

# Inadequate Knowledge and Practice Regarding Complementary Feeding in Mothers from South Asian Countries – Need for Global Public Health Intervention Program

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World Health Organization (WHO)/United Nations Children's Fund (UNICEF) emphasizes that optimum nutrition is a must for children especially during the first 1000 days of life (270 days *in-utero* and 2 years after birth) as maximal growth and development occurs during this period and suboptimal nutrition during this period can cause significant growth and development retardation. WHO recommends exclusive breastfeeding in infants for 1<sup>st</sup> six months of life and introduction of complementary feeds from 6-24 months with continuation of breastfeeding for a period of 2 years and beyond? Complementary feeds (CF) are introduced at 6 months as breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk to meet the nutritional needs of the child [1,2].

WHO, UNICEF, and many other international and national agencies have described detailed guidelines regarding the composition, consistency, safety and feeding practices for Complementary Feeding (CF). However, the practical knowledge and understanding in mothers regarding CF seems to be limited especially in mothers from South Asian countries.

In India, in study to access knowledge and attitude of mothers regarding CF in Indore and Udaipur city it was observed that 14% mothers did not initiate CF even after 6 months [3,4]. Quantity of CF given by the mothers was found to be insufficient with only 32% mothers giving adequate complementary feeds in South Coastal India [5]. Consistency of CF was found to be very thin in 59% mothers [3]. Biscuits were preferred as complementary food by 32-64%, 50-52% mothers preferred thin pulsed water/rice water, 62% preferred commercial food formula as CF indicating that mothers were unaware about the health benefits of home cooked CF and appropriate consistency of CF in India [3,4].

In a study conducted in 400 mothers visiting a hospital in Dhaka, Bangladesh it was found that 51.3% mother initiated CF early, type of 1<sup>st</sup> CF was inappropriate in 72.9% mother and 43.8% had inappropriate frequency of CF [6]. Rice gruel with milk was the 1<sup>st</sup> CF used by 26.56% mothers indicating very early initiation of animal milk in the diet of infants. In another study, it was found that only 11.3% mothers washed hands and utensils properly

before cooking CF where 76% only washed hands properly and another 5.6% only washed utensils properly indicating inadequate knowledge regarding hygiene for preparing CF in mothers [7].

In a cross sectional study done in mothers visiting paediatric department of a hospital in Pakistan, it was found that the correct knowledge of initiation of CF was in 54% of mothers but it was practiced by only 43%. The overall knowledge regarding CF was good in 24% mothers, 28% had poor knowledge. Forty eight mothers gave incorrect consistency of CF, 51% gave the correct amount of CF whereas only 7% women had overall good practices for CF [8]. In another study, it was found that 71.7% mothers did not boil drinking water whereas 12.3% mothers gave tea and crackers as first solid foods to their infants in Pakistan [9].

In South Asian country of Nepal, about half mothers fed CF of appropriate consistency where as 60% fed the correct amounts of CF to their infants, 33.27% used appropriate frequency to feed CF whereas 9.9% offered CF to infants more frequently than recommended [10]. In a hospital based study from Sri Lanka, similar results were obtained with 48% mothers giving satisfactory CF, 17% mothers giving satisfactory frequency but unsatisfactory quality of CF, 9% mothers giving satisfactory quality but unsatisfactory frequency of CF and 26% giving unsatisfactory CF [11].

Studies on mothers from all 5 South Asian countries: India, Bangladesh, Nepal, Pakistan and Sri Lanka highlighted the lack

of adequate knowledge regarding CF in mothers. Knowledge regarding almost all aspects of appropriate CF were lacking in mothers from all countries. A big proportion of mothers from these countries fed thin CF, had inappropriate frequency of feeding CF, chooses wrong first foods or did not maintain adequate hygiene while preparing CF [3-11]. Feeding inadequate and inappropriate CF or delayed CF can lead to energy deficit, delayed growth, increase risk for malnutrition and cause anaemia in infants [1]. Too early introduction can displace mother's milk

and benefits associated with breast feeding [1]. Hence it is very important to plan global public health policies to promote correct CF practices in mothers. It is important that steps are taken to impart knowledge regarding correct infant young and child feeding practices to mothers. Unless WHO/UNICEF or other national guidelines are conveyed to mothers through public health programs, there is likelihood of CF practices remaining poor in developing countries. Hence, it is very essential to plan ways to teach mothers about correct CF.

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