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Infant and child feeding practices among farming communities in Southern Ethiopia



Nigatu Regassa *

Hawassa University, Institute of Environment, Gender and Development, Ethiopia

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ABSTRACT

Objectives: The main objective of this study is to examine the breast feeding and complementary feeding practices among farming communities of Southern Ethiopia.

Methods: The study used primary data collected from 1094 households located in ten kebeles (the smallest administrative segment) through the multi stage probability sampling technique. Information on demography of breast feeding was measured by universally accepted computational tools given by WHO. Data were analyzed using univariate, bivariate and multivariate statistical techniques.

Result: The result demonstrated that a large proportion of respondents were breast feeding their last child (age <2) during the survey. Majority of women initiated breast feeding early (just at birth); 56% of the women practiced exclusive breast feeding and more than 86% reported consistently continuing breast feeding until age 2. The complementary feeding starts late for significant proportion of children at age 6–8 months and a larger proportion of children in the age groups 6–8 and 9–11 months did not get the core food groups such as cereal, egg, and meat. The results of the Ordinary Least Square (OLS) regression revealed that four variables predicted the level of dietary food consumption, namely; experiencing child death during the last five years preceding the survey, institutional delivery of the last child, literacy status and household hunger. Also, three predictors appeared to have significant association with the likelihood of continuation of breast feeding at age 2; namely, age of women, household hunger and working outside home.

Conclusion: The study concluded that there are positive signs on infant and child feeding practices which should be promoted such as the relatively higher rate of exclusive breast-feeding during the first half of infancy and continued breastfeeding through the second year of life and beyond. There are also certain practices that require attention which include the widespread use of bottles, delayed introduction of complementary foods, and low dietary diversity throughout the first two years of life.

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* Correspondence to: Hawassa University, Institute of Environment, Gender and Development, P.O. Box 679, Hawassa, SNNPR, Ethiopia.
 E-mail address: negyon@yahoo.com
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Introduction

Poor child feeding practices coupled with high rates of infections have a detrimental effect on health and growth of young children during the first 2 years of life. The first 24 months is thus recognized as being the most important window of opportunity for establishing healthy growth through optimum feeding practice [1]. Evidences suggest that while neonatal health is found to be dependent on health care services, post-neonatal health is dependent largely on environmental factors [2] which include breast feeding and nutritional status [3].

Breast feeding is an optimal source of nutrition, important child survival strategy, and is effective intervention for preventing early malnutrition. Studies indicate that during the first 6 months, exclusive breast feeding produces higher survival rates than partial breast feeding [4–6]. Studies have confirmed that human breast milk is the best form of nutrition for neonates and infants [7–10]. Expert panels including the World Health Organization [9], the American Academy of Pediatrics [11], and the American Dietetic Association [12] recommend that babies should be breastfed exclusively for the first 6 months. Breast milk is not only the best nutrient for babies but also contains certain antibodies that can guard infants from various infections [13–15]. In relation to initiation of breast feeding right after birth, Edmond et al. [5] indicated that 16% of the neonatal deaths could be saved if all infants were breastfed from day 1 and 22% if breast feeding started within the first hour.

Despite its benefits, in most countries small percentage of mothers practice optimal breast-feeding behaviors including initiation of breast feeding in the first hours after birth and exclusive breast feeding for the first 6 months of life [10].

Following 6 months of exclusive breast feeding, infants need to be given adequate complementary food, which is timely introduction of safe and nutritional foods in addition to breast feeding [1,7,16]. Such food should typically be provided to these children from 6 to 18–24 months of age [1]. According to the World Health Organization (WHO), the complementary feeding should be *timely* (should start at about 6 months), *adequate* and *appropriate*. The incidence of stunting is the highest in the first 2 years of life especially after 6 months of life when exclusive breast feeding alone cannot fulfill the energy needs of a rapidly growing child [16].

Ethiopia is one of the poorest nations in Sub-Saharan Africa where child malnutrition is serious public health concern [17]. Despite the fact that neonatal mortality and under five mortality have declined by 26% and 21% during the last few years [18], the last Ethiopian Demographic and Health Survey (EDHS) reported 77 infant deaths per 1000 live birth for the country [19]. Approximately half of the infant deaths in Ethiopia occur during the first month of life, and 18% of all infant deaths in a year is attributable to poor breast feeding habits [20]. It is also noted that a very large proportion of women do not practice optimal breast feeding and complementary feeding behavior. For example, only about half of the infants aged 6–8 months receive complementary foods [21], about a third of the babies do not receive breast feeding within 1 h of birth and only one in three children age 4–5 months are exclusively breastfed [20].

Studies on infant and child feeding practices in Southern Ethiopia, especially in the study zone, are very few and even those available seem lacking focus. These few studies have rather considered child feeding practices as a predictor of malnutrition than directly dealing with it in its own right. Therefore, this study attempted to fill in the existing gaps by measuring the different parameters of child feeding and identifying the key household level predictors of child feeding practices in one of the most populous zones of Southern Ethiopia, the Sidama Zone.

Materials and methods

The study was conducted in Sidama zone of the Southern Nations, Nationalities and Peoples Region (SNNPR), Ethiopia. According to the last census [22], the total population of the zone was 2,954,136. With an area of 6538 square kilometers, Sidama has a population density of 452 people per km² with an average household size of 4.99 persons. Of the population, 5.51% were urban inhabitants, 0.18% pastoralists and very large portion (94.13%) were rural inhabitants [22]. A substantial area of the Sidama land produces coffee, which is the major cash crop in the region. 'Enset' (*enset ventricosum*) is the single most important root crop grown in the study area and the bulk of the population depends heavily on it for survival. The areas also produce chat (*Catha edulis*), vegetables such as potato, cabbage, beans, pumpkin and kale.

The 1094 households surveyed were selected from two agro-climatic zones: highland and low land areas of the Sidama Zone of Southern Ethiopia using appropriate probability sampling techniques. The sample size determination formula used for this study was adopted from Woodward [23]. The estimated sample size, including the 20% contingency, was 1100 households. Then, probability sampling in the form of simple random and two-stage sampling methods was adopted for selecting the required households from the study area. Because the two districts (the low and high lands) were decided in advance, the first stage of the sampling started by selecting five kebeles (small administrative units) from the list of villages within each of the two districts using simple random sampling. At the second stage, households were randomly selected from the available list to give a total of 1094 households.

The data for this study were generated through a structured interview. Information on breast feeding experiences was collected using direct questions recommended by the WHO [24]. Selection of the child feeding indicators was made based on previous studies conducted in Ethiopia [17,25]. The study collected information on the various dimensions of infant and child feeding practices which includes: breast feeding (timing of initiation, duration, exclusive, continuation), the use of complementary foods (meal frequency, dietary diversity as a proxy for quality), and frequency of intake of different foods. To estimate the prevalence of exclusive breast feeding, the proportion of women (with infants aged between 0 and 6 months) who stated to have fed their children only breast milk in the last 24-h preceding the survey, was expressed as an EBF percentage of the total number of children in the same age group; initiation of breast feeding was measured by reported

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