

Acceptability And Use of Locally Available Food (LAF) And /Or Microbiota Directed Supplementary Food (MDSF) and Ready to Use Supplementary Feed (RUSF); complementary feeding among children aged 6-24 months in low-income communities of Karachi, Pakistan

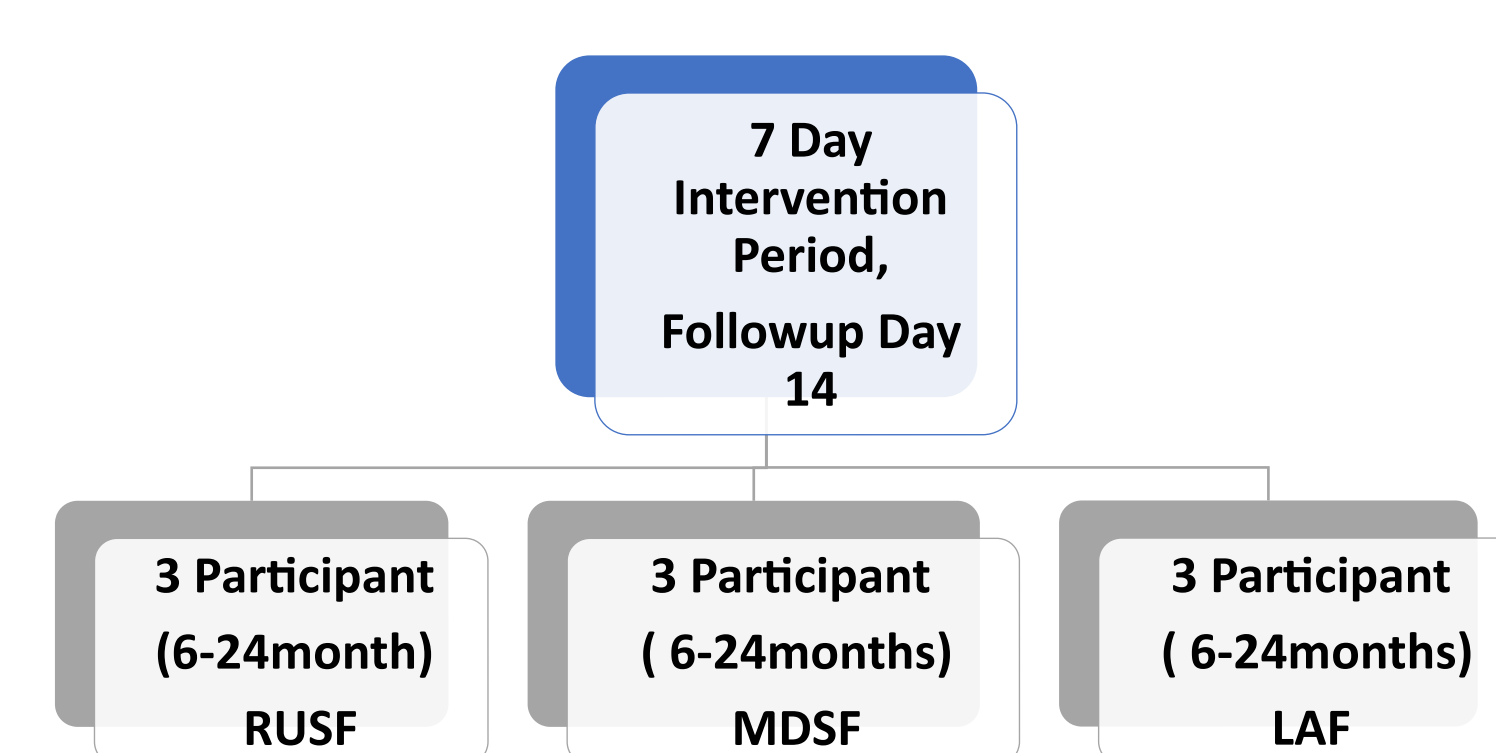
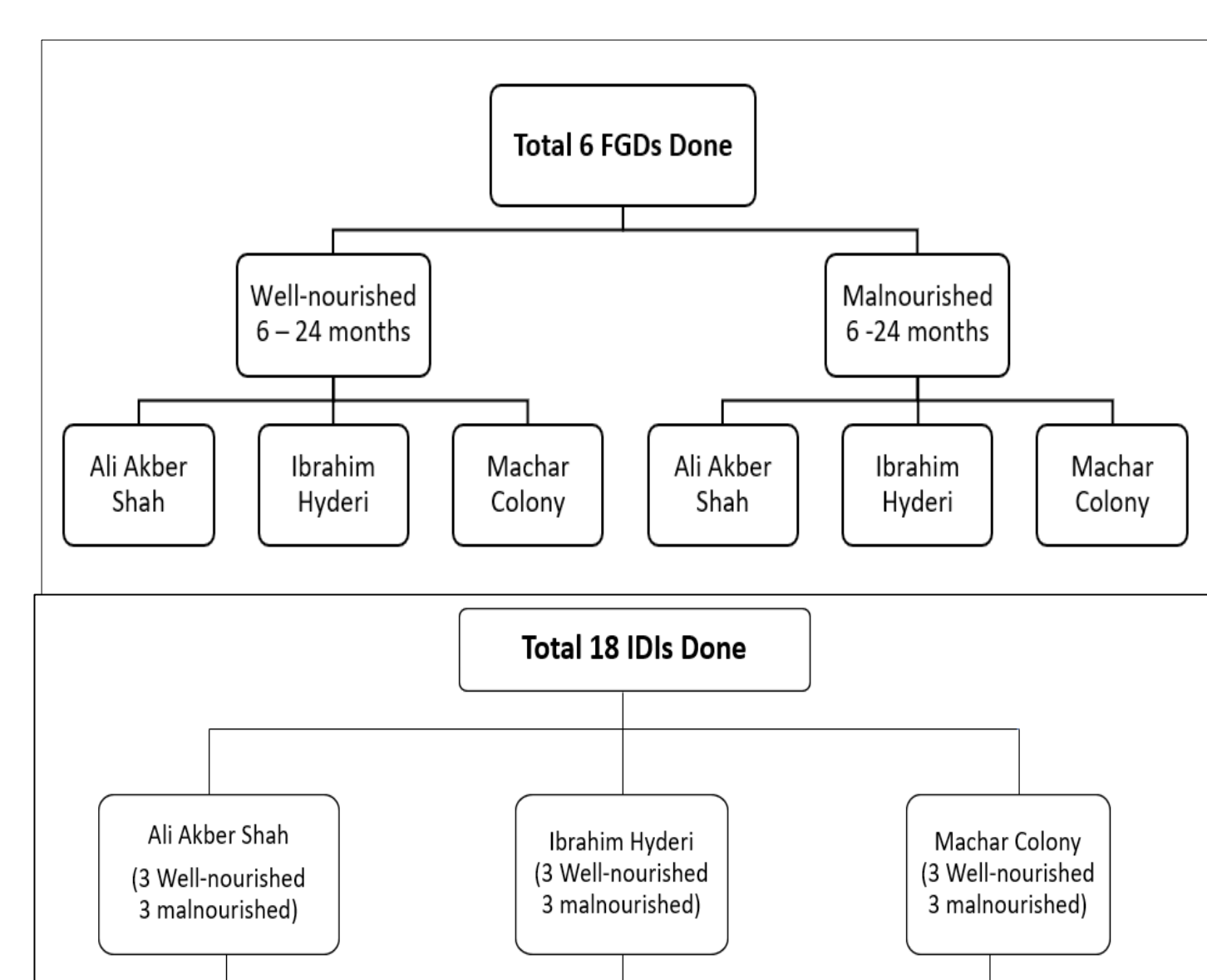
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Introduction:

Malnutrition affects children globally with two thirds (20 million) of moderately wasted children living in South Asia. There is limited evidence on management of moderate malnutrition. Before commencing the Nutritional Management of Moderately Acute Malnourished (NUTRIMAM) trial to evaluate different nutritional supplements like Locally Available Food (LAF), Ready-to-Use Supplementary Food (RUSF) and Microbiota directed supplementary food (MDSF) and to fill in the gaps with regard to guidance on feeding of moderately wasted children with an acute illness; a formative research was conducted.

Objective:

- To determine the acceptability Interventions of LAF recipes, MDSF and RUSF among moderately wasted children aged 6-24 months living in the communities proposed in the trial
- To revise counseling guides and tools based on the practices, beliefs and concerns of caregivers and families
- To learn how caregivers and mothers perceive and feed infants and young children who are underweight, with or without illness
- To identify the factors that might influence the delivery and use of supplementary food interventions as part of a nutrition recovery package for children with moderate wasting and an acute illness



Methodology:

Qualitative study; comprised of 2 phases, was conducted in three peri urban communities of Karachi.

In phase-1 six focus group discussions (FGDs) among mother/child pair aged 6-24 months and six mother/child pair in-depth interviews (IDIs) from each category; aged 6-9 months, 9-12 months and 12-24 months were conducted. In 2nd phase three MAM participants from Phase 1 were provided for each supplement arm and were followed for Trials for Improved Practices (TIPS) process. Beliefs, attitudes, and practices of caregivers for feeding malnourished children were explored in addition to the preparation, storage, feeding, and sharing of supplementary food. Predeveloped Counselling guides and posters were used for counselling. For analysis, recorded interviews were transcribed, and thematic deduction approach was used for qualitative analysis.

Observations and Findings:

Following were major themes identified in FGDs and IDIs:

Reason For Discontinuation Of Breast Feed: Breast Feeding continuation was inconsistent as few mothers were following Islamic Shariya Belief of feeding

“Our old grand people said that a boy should be breastfed till 2 years and a girl till 2.5 years as it is the basic right of the child”

The most common reasons reported by Mothers for Early cessation of Breast feed:

“Upon conception, the baby breast milk is discontinued, if continued the child becomes sick.”

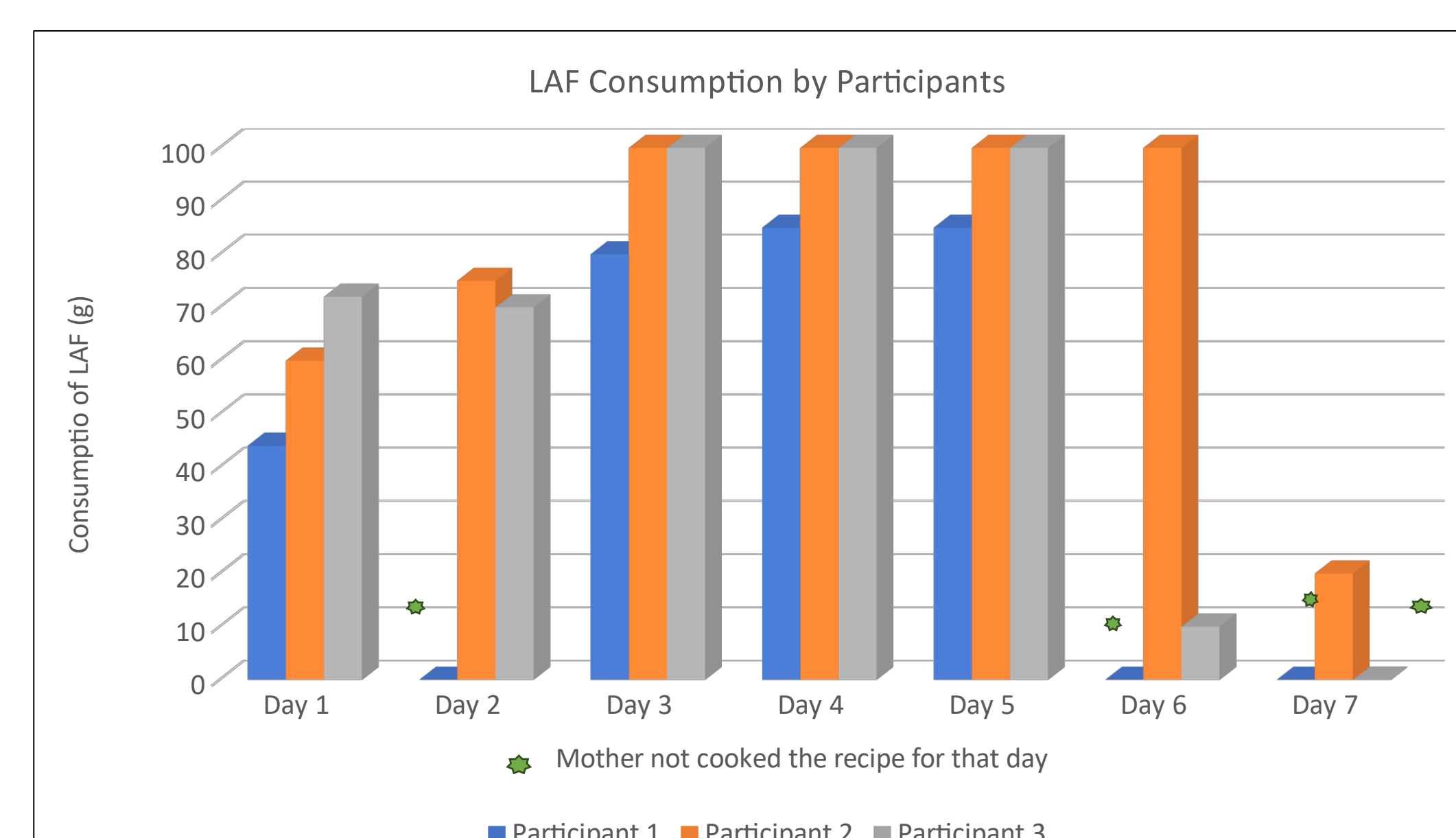
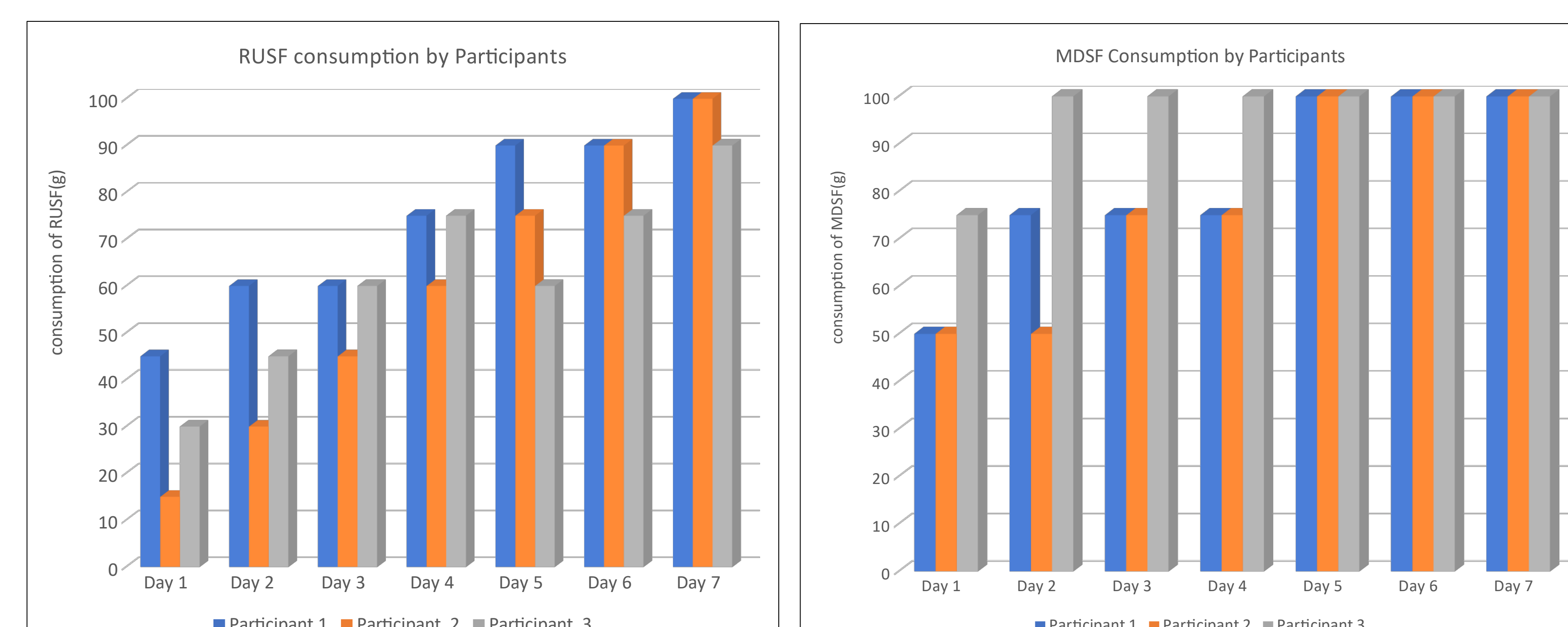
Reason For Delayed Initiation For Complementary Feed:

Few mothers reported adding weaning diet will reduce breast milk production and it will also reduce breast milk demand.

Common Myth on Thermogenesis of food: few mothers reported their preference for food one over another due to thermogenesis (for example beef, fish and eggs are believed to have warm effect “garam taaseer” therefore avoided in summers, whereas yogurt, banana, sago-dana etc., are believed to have cold effect “thandi taseer” hence avoided in winters). One of the mother stated:

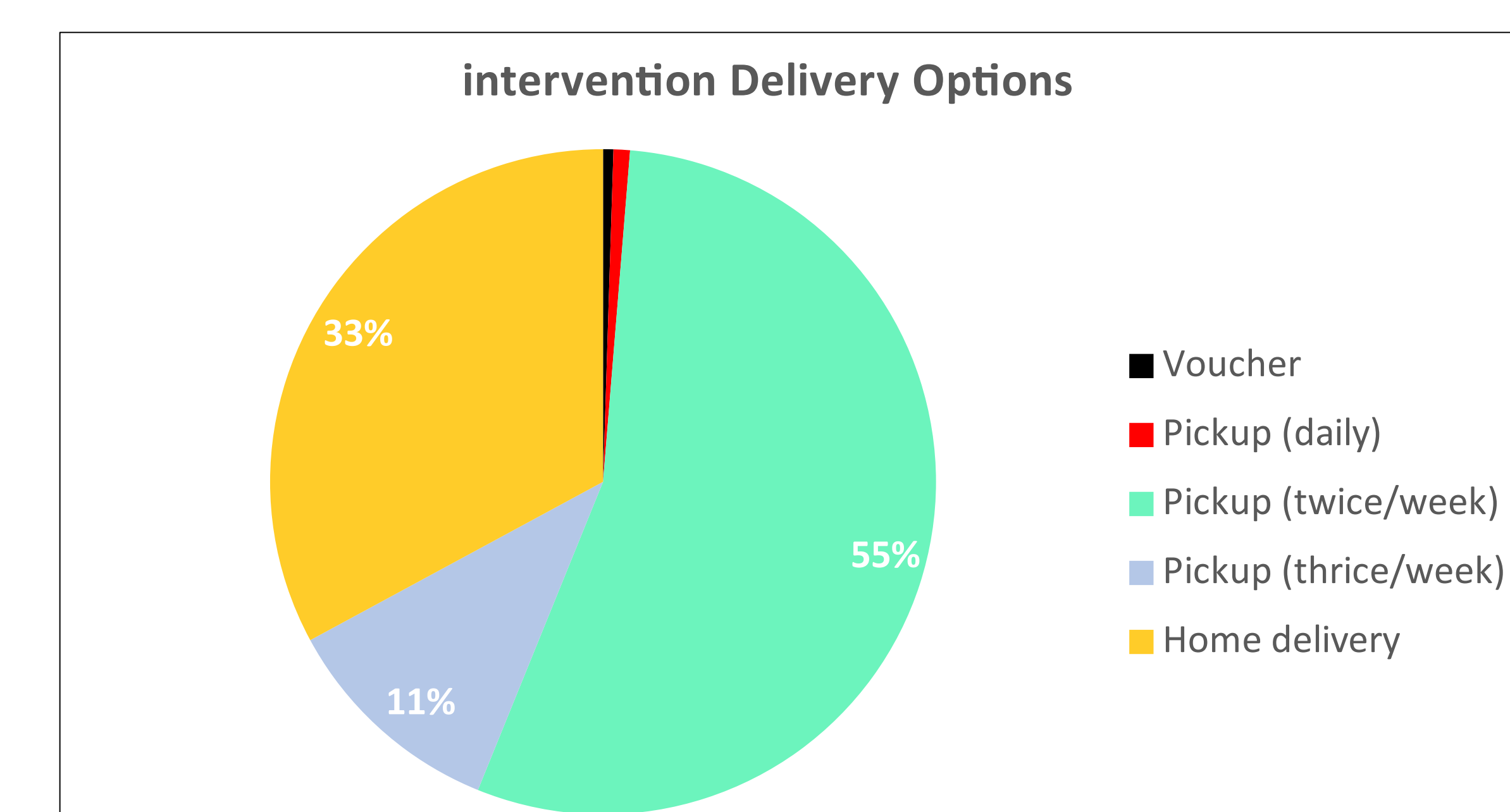
“If he eats roti and curry in hot weather, his stomach get upset, curd should be given in summer.”

Consumption of Interventions



Results:

- Significant awareness about exclusive breast feeding was found and was continued according to their religious and cultural practices
- Weaning food was introduced as early as 1-3 months and as late as 18-24 months
- Counselling posters were revised with emphasis on healthy food choices
- Short videos dubbed in Urdu added in phase 2 had better understanding and the key messages were very well taken by mothers.
- Reassurance to families that intervention provided is for the “treatment” of the child
- RUSF, MDSF and LAF Interventions were well accepted and completed by children
- The LAF recipes easy to cook and easy to feed
- Lack of utensils to feed the child and absence of home-based food storage to store intervention
- Intervention delivery twice per week was found more convenient by mother/caregiver.
- Frequent sharing of leftover food with their siblings was also observed



Implications:

- Provided updated approaches for improved complementary feeding practices in the NUTRIMAM study
- Determined the acceptability and usefulness of three interventions; LAF recipes, MDSF and RUSF.
- Helped in developing and refining the counseling tools that are now being implemented in the NUTRIMAM study.
- To provide a storage box for storage of supplement food and to provide bowls and spoons for feeding the index child for standardization



In-Depth Interview



Focus Group Discussion

