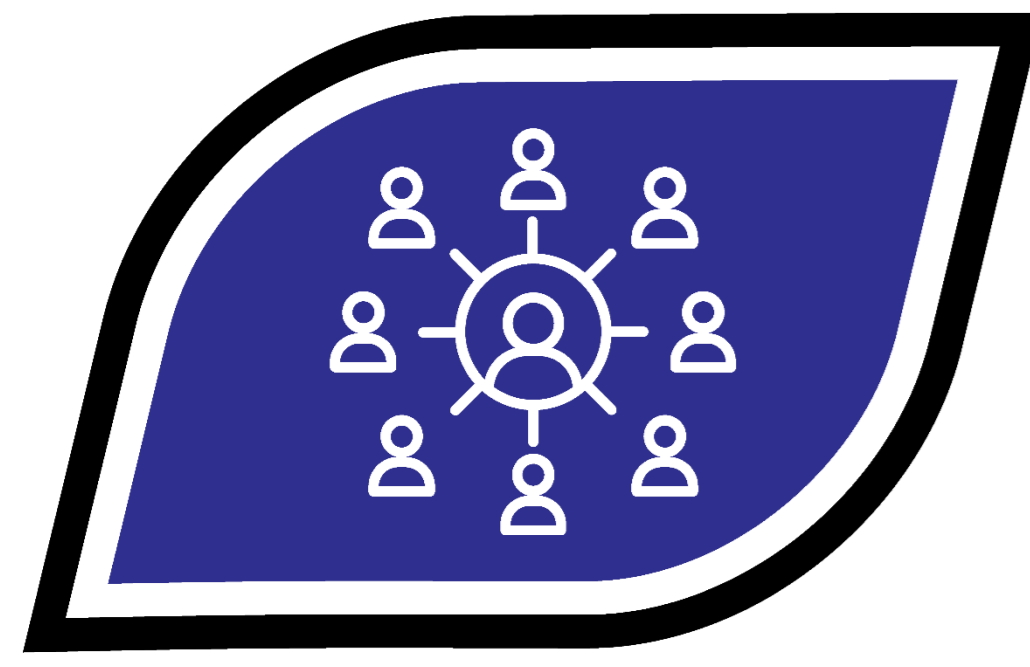


ASSESSING CHILD FEEDING PRACTICE AND NUTRITIONAL STATUS IN TANGA

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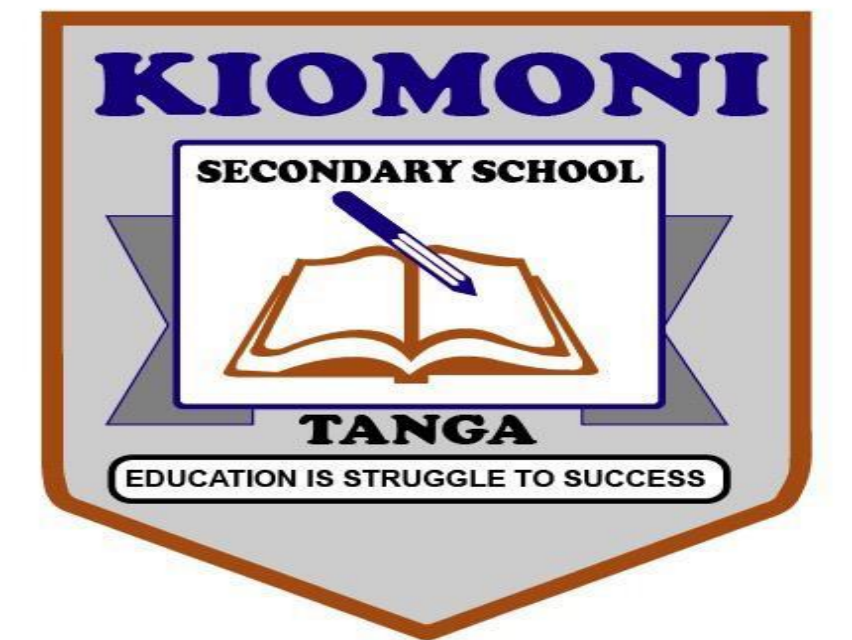


Introduction

According to World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommend: early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months of life; and, introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

Assessing child feeding practices and nutritional status is essential for evaluating the overall well-being and development of children. Here are some key steps and considerations for assessing child feeding practices and nutritional status. Dietary Assessment: This assessing a child's dietary intake to determine the quality and adequacy of their nutrition. Breastfeeding Practices: This includes determining whether exclusive breastfeeding was practiced for the first six months of life. Complementary Feeding: This involves evaluating the timing of introducing solid foods. Mealtime Environment: Assessing the mealtime environment is also important, as it can impact a child's feeding experience and habits. Knowledge and Attitudes: It's beneficial to assess caregivers' knowledge and attitudes regarding child feeding practices and nutrition.

Young scientist at Kiomoni Secondary School conducting project research on assessing the child feeding practices and nutritional status in rural areas in Tanga sample study were Amboni village.



Method

In this project, the questionnaire were used to collect data for assessing child feeding practice and nutritional status in rural areas in Tanga. We choose Questionnaire as tool for data collection because questionnaire is a very convenient way of collecting information from a large number of people within a period of time. Hence, the design of the questionnaire is important to ensure accurate data collection and the results are interpretable.

3. PROCEDURES

The random sampling method were used to select sample from targeted population in Amboni village. The 50 respondents out of 200 in population were selected to represents population. The questionnaire were distributed to 50 respondents which is targeted population for data collection. The raw data collected organized to facilitate analysis. The questionnaires were assigned numerical values, then coded and entered in the IBM SPSS statistics version 26. The data analyzed in frequencies and percentages and presented in tables by using SPSS program

Results

Findings in Table 4; reveal that Meal time environment in the household is given in 50% stressful condition, while 36% provided in relaxed condition but only 14% in enjoyable conditions. This show that meal time conditions at home are in stressful that why it is difficult for child to grow well. Also findings show that caregiver sometimes (72%) eat meal with child, 18% always and 10% did not at all eat meal with child. About 68% distraction present during meal while 32% no distraction during child meal. This shows that presence of distraction (example Television, radios, mobile phones) during meal time distract feeding practice to children.

Findings in Table 5; reveal that nutritional knowledge and attitude of caregiver during child feeding from the age of (0 to 6) month, about 58% have poor knowledge on appropriate child feed practice, 16% average while 26% have good knowledge. And 92% are interested to receive additional knowledge on child nutrition while on 4% are not interested. Most the caregiver receive information from doctors (66%), television (11%) and 12% from social medias.

Conclusion

From the project research, there is a need for improved awareness and education regarding appropriate child feeding practices in rural communities. Many caregivers lack knowledge about optimal nutrition for children, leading to inadequate feeding practices that contribute to malnutrition. The results will be used by healthcare professionals, nutritionists, and policymakers to gain awareness into the child's overall well-being and identify areas where support may be needed. This information can then be used to develop targeted strategies to improve child nutrition and promote healthy growth and development.

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Acknowledgments

We would like to acknowledge and give thanks to our supporting teacher Mr. Rutalemwa Burhani Mchunguzi, who made this work possible. His guidance and advice carried us through all the stages of writing our project. I would also like to thanks our Headmaster at Kiomoni Secondary School Mr Fedrick Paul Lubagulila who encourage us in some way to fulfill our work

Knowledge about appropriate child feed practices		
	f	%
Poor	29	58
Average	8	16
Good	13	26
Total	50	100
Are you interested receiving additional information on child nutrition?		
	f	%
Yes	46	92
No	4	8
Total	50	100
Sources of information about child nutrition		
	f	%
Doctors	33	66
Television	11	22
Social media	6	12
Total	50	100
Mealtime atmosphere in household		
	f	%
Relaxed	18	36
Stressful	25	50
Enjoyable	7	14
Total	50	100
How often does caregiver eat meals with child?		
	f	%
Not at all	5	10
Sometimes	36	72
Always	9	18
Total	50	100
Are distraction presents during meals?		
	f	%
Yes	34	68
No	16	32
Total	50	100
Age introduced complementary food		
	f	%
(0-3) months	9	18
(4 and more) months	41	82
Total	50	100
Did child receive balance diet?		
	f	%
Yes	12	24
No	38	76
Total	50	100
Number of food group in child diet		
	f	%
(1 -3) food group	39	78
(4 and more) food group	11	22
Total	50	100
Did child receive breastfeeding for six month?		
	f	%
Yes	10	20
No	40	80
Total	50	100
Reasons for introducing complementary food		
	f	%
No reasons	10	20
Baby cry all time	5	10
Baby ignore breastfeed	6	12
Family and friends force	6	12
Fear of transmit HIV	6	12
Milk not enough	6	12
Return to school	5	10
Return to work	6	12
Total	50	100
How often breastfeed in a day?		
	f	%
One in a day	14	28
Two in a day	25	50
Three and more in a day	11	22
Total	50	100