

# Infant and Young Child Feeding (IYCF) Practices among Mothers in Selected BRAC Intervention Areas of Bangladesh: An Exploratory Qualitative Study

Atiya Rahman<sup>1</sup>, Barnali Chakraborty Chumki<sup>1</sup>, Mahfuzar Rahman<sup>2</sup>, Kaosar Afsana<sup>1</sup>

<sup>1</sup> BRAC James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh; <sup>2</sup> Pure Earth, Bangladesh

## RATIONALE

- Enhancing practices related to infant and young child feeding (IYCF) is regarded as a greater priority by programs aimed at increasing the health and nutritional status and child survival (Dewey & Brown 2003; Lutter et. al., 2011; Onyango 2013)
- The 'Alive & Thrive (A&T)' has been designed to develop scale models for IYCF in Bangladesh along with two other countries (Shangvi et. al., 2016)
- BRAC has initiated the SHIMA program, from the experiences of A&T in all the intervention areas aiming to improve IYCF practices and the nutritional status of the children

## OBJECTIVE

To explore the knowledge and practices of caregivers/mothers of 6-23months children under SHIMA intervention areas relating to IYCF in alignment with the A&T messages they have received through various strategies.

## METHODS

- A **qualitative exploratory study design** was employed to collect data on caregivers'/mothers' knowledge and practices on feeding practices among children aged 6-23 months old from 10 subdistricts of rural Bangladesh in 2016.
- The **study population** includes mothers, fathers and grandmothers of 6-23-year-old children and service providers.
- Purposive snowball sampling** was used following the initial meetings to recruit subsequent participants
- Combined qualitative research techniques** were used to collect relevant information. Focus-group discussions (FGDs), in-depth interviews (IDIs), informal discussions, key informant interviews (KIIs), and participatory rural appraisal (PRA) were used for eliciting data.
- Duration of **data collection** was December 2016-January 2017

Data collection method and sample		
Data collection methods	Participant	Unit of interview
In-depth interview	Mother/caregiver	74
Focus group discussion	Community women	10
Informal discussion	Father & Grand mother	20
Key informant interview	Project staff	30
Shadowing/ observation	Mother-child interaction	10

### Data analysis

- The qualitative data were transcribed verbatim, coded and thematically analysed.
- WHO-recommended guidelines were approached for the analysis of nutritional data nutritional status, dietary diversity, minimum meal frequency (nutritional status, dietary diversity)

## RESULTS

- The mothers have adequate knowledge** of exclusive breastfeeding (EBF), complementary feeding (CF), timely initiation of BF and CF, consistency, frequency, and number of foods needed according to children's age group
- Colostrum feeding has been initiated within one hour to 2-3 hours after birth.** Some sweet items (honey) are preferred before starting colostrum feeding

"After birth, ...everyone advised me to feed powdered milk. I strictly handled the situation and said ...I will give him breastmilk anyway"

- All the infants aged six months and children aged less than two years were receiving breastmilk during the data collection period. Some of them started complementary feeding (CF) after 3-4 months of breastfeeding. **Infant formula and additional food has been given due to perceived inadequate breast milk secretion**

"During daytime I feed potatoes, eggs and rice to my daughter. At night only breastmilk. Because of low secretion of breastmilk after four months of birth I gave her formula two times a day"

- The majority of the children started CF after six months. Few were not. The reason behind the initiation of CF before 6 months includes having to introduce new foods along with breastmilk. Semolina and eggs are commonly provided as CF before the age of six months

- The majority of the children received CF either frequently or more. However, the **quantity of meals consumed by the children was not at an acceptable level**
- Despite providing four food-group items a day, the **mothers were less careful about providing diversified food items**
- Knowledge and practices on responsive feeding and feeding during illness are limited and not comprehensible to mothers. **Forced feeding and other malpractice during feeding were common**

### Affordability

"Everyone can't afford to buy eggs or chicken. Some people can buy only a few items of vegetables, and some may not. They mostly can't afford..."

### Cultural norms and practices

"The rural culture of cooking twice a day was also responsible for not providing diversified food to their children."

### Barriers to complementary feeding practices

### Cooking procedure

"After cutting the vegetables, they ( the mother) washed them, which reduced the food's nutritional value before cooking"

### Women's autonomy

"Mothers cannot buy (nutritious) food as they do not have money in their hands."



## IMPLICATIONS

A comprehensive strategy for addressing the problem of child undernutrition must include actions to address the sociocultural norms to enable people to improve the community practices on IYCF

Increase knowledge and awareness of determinants and consequences of stunting

Ensure completion of EBF

Ensure timely initiation of CF

Ensure diversified diet

Ensure responsive feeding

Ensure hygiene behavior

Ensure adequate nutritional intake

- Dietary counselling
- Dietary diversification with locally available foods
- Homestead production
- Distribution of micronutrient powder, income generating activities, credit support for low income families
- Close monitoring and supervision

Proposed intervention strategy

### References

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