

Nutrition Transition, Infant and Young Child Complementary Feeding Practices and Under-five Nutrition in Urban Households of Aba, Southeast Nigeria

Ukoji Vitalis Ukoji

Department of Sociology,
Faculty of Social & Management Sciences,
Nigeria Police Academy,
P.M.B. 3474, Kano.

ukoji.vitalis@polac.edu.ng

+234 803 416 1780

Abstract:

Background: Surviving infancy and early childhood has increased importance in recent years given renewed commitments to ending hunger and malnutrition by the United Nations Sustainable Development Goals. Hence, the well-being and health of most under-five children are tied to nutrition and primary caregivers' Infant and Young Child Feeding practices (IYCF). Poor IYCF practices and nutrition are the major causes of malnutrition and deaths among under-five children in less developed countries. IYCF practices refer to those caregiver behaviours that may influence infant and young children's consumption of both breast milk and non-breast milk foods once introduced and they have implications for growth and development. In many developing countries, nutrition transition is fundamental to poor IYCF practices. Nutrition transition refers to the broad changes regarding patterns of human diet to have taken place across generations, especially in developing countries, where there are changes from diets rich in cereals and fibre to diets high in sugar, fats and animal-source foods. The nutrition transition is being witnessed in under-five complementary feeding diets in many urban households in Nigeria. Overall, it has led to increased dual burden malnutrition with its associated non-communicable diseases and obesity ravaging many young children. In southeast Nigeria, Abia State recorded the second lowest complementary feeding rate regarding minimum meal frequency, minimum dietary diversity and consumption of breast milk and other milk products in 2014. However, extant studies on IYCF practices in Southeast Nigeria have largely focussed on exclusive breastfeeding practices, with little attention paid to the effect of nutrition transition on primary caregivers' complementary feeding practices. Therefore, this study examined nutrition transition with the objective of situating it within the broader context of IYCF practices of primary caregivers to IYC 6-23 months in urban households of Aba, Abia State, Nigeria.

Theory: The nutrition transition theory served as theoretical guide for the study. The theory projects the idea that there are changing patterns in human diets, especially in many developing countries. Here, the usual diets high in cereals, fibre and protein from lean wild animals give way to high calorie diets packed with sugar and fats. Further, the improvement in household income predisposes humans to become less active. The outcome is the abundance of nutrition-related diseases such as obesity, diabetes and heart diseases. However, individuals realise the challenges and make effort at behavioural change to forestall such conditions.

Data and Methods: The descriptive cross-sectional survey design was adopted for the study, with multistage sampling employed to select health facilities and 566 primary caregiver-child dyads attending postnatal care clinics in selected health facilities. Infants and young children were aged 6-23 months and without significant complementary feeding restrictions. However, for additional

perspectives on the subject matter, selected significant other(s) including fathers and grandmothers were involved in the study. The study was situated in Aba, Abia State's largest and most densely populated urban centre, and an important regional commercial hub, particularly for textiles, foodstuffs, and consumer goods. The city is largely made up of four administrative councils, namely; Aba North, Aba South, Obingwa and Osioma. Collection of data was facility based, with a semi-structured questionnaire employed to collect quantitative data, while focus group discussions and in-depth interviews were conducted with primary caregivers and Significant Others respectively. Quantitative data were analysed using descriptive and inferential statistics. Qualitative data were content analysed.

Findings: Socio-demographic background characteristics of primary caregivers were explored in Table 1. It summarises information on primary caregivers' marital status, age group, relationship with infant and young child, parity and ethnicity. Caregivers in this study were mostly married (97%), with nearly 40% and 36% aged between 25-29 and 30-34 years respectively. Almost 99% of caregivers were mothers to infants and young children, fathers made up a little above a percent of primary caregivers. A majority of primary caregivers (62.6%) were multiparous, while 37.4% of primary caregivers were primiparous. Respondents were mostly of Igbo ethnic origin (87%), followed by those from Ijaw ethnic group (5.4%).

Table 1: Caregivers Socio-demographic Characteristics (N=537)

Caregivers Characteristics	No of Respondents	Percent
Marital Status	Never Married	10
	Married	520
	Widowed	4
	Separated/Divorced	3
Age	20-24	41
	25-29	212
	30-34	193
	35-39	72
	40-44	19
Relation with Child	Mother	529
	Father	7
	Grandparent	1
Parity	Primiparous	201
	Multiparous	336
Ethnic Group	Igbo	465
	Hausa	3
	Yoruba	16
	Efik	12
	Ijaw	29
	Others	12

Caregivers' socio-economic variables considered include highest education, employment type and income and these can have varying influence on caregivers' complementary feeding practices. A summary of these socio-economic characteristics is presented in Table 2. Findings illustrate good level of formal education among caregivers; of which 53.8% of caregivers have tertiary education. Employment type was aggregated into four broad categories, namely: self, private, government employment in addition to the unemployed category. Nearly 36% of caregivers were self-

employed, compared to about 28% in private employment and 25.5% who were under government employment. Most caregivers' income hovered around 30, 000 and 69, 000 Naira.

Table 2: Caregivers' Socio-Economic Characteristics (N=537)

Caregivers Characteristics		Number of Respondents	Percent
Highest Education	Primary Education	50	9.3
	Secondary Education	198	36.9
	Tertiary Education	289	53.8
Employment Type	Self Employed	192	35.8
	Private Employed	151	28.1
	Government Employed	137	25.5
	Unemployed	57	10.6
Income (Naira)	Below 30,000	98	18.2
	30,000-49,999	128	23.8
	50,000-69,999	116	21.6
	70,000-89,999	78	14.5
	90,000-109,999	75	14.0
	110,000 and Above	42	7.8

Information for children were also examined. Table 3 illustrates children's socio-demographic profile regarding birth order, gender and age. About a third of children were third born. Males comprised 55.7% when compared with 44.3% females, with a majority aged between 12 months and above.

Table 3: Infants and Young Children Demographic Characteristics (N=537)

Infants and Young Children Characteristics		Number of Infants and Young Children	Percent
Birth Order	Firstborn	113	21.0
	Second born	147	27.4
	Third born	191	35.6
	Fourth born & above	86	16.1
Gender	Male	299	55.7
	Female	238	44.3
Age (in months)	6-8	139	25.9
	9-11	176	32.8
	12-23	222	41.3

The study found there was intergenerational transition in complementary feeding practices, leading to increased junk feeding, with improved parental socioeconomic status a significant factor. Lifestyle changes among urban residents have been established in literature and this in turn leads to changes in nutritional values and spurs nutrition transition among urban residents. Findings from this study indicate more or less a general consensus of IYCF value shifts across generations. While both caregivers and significant others attested to changes in lifestyle, however, both differed in their perception of those changes. A summary of perspectives by caregivers and significant others on evolving complementary feeding practices among caregivers in Aba is presented in Box 1 below.

Box 1: Changing Complementary Feeding Practices across Generations in Aba

Primary Caregivers (Mothers)	Significant others (Grandmothers)
<i>There have been changes to many mothers' lifestyles and these changes are more significant in towns than in villages because everybody is in a hurry and most people can barely spend time to prepare good food for children. (IDI 4, Mother, 36yrs./ Osisioma).</i>	<i>Every other aspect of our life is changing, especially in the urban places. Feeding habits have changed too from how it used to be in our times. There were certain foods you do not give children before but these days nobody seems to care anymore (IDI 23, Grandmother, 56yrs./ Osisioma).</i>
<i>Back then our mothers did not care about infant formula or exclusive breastfeeding. Babies may start eating solid foods like 'Garri' after 2-3 months. It is believed that if children are not fed that way they will be underweight. But these days it is not that way. (IDI 3, Mother, 31yrs./Obingwa).</i>	<i>I think because most mothers work outside their homes, feeding practices are a lot different now. Most mothers spend much time at shops and offices. If it were to be in our time, we can go to farm with our children and feed them by ourselves whenever necessary... (IDI 21, Grandmother, 62yrs./ Aba North).</i>

Infant feeding practices of some fathers, who seemed not to have had some memorable childhood might have been influenced by their childhood contexts. In Box 2, some fathers remarked how they wanted their children to have better experiences than they did during childhoods.

Box 2: Fathers Childhood Experiences and Complementary Feeding Practices across Generations in Aba

Father's Childhood experiences	<i>Certainly yes! I came from a family that struggled to take care of our needs. Somebody like me who came from a poor family but happen to have been blessed by God consider my childhood not good enough. So I try the best I can to give my children nutritious foods (IDI 25, Father, 46yrs./ Obingwa).</i>
	<i>If God blessed me, won't my children enjoy their father? I will make sure they eat whatever they want as long as I can afford them. That is why I usually make sure there are things like snacks and fruit juice always in the house. I suffered while growing up and my children will not suffer the same way. (FGD 4, Resp. 5, Father, 32yrs./ Osisioma).</i>
	<i>I understand that poor diet leads to stunting and if I have my way my children will not relive the same thing I suffered. Whatever I can afford I will provide for my kids so they can eat better diet (IDI 7, Father, 45yrs./Aba South).</i>

Conclusion and recommendation: It is evident there is complementary feeding value shift among primary caregivers. This suggests nutrition transition where improved socioeconomic status seem to be the major driver. There is need for more awareness on recommended complementary feeding practices in urban households.

Keywords: Complementary feeding, Nigeria, nutrition transition, urban households, under-five nutrition.