Adherence to young child feeding guidelines in four countries in Latin America and the Caribbean

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Patrick J. Whelton1, Edward A. Frongillo1, Mandana Arabi2, Helena Pachón3, Chessa K. Lutter1
1Division of Nutritional Sciences, Cornell University, Ithaca, NY 14853
2Pan American Health Organization, Washington, D.C. 20037

Abstract
Child feeding behaviors such as timely introduction of complementary foods is crucial to positive growth and health outcomes in young children. The Pan American Health Organization (PAHO) and the World Health Organization (WHO) conducted a multi-country study to determine the current state of child feeding practices in developing nations. The Pan American Pediatric Nutrition Program (ProPAN) methodology was used to operationalize the WHO guiding principles for complementary feeding. The study was conducted in two urban sites in each of Brazil, Jamaica, Mexico, and Panama. Surveys and interviews pertaining to infant child feeding behaviors and practices were conducted in two sites each in Brazil, Jamaica, Mexico and Panama. 637 participants were surveyed, with about 155 participants per country. The 13 ideal practices (shown below) were grouped and organized into categories according to common themes. Five participants per country. The 13 ideal practices (shown below) were grouped and organized into categories according to common themes. Five categories were created and converted into indices as follows.

Creation of a favorable environment
100% of children are breastfed on demand, during the day and night
100% of children receive support during meal times and are motivated to eat to satiety
100% of children are exclusively breastfed until 6 months of age
100% of children are breastfed for the first time within the first 60 minutes after birth
100% of children are fed at least one daily food source of meat, poultry, or fish

Adequacy of feeding
100% of children receive support during meal times and are motivated to eat to satiety
100% of children are breastfed on demand, during the day and night
100% of children are fed with daily recommended number of meals
100% of children are breastfed for the first time within the first 60 minutes after birth
100% of children are fed nutrient- and energy-dense foods

Methods
This study was conducted using ProPAN methodology. Surveys and interviews pertaining to infant child feeding behaviors were conducted in two sites each in Brazil, Jamaica, Mexico and Panama. 637 participants were surveyed, with about 155 participants per country. The 13 ideal practices (shown below) were grouped and organized into categories according to common themes. Five categories were created and converted into indices as follows.

Breastfeeding initiation
100% of children are breastfed for the first time within the first hour after birth
100% of children are not fed with pre-lacteal feeds
100% of children receive colostrums

Breastfeeding duration
100% of children are exclusively breastfed until 6 months of age
0% of children are weaned before 24 months of age

Complementary feeding initiation
100% of children begin complementary feeding at 6 months with semi-solid foods

Results
Significant differences in adherence to the ideal practices between the four countries studied occurred as shown below.

Figure 1: Breastfeeding on Demand

Contact Information
Patrick, Whelton – pjm25@cornell.edu

Regression analyses of the explanatory variables yielded information on the determinants of child feeding index scores. For example, a mother’s control of feeding (whether she decides what the child eats and actually feeds the child) was significantly associated with the level of education. The odds of a lower amount of control of feeding increased 7.5 times for mothers with no schooling compared to mothers with the highest level of education (p = 0.04). Mothers with intermediate levels of education were also less likely to have control over feeding compared to the mothers with the highest level of education (OR = 2.16 and 2.40, p < 0.001). There were also significant relationships between a participant’s country of residence and the feeding practice index scores. When complementary feeding initiation scores were analyzed with binary regression, mothers in Brazil, Jamaica, and Mexico were at 5.64, 2.13, and 2.58 times greater odds to have a lower score for initiation of complementary feeding (p < 0.01).

Conclusions
Survey participants from Panama appeared to be the least likely to be meeting the ideal practices for child feeding (which were defined as needed to improve child feeding practices to achieve desired child growth and development outcomes. These findings imply that there are many differences in child feeding practices and the factors that influence them among Latin American countries. Such differences mean that organizations planning interventions or research projects in relation to child feeding in Latin America need to recognize that there is great variety in feeding behaviors practiced depending on the country. The forces that determine these behaviors and practices may also vary from country to country. This is a reminder that a variety of factors need to be taken into account when planning research or interventions.

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Patrick, Whelton – pjm25@cornell.edu

Significant differences in adherence to the ideal practices between the four countries studied occurred as shown below.

Figure 2: Child Receives Support/Motivation to Eat to Satiety