Assessment of Feeding Practice of Exclusive-Breastfeeding, Complementary-Feeding and Infant and Young Adult Feeding among Under-Five Children Mothers in Selected Secondary Hospital in Abeokuta South Local Government, Ogun State

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ABSTRACT

Under-five children's nutritional patterns play a vital role in growth and development, which continues to influence the child's health status throughout their lives and future generations. This study seeks to assess the feeding practice of a baby from 0-5 years among the under-five children mothers in some selected secondary health facilities, in Abeokuta South Local Government Area, Ogun State.

The study employed descriptive cross-sectional design with sample size of 201 mothers of under-five years' children (respondents) using criterion-based purposive sampling technique. A validated and standardized structured questionnaire adapted for this study was used to gather quantitative data. The questionnaire underwent item evaluation with three research experts from the field of nursing. Data collected from the selected respondents were analyzed using Statistical Package for Social Science (SPSS), version 21.

The result of the study revealed that the percentage level of 0-6months is 77.0%; 6months to 2years is 76.6%, while 2-5years is 74.0%. There were no significant differences between socio demographic variables of age (X^2 3.16, p> 0.05) educational qualification (X^2 4.19, p > 0.05) parity (X^2 2.12, p> 0.05) and feeding practices of 6months to 2 years; age (X^2 3.13, p>0.05),educational qualification(X^2 4.14, p>0.05) parity(X^2 1.04, p<0.86) and feeding practice of 2-5 years.

It was concluded that majority of mother's had high feeding practice level of exclusive breastfeeding (0-6 months). Likewise, most of the under-five mothers had high feeding practice level of 6 months - 2 years' children and 2 – 5 years' children.

Keyword: Feeding, Practice, Exclusive, Complementary, Mother, Weaning.

INTRODUCTION

Under-five children's nutritional patterns play a vital role in growth and development, which continues to influence the child's health status throughout their lives and future generations. Poor feeding practices during

the first few years of life have both immediate and long-term consequences. It is estimated that improper feeding of children leads to about one-third of the cases of malnutrition worldwide (1). Ensuring health, growth and development of children requires adequate nutrition during infancy and early childhood therefore, optimal feeding during the first few years of life provides opportunity for prevention of growth faltering and under-nutrition. Hence, Improvement of infant feeding practices for children less than five years should be a high priority globally (2).

The World Health Organization recommends that mothers exclusively breastfeed their babies for the first 6 months after birth (3). EBF is defined as providing infants with only breast milk as their sole source of nutrition, with the exception of necessary oral rehydration solution, drops, and syrups of vitamins, minerals or medications (4). From the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk and complementary feeding becomes necessary to meet these requirements. If weaning is delayed or inappropriate, it may lead to growth faltering, micronutrient deficiency and infectious illnesses (5).

In order to ensure effective and good hygienic feeding practices, the World Health Organization (6) recommended the following core indicators to ensure appropriateness and optimal combination of complementary foods for infants and young children. These indicators include: early initiation of breastfeeding; exclusive breastfeeding up to 6 months of age; continued breastfeeding till the age of two years; introduction of solid, semi-solid or soft foods; ensuring minimum dietary diversity; minimum meal frequency; and minimum acceptable diet (7).

Complementary food other than breast milk that is gradually introduced after the first six months of life initially to complement and then eventually to totally wean off breast milk (8).

Saeed *et al.*, (9) reported that adequate complementary feeding practice confers both short-term and long-term child's health and well-being such as adequate cognitive, motor, and sensory development as well as a reduction in infections, morbidity, and mortality. This study, therefore, seeks to assess the feeding practice of a baby from 0-5 years among the under-five children mothers in some selected secondary health facilities, in Abeokuta South Local Government Area, Ogun State.

METHODOLOGY

Study Area

The study was conducted at three major secondary health facilities in Abeokuta south local government area, Ogun State. The selected health facilities are: Oba Ademola Maternity Hospital; General Hospital, Ijaye; and Olikoye Randsome Kuti Hospital, Asero.

Study Design

The study employed descriptive cross-sectional design.

Population of the study

The population of the study was 479, the mothers of under-five years' children who came for child immunization and infant welfare clinics in Oba Ademola Maternity Hospital, General Hospital, Ijaye, and Olikoye Randsome Kuti Hospital, Asero, Abeokuta with 208, 121 and 150 mothers per each location respectively

Sample Size

A total of 201 mothers of under-five children were proportionately divided among the three facilities according to the population of under-five children mothers who came for child immunization and infant welfare clinics using Scheaffer, Mendenhall, and Ott Formular (10).

Table 1: Proportionate distribution of sample size of mothers of under-five children

Facilities	Location	Immunization Clinic	Infant Welfare Clinic	Total
Oba Ademola Maternity Hospital	Abeokuta South Local Government Area	$^{121}/_{208}$ * 75= 44	$^{87}/_{208}$ * 75= **31**	**75**
General Hospital, Ijaye	Abeokuta South Local Government Area	$^{72}/_{121}$ * 60 = 36	$^{49}/_{121}$ * 60 = 24	**60**
Olikoye Randsome Kuti Hospital, Asero	Abeokuta South Local Government Area	$^{83}/_{150}$ * 66 = 37	$^{67}/_{150}$ * 66 = 29	**66**
Total		**117**	**84**	**201**

Sampling Technique

criterion-based purposive sampling technique was used to select the 201 mothers of under-five children.

Study Instrument

A validated and standardized structured questionnaire adapted for this study was used to gather quantitative data. The questionnaire underwent item evaluation with three research experts from the field of nursing.

Confidentiality and Anonymity

Participants' identities and personal information was treated with the utmost confidentiality. Identifying information was replaced with numerical codes to ensure anonymity

Informed Consent

Participants received comprehensive information about the study's purpose, procedures, potential risks, and benefits

Method of Data Collection

The data for this study was collected primarily by the researcher and 2 research assistants. The process of data collection involved taking permission from the facilities authority to seek consent from the nursing mothers. They also have clinic days that they used to see the doctor, hence, on these clinic days' questionnaires was administered to the respondents for the study.

Ethical Considerations

Ethical clearance and approval for the study was obtained from the Babcock University Health, Research & Ethical Committee (BUHREC).

Method of Data Analysis

Data collected in respect of the questionnaires was analyzed using Statistical Package for Social Science (SPSS), version 21.

RESULTS

It should be noted that two hundred and one (201) respondents were estimated and participated in this study. All questionnaires were distributed but 189 copies were adequately filled and used in the analysis. Thus, 94.03% questionnaire retrieval success was recorded.

Socio-demographic Characteristics of Respondents.

Table 2 showed the socio-demographic characteristics of the respondents, only 22(11.6%) were between age 18-24years, 91(48.1%) were between 25-34years, 66(34.9%) were between 35-44years while 10(5.3%) were above 45years. Regarding the level of education, 8(4.2%) had no formal education at all, 41(21.7%) had

primary education, 91(48.1%) had secondary education, 39(20.6%) had post-secondary/first degree, while 10(5.3%) had post graduate education. Also, regarding parity, 40(21.2%) had less than 2, 115(60.8%) had between 2-3, while 34 (18%) had 4 and above.

Table 2: Distribution of respondents by socio-demographic characteristics N= 189

Socio-demographic characteristics	Frequency (N= 189)	Percentage
Age		
18-24 years	22	11.6
25-34 years	91	48.1
35-44 years	66	34.9
45 years and above	10	5.3
Highest level of education		
No Formal Education	8	4.2
Primary	41	21.7
Secondary	91	48.1
Post-Secondary/First Degree	39	20.6
Post Graduate	10	5.3
Parity		
Less than 2	40	21.2
2 – 3	115	60.8
4 and above	34	18.0
Total	189	100.0

Practice of exclusive breastfeeding (0-6 months) among under five children mothers Respondents

Table 3 revealed that on practice of exclusive breastfeeding (0-6 months) among under five mothers, 80(42.3%) always exclusively breastfeed their child for the first 6 months of life, 85(45%) seldom does while 24(12.7%) never does. Only few mothers 22(11.6%) never introduce other liquids or foods besides breast milk before their child turned 6 months old, while majority of mothers 119(63%) seldom and 48(25.4%) always did. Only 80(42.3%) always breast feed their baby on demand, without any schedule of restriction while most of the respondents 96 (50.8%) seldom did. Only 42(22.2%) never express breast milk for their baby when they go to work while majority of mothers 106(56.1%) always did. Most of the respondents 87 (46.0%) always allow their baby to stay up to 15min on each breast to get full satisfaction while 100 (52.9%) never put their baby to breast immediately after delivery.

Table 3: Practice of exclusive breastfeeding (0-6 months) among under five children mothers Respondents N= 189

S/N	ITEMS	Always (%)	Seldom (%)	Never (%)
1.	How often do you exclusively breastfeed your child for the first 6 months of life?	80 (42.3)	85 (45.0)	24 (12.7)
2.	How often do you introduce any other liquids or foods besides breast milk before your child turned 6 months old?	48 (25.4)	119 (63.0)	22 (11.6)
3.	How often do you use bottle feeding with breast feeding?	35 (18.5)	113 (59.8)	41 (21.7)
4.	How often do you breastfeed your child on demand, without any schedule or timing restrictions?	80 (42.3)	96 (50.8)	13 (6.9)
5.	How often do you express breast milk whenever you go to work so my baby can be fed with it?	41 (21.7)	106 (56.1)	42 (22.2)
6.	How often do you allow your baby stay up to 15 minutes on each breast to get full satisfaction?	87 (46.0)	62 (32.8)	40 (21.2)
7.	How often do you put your baby to breast immediately after delivery?	0 (0.0)	89 (47.1)	100 (52.9)
8.	How often do you take a lot of water and balanced diet to enable your breast to produce more milk?	62 (32.8)	98 (51.9)	29 (15.3)

9.	How often do you believe that exclusive breastfeeding for the first 6 months of life is the best way to provide optimal nutrition for your child?	51 (27.0)	101 (53.4)	37 (19.6)
10.	How often do you continue to breastfeed your child after 6 months of age while also introducing local foods?	0 (0.0)	103 (54.5)	86 (45.5)

Summary of Practice of exclusive breastfeeding (0-6 months)

Table 4 summaries the practices of exclusive breastfeeding (0-6). Combination of always and seldom is very high 77.0% which shows that mothers have good practices of exclusive breastfeeding.

Table 4: Summary of Practice of exclusive breastfeeding (0-6 months)

Category	Percentage (%)
Always	25.60%
Seldom	51.44%
Never	22.96%
Total	**100 %**

Feeding practice of 6 months - 2 years' children among nursing mothers

Table 5 showed that, on feeding practice of 6 months to 2years, only 79(41.8%) always offer their child a variety of foods from different food groups (e.g., grains, vegetables, fruits, dairy, and protein) daily, 87(46%) seldom did while 23(12.2%) never did. On how often they offer their children meals and snacks at regular times throughout the day, 36(19%) always did, 114(60.3%) seldom did while 39(20.6%) never did. On how often they limit intake of high sugar and high fat foods, only few 42(22.2%) always did, while majority of mothers 124(65.6%) seldom did. Only 74(39.2%) always offer their child the same food as the rest of the family while majority 99 (52.4%) seldom did. Most mothers 101(53.4%) never allow their child to feed themselves with appropriate utensils and encouraged them to try new foods while 88(46.6%) seldom did. On how often they seek advice or information on feeding practices for children 6 months to 2 years old from reliable sources, 65(34.4%) always did, 95(50.3%) seldom did while 37(19.6%) never did.

Table 5: Feeding practice of 6 months - 2 years' children among nursing mothers N= 189

S/N	ITEMS	Always (%)	Seldom (%)	Never (%)
1.	How often do you offer your child a variety of foods from different food groups (e.g., grains, vegetables, fruits, dairy, and protein) daily?	79 (41.8)	87 (46.0)	23 (12.2)
2.	How often do you limit your child's intake of high-sugar and high-fat foods?	42 (22.2)	124 (65.6)	23 (12.2)
3.	How often do you offer your child meals and snacks at regular times throughout the day?	36 (19.0)	114 (60.3)	39 (20.6)
4.	How often do you offer your child the same foods as the rest of the family (with modifications as needed for age and chewing ability)?	74 (39.2)	99 (52.4)	16 (8.5)
5.	How often do you offer your child appropriate portion sizes based on their age and appetite?	39 (20.6)	105 (55.6)	45 (23.8)
6.	How often do you offer your child water or other appropriate drinks throughout the day to ensure they stay hydrated?	85 (45.0)	63 (33.3)	41 (21.7)
7.	How often do you allow your child to feed themselves with appropriate utensils and encourage them to try new foods?	0 (0.0)	88 (46.6)	101 (53.4)
8.	How often do you seek advice or information on feeding practices for children 6 months to 2 years old from reliable sources?	65 (34.4)	95 (50.3)	29 (15.3)
9.	How often do you give your child vegetables?	55 (29.1)	97 (51.3)	37 (19.6)
10.	How often do you give your child fruit juice?	0 (0.0)	100 (52.9)	89 (47.1)

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Summary of Feeding practice of 6 months - 2 years (Complementary-Feeding)

Table 6 summaries the feeding practices of 6months to 2years.Combination of always and seldom is very high 76.6% which shows that mothers have good practices of exclusive breastfeeding.

Table 6: Summary of Feeding practice of 6 months - 2 years

Category	Percentage (%)
Always	25.13%
Seldom	51.43%
Never	23.44%
Total	**100 %**

Feeding practice of 2 – 5 years old among under five children mothers

Table 7 revealed that, on the feeding practice of 2 – 5 years old children among under five mothers, only few 22(11.6%) always eat meal together as a family, large number of respondents 109(57.7%) seldom did while 58(30.7%) never did. On how they include protein rich food in their child diet (e.g meat, fish, egg), only few mothers 38(20.1%) always did, majority of mothers 101(53.4%) seldom while 50(26.5%) never did. Only 45(23.8%) always involve their child in meal planning and preparation while 105 (55.6%) seldom did and 39 (20.9%) never did. Majority of the respondents 107 (56.6%) never seek advice or information on feeding practice for children 2-5 years old from a reliable sources (e.g health care provider), 82 (43.4%) seldom did while none of the respondents always did .On how they encourage their child to eat slowly and mindfully, paying attention to their hunger and fullness cues, 49(25.9%) always did, most mothers 111(58.7%) seldom did, while few 12(6.3%) never did. On how often they offer their child the same foods as the rest of the family (with modifications as needed for age and chewing ability), 29(15.3%) always did, vast majority of the participants 148(78.3%) seldom did, very few 12(6.3%) never did.

Table 7: Feeding practice of 2 – 5 years old among under five children mothers N= 189

S/N	ITEMS	Always (%)	Seldom (%)	Never (%)
1.	How often do you eat meal together as a family	22 (11.6)	109 (57.7)	58 (30.7)
2.	How often do you encourage your child to try new food	67 (35.4)	111 (58.7)	11 (5.8)
3.	How often do you include dairy product in your child diet (e.g milk, yogurt)	38 (20.1)	101 (53.4)	50 (26.5)
4.	How often do you include protein rich food in your child diet (e.g meat, fish, egg)	77 (40.7)	68 (36.0)	44 (23.3)
5.	How often do you offer your child whole grain as a source of carbohydrate (Rice, bread)	0 (0.0)	87 (46.0)	102 (54.0)
6.	How often do your child snacks that are high in sugar or salt (e.g. candy sweet, chips)	50 (26.5)	100 (52.9)	39 (20.6)
7.	How often do you involve your child in meal planning and preparation	45 (23.8)	105 (55.6)	39 (20.6)
8.	How often do you seek advice or information on feeding practices for children 2 years to 5 years old from reliable sources (e.g., healthcare providers)	0 (0.0)	82 (43.4)	107 (56.6)
9.	How often do you encourage your child to eat slowly and mindfully, paying attention to their hunger and fullness cues	49 (25.9)	111 (58.7)	29 (15.3)
10.	How often do you offer your child the same foods as the rest of the family (with modifications as needed for age and chewing ability)	29 (15.3)	148 (78.3)	12 (6.3)

Summary of feeding practice of 2 - 5 years (Infant and Young Adult Feeding)

Table 8 summaries the feeding practices of 2years-5years. Combination of always and seldom is very high 76.6% which shows that mothers have good practices of exclusive breastfeeding

Table 8: Summary of feeding practice of 2 - 5 years

Category	Percentage (%)
Always	19.93%
Seldom	54.07%
Never	28.97%
Total	**100 %**

Association between Socio-demographic Variables and feeding practice of 6 months to 2 years' children among nursing mothers.

From the table 9, none of the socio-demographics variables were related to feeding practice of 6 months to 2 years' children among under five mothers because their p-values were greater than 5 percent level of significance. Therefore, the null hypothesis is not rejected and retained. Hence, there were no significant differences existed between socio-demographic variables of age (X^2 2.1 p>0.05) educational qualification (X^2 4.18 p>0.05) parity (X^2 2.14 p>0.05) and feeding practice of 6 months to 2 years' children among mothers.

Table 9: Chi-Square Showing the Association between Socio-demographic Variables and feeding practice of 6 months to 2 years' children among nursing mothers'N = 189

SN	Variable		Feeding practice of 6 months to 2 years children				
			Good (%)	**Poor (%)**	**X^2**	**Df**	**p**
1	Age	18-24 years	8 (4.2)	14 (7.4)	2.097	3	.621
		25-34 years	44 (23.3)	47 (24.9)			
		35-44 years	32 (16.9)	34 (18.0)			
		45 and above	6(3.2)	4 (2.1)			
2	Highest Qualification	No Education	5 (2.6)	3 (1.6)	4.179	4	.195
		Primary	24 (12.7)	17 (9.0)			
		Secondary	42 (22.2)	49 (25.9)			
		Post-Secondary/First Degree	17 (9.0)	22 (11.6)			
		Post Graduate	2 (1.1)	8 (4.2)			
3	Parity	Less than 2	15 (7.9)	25 (13.2)	2.137	2	.168
		2 – 3	61 (32.3)	54 (28.6)			
		4 and above	14 (7.4)	20 (10.6)			

Association between Socio-demographic Variables and feeding practice of 2 – 5 years' children among nursing mothers

From the table 10, none of the socio-demographics variables were related to feeding practice of 2 – 5 years' children among under five mothers because their p-values were greater than 5 percent level of significance. Therefore, the null hypothesis is not rejected and retained. Hence, there was no significant association between socio-demographic characteristics of age (X^2 3.13 p>0.05) educational qualification (X^2 4.14 p>0.05) parity (X^2 1.04 p>0.05) and feeding practice of 2 – 5 years' children among mothers.

Table 10: Chi-Square Showing the Association between Socio-demographic Variables and feeding practice of 2 – 5 years children among nursing mothers N = 189

SN	Variable		Feeding practice of 2 – 5 years children				
			Good (%)	**Poor (%)**	**X^2**	**df**	**p**
1	Age	18-24 years	9 (4.8)	13 (6.9)	3.129	3	.367
		25-34 years	30 (15.9)	61 (32.3)			
		35-44 years	26 (13.8)	40 (21.2)			
		45 and above	6(3.2)	4 (2.1)			
2	Highest Qualification	No Education	1 (0.5)	7 (3.7)	4.141	4	.440

		Primary	14 (7.4)	27 (14.3)			
		Secondary	39 (20.6)	52 (27.5)			
		Post-Secondary/First Degree	13 (6.9)	26 (13.8)			
		Post Graduate	4 (2.1)	6 (3.2)			
3	Parity	Less than 2	14 (7.4)	26 (13.8)	1.040	2	.860
		2 – 3	43 (22.8)	72 (38.1)			
		4 and above	14 (7.4)	20 (10.6)			

DISCUSSION

The findings of the study revealed that the percentage level of 0-6 months is 77.0% which shows that the feeding practice level of exclusive breastfeeding (0-6 months) is very high among under-five children. This finding is similar to a study conducted by Adebayo *et al.*, (11) which revealed that the prevalence of Exclusive Breast Feeding was high among the breastfeeding mothers, mothers had adequate knowledge of Exclusive Breast Feeding. Mother's breastfed their babies for six months, introduced complementary feeds 6 months after Exclusive Breast Feeding because they gained spouse's support for the provision of needs which shows good practice of Exclusive breastfeeding. The findings of the study is in line with the study conducted by Jebena *et al.*, (12) which revealed that mothers initiated breastfeeding within one hour of birth and the level of breastfeeding practice was high among their respondents. In contradiction to the result a study carried out by Ofovwe *et al*., (13) revealed that mothers had inadequate knowledge, poor attitude and poor breastfeeding practice. Despite a high proportion of mothers with adequate knowledge, the prevalence of poor practices was higher than good practices in their study participants. In contrast to the findings of this study a research conducted by Khalil (14) shows that the prevalence of Exclusive Breast feeding at 40 days was low, EBOT at birth was high at 40 days was very high. The findings of this study demonstrated that the practice of Exclusive breast feeding is very high among breastfeeding mothers.

The findings of the study revealed that the percentage level of 6months -2years is 76.6% which shows that the feeding practice level of 6months - 2years is high among under-five mothers. The result of this study is similar to a study carried out by West *et al*., (2022) which revealed that mothers knew the recommended time to wean a baby, recommended foods and the recommended number of feeds per day. Also a research similar to the result of this study conducted by Ahmed *et al*., (16) revealed that most mothers introduced complimentary feeding at 6 months' age of the children with regard to minimum dietary diversity (MDD), their study also revealed that the proportion of children who met MDD was average which is in line with the results of this study that mothers have an average feeding practice level of 6month to 2 years. Findings of the study is contrary to the study conducted by Ismail *et al*., (17) which revealed that there is inappropriate complimentary feeding practice among mothers of under-five children. There is a need to pay more attention on complementary feeding practice and micronutrient-related malnutrition. Findings of this study is in line with a study done by Swetha (18) which revealed that mother has good and proper hygiene practices, washing and sterilizing the utensils after feeding was feeding practices among the respondents in which most of the mother starts complementary feeding by 9months. From their study the most of the mothers prefers homemade foods rather than the commercial foods. This study concluded that the feeding practice level of 6month - 2years is very high.

The findings of the study revealed that the percentage level of 2years – 5years is 74.0% which shows that the feeding practice level of 2years -5years is high among under-five mothers. It is similar to a study carried by Jabeen et al., (2022) who stated in their study that, most women considered semisolid food for 2-5 years as a preferred consistency, followed by liquid food and a minority of them preferred a solid consistency. But these findings are in contrast with the result of this study which shows that more than half of mothers often give their children snacks that are high in sugar or salt. This study is analogous with the study carried out by Feng et al., (2022) their results shows that the prevalence of ISSF, MDD, MMF, and MAD was lowest in Infant and Young children. Prevalence of meeting the requirements for the introduction of solid, semi-solid, or soft foods (ISSF), minimum dietary diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) were high. The ISSF (6–8 months), MDD, MMF, and MAD of the IYC were compared in different nutritional statuses. It was found that the proportion of dairy products added to complementary foods for the

well-developed Infants and Young Child (IYC) was higher. This study concluded that the feeding practice level of 2 - 5years is very high.

CONCLUSION

The study concluded that majority of mother's had high feeding practice level of exclusive breastfeeding (0-6 months). Likewise, most of the under-five mothers had high feeding practice level of 6 months - 2 years' (Complementary-Feeding) children and 2 – 5 years' (Infant and Young Adult Feeding) children.

RECOMMENDATIONS

- It is therefore recommended that Implementation of awareness campaigns and other educational interventions are required to increase the knowledge regarding best practices in breastfeeding, and complementary feeding of under-five children.
- Hold skill-building workshops for mothers of children under the age of five to improve their practical feeding skills by showing proper feeding technique, as well as training on cleanliness practices, safe food preparation and storage.
- Encourage collaboration and partnership among health care professionals, policymakers, and relevant stakeholders to work together to address the complex issues influencing under-five children's feeding practice.

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