

CHAPTER- 18

A STUDY ON FACTORS AFFECTING THE COMPLIMENTARY FEEDING PRACTICES IN INFANTS AND YOUNG CHILDREN (6-23 MONTHS)

¹*Maya Vinayak Kubal*

¹*Student, IIHMR University*

²*Dr. Tripti Bisawa*

²*Professor, IIHMR University*

Ch.Id:- IIHMR/NSP/EB/IREHM/2025/Ch-18

DOI: <https://doi.org/10.52458/9789349381407.nsp.2025.eb.ch-18>

INTRODUCTION

The period spanning from 6 to 23 months is a critical phase in an infant's life, marking the transition from exclusive breastfeeding to a more diversified diet. Initially, newborns are exclusively breastfed, benefiting from the essential nutrients, antibodies, and protective elements provided by their mother's milk for optimal growth and development. This exclusive breastfeeding practice typically continues for the initial six months. However, as infants grow, their nutritional demands increase, necessitating the introduction of complementary feeds.

Complementary feeding, initiated at six months and extended until the child reaches 23 months, involves introducing solid or semi-solid foods alongside continued breastfeeding or

formula milk. The incorporation of a varied and well-balanced diet through complementary feeding plays a crucial role in fulfilling the growing nutritional requirements of infants, ensuring optimal growth, development, and long-term health.

On a global scale in the year 2020, an estimated 149 million children under the age of 5 were identified as stunted, indicating that they were too short for their age. Additionally, around 45 million children were categorized as wasted, signifying that they were too thin for their height. Furthermore, 38.9 million children fell into the overweight or obese category. Notably, approximately 45% of deaths among children under 5 years old were associated with undernutrition [1].

India continues to grapple with a significant health challenge in the form of malnutrition, as indicated by its rank of 107 out of 121 countries in the Global Hunger Index 2022. Of particular concern is the child wasting rate in India, which stands at 19.3 percent, marking the highest rate globally [2].

As per the National Family Health Survey (NFHS V), approximately 35.5% of children under the age of five in India experience stunting. The survey also highlights a wasting prevalence of 19.3% and an underweight prevalence of 32.1% in the same age group [3]. These figures underscore a substantial challenge of undernutrition in the nation. Nearly 50% of deaths among children under the age of 5 are associated with undernutrition. It not only elevates the vulnerability of children to common infections but also intensifies the frequency and severity of such infections while impeding the recovery process [4].

RESEARCH QUESTIONS

1. What were the prevailing complementary feeding approaches observed in infants and toddlers aged 6-23 months living in semi-urban areas of Jaipur, Rajasthan?
2. What influenced the achievement of optimal complementary feeding in infants and young children aged 6-23 months residing in semi-urban areas of Jaipur, Rajasthan?

RESEARCH OBJECTIVES

1. To evaluate the existing practices of complementary feeding in infants and children aged 6-23 months.
2. To investigate the factors affecting complementary feeding practices in infants and young children of the age group 6-23 months.
3. To recognize obstacles hindering the adoption of optimal complementary feeding practices.
4. To offer suggestions for enhancing complementary feeding practices and encouraging optimal nutrition and health outcomes in infants.

RESEARCH METHODOLOGY

A descriptive cross-sectional study was undertaken in the semi-urban areas of Jaipur, Rajasthan, focusing on mothers with young children aged 6-23 months. The study collected data on socio-demographic profiles and information about the prevailing complementary feeding practices employed by mothers. The research aimed to identify factors influencing optimal complementary feeding practices. The study encompassed 15

Anganwadi centers (Nandghars) in Amber tehsil, district Jaipur, Rajasthan, chosen based on the average number of mothers with children aged 6-23 months registered. The study population included all mothers with children in this age group registered at the selected Anganwadi centers, willing to participate in the survey. The inclusion criteria specified mothers with infants and children aged 6-23 months who willingly participated, while exclusion criteria encompassed those who did not wish to participate and caregivers other than the mother. Purposive sampling was employed to select 110 mothers with infants and young children aged 6-23 months. Data collection involved the use of a semi-structured schedule, with respondents briefed on the study's nature, purpose, and questionnaire completion process. The interviews were conducted with eligible respondents.

RESULT AND DISCUSSION

The bivariate analysis explored various factors influencing complementary feeding practices. The frequency of meal distribution was compared based on gender, revealing that males received meals more frequently than females, although this difference was not statistically significant ($p=0.06$). The initiation of complementary feeding was analysed concerning maternal education levels, indicating a gradual increase in initiation at six months with higher education, but late initiation remained high across all education levels, with no statistical significance ($p=0.12$). Caste differences showed a delay in initiation, particularly in the schedule tribe category, though not statistically significant ($p=0.37$).

The type of family setup demonstrated that extended families were associated with a higher percentage providing

adequate meal frequency, though the relationship was not statistically significant ($p=0.7$). Regarding income, families with lower income demonstrated lower adherence to minimum dietary diversity, but the results were not statistically significant ($p=0.2$). The research captures a holistic understanding of the factors influencing these practices. The emphasis on socioeconomic and cultural factors, coupled with the role of health professionals' advice, adds depth to the investigation. The study's strengths lie in its comprehensive design, allowing for a nuanced exploration of current practices and their determinants. The inclusion of qualitative data enriches the findings by providing a deeper understanding of participants' perspectives and experiences. This multi-dimensional approach contributes to a robust analysis of the challenges and opportunities in improving complementary feeding practices in the studied population.

CONCLUSION

This study aimed to investigate current infant and child feeding practices among children aged 6-23 months in Jaipur and identify the factors influencing these practices. The findings revealed significant concerns, primarily stemming from a lack of awareness regarding suitable supplemental feeding practices. Deficiencies were observed in terms of the timing of feed introduction, inadequate frequency, limited nutritional diversification, and insufficient feed quantity. Barriers such as income, occupation, and education further contributed to suboptimal feeding practices.

The critical 6-23-month period, when breast milk alone becomes insufficient to meet growing nutritional needs, underscored the urgency of addressing these issues. Inadequate

complementary feeding practices were identified as having profound implications for child health and development, potentially leading to both short and long-term consequences. To mitigate these challenges and enhance child well-being, it is imperative to educate mothers on appropriate complementary feeding practices. Bridging the gap between established Infant and Young Child Feeding (IYCF) guidelines and current practices is crucial to reducing malnutrition, mortality, and morbidity associated with undernutrition and ensuring healthy growth for infants.

REFERENCES

1. World Health Organization. (2016). *The double burden of malnutrition: policy brief* (No. WHO/NMH/NHD/17.3). World Health Organization.
2. Basar, S. M. A., & Das, P. (2023). *State level hunger index in India: assessing the progress of regional outcomes*. *GeoJournal*, 88(5), 4787-4804.
3. Franz, N., Gupta, A., Spears, D., & Coffey, D. (2022). *Uncertainty about maternal mortality in India: New, higher estimates from the National Family Health Survey-4*.
4. World Health Organization. (2021). *Levels and trends in child malnutrition: UNICEF*.