AWARENESS AND PRACTICE ON INFANT AND YOUNG CHILD FEEDING AMONG MOTHERS OF 6-23 MONTHS OLD CHILDREN FROM RURAL AREA OF NGAPE TOWNHIP

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ABSTRACT

Every infant and child has the right to good nutrition according to the "Convention on the Rights of the Child". Appropriate infant and young child feeding (IYCF) practices include exclusive breastfeeding in the first 6 months of life, continued breastfeeding through age 2, introduction of solid and semisolid foods at age 6 months, and gradual increases in the amount and texture of food given and frequency of feeding as the child gets older. Cross sectional study using both quantitative and qualitative methods was conducted in rural area of Ngape Township, Magway Region. The objective of this study was to assess the awareness and practice of mothers on exclusive breast feeding and complementary feeding, and their enablers and barriers in practicing it. A total of 191 mothers of 6-23 months old children were selected to participate in this study and 16 participants from them were selected again for qualitative findings to explore their enablers and barriers in practicing IYCF. Vast majority (94%) of the respondents knew the duration of EBF and (90.6%) answered that colostum is needed to feed the child. Vast majority (93%) answered that complementary feeding should be started at 6 months of age and nearly (3%) said that is should be before 6 months. About (75%) of the respondents fed colostrums to their child and (14.7%) fed complementary feeding before 6 months of age. About half of the respondents knew all four essential food groups. Nearly (81%) of children got minimum dietary diversity, about (71%) got minimum meal frequency and nearly (60%) got minimum acceptable diet. There were statistically association between awareness on exclusive breast feeding and practice on exclusive breast feeding (P=0.001), and between awareness on complementary feeding and practice on complementary feeding (P = 0.001). In qualitative findings, the enablers in practicing exclusive breastfeeding and complementary feeding were encouragement and motivation by health care personnel, peer pressure, family's support and occupational status of mothers. The barriers were peer pressures, affordability, availability and occupational status according to the qualitative findings.