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Feeding Practices and Influencing Factors in Mothers of Children Under 24 Months with Gastrointestinal Disorders: A Cross Sectional Study

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Declaration
Authors' Contribution
Hakim Wazir: Conceptualization, methodology, analysis, writing. Sadaf Naz: Methodology, writing. Noora Inam: Investigation, resources, writing. Humaira: Data curation, writing. Dr. Inayat Ullah: Conceptualization, methodology, review, supervision. Farhan Rasool: Formal analysis, software. Alidad: Visualization, writing.

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ABSTRACT

Introduction: Proper feeding practices play a vital role in a child's growth, development, and recovery during illness. Breastfeeding and timely introduction of complementary foods are essential to prevent malnutrition and reduce childhood morbidity and mortality, particularly from gastrointestinal illnesses such as diarrhea. Inappropriate feeding during or after illness can worsen nutrient deficiencies and delay recovery. Promoting optimal feeding practices among mothers is therefore crucial for improving child health outcomes, especially in developing regions. **Objectives:** To estimate the prevalence of appropriate feeding practices in children with gastrointestinal disorders. To describe the types and frequencies of early feeding practices in children with gastrointestinal disorders. To identify maternal factors associated with appropriate feeding practices in children with gastrointestinal disorders. **Methods:** This descriptive cross-sectional study was conducted from August to November in the paediatric wards of Bacha Khan Medical Complex, Swabi, Pakistan, using self-structured questionnaires. **Results:** A total of 160 mother-child pairs participated, with exclusions for severe illness or incomplete responses. Overall on average 47.8% of the mothers properly practiced breastfeeding, complementary foods and feeding practices during illness. Key findings included 16.9% starting breastfeeding within 1 h, 14.4% giving breast-milk first, 65% timely weaning, 88.8% breastfeeding during illnesses, and 53.8% adding complementary foods during illness. **Conclusion:** Most respondents practiced poor early feeding, except those properly counselled. Mothers who were not counselled by doctors during the illness also practiced poor feeding. Prenatal and postnatal counselling is crucial for good feeding practices.

INTRODUCTION

Appropriate feeding practices are essential for children growth and development, especially during illness which significantly reduce morbidity and mortality from diseases such as diarrhea and pneumonia. It supports children recovery from diseases and gain of loss weight during illness. Appropriate feeding practices include initiation of breastfeeding within first hour of life, exclusive breastfeeding for first six months and starting of complementary diet after six months along with breastfeeding for at least two years. It provides optimal nutrition, preventing stunted growth and infections, and promoting infant development [1,2]. Exclusive breastfeeding (EBF) is defined as when an infant receives only breast milk; no other liquids or solids are given with the exception of oral rehydration solution or drops/syrups of vitamins, minerals, or medicines [3]. Since breast milk is no longer enough to cover an infant's nutritional needs after 6 months, there is a higher chance that the child will suffer from malnutrition. Addition of complementary foods at the right time and in the right amount is one of the most economical ways to enhance child's health and lower mortality among children under five. While starting complementary diet before six months of age may cause breast milk to be displaced and increase the risk of diarrhea, leading to undernutrition [4]. Optimal complementary feeding is defined as a child feeding practice that accomplish the minimum dietary diversity, the minimum meal frequency, continuing breastfeeding with complementary feeding, and initiation of complementary feeding from 6 to 8 months [5].

Nutritional status declines during and after gastrointestinal illnesses like diarrhea due to nutrient demands diverted to the immune response. Infectious diarrhea is common in children, with symptoms like vomiting, diarrhea, and stomach discomfort. Its incidence is linked to nutritional status, immune function, sanitation, and environmental factors [6]. Diarrhea is defined as three or more loose stools in 24 hours [7]. It is the second leading cause of children mortality after pneumonia, with a significant impact on developing regions [8]. Dehydration from diarrhea is the leading cause of death, with nutrient loss leading to malnutrition and deficiencies [9]. Long-term effects include stunted growth, poor cognitive development, and increased mortality risk in children under five [10]. Additional nutrients are needed during and after the illness to support recovery and growth. Breastfeeding and optimal complementary food are crucial for nutrient intake and recovery [11]. Exclusive breastfeeding is one of the best protections against gastrointestinal disorders, offering bioactive compounds and probiotics that enhance intestinal mucosal maturation and the immune system. It prevents an estimated 2.5 million gastrointestinal illness cases in the first six months [12]. Both exclusive breastfeeding (EBF) and early initiation of breastfeeding (EIBF) Delivered protection against diarrhea. This is because all of the anti-infective and vital elements required for children's growth and development are found in breast milk [13]. In addition, maintaining food intake during an episode of diarrhoea can reduce the severity of the illness and prevent the child's death [14].

This study aims to evaluate feeding practices in children with gastrointestinal disorders admitted to Bacha Khan Medical Complex, Swabi and to identifies associated maternal factors. No prior research on this topic has been conducted in this setting. The findings will aid health authorities in improving feeding practices and child health during and after gastrointestinal illnesses.

METHODOLOGY

This study was conducted and reported in accordance with the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines for cross-sectional studies.

Study Design

This was a cross-sectional study conducted at the Pediatric Department of Bacha Khan Medical Complex (BKMC), Swabi, Khyber Pakhtunkhwa, Pakistan. The study aimed to estimate the prevalence of appropriate feeding practices among mothers of children presenting with gastrointestinal (GI) disorders.

Study Setting

The study was carried out at BKMC from August to November 2023. The hospital is a tertiary care teaching institution that serves as a major referral center for pediatric patients from Swabi and surrounding districts.

Study Population

The target population consisted of mother–child pairs admitted to the pediatric ward during the study period. Only children aged 24 months or younger and their mothers were considered eligible for recruitment.

Sampling Technique and Sample Size

A non-probability convenience sampling technique was employed. The minimum sample size of 144 participants was calculated using the Rao Soft SPSS sample size calculator, assuming a population of 1,787,596, a 10.45% response rate, a 95% confidence interval, and a 5% margin of error. A total of 160 mother–child pairs ultimately participated in the study.

Inclusion Criteria

- Mothers who consented to participate.
- Mothers with children aged ≤24 months admitted with gastrointestinal disorders.
- Mothers whose children were able to take oral feeds.

Exclusion Criteria

- Children with severe gastrointestinal illnesses preventing oral feeding.
- Mothers suffering from serious illnesses.
- Participants who did not sign the informed consent form.
- Incomplete or missing data entries.

Data Collection Procedure

Data were collected using a pretested structured questionnaire containing both open- and closed-ended questions. The questionnaire was administered through direct interviews with mothers, focusing on demographic characteristics, feeding practices, and factors influencing feeding behavior.

RESULTS

Of the 160 children, 87 (54.4%) were boys and 73 (45.6%) girls. The majority (54.4%) of children were aged 7–12 months. Among mothers, 75.6% were uneducated, 9.4% attended primary education, 11.9% attended middle education, and only 3.1% graduated. 83.8% of mothers were belonging to poor social economic class, and 95.0% had no exposure to both electronic (including social media) and print media (Table 1).

Table 1

DEMOGRAPHY & MOTHER FACTORS					
		Frequency	Percent	Valid Percent	Cumulative Percent
Children Ages	0-6month	32	20	20	20
AGES	7-12month	87	54.375	54.375	74.375
	13-18month	32	20	20	94.375
	19-24month	9	5.625	5.625	100
MATERN	16-24 YEARS	48	30	30	30
AL	25-34 YEARS	103	64.375	64.375	94.375
AGES	35 AND ABOVE	9	5.625	5.625	100
MOTHER	NO	121	75.625	75.625	75.625

EDUCATI	PRIMARY	15	9.375	9.375	85
ON	MIDDLE SCHOOL	19	11.875	11.875	96.875
LEVEL	HIGHER EDUCATION	5	3.125	3.125	100
SOCIOEC	POOR	134	83.75	83.75	83.75
ONOMIC	SATISFACTORY	25	15.625	15.625	99.375
PRENATAL	YES	9	5.625	5.625	5.625
COUNSEL	NO	151	94.375	94.375	100
COUNSEL	YES	113	70.625	70.625	70.625
by DR in	N0	47	29.375	29.375	100
ILLNESS					
MEDIA	YES	8	5	5	5
EXPOSURE	NO	152	95	95	100
	T0TAL	160	100	100	

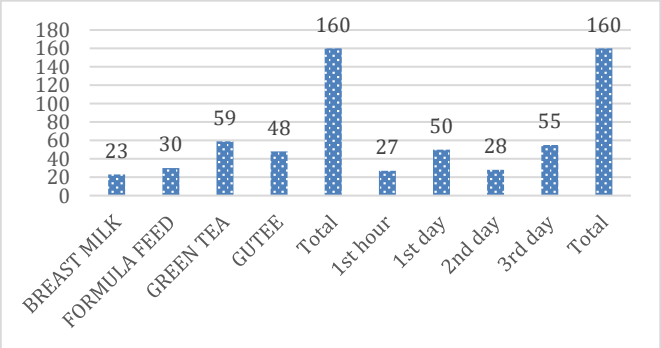
DR, Doctor

Table 1 [Demographic and baseline characteristics]

Very few mothers (9.6%) were counselled on proper feeding practices during their antenatal visits, due to which the majority mothers practice poor early feedings. Among them, only 30 (18.8%) mothers gave breastmilk in the first hour, and out of these, only 23 (14.4%) gave breastmilk as the first food, while the rest gave either traditional food or formula milk prior to breastmilk in the first hours. The traditional foods or formula milk was given by those who underwent Caesarean delivery or because of their local culture beliefs and were not aware of the significance of breastmilk as first food. The rest practiced unhealthy traditional and cultural-based early feeding practices; for example, 59 (36.9%) gave green tea and 48 (30%) gave Gutty (a traditional local food) as the first feed to their children. Breastfeeding initiation within the first hour was low (16.9%), with many starting after the 3rd day (34.4%), and majority mothers practiced timely weaning at 6-7 months (65.0%). [Figure 2]

Figure 2

Present Early Feeding Practice



Most mothers 113 (70.6%) were properly counselled on feeding practices during illnesses in their current admission to the hospital, and a few older mothers with multiple pregnancies were already educated on feeding practices during illnesses. Breastfeeding practices during illnesses were observed in 88.8% of the cases. [Table 2]

Table 2

Variable		Percentage	Variable		Percentage	Variable		Percentage
Age Group (months)	0-6	20.0	Breastfeeding Start	1 Hour	16.9	Weaning Time (months)	3-5	9.4
	7-12	54.4		1st Day	31.3		6-7	65.0
	13-18	20.0		2nd Day	17.5		8+	5.6
	19-24	5.6		3rd Day+	34.4		Not Started	20.0
Feeding at Birth	Breast Milk	14.4	Maternal Education	No Education	75.6	Socioeconomic Status	Poor	83.8
	Formula Feed	18.8		Primary	9.4		Satisfactory	15.6
	Green Tea	36.9		Middle School	11.9		Excellent	0.6
	Gutty[a]	30.0		Higher Education	3.1	Increase CF After Illness	Yes	63.7
Mother's counselling	Yes	70.6	Breastfeeding Perspective	To Be Healthy	80.0		As Usual	16.3
	No	29.4		As Usual	20.0		Not Started	20.0
Media Exposure	Yes	5.0	Antenatal care	Yes	5.6	**Optimal Brest-feeding**	Yes	88.8
	No	95.0		No	94.4		No	11.2

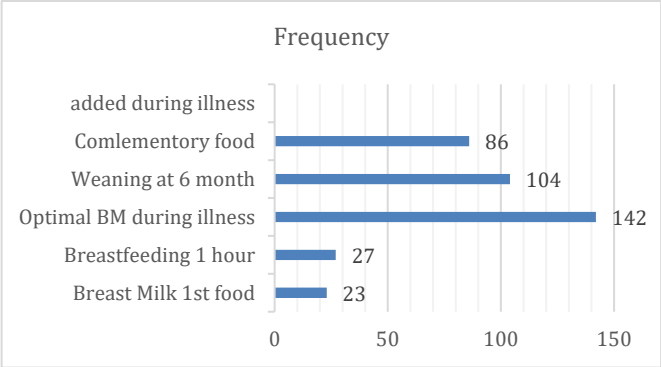
a. Gutty, also spelled as "guttee," is a traditional local food given to infants in some cultures.

Table:2 [presents various factors influencing feeding practices and other related variables among mothers of children under 24 months admitted to the pediatrics ward of BKMC with gastrointestinal disorders.]

This study on average showed that overall 47.8% of mothers had a good practice of early feeding and feeding during gastrointestinal illnesses. Hence, those mothers gave breastmilk as the first feed, started breastfeeding within the first hour of life, weaned on time, optimally breastfed their child, and added complementary foods to their diet at a time of illness. [Figure 1]

Figure 1

Present overall average good feeding practices



Chi-Square test of Independence was applied to test the association between maternal counselling and optimal breastfeeding showing significant association between receiving maternal counselling and practicing optimal breastfeeding ($p < 0.05$).

Logistic Regression Analysis was done to predict optimal breastfeeding practices based on multiple predictors such as, maternal education, socioeconomic status and counselling, which indicated that maternal counselling significantly increases the likelihood of optimal breastfeeding practices ($p < 0.05$).

Multivariate Analysis of Variance (MANOVA) was also done to evaluate the impact of maternal education and socioeconomic status on dependent variables such as, optimal breastfeeding and weaning time which showed that maternal education and socioeconomic status have significant multivariate effects on optimal breastfeeding and weaning time ($p < 0.05$).

DISCUSSION

This study showed that very few mothers had good early feeding practices and majority mothers who were counselled by doctors had good feeding practices during gastrointestinal illnesses of children in their current stay of hospital. Overall, considering the average of all practices, the mothers observed poor practices. Hence very few mothers started breastfeeding within the first hours of life, breastmilk as the first feed to their child, while more than half started weaning on time, optimally breastfeed their children, and add complementary foods to their diet at a time of illness.

The prevalence of good feeding practices during gastrointestinal illnesses, especially diarrheal episodes, was higher than the one reported in a study conducted in Nellore District, Andhra Pradesh, South India, which found the rate to be 69.94%. The difference may be due to proper counselling, variations in cultural practices, and access to healthcare between the two study populations [15].

The current study found that majority mothers received counselling, which significantly impacted breastfeeding success. This aligns with research showing that nutrition education and counselling provide to care givers can improve complementary feeding practices. Targeted interventions to increase breastfeeding counselling may be an effective strategy to promote optimal feeding behaviours [16]. In addition, proper counselling of mothers in their prenatal visits improves optimal early feeding practices, consistent with the study done in Islamabad, Pakistan, which showed that antenatal counselling improves early initiation of breastfeeding within the first hour of life [18].

The study reported that breastfeeding initiation within the first hour was low (16.9%). This is consistent with a study in Sindh , Pakistan and Egor LGA that found less than half of mothers practiced early initiation of breastfeeding. Barriers to timely breastfeeding initiation, such as cultural beliefs or lack of support, should be addressed to improve this critical practice [19,20].

The majority of mothers in the current study practiced timely weaning at 6-7 months, in line with global recommendations that infants should be introduced to complementary foods at 6 months while continuing breastfeeding. Promoting adherence to recommended weaning practices is important for optimal infant nutrition [21]. This is consistent with a recent study conducted in Pakistan, which showed that 60% of mothers started timely weaning at 6 months [20]. Timely weaning practices were better than the one reported in our neighbour Kandahar, Afghanistan, which was less than 50% [22].

The study found that education and socioeconomic status influenced feeding practices, with most mothers being uneducated (75.6%) and from poor backgrounds (83.8%). This aligns with research showing that maternal factors such as age, education, work environment, and socioeconomic status can influence breastfeeding practices. Addressing socioeconomic disparities may be crucial for improving feeding behaviors [23].

Finally, those mothers who practiced appropriate feedings, their children faced less severe gastrointestinal illnesses. So, optimal breastfeeding was associated with improved infant health outcomes, which is supported by a previous study also showing that exclusive breastfeeding is associated with reduced risk of gastrointestinal, respiratory, and other infections in children. [21]

The current study was limited by its small sample size, single centre, and selection biases due to its hospital-based nature. Some of the mothers were interviewed on the first or second day, when they were not counselled well by doctor in the current admission yet but they were asked about counselling in their prior admission.In addition , some participants didn't follow doctor's recommendation on feeding practices and follow their local culture beliefs, mainly influenced by the child grandmother. Multi-centre and large-scale community-based studies are needed to fully understand the challenges and phenomena.

Health professionals should be encouraged to educate mothers about good feeding practices and their importance. Both seniors and juniors' doctor of gynaecology and other health professionals like medical students during their gynaecology ward rotation should educate mothers on proper feeding practices. Paediatricians should also be encouraged to educate mothers properly on ill child feeding practices during their hospital stay or Outpatient Department visits. It's necessary for both government and non-government health agencies to spread community-based awareness of optimal feeding practices. Government interventions are also needed to support breastfeeding-friendly policies.

CONCLUSION

Most respondents practiced poor early feeding, except those who were counselled in their antenatal visits. Majority of mothers practiced good feeding during gastrointestinal illnesses who were counselled by doctor. More than half mothers started weaning on time. Counselling is crucial for good feeding practices. Overall 47.7% mothers observed good feeding practices.

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Abbreviations

WHO: World Health Organisation
UNICEF: United Nations Children's Fund
AAP: American Academy of Paediatrics
EBF: Exclusive Breastfeeding
CF: Complementary Food
NEC: Narcotising Enterocolitis
DR: Doctor
BKMC: Bacha khan medical complex, Swabi
GKMC: Gajju khan medical college

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