International Journal of Health Sciences and Research
Volume 14; Issue: 9; September 2024
Website: www.ijhsr.org
Original Research Article *ISSN: 2249-9571*

Knowledge and Practice of Mothers on Child Feeding Practices and Child Survival Strategies in Ibadan

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DOI: https://doi.org/10.52403/ijhsr.20240939

ABSTRACT

Background and Objective: In spite of the recognition of the impact of optimal Infant and Young Child Feeding (IYCF) practices and Child Survival Strategies (CSS) for child health, Nigeria still remains one of the five countries that account for about 50% of under-five mortality in the world. This study was therefore conducted to assess the knowledge and practice of mothers on child feeding practices and child survival strategies in Ibadan.
Method: This descriptive cross-sectional study was done using a structured interviewer administered questionnaire to obtain information from 960 mothers of under-five children recruited from three Local Government Areas of Ibadan. Information was collected on mother's socio-demographic characteristics, knowledge and practice of breastfeeding, complementary feeding, growth monitoring, oral rehydration therapy, immunization, food fortification, female education and vitamin A supplementation. Data analysis was done using SPSS version 21.
Result: Majority of the mothers got information regarding child nutrition and care from hospitals (85.9%). 44.5% of respondents practiced exclusive breast feeding. Only 51.5% of mothers practiced the recommended age of complementary food introduction at 6 months. Of all respondents, 74.5% had an average knowledge, 19.5% had good knowledge and only 6.0% poor knowledge of IYCF while 39.7% had poor practice and 60.3% had good practice of IYCF. For CSS, 71.4% had average knowledge, 10.4% had good knowledge and 18.2% poor knowledge while 10.2% had poor practice and 89.8% had good practice of CSS.
Conclusion: Knowledge of IYCF was higher than practice while level of practice of CSS was higher than its knowledge. Only education and source of information had a statistical significance with both IYCF and CSS. Although respondents demonstrated adequate practice of most of the components of CSS, there were gaps in knowledge, which was the direct opposite for IYCF. Also, the study reaffirms the importance of education and source of information in the knowledge and practice of IYCF and CSS.

Keywords: Child survival, Child Feeding, Mothers, Knowledge, Practice.

INTRODUCTION

Infant and Young Child Feeding (IYCF) is a set of well-known and common recommendations for appropriate feeding of new-born and children under two years of age while Child Survival Strategies (CSS) is defined as the concentrated efforts by governments, the United Nations,

organizations, communities and individuals to use effective, low-cost best practices to protect children from illness during their first five years of life.[1,2]

IYCF recommendations states that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond.[1] CSS on the other hand comprises of interventions and activities represented with the acronyms GOBIFFFA (Growth monitoring, Oral rehydration therapy, Breast feeding, Immunization, Food fortification, Female education, Family planning and Vitamin A supplementation).[2]

Both IYCF and CSS have been found to consist of high impact, easily adaptable practices and strategies that significantly reduce child morbidity and mortality globally since their introduction. However, thousands of children still die globally due to malnutrition, preventable diseases and illnesses with Nigerian children high on the list of top countries.[3]

Globally in 2019 an estimated 5.2 million children under five years died from various diseases, all of which could have been prevented or treated with access to simple, affordable interventions including immunization, adequate nutrition, safe water and food and quality care by a trained health provider when needed.[4] Also, the number of stunted children has declined in all continents, except in Africa while the number of overweight children has increased in all continents, including Africa.[5] As the largest economy and most populous country in Africa, Nigeria represents less than 2.5 per cent of the world's population, but accounts for 10 per cent of the global burden of infant, child and maternal mortality and malnutrition underlies every 50% of child death.[6]

Report from Nigerian Demographic and Health Survey (NDHS) in 2018 documented the prevalence of under-five mortality rate in Nigeria to be 132 per 1000 live birth while other indicators like infant mortality rate was 67 per 1000 live birth, stunting was 37%, underweight 23% and wasting 7%.[7] Compared to the 2008 NDHS report, these figures show little or no improvement, coupled with emerging child overweight.

Furthermore, available evidence in literature highlights that mothers (who play an important role in the effective promotion and implementation of recommended IYCF practices and CSS) have sub-optimal knowledge and practice on recommended infant and young child feeding practices and child survival strategies.[8,9,10] And considering the fact that in Nigeria, the rate of under-five mortality and malnutrition has remained persistently high even with the recommended strategies and also, to improve this situation, mothers, caregivers and families need support to initiate and sustain appropriate infant and young child feeding practices and child survival strategies. This study therefore assessed the level of knowledge and practice of mothers on recommended infant and young child feeding practices and child survival strategies to provide evidence-based information and recommendations for future interventions to reduce childhood mortality.

MATERIALS & METHODS

A descriptive cross- sectional study was conducted among mothers with under-five children in 3 LGAs (Ido, Oluyole and Ibadan South West) in Ibadan, Nigeria. Multistage sampling technique was used to select participants. It was estimated that a sample size of 320 (per LGA) was required to achieve a level of precision with a standard error of 5% using a 95% confidence interval (CI) and a prevalence of mother's knowledge about components of the Child Survival Strategies of 75.6% for the calculation.[8]

Interviewer administered questionnaire was used to elicit information from respondents on socio-demographic (such as age, parity, employment status, religion, educational

level, family type, etc.), information on child's age and sex, household characteristics (such as household head, source of drinking water, sewage disposal and refuse disposal), anthropometric measurements of mother and child, information on knowledge and practice of mothers on the recommended IYCF and CSS as followed by the government of Nigeria.

Respondent's knowledge and practice was assessed using item scales and scored by assigning one point for each correct response.

The study proposal was reviewed and approved by the University of Ibadan/University College Hospital Ethics Committee (UI/UCH EC), UCH Ibadan. Informed consent was obtained from the participants. Participation in the study was voluntary and no incentive was offered.

STATISTICAL ANALYSIS

Data was analyzed using Statistical Package for Social Sciences (SPSS version 21). Descriptive statistics such as (mean, standard deviation, and percentages) was calculated for quantitative and categorical data. Bivariate analysis such as chi square was used to determine the association between independent and dependent variables. Logistic regression was used to model the factors associated with socio-demographic characteristics, knowledge and practice. Microsoft excel was used to compute tables from the information obtained from SPSS and a *p*-value of ≤ 0.05 was accepted as statistically significant.

RESULT

Socio-demographic variables: A total of 960 mothers participated in the study with a mean age of 31 years. Some of the socio-demographic variables collected are shown in Table 1 below, including mother's source of information regarding child nutrition and care.

Knowledge and Practice of Infant and Young Child Feeding Practices Among Mothers

As shown in tables 2 and 3, most of the respondents (96.0%) knew the meaning of exclusive breastfeeding and agreed it was till 6 months of age. 92% of the mothers knew the reason for exclusive breastfeeding and 99% knew child should be breastfed on demand at any time. However, only 44.5% of the mother practiced exclusive breast feeding, while 73.1% indicated that their child were breastfed within an hour of birth and 89.0% admitted to feeding child colostrum at birth. 55.2% admitted to giving child plain water between 0-6 months while 34.7% admitted to giving infant formula or local foods too within 0-6 months.

41.4% of respondents had a good knowledge of the benefits of exclusive breastfeeding for a baby but only 21.4% were knowledgeable about its benefits for the mother. 93.4% of the mothers knew that complementary feeding should start at 6 months because breast milk becomes insufficient (96.7%) and 53.6% of respondents admitted to practices of using spoon and cup only to feed child liquid/semi liquid when complementary feeding started. 51.5% of mothers practiced the recommended age of complementary food introduction at 6 months. Most of the respondent's children ate 3-4 times daily (68.6%) and only 34.1% of respondents fed their children appropriately during illness.

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Frequency (n=960)	Percentage (%)
Mother's age group		
<20years	5	0.5
20-29 years	381	39.7
30-39years	481	50.1
40-49years	93	9.7
Parity		

1-2 children	571	59.5
3-4 children	337	35.1
>4 children	52	5.4
Family type		
Monogamous	875	91.1
Polygamous	85	8.9
Religion		
Christianity	643	67.0
Islam	317	33.0
Others	0	0.0
Educational status		
Tertiary	415	43.2
Secondary	457	47.6
Primary	65	6.8
Non-formal	23	2.4
Employment status		
Currently employed	61	6.4
Self employed	877	91.4
Unemployed	22	2.3
Occupation		
Artisan	329	34.3
Business/trading	554	57.7
Civil servant	18	1.9
Others	42	4.4
Unemployed	17	1.8
Source of information on child nutrition and care		
Hospital		
Television/Radio	825	85.9
Internet	18	1.9
Family/Friends	32	3.3
Church/Mosque	79	8.2
	6	0.6

Table 2 Knowledge of Infant and Young Child Feeding Practices

	Frequency (n=960)	Percentage (%)
First food a baby should receive		
Breast milk only	938	97.7
Infant formula	2	0.2
Glucose solution	20	2.1
Meaning of Exclusive breastfeeding (EBF)		
Only breast milk for first 6 months	922	96.0
Only breast milk for months	16	1.6
Don't know	22	2.3
Should Colostrum be given at birth		
Yes	850	88.5
No	82	8.5
Don't know	28	2.9
Benefit of EBF to child		
Baby growths healthily	505	52.6
Protection from diseases	18	1.9
Reduces vaccine potency	4	0.4
1&2 above	397	41.4
Don't know	36	3.8
Benefit of EBF to mother		
Delays fertility	74	7.7
Lowers risk of breast cancer	45	4.7
Mother-child bonding	179	18.6
All the above	205	21.4
Don't know	457	47.6

How mother can maintain milk supply		
Exclusive breastfeeding on demand	63	6.6
Expressing breast milk	22	2.3
Healthy diet	647	67.4
All the above	158	16.5
Don't know	70	7.3
How a mother can overcome EBF barrier		
Expressing breast milk	546	56.9
Giving infant formula	207	21.6
Water	22	2.3
Don't know	185	19.3
Age breastfeeding should stop totally		
6-11 months	20	2.1
12-23 months	554	57.7
>24 months	365	38.0
Don't know	21	2.2
Age of start of complementary foods		
At 3 months	32	3.3
At 6 months	897	93.4
At 9 month	23	2.4
Don't know	8	0.8
Why food consistency should change		
More nutritious and filling	466	48.5
More filling	406	42.3
Don't know	88	9.1
Ways to encouraged children to eat		
Giving attention & playing	292	30.4
Force feeding	98	10.2
Singing	38	4.0
1&3 above	348	36.3
Don't know	184	19.2

Table 3: Practice of Infant and Young Child Feeding Practices

	Frequency (n=960)	**Percentage (%)**
Exclusive Breastfeeding		
Yes	427	44.5
No	533	55.5
Breastfeeding with water		
Yes	621	64.7
No	339	35.3
Breastfeeding when mother is absent		
Expressed breast milk	619	64.5
Infant formula or pap	324	33.8
An hour initiation of breast milk		
Yes	702	73.1
No	258	26.9
Colostrum at birth		
Yes	854	89.0
No	106	11.0
Means of feeding		
Spoon and cup	515	53.6
Bottle feeding	106	11.0
Both	339	35.3
Age of CF introduction		
0-5 months	334	34.8
6 months	494	51.5
7-12 months	132	13.7
Minimum meal frequency		
1-2 times	32	3.3

3-4 times	659	68.6
5 times and above	269	28.1
Feeding during illnesses		
Fluids only	171	17.8
Increase fluid and breastfeeding	307	32.0
Offer soft favourite foods	98	10.2
2&3 above	327	34.1
Don't know	57	5.9

Knowledge and Practice of Child Survival Strategies

Tables 4 and 5 shows the knowledge and practice of CSS. 85% of the respondents knew about growth monitoring but only 33.3% knew it should be done monthly while only 10.2% actually practiced monthly weighing. Majority of respondents (96.6%) knew about ORS and 82.4% practiced the use of ORS when child had diarrhoea but only 65.8% continued feeding during diarrhoea episodes. 99.8% of respondents knew about immunization and 72.2% reported their child had received the full routine immunization of Nigeria.

92.2% of mothers knew about food fortification but only 49.5% of respondents always practiced food fortification. 59.8% of respondents agreed that increasing the level of maternal education positively influence child health and majority (99.5%) practice or support female education. 97.4% of respondents knew about family planning, 44.9% already practice and 25.8% more stated their plans to start family planning once they are done with child birth. Only 40.6% knew the primary function of vitamin A, however, 97.9% of respondents indicated that their child had received vitamin A supplements.

Figure 1 further shows the comparison between the knowledge and practice of IYCF and CSS as scored using item scales.

Relationship between Socio-Demographic Characteristics, IYCF and CSS Knowledge and Practice of Respondents

Tables 6 and 7 both show the relationship between the respondent's socio-demographic variables and their knowledge and practice of IYCF and CSS.

Local government, family type, education, employment status and source of child care information all showed a statistical significance with both knowledge and practice of IYCF while age, parity, education and source of child care information showed statistical importance with both knowledge and practice of CSS.

Table 4: Knowledge of Child Survival Strategies

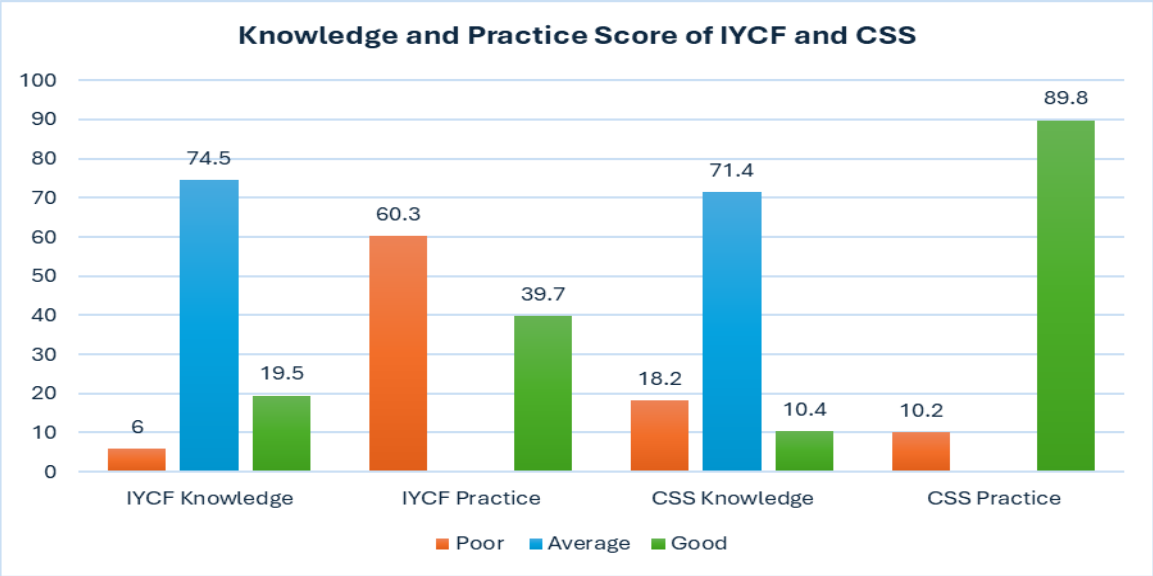
Variables	Frequency (n=960)	Percentage (%)
How frequently should you weigh your child		
Weekly	23	2.4
Monthly	320	33.3
Only at visits to clinic	424	44.2
Don't know	193	20.1
Can child be given food when on ORS		
Yes	620	64.6
No	224	23.3
Don't know	116	12.1
Did you know about immunization?		
Yes	958	99.3
No	2	0.7
Importance of food fortification		
To improve nutritional quality of food	797	83.0
To increase quantity of food	27	2.8
Don't know	136	14.2

Does maternal education affect child health		
Yes	574	59.8
No	349	36.4
Don't know	37	3.9
Did you know about family planning?		
Yes	935	97.4
No	25	2.6
Primary function of Vitamin A		
Prevent blindness & boost immunity	390	40.6
Prevent anemia & improve blood production	17	1.8
Don't know	553	57.6

Table 5: Practice of Child Survival Strategies

	Frequency (n=960)	**Percentage (%)**
Was baby weighted at delivery?		
Yes	916	95.4
No	44	4.6
How frequently do you weigh child?		
Weekly	18	1.9
Monthly	98	10.2
Every 3 months	15	1.6
Visits to clinic	801	83.4
Don't weigh	28	2.9
Do you use ORS when baby has diarrhoea?		
Yes	791	82.4
No	169	17.6
Do you continue feeding when using ORS?		
Yes	632	65.8
No	328	34.2
Has child received full immunization?		
Yes	693	72.2
No	45	4.8
Still receiving	221	23.0
Do you fortify child's food		
Always	475	49.5
Sometimes	280	29.2
Never	205	21.4
Should female children be educated?		
Yes	955	99.5
No	5	0.5
Which family planning do you practice?		
Modern	287	29.9
Traditional	144	15.0
None	529	55.1
Will you do family planning later?		
Yes	248	25.8
No	275	28.6
Undecided	6	0.6
Already practicing	431	44.9
Has child received Vitamin A supplements?		
Yes	940	97.9
No	20	2.1

Figure 1: Knowledge and Practice Score for Infant and Young Child Feeding Practices and Child Survival Strategies



Scoring was done using item scales and assigning one point for each correct response
Knowledge score: Poor 0-9 points, Average 10-14 points, Good 15-18 points
Practice score: Poor 0-5 points, Good 6-10 points

Table 6: Relationship between Socio-demographic Characteristics of respondents and their Knowledge and Practice of IYCF

Characteristics	Knowledge of IYCF [N (%)]				Practice of IYCF [N (%)]		
	Poor	Average	Good	P-value	Poor	Good	P-value
Local Government							
Ido	18 (5.6)	218 (68.1)	84 (26.2)	**0.000***	147 (45.9)	173 (54.1)	**0.005***
North West	12 (3.8)	263 (82.2)	45 (14.1)		107 (33.4)	213 (66.6)	
South West	28 (8.8)	234 (73.1)	58 (18.1)		127 (39.7)	193 (60.3)	
Age							
<20 years	0 (0.0)	5 (100.0)	0 (0.0)	**0.250**	3 (60.0)	2 (40.0)	**0.056**
20-29 years	26 (6.8)	289 (75.9)	66 (17.3)		165 (43.3)	216 (56.7)	
30-39 years	27 (5.6)	346 (71.9)	108 (22.5)		186 (38.7)	295 (61.3)	
40-49 years	5 (5.4)	75 (80.6)	13 (14.0)		27 (29.0)	66 (71.0)	
Parity							
1-2 children	36 (6.3)	409 (71.6)	126 (22.1)	**0.017***	229 (40.1)	342 (59.9)	**0.120**
3-4 children	16 (4.7)	264 (78.3)	57 (16.9)		125 (37.1)	212 (62.9)	
>4 children	6 (11.5)	42 (80.8)	4 (7.7)		27 (51.9)	25 (48.1)	
Family Type							
Monogamous	51 (5.8)	641 (73.3)	183 (20.9)	**0.001***	334 (38.2)	541 (61.8)	**0.002***
Polygamous	7 (8.2)	74 (87.1)	4 (4.7)		47 (55.3	38 (44.7)	
Religion							
Christianity	3.9 (6.1)	462 (71.9)	142 (22.1)	**0.014***	263 (40.9)	380 (59.1)	**0.273**
Islam	19 (6.0)	253 (79.8)	45 (14.2)		118 (37.2)	199 (62.8)	
Education							
Tertiary	18 (4.3)	257 (61.9)	140 (33.7)	**0.000***	163 (39.3)	252 (60.7)	**0.011***
Secondary	29 (6.3)	392 (85.8)	36 (7.9)		169 (37.0)	288 (63.0)	
Primary	10 (15.4)	46 (70.8)	9 (13.8)		35 (53.8)	30 (46.2)	
Non formal	1 (4.3)	20 (87.0)	2 (8.7)		14 (60.9)	9 (39.1)	
Employment							
Employed	6 (9.8)	33 (54.1)	22 (36.1)	**0.001***	32 (52.5)	29 (47.5)	**0.034***
Self employed	51 (5.8)	669 (76.3)	157 (17.9)		337 (38.4)	540 (61.6)	
Unemployed	1 (4.5)	13 (59.1)	8 (36.4)		12 (54.5)	10 (45.5)	
Source of Information							
Hospital	46 (5.6)	621 (75.3)	158 (19.2)	**0.000***	306 (37.1)	519 (62.9)	**0.000***
TV/Radio	0 (0.0)	13 (72.2)	5 (27.8)		11 (61.1)	7 (38.9)	
Internet	0 (0.0)	13 (40.6)	19 (59.4)		11 (34.4)	21 (65.6)	
Family/Friends	11 (13.9)	63 (79.7)	5 (6.3)		48 (60.8)	31 (39.2)	
Church/Mosque	1 (16.7)	5 (83.3)	0 (0.0)		5 (83.3)	1 (16.7)	
*** P-value of ≤ 0.05 statistically significant, N = 960**							

Table 7: Relationship between Socio-demographic Characteristics of respondents and their Knowledge and Practice of CSS

Characteristics	Knowledge of CSS [N (%)]				Practice of CSS [N (%)]		
	Poor	Average	Good	P-value	Poor	Good	P-value
Local Government							
Ido	86 (26.9)	192 (60.0)	42 (13.1)	**0.000***	38 (11.9)	282 (88.1)	**0.467**
North West	49 (15.3)	234 (73.1)	37 (11.6)		31 (9.7)	289 (90.3)	
South West	40 (12.5)	259 (80.9)	21 (6.6)		29 (9.1)	291 (90.9)	
Age							
<20 years	0 (0.0)	5 (100.0)	0 (0.0)	**0.028***	0 (0.0)	5 (100.0)	**0.008***
20-29 years	77 (20.0)	277 (72.7)	27 (7.1)		47 (12.3)	334 (87.7)	
30-39 years	87 (18.1)	330 (68.6)	64 (13.3)		35 (7.3)	446 (92.7)	
40-49 years	11 (11.8)	73 (78.5)	9 (9.7)		16 (17.2)	77 (82.8)	
Parity							
1-2 children	111 (19.4)	404 (70.8)	56 (9.8)	**0.001***	48 (8.4)	523 (91.6)	**0.000***
3-4 children	45 (13.4)	253 (75.1)	39 (11.6)		36 (10.7)	301 (89.3)	
>4 children	19 (36.5)	28 (53.8)	5 (9.6)		14 (26.9)	38 (73.1)	
Family Type				**0.287**			**0.620**
Monogamous	155 (17.7)	626 (71.5)	94 (10.7)		88 (10.1)	787 (89.9)	
Polygamous	20 (23.5)	59 (69.4)	6 (7.1)		10 (11.8)	75 (88.2)	
Religion				**0.000***			**0.293**
Christianity	95 (14.8)	482 (75.0)	66 (10.3)		61 (9.5)	582 (90.5)	
Islam	80 (25.2)	203 (64.0)	34 (10.7)		37 (11.7)	280 (88.3)	
Education							
Tertiary	18 (4.3)	257 (61.9)	140 (33.7)	**0.000***	28 (6.7)	387 (93.3)	**0.000***
Secondary	29 (6.3)	392 (85.8)	36 (7.9)		52 (11.4)	405 (88.6)	
Primary	10 (15.4)	46 (70.8)	9 (13.8)		11 (16.9)	54 (83.1)	
Non formal	1 (4.3)	20 (87.0)	2 (8.7)		7 (30.4)	16 (69.6)	
Employment							
Employed	7 (11.5)	40 (65.6)	14 (23.0)	**0.012***	6 (9.8)	55 (90.2)	**0.863**
Self employed	162 (18.5)	631 (71.9)	84 (9.6)		89 (10.1)	788 (89.9)	
Unemployed	6 (27.3)	14 (63.6)	2 (9.1)		3 (13.6)	19 (86.4)	
Source of Information							
Hospital	135 (16.4)	603 (73.1)	87 (10.5)	**0.000***	77 (9.3)	748 (90.7)	**0.002***
TV/Radio	3 (16.7)	13 (72.2)	2 (11.1)		2 (11.1)	16 (88.9)	
Internet	3 (9.4)	20 (62.5)	9 (28.1)		1 (3.1)	31 (96.9)	
Family/Friends	33 (41.8)	44 (55.7)	2 (2.5)		18 (22.8)	61 (77.2)	
Church/Mosque	1 (16.7)	5 (83.3)	0 (0.0)		0 (0.0)	6 (100.0)	
*** P-value of ≤ 0.05 statistically significant, N = 960**							

DISCUSSION

Knowledge and Practice of Infant and Young Child Feeding Practices

In this study, 73.1% of mothers indicated that their children were breastfed within an hour of birth, mothers that did not breastfeed within one hour of birth reported that it was due to no lactation, recovery from caesarean section surgery or sleeping neonate. The 96.0% knowledge of exclusive breastfeeding in this study is higher than 59.7% reported by Peterside (2013) in Bayelsa State.[11] The reason for this difference is not immediately clear but may be due to increased awareness or geographical and cultural differences between the two study populations. Also, only 44.5% of respondents practiced exclusive breastfeeding, this was high compared to a study done in Ekiti State by Omotoye & Adesanmi in 2019[10] which reported a 27.4% EBF rate. 20.2% of respondents gave water with breast milk and believed they were also practicing exclusive breastfeeding, claiming everyone had to drink water after a meal or get thirsty, including a baby. This is not surprising as it has been found that in the developing world, breastfeeding is nearly universal among mothers but not exclusive breastfeeding as early supplementation with water and other fluids and food is the norm (Khamnian *et. al.* 2013).[12] 89.0% admitted to feeding child colostrum at birth and 11.0% admitted to not giving child colostrum at birth because they believed it was dirty, bad for child or uninformed about it. This is higher when compared to findings by Aniekan J & Ofonime J in 2016[9] that reported that 79.3% agreed that the baby should be given colostrum.

16.5% of these mothers knew different ways to keep up breast milk supply while 67.4% of them thought it was only from having a healthy diet which mostly consisted of local liquid foods and drinks like hot pap, hot amala and palmwine. 56.9% of the respondents knew about expressing breast milk and storing to ask someone to feed child when away from child but majority of mothers that practiced EBF claimed to always be with child within the first six months and did not need to express. 89.2% of respondents indicated that a mother should seek professional help first if she has any difficulties in feeding her child.

93.4% of the mothers knew that complementary feeding should start at 6 months but only 51.5% of mothers practiced the recommended age of complementary food introduction at 6 months, this is lower compared to findings by Omotoye & Adesanmi (2019)[10] that reported that 69.5% of mothers practiced the recommended age of complementary food introduction in Ekiti State. 15.2% introduced food as early as 3 months with some mothers not introducing food until as late as 8-12 months (5.7%), claiming child had gotten used to breast milk and refused to eat any food introduced. Over half of the respondents (57.7%) believed that a mother ought to stop breastfeeding between 12-23 months, especially after child starts walking and most claimed female children should be breastfed till 15 months and male children 18 months. Almost all respondents continued breastfeeding child after 6 months and 53.6% of respondents admitted to using spoon and cup only to feed child liquid/semi liquid when complementary feeding started while the rest used bottle with teat or both cup and bottle. Most of the respondent's children ate 3-4 times daily (68.6%) and 34.1% of respondents fed their children appropriately during illness.

Knowledge and Practice of Child Survival Strategies

Most mothers had an average knowledge (71.4%) of the components of child survival strategies while 18.2% had a poor knowledge and 10.4% had a good knowledge. This is lower to findings by Edet *et. al.* [13] and higher to findings by Abimbola *et. al.* [14] in which women had an adequate and poor knowledge of CSS respectively. However, practice score showed that 10.2% of interviewed mothers had poor practice of child survival strategies and majority, 89.8% had good practice.

Growth monitoring is essential to early detection of growth faltering and malnutrition in children. Results of this study showed that 85% of the respondents knew about growth monitoring, this is higher than reported by Sanusi & Gbadamosi in 2009 (65.8%).[8] However, a common practice among mothers was to weigh child only at visits to clinic (83.4%) and this practice of growth monitoring often stop as soon as child has received full routine immunization and there are lesser reasons to visit the clinic. This reflected in their response to having a growth chart for their child in which 49.4% of respondents had growth chart for their child and this was the growth chart attached to the immunization card which stopped being charted after routine immunization ended, if at all used.

Oral rehydration therapy is a strategy introduced by WHO to reduce childhood mortality caused by dehydration and electrolyte derangement. In this study, majority of the respondents (96.6%) knew about ORS and 82.4% of respondents practiced the use of ORS when child had diarrhoea. This is not surprising because most respondents are so familiar with the salt sugar solution that they even have an apt local name for it, "omiiye," which means "life giving water". This is similar to findings in cross-river state by Aniekan & Ofonime (2016) [9] where 98% knew that ORT is a child survival strategy. Most respondents however knew only the packaged ready to use ORS mixture, 7.9% knew the appropriate quantity of sugar, salt and water used to prepare homemade ORS but only 6.5% of respondents knew coconut

water contained electrolytes and can be used as local substitute for ORS.

Immunization is aimed at the prevention of infectious diseases. 99.8% of respondents knew about immunization. However, only 35.8% knew the full routine immunization regimen for Nigerian children. 72.2% of respondents claimed their child had received the full routine immunization of Nigeria. This is higher than findings by Abimbola *et. al.* and Onwunaka *et. al.*[14,15] which reported 47.4% and 65.6% completed full routine immunization respectively. The increase in the immunization rate may be as a result of increased awareness through health centers, television, radio jingles, posters and pamphlets, and the conviction of the mothers to accept and use the provided services.

92.2% of mothers knew about food fortification but this did not equate to practice which was only 49.5%. Majority of respondents (83.0%) knew the basic importance of food fortification and mostly mentioned crayfish, soybeans, egg, dried fish and groundnut as food items used for food fortification. 59.8% of respondents agreed that increasing the level of maternal education positively influence child health and stated that this was mostly through better hygiene, knowledge of child care practices and better health seeking behavior. Almost all respondents (99.5%) agreed that female children should be encouraged to go to school.

97.4% of respondents knew about family planning but only 44.9% practiced a family planning method, this practice is lower than that reported in Ibadan by Sanusi & Gbadamosi (2009) [8] who reported a 55.0% practice. Of the 55.1% not practicing, many reported this was due to the side effects associated with family planning and the fact that they are still giving birth and also, some women's husband were not in support. However, 25.8% of respondents not practicing reported that they will practice a family planning method when they are done giving birth to their desired number of children.

96.9% knew about vitamin A supplementation for children. 97.9% of respondents indicated that their child had received vitamin A supplements, this is higher than reported 73.5% reported by Abimbola *et. al.* in Ogun State.[14] This can be due to increased awareness and door to door administration of vitamin A by government health workers. However, only 40.6% knew the primary function of vitamin A and even lesser (20.2%) were knowledgeable about the food sources of Vitamin A. All were ignorant about orange flesh mango and sweet potatoes being good sources of vitamin A.

Relationship between Socio-Demographic Characteristics and Respondent's Knowledge and Practice of IYCF and CSS

Lastly, the study found education and source of information to have a significant relationship with both practice and knowledge of IYCF and CSS, this further reemphasizes the need to ensure girl-child education, nutrition advocacy and importance of accurate information dissemination by health care professionals to mothers.

CONCLUSION

It is evident from this study that mothers have a fairly good knowledge of infant and young child feeding practices. However, their knowledge does not to equate practice because mothers have not come to accept or understand the benefits of IYCF and also because mothers choose to practice according to convenience. Furthermore, contrary to reports in several studies in Nigeria, the practice of the components of child survival strategies is higher than the knowledge in this study. Respondents most especially showed poor knowledge about the importance of vitamin A supplementation, growth monitoring and immunization. This may be because mothers follow health workers and their own mother's instructions on practicing these strategies without a good understanding of

the reason why other than they are proven practice that ensures child survival. This study also revealed that socio-demographic characteristics of mothers, education and source of information, had a relationship with their knowledge and practice of IYCF and CSS.

Declaration by Authors

Ethical Approval: Approved
Acknowledgement: None
Source of Funding: None
Conflict of Interest: The authors declare no conflict of interest.

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How to cite this article: Abimbola Magret Muyide, Rasaki Ajani Sanusi. Knowledge and Practice of Mothers on Child Feeding Practices and Child Survival Strategies in Ibadan. *Int J Health Sci Res.* 2024; 14(9):293-304. DOI: *https://doi.org/10.52403/ijhsr.20240939*

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