



Feeding and child caring practices

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Abstract

The objective of study is to access feeding pattern with various alleviating sources for enrichment of nutritional status as per the Recommended Dietary Allowance. 152 respondents belong to village of Koraput district of Odisha Damanjodi block in village Dumripadar and Amlabadi were randomly selected by sampling method followed by pre-tested questionnaire and interview method. Knowledge on nutritive value of foods and ways to provide nutrition with very conducive use of natural available resources enhance the intake of vitamin A; Pre- lacteal feeds still prevalent. Carbohydrates consumption is more rather than protein food recipes. The care-giving practices studied were hygienic care and child home environment, which was measured by standardized Home Observation Measurement of the Environment – Short Form (HOME-SF) which has aggregate as good.

Keywords: feeding pattern, “reaching and preaching” or supplementary nutrition, caring practices

Introduction

Region, religion caste and low social status affect the nutritional status of Indian women, diet lacks in both quality and quantity and less likely to have healthy babies. Mothers lack proper knowledge in feeding children. Consequently, new born infants unable to get adequate nutrition from their mothers inflict long-term damage as pneumonia and tuberculosis; demonstrate a relationship between growth status, school performance and intellectual achievement. To ameliorate the situation, the government of India has developed several major programmes for increasing access to food is the public distribution system.

According to (Ramachandran *et al*, 2011) Developing countries are undergoing transition where increase in postnatal weight gain is accompanied with constrained linear growth resulting in increase weight-for height and BMI. Initial impact of energy deficit is wasting because energy is mobilized from fat deposits and muscle to bridge the gap between energy requirement and energy intake. If energy deficit is quickly corrected, wasting is reversed and the liner growth of children continues normally. However the energy deficit persists, stunting occurs. These stunted children may have normal BMI for height. If energy intake is inadequate even to meet the requirement of the stunted child, the stunted child develops wasting and the vicious cycle of wasting and stunting continues.

Family income is relevant to nutritionally inputs of health and education, another relevant factor is the role of women and the strong coefficient effects of superior track record of ICDS, care giving practices or behaviors are proximal aspects of a child's environment influence their growth and development.

- To assess diet pattern from 6-60 months and complementary feeding practices from 0-6 months.
- To assess “Reaching and Preaching Business” or the Supplementary nutrition programme and child caring practices.

Methodology

The study was carried out in Koraput district of Odisha block of Damanjodi, village Dumripadar and Amalabadi. Empirically analyzed with pre-tested questionnaire; randomly selected from 152 mother as respondents, were divided into two groups i.e., 120 children from 6-60 month and rest 32 were from 0-6 month depending on their age and feeding pattern, based on sampling and interview method, was carried out in the month of November 2016. Feeding practice was scored by frequency method and by calculating percentage for the last one month. Psychosocial stimulation evaluated by computing the summated score of each child derived from the HOME-SF (Home Observation Measurement of the Environment - Short Form), a standardized inventory for measuring the quality of child home environment.

Discussion

Table 1: Food groups included in last one month (6-60 month)

Food groups (6-60 months)	Cooked cereals /millets	Pulses (2-3 times a week)	Roots and tuber including natural resources (everyday)	Leafy vegetables including natural resources (2-3 times a week)	Fruits including natural resources (once in a week)	Milk and milk products (once in a month)	Eggs (2-3 times a week)	Fish including natural resources (once in a week)	Flesh food (once in fortnight)
Percentage	91	50	120	60	48	15	78	47.5	40
Total no. of children	109	60	116	72	58	18	94	57	48

Feeding frequency codes 1) Everyday 2) 2-3 times a day 3) Once in a week 4) Once in a month 5) Once in a fortnight 6) Not given

The aluminium plant at Damanjodi has strengthened people in Terms of wealth, either dependency on only employed person or holding a lower grade jobs awareness about feeding practice is still necessary. Protein intake is less, Inflation, unemployment, addiction, limited resources, sometimes dependency on only member of family reduced frequency of feeding from different food group as compared to Recommended Dietary Allowance. The impact of child care

practices on child nutrition is demonstrated from a study in Accra. A composite child care index (for children 4 months or older) was created using traditional feeding practices, caregivers – child interaction and preventive health seeking behavior was its main domains, observed that poor care associated with significantly higher prevalence of stunted and underweight children, while care index did not influence prevalence of wasting amongst children (Ramji) [8].

Table 2: Outside food (6-60 month)

Outside food	Biscuits (everyday)	Snacks (kurkure, channa, local chip, fried potato) 2-3 times a week	Chocolates, sugary items and also black tea (2-3 times a week)	Bakery products (2-3 times a week)
Percentage	62	58	61	40.5
Total no. of children	74	70	73	48

Depend on favoritism of children, unawareness among mother about quality of outside foods. (Ray Kumari Geeta and et.al) [9]. Food consumption associated with healthy foods (so-called

core foods, e.g. cereals, dairy, fruits and vegetables) or with unhealthy non-core foods (e.g. snack food, fats and oils).

Table 3: Supplementary nutrition from Government organization (0-60 months)

Supplementary Feeds	Eggs (supplied to home only from 0-40 months)	Fortified Food (supplied to home only from 0-40 months)	Mid-day meal	Absent from Anganwadi in the last month
Percentage	28	28	43	7
Total no. of children	43	43	66	11

It's because of only awareness and acceptability of the alleviating sources which may lead to progress of society. Supplementary nutrition enhance the quality of their diet is averagely satisfactory due to which Mal-nutrition is the vital

cause, which has not relive India. The quality standards of Anganwadi centre are needed to improve with use of advanced technology in minimum prices.

Table 4: Complementary feeding practices (0-40 months)

Complementary feeding practices	Initiation of breast milk within 1 hour	Colostrum feeding	Pre-lacteal feed
Percentage	32	32	24
Total no. of children	49	49	37

Pre-lacteal feed Honey, Cow milk, Syrup Water, Water, Insufficient milk of mother

Awareness among people implies a good practice of complementary feeding rather than earlier days, as stated

earlier has a long term implication throughout life. Salutory "Reaching and Preaching Business" i.e. Anganwadi centre.

Table 5: Child caring and hygiene practices (0-60 months)

Child caring practices	Everyday feeding practice by mother	Mother takes child herself to work place	Looked after by sibling	More activeness of child compared to others	Consultation to private/ government doctors if child fall ill
Percentage	60	21	27	59	88
Total no. of children	91	32	41	89	133

Feeding decisions are taken by mother rather than the elderly members. Employed mother, care to her child is fairly satisfactory than unemployed also sometimes depends on other member of family and number of members in a household.

HOME-SF inventory Total score obtained from each child fell into three groups and children were categorized as having 45% good, 40% average and 14% poor hygiene. (Peter 2014)^[7]. Mother reports emotional support and cognitive stimulation. Hygienic care assessed by spot-check observation of 10 hygiene aspects, namely: cleanliness of mother, child's hand and body, the child's bottom, play area, house, cooking and serving vessels, stagnant water in and around the house, soap near hand washing area, detergent near utensils, asking how stool last passed by the child was disposed of.

Conclusion

Good care practices were more important for mothers with less education for better nutritional status of their children. Satisfaction of life was found to be beneficial for hygiene and this suggest possibility of infections when satisfaction is lacking.

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