

## Responsive complementary feeding in rural Bangladesh

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### Abstract

It is now widely recognized that malnutrition can partly be attributed to caregiver–child interaction during feeding episodes. Current conceptual frameworks emphasize the importance of responsiveness (including active and social behaviour), psychomotor abilities of the child to self-feed, and a non-distracting feeding environment. The present observational study had three main objectives: (1) to define operationally key terms such as responsive and active feeding and observe their frequency in a rural Bangladesh sample; (2) to examine whether self-feeding, responsive and active behaviours of the mother and child varied with child's age and amounts eaten; and (3) to determine associations between mother and child behaviours. Fifty-four mother–child pairs were observed during one feeding episode and behaviours were coded for 5 categories, namely self-feeding, responsive, active, social and distracting behaviours. Children were between 8 and 24 months of age. Results indicated that the five behaviours could be observed and reliably coded. Two-thirds of mothers had an active feeding style but only a third were responsive; the two styles did not overlap. With older children, mothers encouraged more eating and more self-feeding, but children did not feed themselves more; instead older children were more negatively responsive (refusing offered food). Positively responsive mothers tended to have active children who explicitly signaled their desire for food or water, and who ate more mouthfuls of food. Positively active mothers adopted different strategies to encourage eating, such as verbally directing the child to eat, focusing, and temporarily diverting. These mothers tended to have children who were negatively responsive and refused food. Children accepted on average 5.31 mouthfuls of food and rejected 2.13. Mothers who used intrusively active strategies (e.g. force feeding) tended to have children who were both positively and negatively responsive, thus partially reinforcing her forceful behaviour. Thus, the responsive feeding framework, once operationalized, has the potential to identify specific behaviours that support or impede mother–child interaction during complementary feeding.

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### Introduction

UNICEF (2004) estimates that 48% of children under 5 years of age living in Bangladesh are

malnourished. Many other countries in South Asia, sub-Saharan Africa and Latin America grapple with a similar problem of malnutrition, which has long-term effects on physical and mental health. Children are particularly vulnerable from the age of 6 months, when they begin to require foods additional to breast milk. However, malnutrition is no longer

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considered simply to be a question of a shortage of good quality food. Even among poor families some children have better nutritional status than others; this is increasingly being attributed to responsive feeding practices of the mother (Engle, 1998; Pryer, Rogers, & Rahman, 2004). A conceptual framework outlined by Engle, Bentley, and Pelto (2000) proposes three critical components of a responsive feeding style, namely being sensitive to the child's psychomotor abilities for self-feeding, being responsive and active, and providing a supervised, non-distracting environment. The present study used the responsive feeding framework to examine data collected from rural Bangladesh, with a view to identifying problem feeding practices that could contribute to poor nutritional status (Dewey, 2003).

Responsive feeding practices incorporate the components of caregiving that are known to promote physical, mental, and social development more generally (Engle et al., 2000). They include being sensitive and responsive to the child's signals, and providing a stimulating but structured environment within which the child can actively participate in his/her own development. Within a complementary feeding context, these practices call for a delicate balance between being responsive and active. For example, the mother will need to observe that her child can use the finger pincer motion to pick up solid food at 9 months, and respond to this ability by presenting food to be picked up. Likewise, the mother needs to respond to cues of satiety/disinterest but also prevent anticipated refusals with active strategies.

Attempts to operationalize and observe these feeding practices have met with mixed success. Pelto, Levitt, and Thairu (2003) applied the responsive feeding framework retrospectively to data from a number of international studies. Behavioural categories related to self-feeding and to characteristics of the environment (e.g., schedule, supervision, utensils, distractions) could be clearly observed and described, but responsiveness was typically not. In a recent study, responsive feeding in Viet Nam was operationalized as physically "facilitating feeding or directly helping the child" and positive verbalization (Ha et al., 2002). This description combines three arguably distinct behavioural categories, namely responsive, active and social behaviours. Because specific behaviours of the child were not described, other than to accept or reject offered food, there was no

way to know if the mother was being responsive or simply performing what had been identified a priori as a good practice.

The current literature on sensitive and responsive caregiving (De Wolff & van Ijzendoorn, 1997; Isabella, 1993; NICHD, 1997) empirically distinguishes *responsiveness*, in which the mother interprets and responds to child signals, from *active* behaviours, in which the mother focuses, stimulates and encourages the child to act. We therefore applied these definitions to the feeding context, coding behaviours as responsive or active in a positive (supportive) manner or in a negative (aversive, counter to feeding) manner. We also observed child responsive and active behaviours independently of the mother's in recognition of the fact that the child should have a place in the framework (Engle et al., 2000). *Social* interaction in the feeding context might be defined as verbal or gestural interaction concerning non-food topics. Once operationalized in a manner that allows them to be reliably observed, the categories of "active and responsive" feeding behaviours can be used to describe and improve complementary feeding.

The aim of the current study, then, was to elaborate on the responsive feeding conceptual framework by applying it to observations of complementary feeding episodes in a rural area of Bangladesh. First, we created operational definitions to distinguish among responsive, active and social behaviours, and hypothesized that they may be empirically distinct as well (De Wolff & van Ijzendoorn, 1997). Second, we hypothesized that the mothers' responsive feeding would correlate with her child's age and number of mouthfuls eaten (Engle et al., 2000) and with her education or assets (Guldan et al., 1993); no hypotheses were formulated concerning associations with the child's gender or weight for age. Using similar codes for the child's behaviour, we examined them in relation to age, gender, the number of mouthfuls eaten, and weight for age. Finally the association between caregiver and child behaviour was examined. While the number of mouthfuls accepted or rejected by a child (Ha et al., 2002) may be important in the short term, we also took the longer-term perspective that self-feeding and an active interest in food reflect the development of good eating habits. It was hypothesized that these child-eating behaviours would be associated with responsive caregiver feeding.

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