COMPLEMENTARY FEEDING PRACTICES OF MOTHERS OF INFANTS AND YOUNG CHILDREN AND ITS DETERMINANTS IN DIFFERENT SOCIO ECONOMIC STRATA IN DELHI, INDIA

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Aim: The study assessed the extent and pattern of complementary feeding practices of mothers of infants and young children, 6-23 months of age from different socioeconomic strata (SES) i.e. middle income group (MIG), low income group (LIG) and urban slums (US) in an urban area of Delhi.

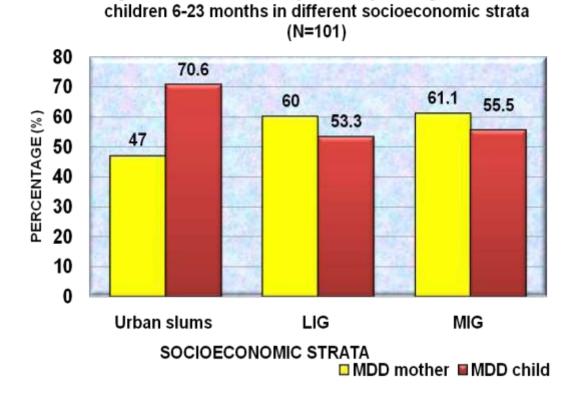
Methods: This is a cross-sectional study, being carried out on 600, mother-child dyads (infants and young children 6-23 months of age). IYCF practices were assessed using the World health organization (WHO, 2008) IYCF indicators. The study also determined the demographic and socioeconomic factors of complementary feeding practices. The association between maternal dietary diversity with child dietary diversity using the minimum dietary diversity tool for women (MDD-W) by FAO (Food and Agriculture organization) 2016 and minimum dietary diversity (MDD) indicator for infants and young children by WHO, 2008 was also explored.

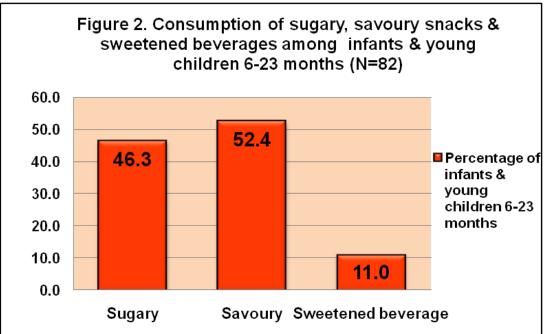
Results: Preliminary findings of the study have been shown for 101 mother-child pair (MIG-54, LIG-30, and US-17). The mean age of children was 14.3 months and that of mothers was 26.6 years.

Table 1 shows the IYCF practices among different SES. Mothers of children belonging to MIG had better IYCF practices as compared to LIG. The consumption of iron-rich or iron-fortified foods was found to be low (27.7%). Age of children was found to be significantly associated with achieving MDD and minimum meal frequency

The association between maternal and child minimum dietary diversity was found to be non-significant. Consumption of sugary and savory snacks among children was found to be high among infants and young children (Figure 2).

Figure 1. Minimum Dietary Diversity among mother and





(MMF) (p<0.05) and children consuming sugary and savoury snacks were found to be significantly associated with MMF (p<0.05). Gender, education, and income were not found to have a significant association with achieving MDD and MMF among children. The average number of food groups consumed among children was highest in urban slums (3.6) and among mothers, it was highest in the MIG group (6.3).

Conclusion: There is a need to promote optimal complementary feeding practices, especially among mothers belonging to low socioeconomic strata and design interventions to promote dietary diversity and consumption of iron-rich foods and reduce the consumption of nutrient poor sugary and savoury snacks among infants and young children.

Indicators, WHO 2008*	MIG (N=54) n (%)	LIG (N=30) n (%)	US (N=17) n (%)	Total (N =101) n (%)
birth				
Children introduced to solid-semisolid foods at	32 (59.2)	16 (53.3)	6 (35.2)	54 (53.4)
an appropriate age				
Minimum dietary diversity	30 (55.5)	16 (53.3)	12 (70.5)	58 (57.4)
Minimum meal frequency	45 (83.3)	24 (80.0)	16 (94.1)	85 (84.1)
Minimum acceptable diet	23 (42.5)	11 (36.6)	12 (70.5)	46 (45.5)
Consumption of iron-rich or iron-fortified foods	17 (31.4)	8 (26.6)	3 (17.6)	28 (27.7)

*World Health Organization, 2008. Indicators for assessing infant and young child feeding practices: part 1: definitions: conclusions of a consensus meeting held 6-8 November 2007 in Washington DC, USA.

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