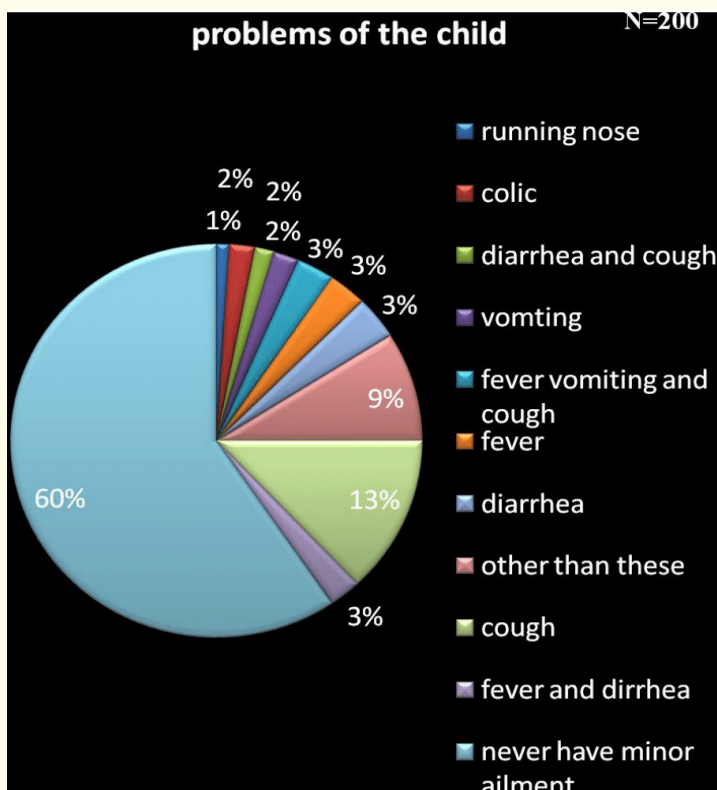


Figure 1: Health Problems the children from birth till date.

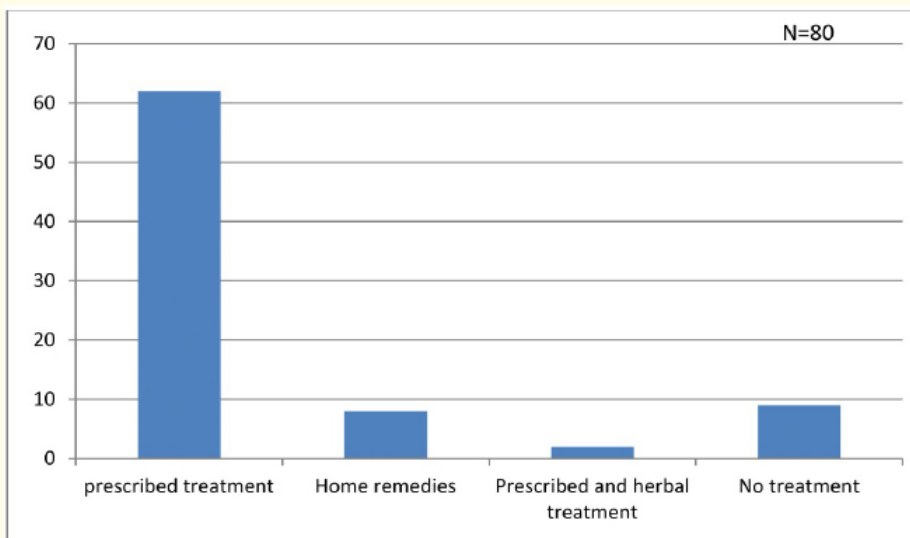


Figure 2: Treatment given by parents to the study subjects for the problems they suffered.

Breast feeding practices among infants of 0 - 6 months

The results related to breast feeding practices showed that about 95% of infants were breastfed and about 5% were not breastfed at all. Out of breastfed ones, 68% were exclusively breastfed and rest 32% were not exclusively breastfed for 6 months (Figure 3).

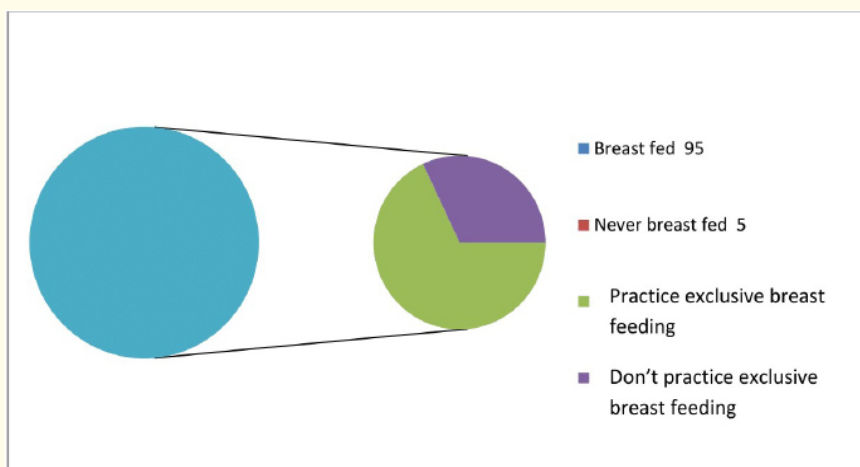


Figure 3: Practices related to breast feeding.

Among breastfed babies, approximately half 49.4% received breast milk after 12 hours of birth and about 37.8% received breast milk within half an hour to 2 hours after birth. About 2/3 were breastfed every 2 hourly in a day and a very few 8.4% were fed on demand by mother. In context to the difficulty faced by mother to provide on demand feed, only 4.2% expressed problem and rest others were comfortable. The main reason of difficulty was breast abscess (2.1%). Nearly 89.4% mothers gave feed to their infants from both breasts (Table 4). About 40% of mothers take average breast feeding time of less than 30 minutes to breast feed the child. About 88.4% of mothers have enough breast milk supply and out of those who were not having enough breast milk, about 6.3% of mothers use home remedies for enough breast milk supply (Table 5).

	N = 95
Time of initiation of breast feeding	n%
½-2 hour	36 (37.8)
3-6 hour	10 (10.5)
7-12 hour	2 (2.1)
More than 12 hour	47 (49.4)
How often breast fed in a day	
Less than 2 hours	7 (7.3)
Every 2 hourly	60 (63.1)
More than 3 hours	21.5
On demand	8 (8.4)
Difficulty in breast feeding the child on demand	
Not difficult	91 (95.7)
Difficult	4 (4.2)
Reason of difficulty in breast feeding on demand*	
Time consuming	1 (1.05)
Body ache	1 (1.05)
Breast abscess	2 (2.1)
Breast feeding by both the breasts	
Yes	85 (89.4)
No	10 (10.5)

Table 4: Initiation interval and frequency of breast feeding.

*here n is 4

	N = 95
Average breast feeding time	
10min.	20 (21.05)
15 min.	37 (38.94)
Less than 30 min.	38 (40)
Having enough breast feed	
Yes	84 (88.4)
No	11 (11.5)
Measures taken to increase breast milk*	
Home remedies	6 (6.3)
Prescribed medications	2 (2.1)
Others	2 (2.1)
No measure taken	1 (1.0)

Table 5: Average breast feeding time and amount of breast milk.

*here n is 11.

The data related to feeding in absence of mother showed that more than half 51.5% of infants were fed by artificial milk in the absence of their mothers, whereas 41% infants were fed with stored expressed breast milk. Few 5.2% of mothers were unaware of how to feed the child if they are away from their child. More than 2/3rd (69.4%) of infants were fed by their grandparents in absence of their mothers and 41.05% of infants were given EBM by spoon or cup or bottle in absence of their mothers (Table 6).

	N = 100
Continuing feed on mothers separation	
Stored EBM	39 (41.05)
Others.	49 (51.5)
Don't know	5 (5.2)
Not separated from mother ever	7 (7.3)
Support person giving feed in mothers absence*	
Grand parents	66 (69.4)
Father	11 (11.5)
Others	16 (16.8)
Foods given in mothers absence**	
EBM by spoon, cup, bottle	39 (41.05)
Infant formula by cup or spoon	25 (26.3)
Other liquid/mixed feed	24 (25.2)

Table 6: Feeding practice in absence of mother.

*here n = 93 (as 7 babies were never separated from mother ever)

**here n = 88 (as 7 babies were never separated from mother ever and 5 babies were never breastfed)

Among infant who were not exclusively breastfed (32%), the main reason was lack of enough milk supply reported in 41% cases. In about 9% cases, infant had trouble in sucking and latching and in about 6% cases, mothers were having trouble in milk flow to start (Figure 4).

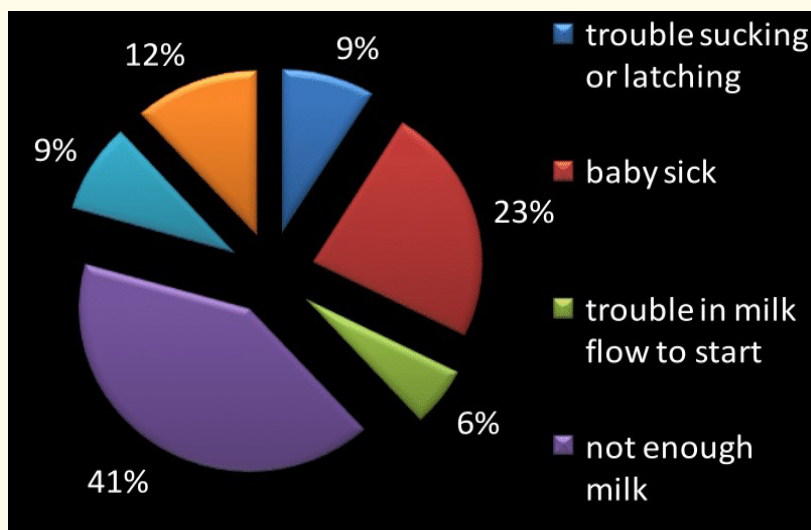


Figure 4: Reason for not giving EBF.

Feeding practices of children 7 - 24 months of age

The results of complementary feeding practices (N = 100) revealed that 77% of the mothers were breast feeding the child along with complementary feeding where as 22% of the mothers have completely stopped breast feeding. In about 2/3 cases, the complementary feeding was started at completion of 6 months age, in 21% cases it was started after 7 months to 9 months of age and only in about 3% cases it was initiated at 10 - 12 months of age. The mothers of infants used locally prepared food as first food to initiate complementary feeding. In about 21% cases dal ka pani (water of boiled pulses), in 19% cerelac, in 18% dalia (porridge) and in 12% khichdi (rice gruel) was used as first food (Table 7).

N = 100	
Child being breast fed at the moment	n %
Still breast feeding	77
Not breast feeding	22
Child was never breast fed	1
Initiation of complementary feeding	
At 3 - 6months	9
At completion of 6 months	67
After 7 - 9 months	21
At 10 - 12 months	3
First food introduced to the child	
Dal ka pani	21
Cerelac	19
Dalia	18
Khichdi	12
Others*	30
*rice water, cow's milk, kheer, biscuit, curd, suji halwa	

Table 7: Feeding practices of children (7 - 24months).

About the reason for choosing preferred complementary food after the age of 6 months and the consistency of complementary feed majority 97% of the mothers preferred giving watery porridge over the thick porridge. Out of them 43% of the mothers preferred it, as it contain more of liquid than the thick porridge (Table 8). On asking about the food types that can be added to rice porridge in order to

make it more nutritious, most 37% of the mothers they would add green leafy vegetables and about 22% of the mother said they would add pulses and nuts to make it nutritious.

N = 100	
Variable	n%
Consistency of complementary feed preferred	
Watery	97
Thick	3
Reason for choosing the preferred complementary feed	
More of liquid is there	43
Don't know	1
Porridge is more nutritious	3
Others*	53

Table 8: Reason for giving food in addition to breast milk after the age of 6 months and consistency of complementary feed preferred.

* Watery porridge is easily digestible, taken by the child readily, and doesn't get choked

In context to the different ways mother use to encourage the child to eat, 16% of the mothers said they make funny faces in order to make the child eat and 10% of them clap hands to encourage their child to have food. It was also found that no new food was introduced by 52% of mothers in past few weeks, and 16% of mothers introduced one new food every week. Majority (95%) of the mothers were confident enough to prepare the food for the child (Table 9). About the problems caused due to intake of complementary food and the ways through which they were treated, it was found that only 19% of the children faced problems which include spitting up, vomiting and stomach cramps. Most of them were treated by doctor as outdoor patient (Table 10). About the food groups liked by the child, about 27% of the children liked grains and 14% liked dairy products (Figure 5). Whereas the food groups that are not liked by the children, 40% of the children like everything and 19% of them dislike grains and about 8% of the children dislike dairy products (Figure 6).

N = 100	
Ways to encourage the child to eat	n%
Funny faces	16
Clap hands	10
Demonstrate by opening your own mouth	3
Say encouraging words	8
Don't know what to do	8
Others	20
Clap hands+ make funny faces+ demonstrate +say encouraging words	21
Make funny face +demonstrate +say encouraging words+ draw child attention	14
Introduction of new food in past 2 weeks	
No new food in past few weeks	52
About 1 new food in a week	16
New food every 4 days	6
New food every 3 days	11
New food every 2 days	2
1 new food every day	10
More than 1 food every day	3
Confident enough to prepare the food for child	
Confident	95
Ok or so	4
Not confident	1

Table 9: Ways to encourage the child to eat and introduction of food in past few weeks.

N = 100	
Problems caused due to intake of food	
Yes	19
no	81
Symptoms due to ingestion of food	
Spitting up+ vomiting+ stomach cramps	11
Vomiting	4
Diarrhea	3
coughing	1
Ways by which symptoms were treated	
By doctor as outdoor patient	8
Admitted to hospital	3
None of the above	8

Table 10: Problems caused due to intake of food.

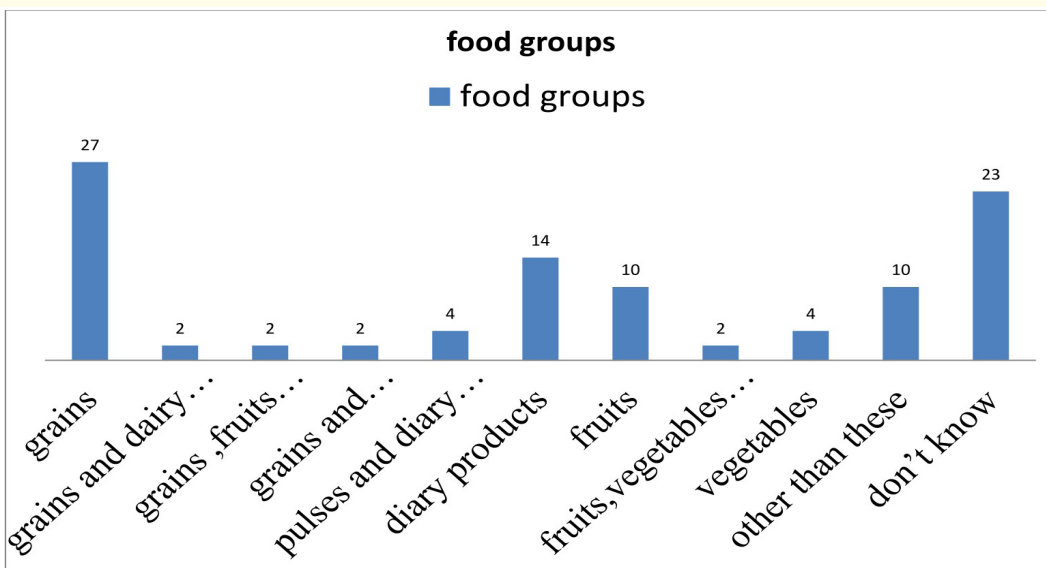


Figure 5: Food groups liked by child.

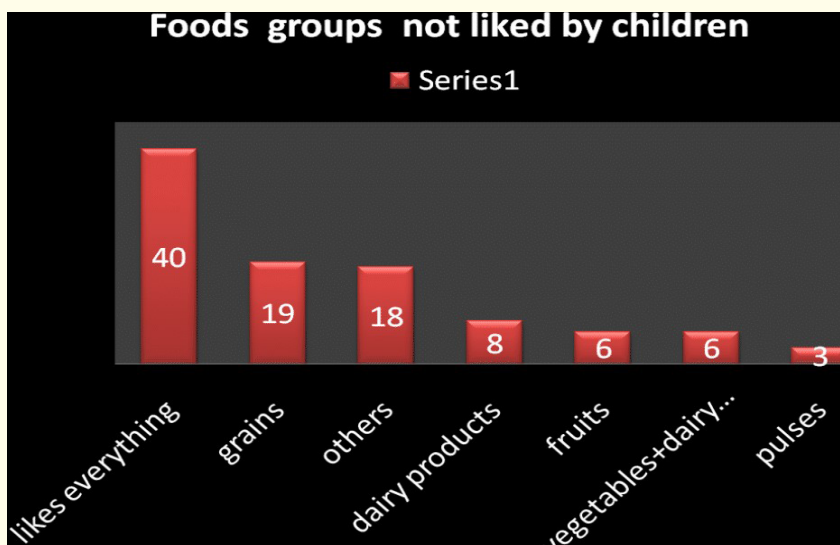


Figure 6: Depicts the food group that are not liked by the children.

Discussion

All the national and international guidelines on Infant and Young Child Feeding recommends early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for first 6 months of life, the introduction of nutritionally adequate and safe complementary foods after 6 months of age together with continued breastfeeding up to 2 years of age or beyond.

In the present study, 37.8% of children were put on breast feeding within half hour- two hours of birth. National Family Health Survey -3*data at national level showed it as 24.5% [15]. Study from northern region of India had showed it as 43.3% [12]. In present study breast feeding was delayed beyond 12 hours for 49.9% of infants. About 95% of infants were put on breast feeding fully or partially at birth which is higher than a US based research study in which 76% infants were breast fed fully or partially at birth [17].

In breastfeeding practices, in our study 63.1% of mothers feed the infants every two hourly and only 8.4% feed their children on demand. Most of the mothers (95.7%) don't have any kind of problem while breastfeeding their children. Majority of mothers (89.4%) breastfeed their children from both the breasts every time.

As World Health Organisation recommended exclusive breastfeeding for 6 months of age as the major component of feeding practices, in our study the exclusive breast feeding under six months was present in 68% of the children which is higher than a study conducted by Dabar D., *et al.* in northern region of India (51.3%) [12]. An international study had shown it as 30% which is much lower than our study [16]. The most common reason for not giving exclusive breast feeding was not having enough breast milk (41.6%). In our study when the mothers were asked about feeding the children when they get separated from their children, the most of them i.e. 51.5% responded for giving artificial feeds by taking the help of grandparents.

Related to the complementary feeding in present study having sample of 100 children lying in the age of 6 - 24 months, 77% were still breastfeeding, 22% were stopped breastfeeding and 1% were never breastfed and almost similar results found in a study conducted in Madhya Pradesh showing that 88% were still breastfeeding and 12% stopped breastfeeding [18]. Initiation of complementary feeding at the recommended time of 6 months was seen in the majority of children (67%) and similar results were present in a study conducted in Dehradun where 70.1% mothers initiated complementary feeding at recommended time [15] which is lower than (77.5%) from a study of southern part of India [14]. A study of eastern Ethiopia showed the prevalence of timely initiation of complementary feeding was 60.5% [17].

In present study only 9% of children weaned prematurely. A study from Southern region of India also reported premature weaning in 10% children [14]. But the eastern Ethiopian study showed premature weaning in 19% of the children [18]. A community based cross sectional study in Dehradun reported that about 25.1% children less than 6 months of age were put on early complementary feeding because mothers need to resume their jobs and others perceived that they don't have enough breast milk to feed their children [15].

In present study majority of mothers (81%) had given homemade food as complementary feeding and it is almost equal to southern studies (82%) [13]. About 21% of mothers used Dal ka pani and 19% used cerelac as a weaning food which is very lower than a study conducted by Lodha., *et al.* in Madhya Pradesh where 50% of mothers used Dal ka pani and 42% used commercial food as a weaning food [18].

In current study, it was reported that 27% of the children like food group grains which include food items such as dalia, chapatti, rice, porridge and biscuits mostly. Furthermore, it was reported that 23% of the mothers were not knowing about the liking of their children. But a study in Madhya Pradesh reported the use of animal milk as the most common complementary food (86%) [18]. A study conducted by Saleh F., *et al.* in Dhaka city to assess the complementary feeding practices reported that among the non exclusive breast feeding mothers 16% started the complementary feeding after the recommended time which is lower than our study results where 24% of children

late started with complementary feeding. The frequency of complementary feeding i.e. 3 times a day was present in 60% of children in age of 6 - 8 months and in 33% of 9 - 10 months aged children [13]. About 37% of the children were taking complementary feeding more than 3 times a day in our study. While concerning the problems faced by children due to complementary feeding only 19% of children faced the problem and the most common problem was vomiting out, spitting out and stomach cramps (79%). But while comparing our study with study from Central India about 50% of children suffered from constipation [18].

Among the 19% of the children who faced the problem due to ingestion of complementary food, 42% of them were treated by the doctor, 16% were admitted to the hospital and 42% of them have not taken any kind of treatment for the problem. Patel et al conducted a study to estimate infant and young feeding indicators and determinants of selected feeding practices in India. Only 23.5% of mothers initiated breast feeding within the first hour after the birth while in current study it was 37.8%. Among the infant under 6 months of age, 46.4% were exclusively breast fed but in present study it was 68% and 56.7% of those aged 6 to 9 months received complementary foods while the present study revealed that 67% of those aged 6 months received complementary feed which is quite better than previous study. The rates of timely initiation of breast feeding were higher among women who were better educated and were working. The rates were lower in women who were delivered by caesarean section [18].

Conclusion

Good nutrition forms the basic foundation of health throughout the life of person. Almost all of the mothers gave breastfeeding to their children however they were not breast feed their child exclusively. It is also concluded that time of initiation of breast feeding after delivery was delayed in majority of them. But frequency of breastfeeding in a day was better. In complementary feeding it is observed that initiation of complementary feeding at the recommended time of 6 months was seen majority of children. Majority of the children like food group grains which include food items such as dalia, chapatti, rice, porridge and biscuits. However, there is need to inform the mothers about the timing, consistency, frequency and quality of complementary food item.

Conflict of Interest

There is no conflict of interest exists.

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