

Waswa M. Lydiah¹, Keding B. Gudrun², Jordan Irmgard¹, Herrmann Johannes¹, Krawinkel B. Michael¹

¹Institute of Nutritional Sciences, Justus Liebig University-Giessen, Germany, ²Nutrition and Marketing of Diversity Programme, Bioversity International, Nairobi, Kenya

INTRODUCTION

Sub-optimal infant feeding practices, frequent infections and micronutrient deficiencies are major contributors to the high incidence of malnutrition among young children in Africa¹. Complementary foods fed to children lack variety and are low in energy and nutrient density. Poor nutrition during the complementary feeding period is associated with increased growth faltering, morbidity, delayed motor and mental development and mortality². This study aimed to assess the caregivers' feeding practices and its influence on the children's dietary diversity and nutritional status.

METHODOLOGY

- ❖ A cross-sectional baseline survey was conducted in July/August 2012 in Teso South and Bondo sub-counties, Western Kenya.
- ❖ Two-stage cluster sampling was applied in selecting the sample:
 - 30 villages were selected proportional to population size.
 - Households with infants and children aged 6-23 months and their caregivers were randomly selected from each village.
- ❖ Semi-structured questionnaires were used to assess household socio-demographic characteristics, child feeding practices and morbidity patterns.
- ❖ Children's Dietary Diversity Scores (CDDS) were calculated based on 7 food groups³ using data from one 24 hour recall.
- ❖ Anthropometric measurements of the children were taken and Height-for-age (HAZ), weight-for-age (WAZ) and weight-for-height (WHZ) Z-scores calculated.
- ❖ Infant and young child feeding practices were assessed following the WHO indicator guidelines⁴.

RESULTS

Data was collected from 293 caregivers with infants and children aged 6-23 months. Selected characteristics of study participants are presented in Table 1.

Table 1: Selected characteristics of study participants

Variables (n=293)	Mean±SD, %
Age of children in months (mean±SD)	14.2±4.9
Age of caregivers in years (mean±SD)	25.8±6.4
Household size (mean±SD)	6.0±2.5
Main occupation of household	
Small businesses/Petty trade	31.4%
Crop and animal farming	18.8%
Main caregiver mother	97.3%
Education level of caregivers	
Some primary education	46.8%
Completed primary education	30.4%

Stunting was common among the sample in the study area with 29.3% of the children being stunted (including 10.2% who were severely stunted), Figure 1.

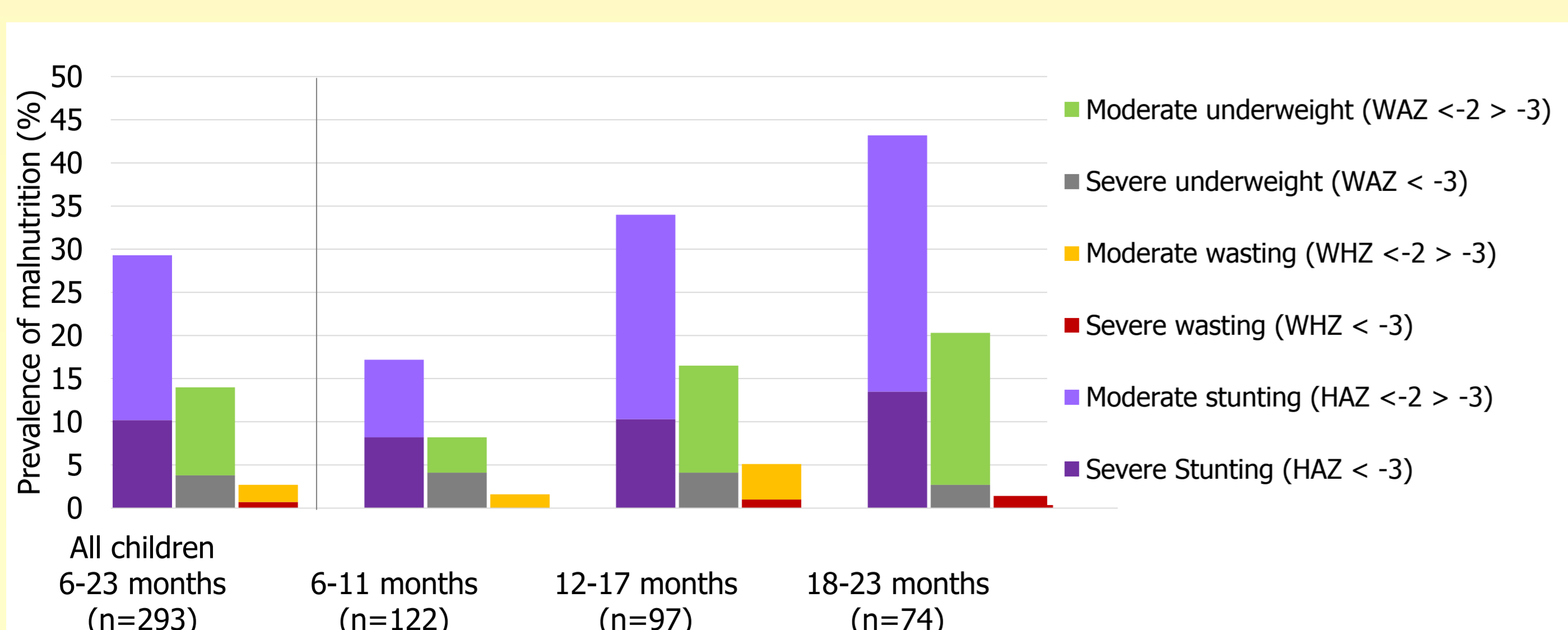


Figure 1: Prevalence of stunting, underweight and wasting among children 6-23 months

- ❖ The diets of the children were dominated by staples and low in animal source foods, fruits and vegetables, Figure 2.
- ❖ Less than 50% of the children received a minimum acceptable diet (MAD), Table 2.
- ❖ About 68% of the children were reported to have been sick during the previous 2 weeks. Common illnesses reported among the children are presented in Figure 3.
- ❖ During sickness 71%, 82% and 77% of the caregivers breastfed, gave fluids and solid foods to their children less often than usual.

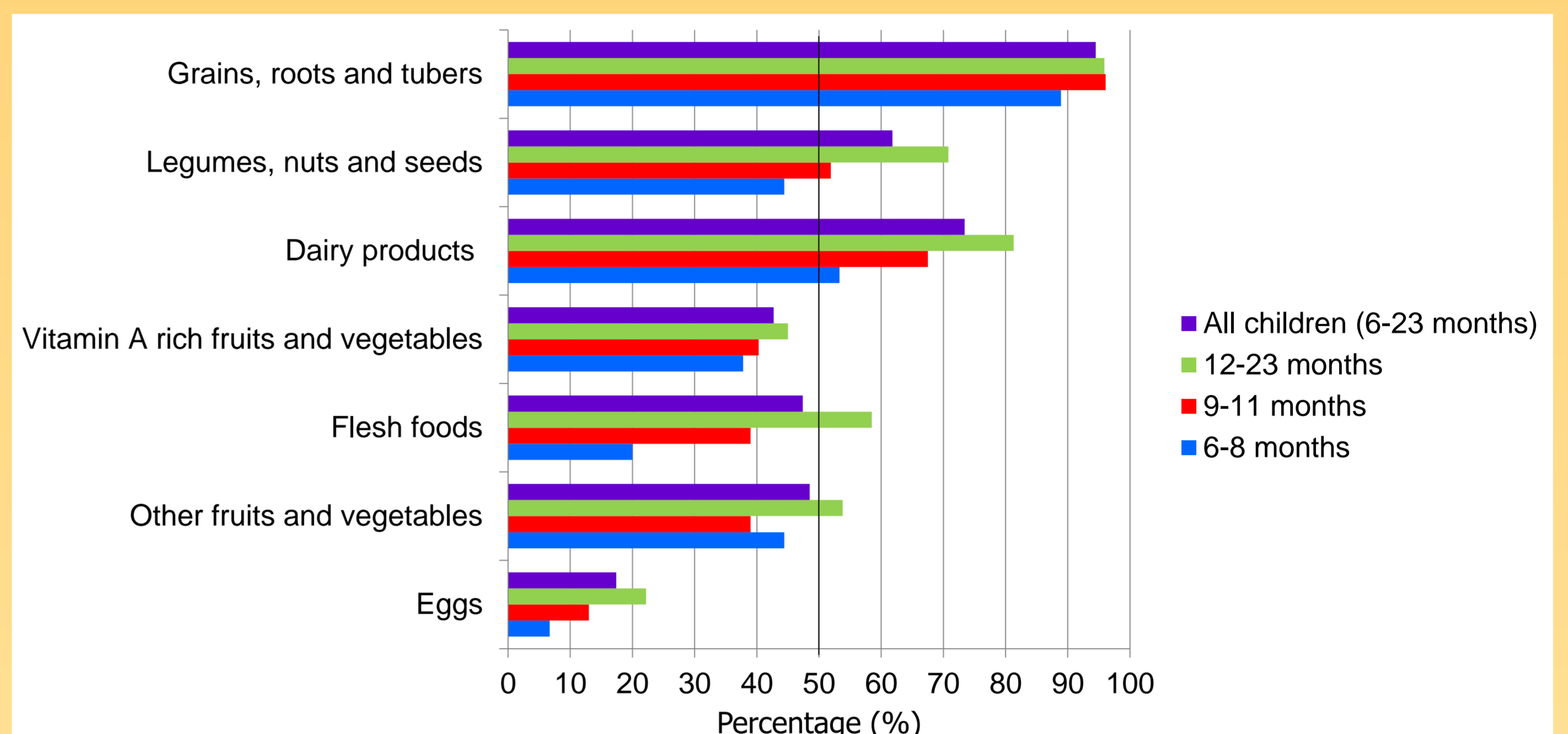


Figure 2: Consumption of foods from various food groups by children 6-23 months

Table 2: Prevalence of children receiving age appropriate complementary food (children 6-23 months); n=293

IYCF Indicator	Percentage (%)
Minimum dietary diversity (MDD)	55.3
Minimum meal frequency (MMF)	68.4
Minimum acceptable diet (MAD)	47.5

MDD: proportion of children 6-23 months who receive foods from ≥ 4 food groups per day.
MMF: proportion of children who received food the minimum number of times or more (≥ 3 times for breastfed and ≥ 4 times for the non-breastfed).
MAD: proportion of children 6-23 months who received the recommended dietary diversity and meal frequency⁴.

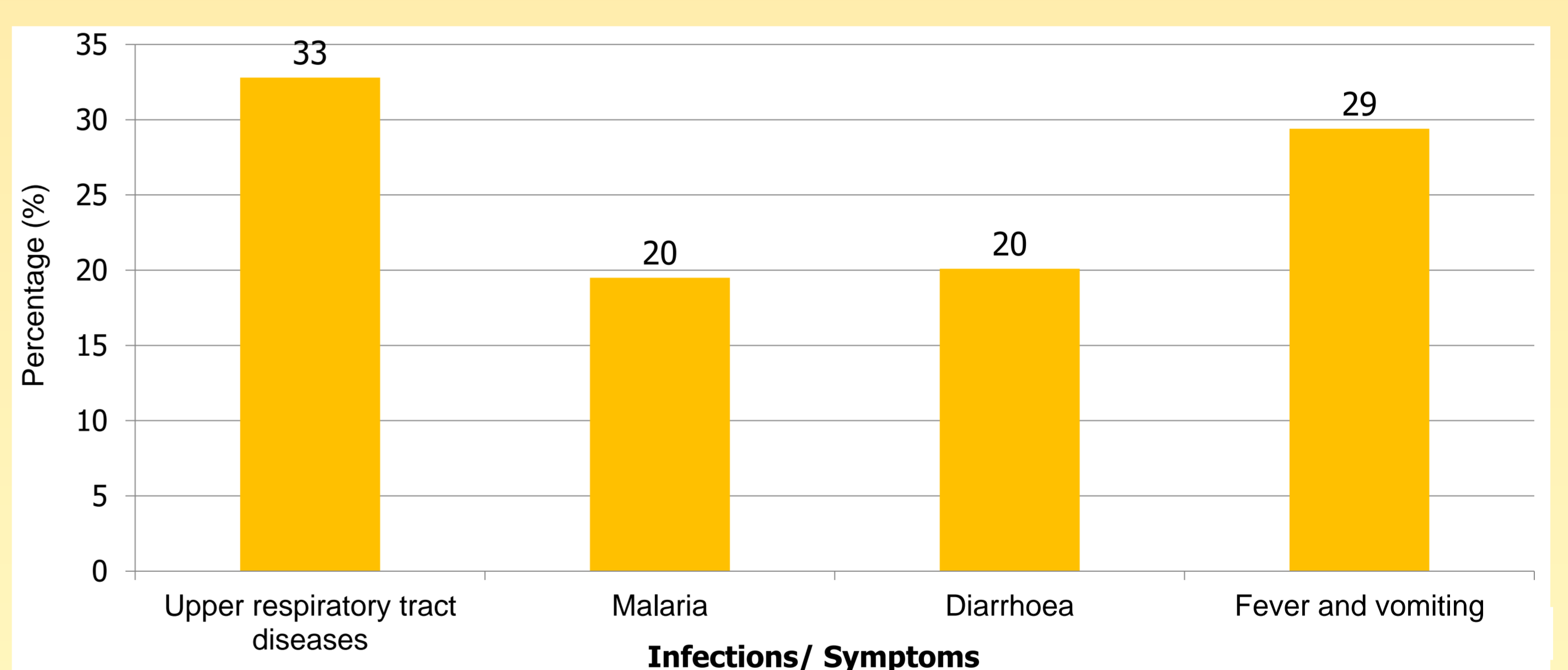


Figure 3: Common illnesses reported among children 6-23 months in the past 2 weeks

No significant associations were found between stunting, dietary diversity and morbidity.

CONCLUSION

- ✓ Chronic undernutrition, low dietary diversity and a high burden of morbidity were characteristic among the children in the study area.
- ✓ These could be attributed to poor feeding practices, low levels of education among the caregivers and lack of accessibility to a variety of nutrient rich foods.
- ✓ Approaches to increase access to and utilization of variety of foods and that can be followed by household are needed.

References:

- Lartey, A (2008) Maternal and child nutrition in Sub-Saharan Africa: challenges and interventions The Proceedings of the Nutrition Society 67, 105-108.
- WHO & UNICEF (2008) Strengthening action to improve feeding of infants and young children 6-23 months of age in nutrition and child health programmes: Report of proceedings. WHO.
- WHO (2008) Indicators for assessing infant and young child feeding practices Part I: Definition. WHO.
- WHO (2010) Indicators for assessing infant and young practices. Part 2 Measurement. WHO.