

Effect of Beliefs and Habits for Family on Infant Feeding

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ABSTRACT:

*P*oor dietary habits established during childhood might persist into adulthood, increasing the risk of developing malnutrition-related complications such as Type 2 Diabetes Mellitus, underweight, and obesity. This study aimed to evaluate the effect of beliefs and habits of the family on child feeding for 138 children whose ages were 6-24-month-old, their mothers attending the National Institute of Nutrition in the educational kitchen. Data for the research was collected through a questionnaire. The infant was fed on complimentary meals for 6 months the weight, height, and hemoglobin levels were determined before and after feeding. It was found that 63% gave birth by cesarean section, and 43% of the sample had knowledge about breastfeeding from their relatives. About half of the sample (42%) started breastfeeding immediately after birth, while (72. 6%) of mothers used flued breastfeeding and supplied another source of fluid by grandmother encouragement. The results showed that 65.2% did not know the benefits of colostrum milk. The impact of the daily meals (NNI diet) after 6 months showed that it could be noticed that the macronutrients were increased after eating complimentary meals than they were before except carbohydrates level was decreased with complimentary meals.

Key words: *Complementary feeding- breastfeeding- colostrum milk.*

INTRODUCTION

“Eating habits” can be defined as the conscious and repetitive way a person eats, and this includes what types of food are eaten, their quantities and timing of consumption, in response to cultural and social influences . Various studies found a great influence of parental dietary habits on dietary behaviors of their children regardless of demographic characteristics such as gender, age, socioeconomic status and country. Family meals were found to contribute the most in modeling children’s dietary habits as they represent an important moment of control and interaction between parents and their children. The parental practices that influenced their children most were role modeling and moderate restriction, suggesting that the increase of parental encouragement and decrease of excessive pressure could have a positive impact in their children’s dietary behaviors (**Rivera et al., 2020**). On the other hand, “eating behaviors” have been considered as a group of actions starting from a simple food chewing to food shopping, food preparation and food policy decision-

making(**Hu 2002**). Food patterns or dietary patterns refer to the quantity, quality and variety of foods and beverages consumed as well as the frequency with which they are habitually consumed, and it refers to the diet as a whole(**Wirt and Collins 2009**). A balanced diet is characterized by high intake of fresh FV, whole grains, legumes, nuts; fiber, polyunsaturated fatty acids and low in both refined grains as well as saturated fatty acids. However, guidelines may differ in their recommendations regarding the consumption of processed meat and dairy products, probably relating to the national food culture, sustainable food choices and food safety. Dietary habits from childhood track into adulthood, so understanding children’s eating habits is very important in terms of children’s health. Nutrition is the main factor of interaction between parents and children, especially during the first year of life, starting by breastfeeding (**Ramos et al., 2002**). By the end of the first year of life, children start learning to feed themselves and make the transition to the family diet and meal patterns (**Scaglioni et al., 2011**). A review study that assessed both national and international

research articles on child nutrition and eating behaviors concluded that as children switch to the family diet, recommendations from parents address not only food, but also the eating context, which refers to the immediate environment of each eating occasion. Moreover, the same study suggested that a variety of healthy food items provided to children could promote their diet quality and food acceptance (**Hansson et al., 2016**). Dietary preferences are formed by a combination of a complex interplay of genetic, familiar and environmental factors. However, parents seemed to have a high degree of control in modeling their children's eating behaviors (**Hall et al., 2011**). During the first year of life, children's dietary patterns undergo a rapid evolution since parents are the ones who select the foods of the family and serve as models of eating. Thus, children tend to imitate their parents' behaviors as well as eating habits. In the family environment, parents establish more than 70% of their children's dietary behaviors by their own intake and the methods followed to socialize their children (**Hall et al., 2011**). Several studies that highlight how parental eating habits and feeding styles have been

strongly connected with children's eating behaviors, food choices, intake, and consumption have been altered to systematically analyze parental dietary patterns' effect on children. Children and parents' consumption of different foods were found to be significantly positively associated, and correlated in several cross-sectional studies (**Miller et al., 2011**). Therefore, in this research, it aimed to investigate children's dietary behaviors, and to provide evidence for the potential influence of parents' dietary behaviors and modified the nutritional education of mothers by feeding the children nutritional diet for 6 months.

SUBJECTS

The purpose of this study was to find out how family social and cultural beliefs and practices affect the feeding practices of children aged 6 to 24 months. The samples collected 138 mothers with an infant aged 6-24 months using a randomized technique from the educational kitchen at the National Institute of Nutrition, Cairo, Egypt. The study was a descriptive, cross-sectional study conducted in (N.N.I).

METHODS

The questionnaire included questions related to the following:

- Information on care demographics and nutrition issues, including sources of information.
- Time of start breastfeeding and weaning habits.
- The duration of breastfeeding.
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All infants' weight, height and hemoglobin were measured. Moreover, follow-up after 6 month again, measuring weight, height and hemoglobin, and making a 24-hour recovery from the children's daily dietary intake (**Keshvari-Delavar et al., 2016**).

TOOLS

- A weight scale (GS10) and a standard height scale were used to measure the participants' weight and height.
- A questionnaire to assess the factors that would encourage breastfeeding.
- Hemoglobin measurement through laboratory tests

(**Berkow and Lauren2013**).

- The nutritional analysis of Children's daily diet was by using food composition tables (NNI).
- The children's meal has 260 grams and includes 30 grams of rice, 15 grams of yellow lentils, 10 grams of sesame tahini, and 100 grams of carrots (100gm) squash.

Statistical Analysis

A significant P-value was considered when P is less than 0.05. Data were analyzed by SPSS statistical package version 15. Statistical Package for Social Sciences(**Allen et al.,2014**), compared with each other using the suitable tests to body image perception part .All obtained results were tabulated by Harvard graphics packages version 4 were used for representing the results graphically.

RESULTS

Table (1) showed that the serving size is 260 grams, which is about 200 g of Squash and Carrots mixed with a mixture of ground rice, ground yellow lentils, Oil-vegetables and Sesame butter (Tehina) (55 g).

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This meal was analyzed using food composition tables. The result found to contain 327.25 (50.3% RDA) calories, about 10 grams of protein, (76.9% RDA) 45 g of carbohydrates, represented (75% RDA) and about 12g of fat (48% RDA). It also contains many vitamins (B1, B2, vitamin C) (0.29, 0.19, 20 mg) respectively. In addition, it contains many important minerals such as (iron, zinc, calcium, sodium and potassium) (2.92, 1.95–115.5, 85.85 - 663.15 mg,) respectively. According to these updated estimates, the average amounts of energy required from complementary foods are approximately 200, 300 and 550 kcal/day / infants 6–8, 9–11, and 12–23 months of age, respectively. It should be contained vitamins A and D, folic acid, ascorbic acid, and zinc, has been shown to reduce rates anemia among consumers (Vakili, *et al.*, 2015).

Table (2) showed the relative distribution of the study sample by demographic community (Rural or Urban). More than half of the sample

(68.8%) was an urban location, while more than half of the sample was male (55.1%). Mother's education was 67.4% as secondary/higher while mother education as preparatory was 8% and this the lowest value. Children are the hope of national development and social progress; therefore, the health status of infants and young children has become a very important public health concern. A WHO report shows that malnutrition within 2 years after birth is the main cause of death in children under 5 years old. From the results of this study, it is also confirmed that the educational level of infant's mother play a principle role in the educational background of feeders is generally relatively low, lacking scientific feeding knowledge reserves and ideas (Agostoni and Brunser, 2007)(WHO, 2021).

Table (3) estimated the recorded history of pregnancy period for the mother, which effected on the healthy status of tested sample. The results revealed that more than half of the sample were followed up in

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private clinics (68.11%) while 25.36% and 2.17% were followed up in government hospitals and private hospitals respectively. The majority of the sample 81% follow-up during pregnancy more than once a month, about 11% followed up once every two or three months and the remainder (about 8%) following pregnancy in the last months. The data showed that all mothers (100%) had taken a medication during pregnancy. Out of them (95.2%) took vitamins, 3.2% mothers had taken an analgesic and 1.6% took allergy medication. It was found that 37% of mothers born naturally, while (63%) gave birth by caesarean section. **Currie, et al., (2007)** found that when mothers are malnourished, sickly, or receive inadequate prenatal and delivery care, their fetus faces a higher risk of disease and premature death. The present systematic review and meta-analysis revealed that antenatal care visits were significantly associated with lower rates of neonatal death. The risk of neonatal death was significantly reduced by

34% among newborns delivered from mothers who had antenatal care visits (**Park and Park 1979**).

Table (4) revealed the influence of beliefs, customs and health awareness on infant breastfeeding. It was found 69.6% of mothers did breastfeed for previous children, (26.1%) had the first child. 47.1% knew the benefits of breastfeeding during pregnancy while 52.9% have no idea. Less than half 43% had the knowledge about breastfeeding from their relatives, 20% from doctor and 3% from nurse and 97% from the sample breast-fed their and 42% fed their infant within a day. 72.34% from the sample who answered the causes of delayed feeding; they answered tiredness and exhaustion after birth the main of reason. The results showed that 65.2% did not know the benefits of the colostrum milk so 56.5% fed their infants fluid after birth as water with sugar (65.3%). The previous researchers found that while women's intention to

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exclusively breastfeed could be high, their cultural beliefs and perceived constraints more directly influence their exclusive breastfeeding practices. This variability in breastfeeding practices is significantly influenced by cultural beliefs, socioeconomic status, ethnicity, education, urbanization, modernization, and local feeding practices. Mother's knowledge and attitudes, followed by husband's support, were identified as important in influencing infant feeding choice. Study of 120 showed that 50 withheld the infant from the breast for 48 hours or more due to the belief that colostrum was "dirty", "old", or "not real milk". In central Karnataka in India, 35% of infants were still not breastfeeding at 48 hours, yet at 1 month 94% were increasing of maternal age, a non-spontaneous delivery, the perception of low milk supply, mastitis and nipple fissures represented risk factors the cessation of breastfeeding (Zelalem *et al.*, 2014)

(Wondemagegn *et al.*, 2018) (Geelhoed, *et al.*, 2011).

In table (5), data presented the breastfeeding practices. It could be found that 94% breastfed their children during the day and at night and 59% from them breastfed their children. 66% answered that the duration of feeding was (5-10) minutes half of than 50% from mothers gave juices addition to breast-feeding and 53.6% with another source of food of them supplied their children as grandmothers encouraging infants should be breastfed (often as he wants) (WHO, 2009). From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2years. Breastfeeding education usually occurs during the prenatal and intrapartum periods. Someone should teach it with expertise or training in lactation management. It may be offered in a hospital or clinic setting, as well as at libraries, community centers, churches, schools, and work sites. the grandparents took information at the time of the visit, many

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taught some practices and talked about their beliefs regarding the management with lactation may influence them in a positive or negative, regarding the initiative and persistence of breastfeeding. The myths and beliefs associated with breastfeeding are part of everyday life for many centuries. They construct the meaning of the act of breastfeeding for women through socio-cultural heritage gained by living in this society woman - transmission of values by people around or just by observing women who are going through this same situation. It is understood that a woman's decision to breastfeed is linked to their way of life and the meaning it gives to this fact, and can therefore be influenced by cultural, emotional, social and economic. Several studies support the idea that support and family support, especially the father. In addition, maternal and paternal grandmothers are important factors in the choice of infant feeding. Grandmas are significant caregivers in the family. They are often caring for family members, especially

their daughters and daughters-in-puerperal phase. They transmit their practices and their culture, and are often respected and valued for their expertise and experience, especially in caring for the newborn (**Bai *et al.*, 2009**) (**Bezner *et al.*, 2008**) (**Agunbiade *et al.*, 2012**) (**Gupta *et al.*, 2015**).

Nutrients intakes pre and After 6 months of feeding on complementary meal from nutritional education program were presented in table (6). It could be noticed that the macronutrients were increased after eating complementary meals than they were before, except for carbohydrates when decreased. The increasing was very high significant for calories, protein, carbohydrates and fat. For vitamins and minerals, it was noticed that after feeding on complementary meals it could be ask that important in the level of all vitamins led to increase the tested vitamins and minerals level.

Table (7) showed that there are statistically significant between differences before and

after 6 months of nutritional education and taking complementary meals. The weight and height as anthropometric parameters were higher after eating complementary meals than it was before. The hemoglobin level was increased after complementary meals but with our no significant differences in hemoglobin before and after 6 months of nutritional education and supplementation.

CONCLUSION:

It could be noticed that the macronutrients were increased after eating complementary meals than they were before except mean intake of carbohydrates was decreased with after induced complementary meals .With respect to vitamins and minerals, it was noticed that feeding on with after induced complementary meals led to increase the vitamins and minerals level. The weight and height as anthropometric parameters were higher at the end period than it was before. The hemoglobin level was increased after 6 months .The

studied showed that the important of complementary meal which supplied vitamins, mineral and micronutrient for healthy growth for the infant. In addition to the others factors as the grandparents help and the nutritional education.

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Infant and young child feeding model chapter for textbooks for medical students and allied health professionals.

Table (1) showed the nutritional analysis of meal components

Meal components	Quantity (g)	Energy (kcal)	Protein (g)	Carbohydrate (g)	Fat (g)	Vit B1(mg)	Vit B2 (mg)	Vit C (mg)	Calcium (mg)	Iron (mg)	Potassium (mg)	Sodium (mg)	Zinc(mg)
Rice, grains (short)	30	105.3	2.19	23.64	0.21	0.03	0.01	0	9	0.21	27.9	3.3	0.32
lentils, peeled (yellow)	15	51	3.43	9.07	0.1	0.06	0.03	0	7.5	1.02	114.8	6.15	0.48
Sesame butter (Tehina)	10	66	2	1	6	0.09	0.03	0	34	0.61	20.5	8.4	0.55
Squash	100	24	1.3	4.2	0.2	0.04	0.09	12	25	0.5	200	6	0.19
Carrots	100	36	1.2	7.4	0.2	0.06	0.04	8	40	0.58	300	62	0.42
Oil (vegetables)	5	44.95	--	--	5	--	--	--	--	--	--	--	--
TOTAL	260	327.3	10.1	45.31	11.7	0.29	0.19	20	115.5	2.92	663.2	85.9	1.95

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Table (2): Characteristics of the studied sample

Socio demographic characteristics	N=138	%
Age(Months)		
6>12	138	100
Location (Where They Live.)		
Urban	95	68.8
Rural	43	31.2
Total	138	100%
Sex		
Male	76	55.1
Female	62	44.9
Total	138	100%
Mother's education		
Illiterates	21	15.2
Primary	13	9.4
Preparatory	11	8.0
secondary/higher	93	67.4
Total	138	100%

Table (3): The distribution of the mothers according to health care during pregnancy period for the mothers.

Variable	studied Sample (138)	
	Frequency	Percent %
How many times visit the doctor		
Once every month	112	81.2
Once every two or three months	15	10.9
In the last months only	11	7.97
Total	138	100
Taking medication during pregnancy		
Yes	124	89.85
No	14	10.14
Total	138	100
If the answer is yes, what are these medicines?		
Vitamin	118	95.16
Analgesic	4	3.22
Allergies	2	1.6
Total	124	100.0
Delivery place		
a government hospital	35	25.36
a private hospital	3	2.17
a private clinic	94	68.11
by nurse	0	0
There is no health follow-up during pregnancy	6	4.33
Total	138	100
Kind of current delivery		
Naturally	51	37.0
By Caesarean section	87	63.0
Total	138	100.0

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Table (4) the influence of healthy beliefs, customs and the family on the breastfeeding of the child.

Variables	Studied Sample (138)	
	Frequency	Percent %
If you had previous children, did you breastfeed them?		
Yes	96	69.6
No	6	4.3
Is this the first child	36	26.1
Total	138	100.0
Has anyone told you about the importance of breastfeeding during pregnancy?		
Yes	65	47.1
No	73	52.89
Total	138	100.0
If the answer is (yes), who did you talk to?		
Doctor	20	30.7
Nurse	2	3.07
Relatives	43	66.15
Total	65	100.0
Are you breastfeeding practices?		
Yes	134	97.1
No	4	2.9
Total	138	100.0
When did you breastfeed your infant after birth?		
From half an hour to an hour	44	31.9
Within a day	58	42.0
From two to three days	25	18.1
After a week	7	5.1
I do not breastfeed	4	2.9
Total	138	100.0
If the answer is not (within a day), why?		
Tiredness and exhaustion after childbirth	68	72.34
Lack of milk	9	9.57
Has Breast problems	3	3.19
Not enough milk	5	5.31
The child refuses to breastfeed	9	9.57
Total	94	100.0

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Cont. table 4

Do you know the benefits of colostrum milk?		
The child grows	10	7.2
He cleans the child's abdomen	4	2.8
It protects the child from diseases	26	18.8
All of the above	8	5.8
It has a benefit that I do not know about	90	65.2
Total	138	100
Did you give your any fluids immediately after birth?		
Yes	78	56.5
No	60	43.5
Total	138	100.0
If the answer is (yes), what type of fluid is it?		
water with sugar	7	8.97
warm liquids	51	65.3
glucose	17	21.79
Other	3	3.8
Total	78	100.0

Table (5): Breastfeeding practices

Characteristic	Studied Sample (138)	
	Frequency	Percent %
Breastfeeding according to Day &Night.		
During the day and at night	130	94.2
During the day only	6	4.34
At night only	2	1.44
Total	138	100.0
Number of daily.		
1-5	20	14.49
6-10	82	59.42
<10	36	26.08
Total	138	100.0
Length of each breastfeeding		
5-10 minutes	91	65.94
11-15 minutes	39	28.26
<16 minutes	8	5.79
Total	138	100.0
Introducing fluids or food other than the milk		
artificial milk	17	12.3
natural milk	4	2.8
warm liquids	48	34.7
Juices	69	50
Total	138	100.0
Who encourages you to breastfeed and feed your child?		
The husband	21	15.2
Grandmothers	74	53.6
Relatives	42	30.4
The health educator	1	0.7
Total	138	100.0

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Table (6) Means and standard deviations of nutrients intakes pre and after 6 months of feeding on complementary meals

Variable	From(RDA)%		Studied Sample (n=100)						P. value
			Before		After		Mean difference		
			Mean	±SD	Mean	±SD			
Macronutrients	Before	After							
Energy (KCAL)	50.1%	65%	325.76	16.01	422.89	24.37	-97.13	0.001***	
Protein (g)	78.2%	105.4%	10.96	5.71	14.76	10.04	-3.80	0.002***	
Fat (g)	53.2%	70.84%	13.30	7.61	17.71	10.63	-4.41	0.001***	
CHO (g)	76.96%	67.65%	73.12	10.21	64.27	14.83	-11.57	0.018***	
Fiber (g)	9.26%	11.94%	1.78	1.64	2.27	3.81	-0.49	0.235	
Micronutrients (vitamins)									
Vitamin (A) (mcg RE)	98.11%	113.1%	367.92	23.81	403.87	21.5°	-35.95	0.686	
Vitamin (C) (mg)	34.7%	41.02%	10.41	8.57	14.36	9.59	-3.95	0.006	
Vitamin (B1) (mg)	50%	206%	0.15	0.09	1.03	0.26	-49.58	0.000***	
Vitamin (B2) (mg)	85%	97.5%	0.34	0.27	0.39	0.28	-0.05	0.204	
Micronutrients (minerals)									
Sodium (mg)	36.1%	50.21%	133.93	88.73	185.78	24.52	-51.85	0.045	
Potassium (mg)	116.68%	80.74%	320.87	17.12	371.42	20.23	-50.54	0.055	
Calcium (mg)	92.42%	48.22%	240.30	175.24	337.58	32.10	-97.28	0.009	
Iron(mg)	20%	42.9%	1.61	2.20	2.22	4.72	-0.60	0.249	
Zinc (mg)	62.3%	73%	1.87	1.49	2.19	1.44	-0.32	0.171	
Magnesium (mg)	64.2%	72.4%	48.16	37.17	57.93	12.27	-9.77	0.071	
Phosphorous (mg)	63.98%	76.77%	175.97	97.57	211.12	15.04	-35.15	0.054	

*** $P \leq 0.001$

Effect of Beliefs and Habits for Family on Infant Feeding

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Table (7) Anthropometric measures before and after feeding on complementary meals (Mean \pm SD)

Variable	Before	After	Mean difference	T. test	P value
	Mean \pm SD	Mean \pm SD			
Height(cm)					
	67.78 \pm 3.12	72.94 \pm 3.27	-5.17	-62.72	0.000 ***
% Normal	90.1%	96.99%			
Weight(kg)					
	7.97 \pm 1.12	10.58 \pm 1.10	-2.61	-148.55	0.000 ***
% Normal	86.63%	100.2%			
Hemoglobin(g/dl)					
	10.87 \pm 0.93	11.04 \pm 1.35	-0.17	-1.18	0.24
% Normal	98.8%	100.3%			

*** $P < 0.001$

تأثير المعتقدات والعادات الأسرية على تغذية الرضيع

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الملخص العربي:

قد تستمر العادات الغذائية السيئة التي ترسخت خلال الطفولة حتى مرحلة البلوغ ، مما يزيد من خطر الإصابة بمضاعفات مرتبطة بسوء التغذية مثل داء السكري من النوع ٢ ، ونقص الوزن ، والسمنة. هدفت هذه الدراسة إلى تقييم تأثير معتقدات وعادات الأسرة على تغذية الطفل لـ ١٣٨ طفلاً تتراوح أعمارهم بين ٦-٢٤ شهرًا ، وتحضر أمهاتهم المعهد القومي للتغذية في المطبخ التعليمي. تم جمع بيانات البحث من خلال استبيان. تمت تغذية الرضيع على وجبات مجانية لمدة ٦ أشهر ، حيث تم تحديد مستويات الوزن والطول والهيموجلوبين قبل وبعد الرضاعة. وجد أن ٦٣٪ ولدوا بعملية قيصرية و ٤٣٪ لديهم معرفة بالرضاعة الطبيعية من أقاربهم. حوالي نصف العينة (٤٢٪) بدأت بالرضاعة الطبيعية مباشرة بعد الولادة ، بينما (٦٪، ٧٢) من الأمهات استخدمن الرضاعة الطبيعية وقدمت مصدرًا آخر للسوائل عن طريق تشجيع الحدة. وأظهرت النتائج أن ٦٥،٢٪ لم يعرفوا فوائد لبن السرسوب. معظم العينة (٩٧،١٪) من الامهات يمارسون الرضاعة الطبيعيه. أظهر تأثير الوجبة اليومية التكميلية المقدمه بعد ٦ أشهر ملاحظة زيادة المغذيات الكبيرة بعد تناول الوجبات التكميلية عما كانت عليه من قبل باستثناء مستوى الكربوهيدرات الذي انخفض وتأثير بعض العوامل الخارجه عن الام. الخلاصة: زيادة المغذيات الكبيرة بعد تناول الوجبات التكميلية عما كانت عليه من قبل باستثناء مستوى الكربوهيدرات انخفض مع الوجبات التكميلية. كان الوزن والطول كعلامه أنثروبومترية أعلى في نهاية الفترة مما كان عليه من قبل. تم زيادة مستوى الهيموجلوبين بعد ٦ أشهر. لذلك ، وكان للتثقيف الغذائي دور مهم للغاية في تحسين معايير نمو الأطفال.

الكلمات الداله: التغذية التكميلية- الرضاعة الطبيعيه- لبن السرسوب.