Feeding Practices and Its Association with Nutritional Status among Infants of Working Mothers of a Bangladeshi Garments Factory

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Abstract

Background: Breastfeeding is considered as one of the most important factors for growth and development of infants, which offers tremendous health benefits to both child and mother. Breastfeeding provides all the energy and nutrients that the infant needs for the first 6 months of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to one third during the second year of life.

Objective:This study determinesthe feeding practices and its association with nutritional status among the infants of working mothers in a selected garments factory of Bangladesh.

Methods: This cross-sectional study on 267 working womenwith infants aged 0 to 12 months of Garments Factory in Narayangonj was carried out at the Department of Pediatrics, Institute of Child and Mother Health (ICMH), Matuail, Dhaka.After takinga written consent of the study subjects were enrolled in the study. A detail history was taken regarding breastfeeding practices and complementary feeding as well as co-morbidities. Then anthropometry of infants was measured and plotted in CDC growth chart. Nutritional status was determinedby using Z-scores for weight-for-age (WAZ), weight-for-length (WLZ), length-for-age (LAZ). Z-scores of $<$-2 to -3 Z-score was considered moderately malnourished, while scores $<$-3 as severely malnourished.

Results: The majority (58.8%) infants belonged to age 6-12 months. The mean age was found 6.70$\pm$2.77 months. More than half (52.4%) infants were male. Out of 267 mothers, 174(65.2%) respondents mentioned about initiation of breastfeeding within 1 to 12 hours, 200(74.9%) respondents had practice of colostrums feeding, 64(24.0%) given pre-lacteal feeding, and exclusive breastfeeding 58(21.72%). Mean duration of exclusive breast feeding was 2.9$\pm$0.8 months and 92(58.6%) mothers started complementary feeding by 6 months. Thirty two (50.0%) were given pre-lacteal feeds by honey. Majority 31.58% infants were given rice powder (suji) along with breastfeeding.In under 1 year of age, 23(8.6%) infants were found to have severe wasting, 42(15.7%) had severe stunting, 39(14.6%) had severe underweight, 13(8.3%) had severe malnutrition, 5(4.5%) had visible wasting and 9(3.4%) had bipedal edema. Moderate and severe wasting (WLZ), stunting (LAZ) and underweight (WAZ) were statistically significant ($p<0.05$) when compared with exclusive breastfeeding and non-exclusive breastfeeding infants respectively was well as appropriate complementary feeding and inappropriate complementary feeding.

Conclusion: This study showed evidence of inappropriate feeding among working mothers. Due to inappropriate complementary feeding and non-exclusive breastfeeding, several forms of malnutrition (wasting, stunting, and underweight) predominated in their infants.

Keywords: Breastfeeding,Complementary feeding, IYCF, Malnutrition, Feeding practices.

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Introduction

Breastfeeding has documented short and long term medical and neurodevelopmental advantagesbecause it contains antibacterial factors (secretory IgA, Lactoferrin, Oligosaccharides, Cytokines) secretory IgA that causes specific antigen targeted anti-infective action as well as it can helps in repairing of intestine, promotes epithelial cell growth and neural growth.[1]

Human Milk has a protective effect against diarrhea, otitis media, urinary tract infection, necrotizing enterocolitis, septicemia, Insulin dependent diabetes mellitus, celiac disease, crohn disease, childhood cancer, lymphoma, leukemia, and allergy.[1]

The World Health Organisation defines optimal Infant and Young Child Feeding (IYCF) practice as the initiation of breastfeeding within one hour of birth, breastfeeding exclusively for the first six months, continuing to breastfeed for two years, on demand breastfeeding, giving of colostrum, no prelacteal feeding, no bottle feeding and initiation of solid and semi-solid food at six month, minimum dietary diversity, minimum

meal frequency, minimum acceptable diet, consumption of iron-rich or iron-fortified foods, age-appropriate breastfeeding, predominant breastfeeding under six months, and milk feeding frequency for non-breastfed children.[2,3] According to Bangladesh Demographic Health Survey (BDHS, 2017-2018) 65% of children less than 6 months of age are exclusively breastfed in Bangladesh. Bangladesh with about 3,40,000 childhood deaths per year, ranks number 7 in the world along with other countries: India, Nigeria, China, Pakistan, DR Congo, Ethiopia. Afghanistan Tanzaria and Indonesia are in the in the list of 10 countries with the most number of childhood deaths.[4]

Infants aged (0-5 months) who are not breastfed have 7-fold and 5-fold increased risks of death from diarrhea and pneumonia, respectively, compared with infants who are exclusively breastfed.[5] The number of children under the age of five with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) is estimated to be 600,000 and 1.8 million, respectively. The prevalence of chronic malnutrition among children under 5 years old is 41%.[6] The prevalence of stunting (height-for-age below -2 SD), underweight, and wasting are 50%, 43%, and 19%, respectively, in City Corporation slums, and 33%, 26%, and 16%, respectively, in City Corporation non-slums; while, nationally the corresponding figure is 36%, 33% and 14% among under 5 children.[7] Therefore, this study was conducted to explore the situation of feeding practice and its association with nutritional status of the infants of working mothers.

Materials and Methods

This was a cross sectional study conducted in the Department of paediatrics, Institute of Child and Mother Health (ICMH), Matuail, Dhaka, Bangladesh from July, 2020 to June, 2021. All the working mothers of Peri-Mohon Garments Factory, Narayangonj, Dhaka, Bangladesh who had a child of 0-12 months of age were included in the study. In this study we excluded the working mothers who had been suffering from medical illness and infants with any congenital abnormality. Finally,by purposive sampling method total 267 working mother were included in this study. Then written consent was taken from the mother andinformation'swere collected in a pretested semi-structured questionnaire.

A detail history was taken regarding breast feeding, practices on colostrum, pre-lacteal feeding, initiation of breast feeding, duration of exclusive breast feeding and formula feeding. History was taken regarding complementary food diversity, starting of complementary feeding, amount of food, frequency of feeding per day, consistency of food, hand washing practice and responsive feeding. Then anthropometry of infants was measured. Weight was measured by digital baby scale, height by infantometer. Mid upper arm circumference (MUAC) was measured by Shakir's tape. CDC growth chart was used for plotting and classification. Nutritional status was determined using Z-scores for weight-for-age (WAZ), weight-for-length (WLZ), length-for-age (LAZ). Z-scores of <-2 to -3 Z-score was considered moderately malnourished, while scores<-3 as severely malnourished.

All Data were analyzed with statistical software SPSS -version 23. In our study p-value<0.05 were considered significant.

Exclusive breast feeding refers to thepractice of feeding breast milk only, including expressed breast milk to infants and excluding water, other liquids breast milk substitutes and solid foods. Vitamin drops, minerals, oral rehydrating solution (ORS) and medicines may be given.[8] Complementary Feeding (CF) refers to the introduction of foods in addition to breast milk children who completed six months of age (181 days).[2]

Severe acute malnutrition: is identified by the presence of severe wasting and or bi-pedal oedemaAged <6 months is considered as severely malnourished by one or more of the following:Visible wasting, WLZ < -3 0r Bipedal edema. If aged 6-59 months is severely malnourished if one or more of the following:Mid Upper arm circumference< 115mm, Weight for height Z- score (WHZ) < -3 or Bipedal edema.[9]

Result

A total number of 267 infants were included in this study. Majority 58.8% of the infants belonged to age 6-12 months, 88.39% were delivered at term and the mean age was found 6.70±2.77 months. Male infants were 52.4% and 41.2% from urban and 24% were from urban slum area. Most of the working mother (73.4%) belonged to age 21-30 years, 67.8% mothers completed their secondary education, 61.4% mother received breast feeding counseling during antenatal care (ANC), 69.7% father's had completed secondary education, and 41.2% fathers were service holder. Regarding socioeconomic condition 85.8% of the infants belongs to lower-middle class family, 76.8% were sibling number two, 89.9% were found single family (Table I).

Regarding breast feeding most of therespondents (65.2%) initiated breastfeeding within 1 to 12 hours, 74.9% respondents given their infants colostrum, 24.0% given pre-lacteal feeds, exclusive breastfeeding was 58(21.72%), mean duration of exclusive breastfeeding was 2.9±0.8 months and 92(58.6%) were starting of complementary feeding by 6 months (Table II).

Majority 84.1% respondents initiated complementary feeding with rice/bread, 65.61% with milk and dairy products. Appropriate food diversity was only 27.4% and inappropriate 72.61%. Majority 59.9% infants given food less than half bowl at a time, 42.7% were feeding per day <2 time, 28.7% respondents given their infants semi solid food, and 35.67% respondents mentioned that they fed their infants by own hand. Majority 73.25% respondents were washing their hand before feeding, and 49.7% mothers encouraged the infants for self-feeding (Table III).

Table I: Socio demographic characteristics of the study infants (n=267)

Socio demographic characteristics	Frequency	Percentage
Age (months)		
<6	110	41.2
6-12	157	58.8
Mean±SD 6.70±2.77		
Gender		
Male	140	52.4
Female	127	47.6
Residence		
Urban	110	41.2
Semi urban	93	34.8
Urban slum	64	24.0
Father's education status		
Below primary	9	3.4
Primary	68	25.5
Secondary	186	69.7
Above secondary	4	1.5
Father's occupation status		
Farmer	3	1.1
Service	110	41.2
Self employed	31	11.6
Business	66	24.7
Day laborer	32	12.0
Rickshaw puller	25	9.4
Age of mother (Years)		
20	6	2.2
21-30	196	73.4
31-40	65	24.3
Mean±SD 26.98±4.19		
Mother's education		
Below primary	2	0.7
Primary	84	31.5
Secondary	181	67.8
Monthly family income		
Poor	25	9.4
Lower middle	229	85.8
Middle class	13	4.9
Number of sibling		
1-2	220	82.4
3-4	47	17.6
Type of family		
Joint family	27	10.1
Single family	240	89.9
Breast feeding counseling in ANC		
Yes	164	61.4
No	103	38.6
Gestational age		
Term	236	88.39
Preterm	31	11.16

Table II: Breast feeding practice of infant under study (n=267)

History of related to feeding	Frequency	Percentage
Initiation of breast milk		
Within one hour	89	33.3
1 to 12 hrs	174	65.2
13 to 24 hrs	4	1.5
Colostrum is given		
Yes	200	74.9
No	67	25.1
Pre-lacteal feeding		
Yes	64	24.0
No	203	76.0
Breast feeding status		
Exclusive breastfeeding	58	21.72
Non-exclusive breastfeeding	209	78.28
Mean duration of exclusive breast feedings (months) Mean±SD	2.9±0.8	
Starting of complementary feeding		
·< 6 months	23	14.6
·Completed 6 month (181 days)	92	58.6
·> 6 months	42	26.8

In our study we found that 50.0% infants were given pre-lacteal feeds by honey (Fig. 1) and the majority 31.58% infants were given rice powder (Suji) along with breast milk after 6 months (Fig. 2).

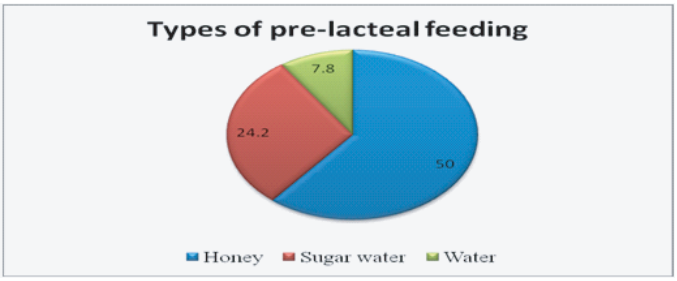

Fig. 1: Type of pre-lacteal feeding of the study infants

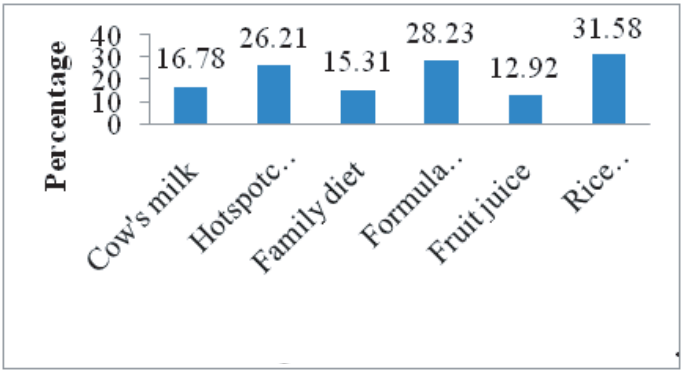

Fig. 2: Foods given with breast milk after 6 months

Table III: Complementary feeding practice among study infant (n=157)

Complementary food diversity	Frequency	Percentage
1. Rice/bread	102	65.0
2. Animal protein	41	26.1
3. Milk and dairy products	85	54.1
4. Dark green or bright yellow and		
orange colored fruits and vegetables	53	33.8
5. Pulse/Dal/Lentils	47	29.9
6. Ghee/Butter/Nuts and oil seeds	17	10.8
Appropriate food diversity	43	27.39
Inappropriate	114	72.61
Amount of food (250 ml bowel)		
given at a time		
< half bowel	94	59.9
Half bowel	56	35.7
One bowel	7	4.5
Frequency of feeding per day		
<2	67	42.7
2 or more (6-8 months)	53	33.8
3 or more (9-11 months)	37	23.6
Consistency of food		
Liquid	91	58.96
Semi solid (6-8 months)	45	28.66
Small piece(9-11 months)	21	13.38
Feeding technique		
With spoon	44	28.03
Baby use own hands in front of mother	16	10.19
By mothers hand	56	35.67
With family members	41	26.11
Hand washing practice		
i.Hand washing infant before feeding	9	5.73
ii. Hand washing of mother before feeding	115	73.25
What kinds of materials use in hand washing		
Only water	91	79.13
Soap	24	20.87
Responsive feeding		
Mother encouraged the child for self-feeding	78	49.7

Regarding nutritional status we found that infants of below 1 year, 23(8.6%) infants were found to have severe wasting, 42(15.7%) had severe stunting, 39(14.6%) had severe underweight, 13(8.3%) had severe acute malnutrition.Infants with severe wasting and severe acute malnutrition were referred to hospital for admission. Uncomplicated SAM was counseled on the garments factory for appropriate feeding (Table IV).In this study visible wasting was found in 5(1.9%) and bipedal edema was 9(3.4%)(Table V). Moderate and severe wasting (WLZ), stunting (LAZ) and underweight (WAZ) were statistically significant ($p<0.05$) when compared with exclusive breastfeeding and non-exclusive breastfeeding respectively (Table VI).Wealso found that moderate and severe wasting (WLZ) and stunting (LAZ) and underweight (WAZ) were statistically significant ($p<0.05$) when compared with appropriate complementary feeding and inappropriate complementary feeding respectively (Table VII).

Table IV: Nutritional status of the study infants under 1 year (n=267)

Nutritional status	Frequency	Percentage
Wasting (WLZ)		
Normal (1 SD)	110	41.2
Mild (<-1 SD to -2 SD)	95	35.6
Moderate (<-2 SD to -3 SD)	39	14.6
Severe (<-3 SD)	23	8.6
Stunting (LAZ)		
Normal (1 SD)	79	29.6
Mild (<-1 SD to -2 SD)	75	28.1
Moderate (<-2 SD to -3 SD)	71	26.6
Severe (<-3 SD)	42	15.7
Underweight (WAZ)		
Normal (1 SD)	82	30.7
Mild (<-1 SD to -2 SD)	79	29.6
Moderate (<-2 SD to -3 SD)	67	25.1
Severe (<-3 SD)	39	14.6
MUAC (cm)(n=157)		
Severe malnutrition	13	8.3
Moderate malnutrition	32	20.4
Normal	112	71.3

Table V: Malnutrition associated clinical signs among study infants (n=267)

Clinical signs	Frequency	Percentage
Visible wasting		
Yes	5	1.9
No	262	98.1
Bipedal edema		
Yes	9	3.4
No	258	96.6

Table VI: Association of breast feeding and nutritional status (n=267)

Nutritional status	Breast feeding				Odds ratio (95% CI)	*P* value
	EBF (n=58)		Non EBF (n=209)			
	n	%	n	%		
Wasting (WLZ)						
Normal (1 SD)	42	72.4	68	32.5	5.44 (2.74-10.39)	0.070[ns]
Mild (<-1 SD to -2 SD)	15	25.9	80	38.3	0.56 (0.28-1.13)	0.080[ns]
Moderate (<-2 SD to e"-3 SD)	1	1.7	38	18.2	0.08 (0.01-0.55)	0.001[s]
Severe (<-3 SD)	0	0.0	23	11.0	0.00 (0.00-0.72)	0.002[s]
Stunting (LAZ)						
Normal (1 SD)	39	67.2	40	19.1	8.76 (4.33-17.50)	0.083[ns]
Mild (<-1 SD to -2 SD)	16	27.6	59	28.2	0.97 (0.48-1.94)	0.923[ns]
Moderate (<-2 SD to e"-3 SD)	3	5.2	68	32.5	0.11 (0.43-0.39)	0.001[s]
Severe (<-3 SD)	0	0.0	42	20.1	0.00 (0.00-0.34)	0.001[s]
Underweight (WAZ)						
Normal (1 SD)	35	60.3	47	22.5	5.25 (2.71-10.21)	0.065[ns]
Mild (<-1 SD to -2 SD)	17	29.3	62	29.7	0.98 (0.49-1.94)	0.958[ns]
Moderate (<-2 SD to e"-3 SD)	5	8.6	62	29.7	0.22 (0.07-0.62)	0.001[s]
Severe (<-3 SD)	1	1.7	38	18.2	0.08 (0.00-0.55)	0.001[s]

Table VII: Association of complementary feeding and nutritional status (n=157)

Nutritional status	Complementary feeding				Odds ratio (95% CI)	*P* value
	Appropriate (n=43)		Inappropriate (n=114)			
	n	%	n	%		
Wasting (WLZ)						
Normal (1 SD)	27	62.8	17	14.5	9.64 (4.01-23.47)	0.680[ns]
Mild (<-1 SD to -2 SD)	15	34.9	43	36.8	0.88 (0.40-1.95)	0.742[ns]
Moderate (<-2 SD to e"-3 SD)	1	2.3	35	29.9	0.35 (0.00-0.39)	0.001[s]
Severe (<-3 SD)	0	0.0	19	16.2	0.00 (0.00-0.61)	0.004[s]
Stunting (LAZ)						
Normal (1 SD)	23	53.5	15	13.2	0.79 (3.15-18.55)	0.070[ns]
Mild (<-1 SD to -2 SD)	17	39.5	28	24.6	2.01 (0.89-0.52)	0.064[ns]
Moderate (<-2 SD to e"-3 SD)	3	7.0	42	36.8	0.13 (0.03-0.47)	0.001[s]
Severe (<-3 SD)	0	0.0	29	25.4	0.00 (0.00-0.35)	0.001[s]
Underweight (WAZ)						
Normal (1 SD)	18	41.9	20	17.5	3.53 (1.46-7.90)	0.075[ns]
Mild (<-1 SD to -2 SD)	21	48.8	28	24.6	2.93 (1.32-6.53)	0.081[ns]
Moderate (<-2 SD to e"-3 SD)	4	9.3	37	32.5	0.21 (0.06-0.69)	0.003[s]
Severe (<-3 SD)	0	0.0	29	25.4	0.00 (0.00-0.35)	0.001[s]

Discussion

This study was carried out with an aim to determine feeding practices and its association with nutritional status among infants of working mothers in a selected garments factory. A total number of 267 working mothers having infants 0-12 months of age were enrolled in this study.

This study showed that majority (58.8%) infants belonged to age 6-12 months. More than half (52.4%) infants were male, 196(73.4%) mother belonged to age 21-30 years, 181(67.8%) mother's had completed secondary education, 229(85.8%) of the infants came from lower-middle class family, 205(76.8%) had sibling number two, 240(89.9%) were found single family.

Saleh et al. (2014) reported the mean age of the children was 14.68 months.[10] Shefa et al.observed the 625 mothers; the mean age of the mothers was 30 years (range 18–45 years).[11] These findings were similar with this study.

In present study 65.2% respondents initiated breastfeeding within 1 to 12 hours, 74.9% respondents given their infants colostrum, 24.0% given pre-lacteal feeds. Among Pre-lacteal feeds 50% were honey. Exclusive breastfeeding was 21.72%, mean duration of exclusive breastfeeding was 2.9±0.8 months and 58.6% were started complementary feeding by 6 months.

Haider and Thorley reported that 91.1% mother initiated breastfeeding within 1 hour and Afrose et al. observed majority 89% of the respondents have good knowledge regarding initial feeding and 77% regarding colostrum feeding.[12,13] Shefa et al. revealed that at 1 month, 71.6% mother were still breastfeeding, 49.6% continued to do so at 2 months, and 29.8% persisted till 4 months. By 6 months, the breastfeeding prevalence rate fell to 21.1% and which corresponds with the current study.[11] Hasan et al. reported most mothers working in garments factories introduced formulas as early as 2 months after giving birth.[14]

In this study majority 31.6% infants were given rice powder (suji) along with breast milk after 6 months. Haque et al. showed the common complementary food were rice powder (suji) (43.5%), hotchpotch (khichuri) (36.1%), boiled eggs (25.6%) and fruit juice (24.4%) which is similar to this study.[15]

In this study we foundthat majority 102(65.0%) respondents initiated complementary feeding with rice/breads, 85(54.1%) milk and mild products. Appropriate complementary feeding was 43(27.39%) and in appropriate complementary feeding 114(72.61%). Majority 94(59.9%) infants given < half bowel food given at a time. 67(42.7%) were feeding per day <2 time, 45(28.66%) respondents given their infants semi solid food. Demilew et al.showed appropriate complementary feeding practice was only 20(7%) which corresponds with the current study.[16]

This study we found 23(8.6%) infants to have severe wasting, 42(15.7%) had severe stunting, 39(14.6%) had severe underweight, 13(8.3%) had severe malnutrition, 5(4.5%) had visible wasting and 9(3.4%) had bipedal edema.Syed and Das observed the prevalence of underweight 84(39.81%), 99 (46.92%) were stunted and 47 (22.27%) were wasted.[17] Palupi et al.reflected the prevalence of underweight was 12.5%, stunting was 39.5% and wasting was 5.4%.[18] In this studyweobserved that moderate and severe wasting (WLZ), stunting (LAZ) and underweight (WAZ) were statistically significant ($p<0.05$) when compared with exclusive breastfeeding and non-exclusive breastfeeding respectively was well as appropriate complementary feeding and inappropriate complementary feeding. Palupi et al.observed there was no association between feeding practice and nutritional status based on WAZ, HAZ and WHZ.[18] It was observed that breastfeeding practice was only associated with muscle wasting and stunting but not underweight. Syed and Das observed the prevalence of underweight, stunting and wasting was observed to be 84 (39.81%), 99 (46.92%) and 47 (22.27%) respectively.[17] Proportions of stunting and underweight were significantly more among children whose mothers reported inappropriate feeding practices as compared to their study counterparts with other studies.[19] Our study findings are in concordance with their findings.

Conclusion

This study showed evidence of inappropriate feeding among working mothers. Due to inappropriate complementary feeding and non-exclusive breastfeeding, several forms of malnutrition (wasting, stunting, and underweight) predominated in their infants.

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