



Child feeding practices in Kersa Woreda

This policy brief describes child feeding practices and intake of additional food for mothers in KDS-HRC, Kersa district, Eastern Hararge, Eastern Ethiopia, March 2008

Introduction

Adequate infant and child nutrition is the outcome of appropriate food and health inputs mediated through positive child care practices. Caring practices like optimal breastfeeding, optimal complementary feeding, and psychosocial care are vital components toward improving and promoting child health, growth, cognitive development, and survival.

WHO recommends early initiation and exclusive breast-feeding for the first 6 months, with the introduction of appropriate complementary foods and continued breast-feeding thereafter.

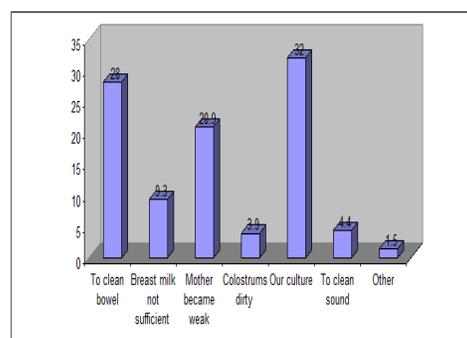
Nutritional status of mothers have an important implication for health of the mothers themselves and children as well.

Scientific findings indicated that appropriately breast fed children are in a better health conditions and grow better than those who are not breast fed.

However, to satisfy their nutritional demand for growth, women who are breastfeeding should eat a well-balanced diet and take enough fluid.

This policy brief focuses on the child feeding practices and additional food intake of mothers during physiologically demanding period (pregnancy and lactation)

A greater majority (72%) of breastfeeding mothers were replied to give prelactal feed for the newborn. Sugar and water were commonly given prelactal feed in the areas as it was reported by 82.6% of the respondents. Where as 13.4% and 7.2% of mothers indicated milk and butter as prelactal feed respectively. Main reasons indicated by the respondents for the provision of prelactal feed were due to their cultural believes, to “clear bowel” of the new born and to replace breast milk as the mother became weak to lactate after delivery.



Frequency of breast feeding

The frequency with which children are breast-fed, is one of the reasons of prelactal feed in KDS-HRC Kersa district, Eastern Hararge, Eastern Ethiopia, March 2008. Internationally recognized as an important health indicator our study showed that majority (57.4%) of children were given breast milk when they cried.

Prelactal feed

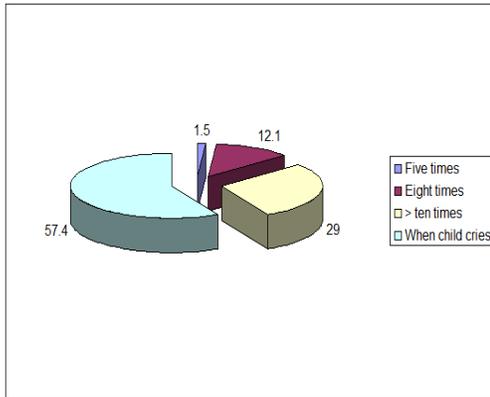


Fig2: Frequency of breast feeding among, in KDS-HRC, Kersa District, Eastern Hararge, Eastern Ethiopia, March 2008

Initiation of complementary feeding by the respondents showed that 232 (43.2%) initiated in between 6-9 months, 211 (39.3%) started in between 4-6 months and 72% started before 4 months.

Although the study area is more of rural and semi urban, bottle feeding was found to be higher; indicated by 307 (57.2%) of mothers.

Maternal nutrition during pregnancy and lactation has a direct impact on the nutritional status of children. In Kersa however, mothers' additional intake of food during pregnancy and lactation are very minimal.

Intake of extra meal was reported by 135 (25.1%) and 55 (9.2%) households during pregnancy and lactation respectively. Of those who were replied to take additional food, 14(25.4%) said fruits and vegetables followed by cereals 11 (20%).

Policy

Recommendation

Breast-feeding, particularly exclusive breast-feeding, and appropriate complementary feeding practices are universally accepted as essential elements for the satisfactory growth and development of infants as well as for the prevention of childhood illnesses.

A mother's recognizing of the right practices of breast feeding also affects nutritional status of children. Increasing awareness of mothers on the appropriate breast feeding practices for young children should be given due emphasis. More effort also has to be made to change dietary habits of mothers particularly during critical periods (pregnancy and lactation).

Kersa Demographic Surveillance and Health

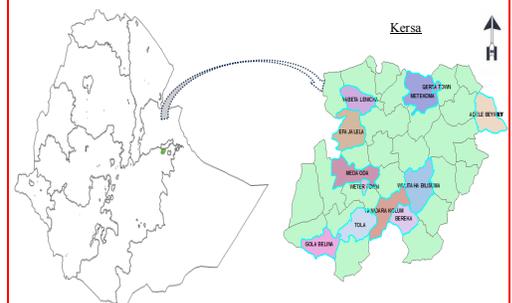
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The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

