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Mothers' knowledge and attitudes regarding child complementary feeding recommendations in Iraq

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Abstract

Background: Child feeding is essential for newborns and young children to achieve their maximum potential in terms of growth, health, and development.

Aim of the study: It aims to assess mothers' knowledge and attitudes about child feeding recommendations in Baghdad, Iraq.

Methods: A cross-sectional study was done among 356 mothers in Baghdad, Iraq, using convenience sampling. To obtain data from participants, self-administered questionnaires were developed from earlier research.

Result: The results suggest that 56.5% of mothers had poor knowledge and 80.6% had a good attitude; Knowledge and educational attainment, as well as employment situation, are significantly correlated (P values = 0.021 and 0.035, respectively). Knowledge and attitude did not significantly correlate with one another (P=0.066).

Conclusion: Mothers exhibited limited knowledge (56.5%) but a positive attitude (86.4%) regarding kid supplemental feeding guidelines. The knowledge and educational degrees of mothers were substantially connected. More promotion of proper child supplementary feeding practices among mothers is required.

Keywords: Baghdad, child complementary feeding, mothers knowledge, mothers attitude

Introduction

Malnutrition in children is a global problem that affects every country on the earth. Child feeding is crucial when it comes to delivering appropriate sustenance to babies and young children since it ensures their growth, health, and development, allowing them to attain their full potential. However, evidence reveals that children in developing countries do not meet the nutritional needs for adequate supplementation^[1].

According to data published recently by the World Health Organization (WHO), malnutrition is responsible for around 60% of all fatalities among children under the age of five in developing nations. Malnutrition affects an estimated 50.6 million children under the age of five, with more than 90 percent of these children coming from poor nations^[2].

When children are fed incorrectly, their mortality and malnutrition rates increase. (Olatona *et al.*, 2017)³ discovered that knowledge about child feeding was low (14.9%) and was related to the mother's age, marital status, and level of education. Early child feeding introduction (47.9%), nutritional diversity (16%), and the minimum recommended diet (16%) were all low among children aged 6 to 9 months. The use of appropriate child-feeding practices was found to be uncommon (47%) and to have a positive relationship with mothers' education level and job status.

In this study, mothers' attitudes and knowledge regarding recommended child-feeding practices in Baghdad, Iraq, were evaluated.

Methods

A descriptive cross-sectional study on mothers' information was carried out in Baghdad from the 3rd of February to the 9th of March 2023. Non-probability convenience sampling was used to select participants from primary healthcare centers in Baghdad, Iraq. Moms were given a consent document saying that they consented to participate in the study before commencing to answer the surveys. The questionnaires were divided into three parts:

Part A: Socio-demographic factors including gender, age, and education level to study the association between demographic factors and knowledge.

Part B: Knowledge of child feeding in which mothers were asked if they were aware of child feeding and what their thoughts were on child feeding. They were also questioned about what child feeding is and how they learned about it. The questionnaires were adapted from (Olatona *et al.* 2017) [3].

Part C: Mothers' attitude on feeding children. The questions indicate that the infant can stop breastfeeding as soon as he can eat solid meals. Only after teeth have started to erupt should a youngster start eating solid foods; locally available foods are less expensive than packaged foods; and packaged foods are healthier than freshly prepared meals. Only feed infants from household meals at designated times, and always wash your hands before feeding a child.

Eight questions make up the knowledge section, and any respondent who got more than 50% of them right was considered to have good knowledge. There were six attitude questions, and anyone who answered them correctly more than 50% of the time was considered to have a positive attitude.

The Chi-square test was used to evaluate the data using SPSS (version 25) and pertinent statistical (descriptive and inferential) methods, and the association between variables was examined. A 0.05 p-value was regarded as significant.

All mothers signed a consent form before completing the questions, and Al-Bayan University's College of Nursing obtained ethical approval prior to data collection.

Results

According to the survey findings, the mothers' average age is 29 years, with a minimum age of 15 years and a maximum age of 45 years. The children ranged in age from 1 month to 29 months, with an average of 5 months. The majority of respondents were married (83.7 %) residing in the city (89.3%) and housewives (82.3%) as shown in Table 1.

Table 1: Socio-demographic characteristics of the respondents

| Variables | N | % | | |
|------------------------------|------------|------------|-------------|-----------|
| Marital status | | | | |
| Single | 17 | 4.8 | | |
| Married | 298 | 83.7 | | |
| Divorced | 41 | 11.5 | | |
| Resident | | | | |
| City | 319 | 89.3 | | |
| Countryside | 37 | 10.1 | | |
| Education | | | | |
| Primary | 183 | 51.4 | | |
| Secondary | 86 | 24.2 | | |
| University | 87 | 24.4 | | |
| Working | | | | |
| Government | 41 | 11.5 | | |
| Private | 22 | 6.2 | | |
| Housewife | 293 | 82.3 | | |
| Receive financial aid | | | | |
| No | 145 | 40.7 | | |
| Yes | 211 | 59.3 | | |
| Child gender | | | | |
| Male | 165 | 46.3 | | |
| Female | 191 | 53.7 | | |
| | Min | Max | Mean | SD |
| Mother age | 15.00 | 45.00 | 29.08 | 7.47 |
| Child age (In Months) | 1.00 | 29.00 | 5.55 | 6.04 |

Table 2, shows the mothers' answers about child complementary feeding, 54.8% said it is semi-solid food followed by 18.5%, who said it is solid. Regarding the age of introducing child feeding, those who answered correctly (6 months) only 39.6%. Around 54.8% of respondents correctly identified the recommended breastfeeding cutoff point (18-24 months). Around half of respondents said there is no risk of starting complementary feeding late (50.3%). 80.3% said the best option to give for newborn babies is adult-fortified food and 76.7% said the best equipment to give child feeding is bowel and spoon.

Table 2: Knowledge regarding child feeding

| Variables | N | % |
|--|-----|------|
| What is complementary feeding? | | |
| Solid | 66 | 18.5 |
| Semi-solid and sold | 195 | 54.8 |
| Adding milk | 45 | 12.6 |
| Do not know | 50 | 14.0 |
| Age to introduce child complementarily feeding | | |
| less than 2 months | 5 | 1.2 |
| 2-5 months | 25 | 7.0 |
| 6 months* | 141 | 39.6 |
| 7-9 months | 185 | 52.0 |
| The correct age to stop breastfeeding | | |
| 6 months | 2 | 0.6 |
| 8-10 months | 4 | 1.1 |
| 12-14 months | 155 | 43.5 |
| 18-24 months * | 195 | 54.8 |
| How often does a child breastfeed after beginning other feeds? | | |
| Twice | 52 | 14.6 |
| As a child wants* | 162 | 45.5 |
| Three times | 66 | 18.5 |
| I do not know | 76 | 21.4 |
| Minimum number of times each day to provide complimentary meals | | |
| 6-8 months (2 times a day) | 126 | 35.4 |
| 9-11 months (3 times a day) | 177 | 49.9 |
| > 12 months (3 times a day) | 103 | 28.9 |
| Risks of starting late | | |

| | | |
|--|-----|------|
| Malnutrition | 176 | 49.4 |
| Increase in height | 1 | 0.3 |
| No risk | 179 | 50.3 |
| The best option to give to newborn babies | | |
| Adult food fortified | 286 | 80.3 |
| The best equipment to give child feeding | | |
| Bowel and spoon | 273 | 76.7 |

Table 3 shows mothers' attitudes toward child complementary feeding. A child can stop breastfeeding as soon as he can eat other meals was answered by 22.8% of

respondents while 46.6% did not agree with that. Approximately 60.7% of people disagree that packaged goods are healthier than locally produced meals.

Table 3: Mothers' attitude towards child complementary feeding

| | Agree N (%) | Strongly agree N (%) | Do not agree N (%) | Strongly do not agree N (%) | I do not know N (%) |
|--|-------------|----------------------|--------------------|-----------------------------|---------------------|
| As soon as a child can eat other meals, they can cease breastfeeding. | 81(22.8) | 65(18.3) | 166(46.6) | 23(6.5) | 21(5.9) |
| A child shouldn't consume solid foods until after their teeth have started to erupt. | 99(27.8) | 100(28.1) | 114(32.0) | 19(5.3) | 24(6.7) |
| Local foods are less expensive than packaged foods. | 226(63.5) | 42(11.8) | 18(5.1) | 24(6.7) | 46(12.9) |
| Packaged foods are more healthy than fresh meals. | 30 (8.4) | 20(5.6) | 216(60.7) | 32(9.0) | 58(16.3) |
| Infants should only consume meals provided for the household at set times. | 200(56.2) | 6(1.7) | 97(27.2) | 14(3.9) | 39(11.0) |
| Before feeding a child, you must wash your hands thoroughly. | 259(72.8) | 76(21.3) | 9(2.5) | 5(1.4) | 7(2.0) |

Table 4 represents the overall level of knowledge and attitude, 56.5% have poor knowledge regarding child complementary feeding while 80.6% have a good attitude towards child complementary feeding.

Table 4: Level of mothers' knowledge and attitude

| | N | % |
|------------------|-----|------|
| Knowledge | | |
| Poor | 201 | 56.5 |
| Good | 155 | 43.5 |
| Attitude | | |
| Poor | 69 | 19.4 |
| Good | 287 | 80.6 |

There was a significant association between educational level and knowledge with a P value (of 0.035) and between working status and knowledge with a P value (of 0.021) as shown in Table 5.

Table 5: Association between knowledge and marital status, working, attitude

| | Knowledge | | | | X ² | P Value |
|--------------------------|-----------|------|-----|------|----------------|---------|
| | Poor | Good | | | | |
| Marital status | | | | | | |
| Single | 10 | 58.8 | 7 | 41.2 | 0.538 | 0.764 |
| Married | 170 | 57.0 | 128 | 43.0 | | |
| Divorced | 21 | 51.2 | 20 | 48.8 | | |
| Educational level | | | | | | |
| Primary | 115 | 62.8 | 68 | 37.2 | 6.713 | 0.035* |
| Secondary | 45 | 52.3 | 41 | 47.7 | | |
| University | 41 | 47.1 | 46 | 52.9 | | |
| Working status | | | | | | |
| Government | 28 | 68.3 | 13 | 31.7 | 7.774 | 0.021* |
| Private | 7 | 31.8 | 15 | 68.2 | | |
| Housewife | 166 | 56.7 | 127 | 43.3 | | |
| Attitude | | | | | | |
| Poor | 45 | 65.2 | 24 | 34.8 | 2.670 | 0.066 |
| Good | 156 | 54.4 | 131 | 45.6 | | |

*A Chi-square test was performed, level of significance at $p < 0.05$

Discussion

The current study's primary finding is that the general level knowledge of mothers on child feeding was weak (56.5%), which agrees with (Abiyu, & Belachew, 2020) [4] but disagrees with (Bimpong *et al.*, 2020) [1] and (Berisha *et al.*, 2017) [5]. The mothers' response to what is the correct feeding of the kid was (54.8%), whereas the mothers who recognized the correct feeding start date were only (39.6%). This study found that mothers' attitudes toward child feeding were generally positive, which is consistent with (Bimpong *et al.*, 2020) [1] and (Assefa *et al.*, 2021) [6]. Knowledge of the supplementary feeding schedule was low, in contrast to research done in Lahore, Pakistan (54%) (Hosnain *et al.* 2013) [7], Karachi (57.2%) (Mohsin & Shaikh 2014) [8], and Ghana (60.0%) (Gyampoh *et al.* 2014) [9]. The age at which breastfeeding should be stopped should be between 18 and 24 months, according to half of the respondents. This is in line with a study done in Pakistan, where most of the respondents were aware of the appropriate time to stop nursing (Mohsin & Shaikh 2014) [8].

The World Health Organization advises feeding infants at least twice daily between the ages of 6 and 8 months and at least three times daily between the ages of 9 and 12 months. In Ghana, almost all mothers were familiar with the right frequency, whereas in our study, only about half of the mothers knew it [9].

Higher levels of education and employment have a positive correlation with knowledge levels. This suggests that moms' awareness of supplementary feeding is significantly influenced by their education and work. Since most of the mothers were aware that bowls and spoons were the favored feeding implements, as in other studies in Lagos [3], the majority of them used them. The current study is limited in that it was only conducted in one location and that it only looked at those who went to primary healthcare facilities. It is advised to conduct a more thorough community-level study.

Conclusion

The mothers had adequate knowledge (56.5%) and a positive attitude (80.6%) towards supplemental feeding for children. There was a substantial relationship between educational degree and employment position and knowledge. More promotion of proper kid supplementary feeding practices among mothers is required.

Conflicts of interest

The authors declare no conflicts of interest

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