



KNOWLEDGE AND PRACTICE OF CARE GIVERS ON INFANT AND YOUNG CHILD FEEDING IN SABON-GARI LOCAL GOVERNMENT AREA, KADUNA STATE

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Abstract

Nigeria faces a significant challenge in addressing the high prevalence of malnutrition among children, with the country having the second-highest burden of stunted children globally. In Nigeria, like other countries, understanding the knowledge, attitudes, and practices of IYCF is essential for designing effective interventions and policies to improve child nutrition. This cross-sectional descriptive survey study sought to assess the knowledge, attitude, and practice of IYCF in Sabon-Gari Local Government Area, Kaduna State, Nigeria. A multi-stage sampling technique was used in selecting the 356 eligible care-givers from six wards sabon gari LGA for the study. A quantitative interviewer-administered questionnaire comprising five sections was used to elicit information on the socio-demographic characteristics of the respondents, knowledge and practices of caregivers towards infant and young child feeding (IYCF), as well as the factors influencing these practices. Respondents' knowledge was measured using a 9-item scale (poor<3), (fair=4-6), and (good=7-9). Practice was measured on a 5-item scale (unhealthy practice<4) or healthy practice≥4). The data were subjected to descriptive and inferential (Fisher exact) statistical analyses at $p \leq 0.05$. The mean age of the respondents was 31.54 ± 6.5 with age ranges from 31 to 40 years, Majority (79.3%) of the respondents had good knowledge regarding IYCF. The majority of participants (95.5%) were aware that breastfeeding should commence within the first 30 minutes after birth. Similarly, most respondents (91.1%) knew about exclusive breastfeeding. In terms of actual practice, the study revealed a low prevalence of 39.1% of healthy infant and young child feeding practices among the respondents. Only a minority practised exclusive breastfeeding, while a significant proportion introduced complementary foods before the recommended age of six months. The influence of family members on child care, low breast milk production and education were recognized as factors influencing child-feeding practices. The study outcomes indicate a discrepancy in knowledge, and practice levels concerning infant and young child feeding in Sabon-Gari Local Government Area. Caregivers demonstrated satisfactory knowledge and unhealthy practice; however, feeding practices remained low. To address the risk of malnutrition, it is important to prioritize health promotion and education, awareness campaigns and the strengthening of antenatal and postnatal care services.

Keywords: Knowledge, Practice, Infant and young child feeding.

Introduction

Malnutrition is usually defined as a chronic condition, which may be a consequence of over- or under-consumption of any or several essential macro- or micronutrients relative to the individual's physiological and pathological requirements (Ecker & Nene, 2012)

Nutrition is the intake of food in proportion to the body's dietary requirements. A well-balanced nutrition mixed with regular physical activity is the cornerstone of good health. Poor nutrition can result in lowered immunity, increased disease susceptibility, stunted physical and mental growth, and decreased productivity (World Health Organisation (WHO), 2019).

Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child, and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity (WHO, 2018). It is also necessary for physical growth, mental development,

performance and productivity, as well as health and well-being. The food we eat, our health, and the environment in which we live all interact to determine our nutritional status (Bishwas, 2015).

Infant and Young Child Feeding (IYCF) consists of the initiation of breastfeeding within 1 hour of birth, Exclusive Breastfeeding (EBF) for 6 months, a continuation of breastfeeding for up to 2 years and beyond the introduction of complementary foods, minimum dietary diversity, minimum meal frequency, minimum acceptable diet, and consumption of iron-rich or iron-fortified foods (WHO, 2020).

Infant and young child feeding is a cornerstone of care for childhood development. Worldwide, about 30% of children under five are stunted because of poor feeding and repeated infections (WHO, 2003). Childhood nutrition entails ensuring that children consume nutritious foods to aid proper growth and development, as well as to prevent obesity and future diseases (Karnik and Kanekar, 2012). Adequate nutrition during the first year of life, with rapid growth, is vital to ensure that infants grow both physically and mentally and achieve their fullest potential (Colorado Department of Public Health and Environment, 2013). Poor feeding practices are a major threat to social and economic development. Knowledge, attitudes, and practices associated with infant and young child feeding are an essential first step for any 'need-felt' intervention programme designed for a positive behavioural change in infant health (Sriram, Soni, Thanvi, Prajapati, & Mahaya, 2013).

It has been found that optimal infant and young child feeding is one of the most effective single interventions to improve child health. It prevents malnutrition, reduces neonatal, infant, and child mortality, and reduces the risk of infectious diseases like diarrhoea and pneumonia substantially (WHO; UNICEF, 2003).

Appropriate feeding practice, such as the early initiation of breastfeeding within 1 hour of birth; breastfeeding exclusively for the first 6 months of life; and introducing nutritionally-adequate and safe complementary (solid) foods at 6 months, combined with continued breastfeeding up to 2 years of age or beyond, provides children with the required nutrients to kickstart their development (WHO & UNICEF, 2001). Appropriate feeding practice promotes caregiver-child attachment and psychosocial development, physical growth, as well as lower susceptibility to typical childhood ailments and a greater ability to cope with them, increased performance and productivity, as well as a lower risk of some non-communicable diseases later in life (WHO, 2019).

Non-compliance with the IYCF practice may result in malnutrition, neonatal mortality, and morbidity. The incidence of morbidity and mortality among infants and young children could be significantly reduced by optimal feeding. In most formidable circumstances, breastfeeding and supplementary feeding are the preferred methods of infant feeding (WHO, 2021).

Statement of the problem

Malnutrition in children is a major problem with global implications because appropriate nutrition is a critical determinant of their well-being (Sanju, 2015). An estimated 2 million children in Nigeria suffer from Severe Acute Malnutrition (SAM), but only 2 out of every 10 affected children receive treatment (United Nations International Children Emergency Fund, 2015). Nigeria has the second-highest burden of stunted children in the world, with a national prevalence rate of 32 % among children under five (Nwosu & Ataguba, 2020). Nearly 2 in 5 (37%) children under five are stunted (height for age less than 2 SDs from the World Health Organisation (WHO) child growth standards), while 7% are wasted (too thin for height), and 22% are underweight (too thin for their age) (NDHS, 2018). Additionally, rural children have higher levels of stunting, wasting, and underweight compared to urban children (NDHS, 2018).

In Nigeria, among children aged 6-23 months, only 23 % have the minimum necessary dietary diversity, and only 42 % have the minimum adequate frequency. One out of every three children in Nigeria is stunted, and one out of every ten children is

wasted (UNICEF, 2015). Mothers and other caregivers play a critical role in providing appropriate nutrition for their infants. Inappropriate feeding practices among mothers and caregivers can contribute to malnutrition in infants. Several studies relating to infant and young children feeding practices and malnutrition have been undertaken in Nigeria. A study was carried out to explore the barriers to exclusive breastfeeding in Sabon-Gari Local Government Area, Kaduna State. Husbands' opinions, socioeconomic status, and health status were identified as the major barriers to exclusive breastfeeding (Ohaeri & Bello, 2016). There is a need to further promote the benefits of exclusive breastfeeding and the timely introduction of complementary foods among young mothers to improve the nutritional status of children. However, there are fewer studies on the knowledge and practice of caregivers of children under 5 regarding infant and young child feeding in Sabon-Gari Local Government Area..

Research Questions

The following research questions were used to guide this study:

1. What knowledge do mothers have on infant and young child feeding practices sabon gari Local Government Area?
2. What are the practices of infant and young child feeding among mothers sabon gari Local Government Area?
3. What are the factors associated with infant and young child feeding practices sabon gari local Government Area?

Broad Objective

The broad objective of this study was designed to assess the knowledge and practice of caregivers on infant and young child feeding in Sabon-Gari local Government Area, Kaduna State.

Specific Objectives

The specific objectives were to:

1. Assess the knowledge of caregivers towards infant and young child feeding practice in Sabon-GariLocal Government Area.
2. Determine the practice of infant and young child feeding among caregivers in Sabon-Gari Local Government Area.
3. Identify the factors associated with infant and young child feeding practices Sabon-GariLocal Government Area.

Research Hypotheses

H01: There is no significant relationship between demographic characteristics of care givers and their knowledge on infant and young child feeding.

H02: There is no significant relationship between demographic characteristics of care givers and the practice of infant and young child feeding.

H03: There is no significant relationship between knowledge and attitude of care givers towards infant and young child feeding.

H04: There is no significant relationship between knowledge and the practice of infant and young child feeding.

Material and Methods

A cross-sectional descriptive research design was adopted for this study, using the quantitative method. The study was conducted in Sabon-Gari Local Government Area (LGA), one of the 23 LGAs in Kaduna State Nigeria. The Hausa were the dominant ethnic group in the area. The local government area had 12 wards, each governed by councillors who were coordinated by the central chairman. The study was carried out among mothers and caregivers in Sabon-Gari Local

Government. The population for this study comprised caregivers of under 5 children Sabon-gari Local Government Area. The sample size for this study was estimated using the Leslie Kish formula for a single proportion, which was:

$$n = \frac{z^2 pq}{d^2} \text{ (Leslie Kish, 1965)}$$

$$d^2$$

Where:

n = sample size

z^2 = standardized normal distribution at 95% confidence level

$$z^2 = 1.96^2 = 3.8416$$

P = 69.52% rate of adherence to EBF (Ohaeri & Bello, 2016)

$$q = 1 - p = 1 - 0.6952 = 0.3048$$

d = 0.05 at 95% CI = 0.0025

$$n = \frac{z^2 pq}{d^2} = \frac{3.8416 * 0.6952 * 0.3048}{0.0025}$$

$$d^2 = 0.0025$$

n = 326 individuals

To accommodate errors, a non-response rate of 10% was added to the sample size. A non-response rate of 10% of 326 = 32 was derived. Therefore, 32 was added to the calculated sample size, making the final sample size 358 to address issues of incomplete response. The eligible participants were selected using a multistage sampling technique.

Stage 1: A simple random sampling technique by balloting was used to select 6 wards (Hanwa, Chikaji, Jushin Waje, Jama'a, and Basawa) from the 12 wards of the Local Government Area.

Stage 2: Systematic random sampling was used to select the houses in the selected wards for the study.

Stage 3: A simple random sampling technique was used to select one (1) eligible caregiver in the selected house as a respondent. The questionnaires used for this study achieved a completion response rate of 100% (358 out of 358) among the caregivers selected for this study. The study utilized an interviewer-administered questionnaire to gather information on the knowledge and practice of mothers towards infant and young child feeding practices. Three research assistants were recruited and extensively trained on research ethics and procedures necessary for the study. A brief explanation of the study was provided to the respondents and verbal consent was obtained from each individual prior their participation. The research instruments was subjected to construct, face and content validity measure for consistency. The instrument's reliability was confirmed using Cronbach's coefficient measure of 0.7. Data was analysed using descriptive statistics such as frequency, mean, and Percentages were employed, along with inferential statistics such as the Chi-square test ($p=0.05$) to test hypotheses. Significant variables were further analysed using regression analysis to identify predictors.

Results and Discussion

Table 2 Respondents with Correct Knowledge on infant and young child feeding (N=358)

Knowledge Statement	Frequency	Percentage
Breastfeeding should commence within the first 30 minutes after child birth	342	95.5
Children less than 6 months of age should not be given any other food apart from breastmilk	326	91.1
water and other food can be given to children less than 6 month of age	130	36.3
Breastmilk does not have enough water and nutrients to meet the needs baby less than 6 months	184	51.4
A child should be given other foods apart from breastmilk after 6 months.	327	91.3
Babies should not be given immunization at birth	293	81.8
Mothers should continue breastfeed even when the child is sick	325	90.8
The food of a child should contain varieties of food including fruits and vegetables	338	94.4
The first milk given to the child can help fight diseases and infections	328	91.6

Respondent's Knowledge on infant and young child feeding shows that most of the respondents (79.3%) had a good knowledge, 19.0% had fair knowledge and 1.7% had poor knowledge of infant and young child feeding when measured on a 9-point scale (Figure 1). Table 4.2 provides information on the correct knowledge statement regarding infant and young child feeding. It can be inferred that there is generally good knowledge among the study population about the importance of breastfeeding for infants. The majority of respondents (95.5%) knew that breastfeeding should commence within the first 30 minutes after child birth, which is in line with the World Health Organization's recommendation. Similarly, most respondents (91.1%) knew that children less than 6 months of age should not be given any other food apart from breastmilk. However, the results also indicate some misconceptions among the respondents. For example, 36.3% believed that water and other food can be given to children less than 6 months of age, which is not recommended by health experts. Additionally, a sizeable number of respondents (48.6%) believed that breastmilk does not have enough water and nutrients to meet the needs of babies less than 6 months, which is not true. Also, there were some misconceptions about immunization, as only 82% of respondents believed that babies should not be given immunization at birth. On the positive side, most respondents (91.3%) knew that a child should be given other foods apart from breastmilk after 6 months, which is in line with current guidelines. Similarly, a large proportion (94.4%) knew that the food of a child should contain varieties of food including fruits and vegetables. Finally, it is encouraging that most respondents (90.8%) knew that mothers should continue breastfeeding even when the child is sick, and that the first milk given to the child can help fight diseases and infections. This demonstrates a good understanding of the health benefits of breastfeeding for both mother and child.

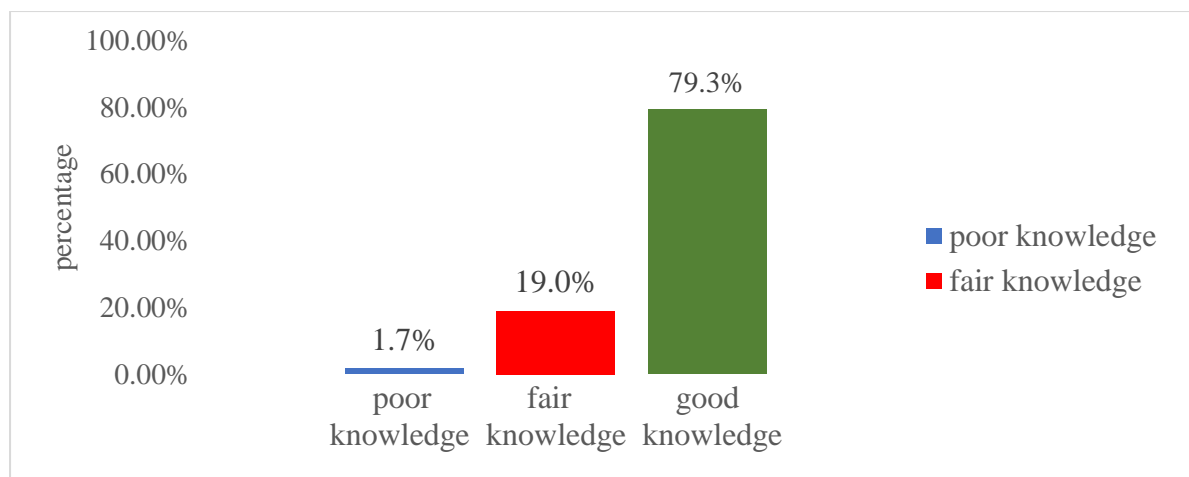


Figure 1

Table 3: Respondent’s Practice infant and young child feeding (N=358)

Practice question	Frequency	Percentage
Supplement food given to child before his/her 6 months birthday (N= 473) *		
Water	232	49.0
Herbs	120	25.3
Soft drinks	58	12.3
Solid food	63	13.3
Duration of breast feeding		
1 to 3 months	44	12.3
4 to 5 months	161	45.0
6 months and above	153	42.7
Frequency of daily feeding		
Once	19	5.3
Twice	75	20.9
three times	169	47.2
four times and above	95	26.5

*Multiple responses included

Figure 1 Respondents’ knowledge on infant and young child feeding (N=358)

Respondent’s Practice infant and young child feeding :Most of the respondents (60.9%) had unhealthy practices towards infant and young child feeding, on a 5-point scale (Figure2). The majority (96%) of respondents breastfed their youngest child, while 4% did not because they were caregivers and not mothers. Additionally, 95.3% of respondents reported giving their children a mix of different foods while feeding their children complementary food such as fruits and vegetables, while 4.7% did not. In terms of what else was given to their youngest child apart from breast milk before the age of 6 months, the most common responses were water (39.5%), followed by herbs (20.4%), soft drinks (9.9%), food (10.7%), and nothing (19.6%). This data shows that only 19.6% of the respondents practised exclusive breastfeeding. Regarding how long respondents fed

their youngest child exclusively breast milk before giving them other food, 12.3% of respondents breastfed exclusively for 1 to 3 months, 45.0% breastfed exclusively for 4 to 5 months, and 42.7% breastfed exclusively for 6 months and above. When it comes to how many times a day respondents fed their child solid foods, the most common responses were three times a day (47.2%), followed by four times or more (26.5%), twice a day (20.9%), and once a day (5.3%). This shows that only 73.7% of the total respondent are in line with the WHO guidelines for complementary feeding.

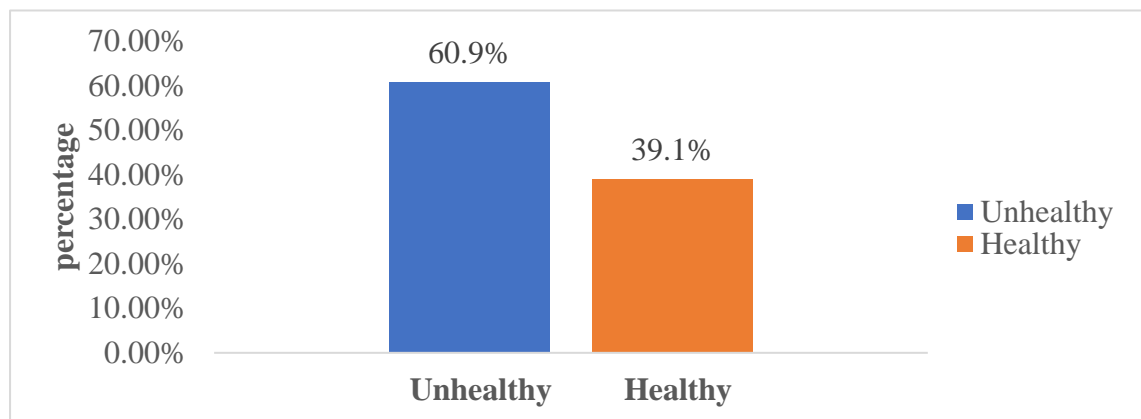


Figure 2 Respondent’s practice of infant and young child feeding (N=358)

Table 4: Factors influencing infant and young child feeding(N=358)

Factor question	Frequency	Percentage
Level of support provided by spouse		
(N=137)		
No Support at all	7	5.0
a little support	53	38.6
moderate support	38	27.7
full support	39	28.7
Type of support provided		
Finance	65	50.0
House chores	38	28.5
nursing and feeding	28	21.5
Sources of influence on child care		
Work		
Not at all	113	31.6
a little	152	42.5
Moderate	75	20.9
a lot	18	5.0
Health status to breastfeed		
Not at all	194	54.2
a little	105	29.3
Moderate	50	14.0
a lot	9	2.5

Table 5 Factors influencing infant and young child feeding cont'd(N=358)

Factor question	Frequency (N)	Percentage (%)
Family		
Not at all	146	40.8
a little	104	29.1
Moderate	63	17.6
a lot	45	12.6
level of education		
Not at all	168	46.9
a little	100	27.9
Moderate	43	12.0
a lot	47	13.1
Low breast milk production		
Not at all	182	50.8
a little	97	27.1
Moderate	52	14.5
a lot	27	7.5

Factors influencing infant and young child feeding

According to the survey results, 96% of the respondents breastfed their youngest child, while 4% did not. Of those who breastfed, 38.8% reported that their husbands provided support, while 61.2% did not. Among those whose husbands provided support, 28.7% reported that their husbands gave full support, 38.6% received little support, 27.7% received moderate support while 5.0% received no support at all. When asked about the level of support provided by the spouse, 50.0% indicated that financial support was given, 28.5% mentioned support with house chores, and 21.5% received nursing and feeding support. The health status to breastfeed was also assessed. It was found that 54.2% of the respondents reported no health constraints, 29.3% had a little limitation, 14.0% had moderate limitations, and only 2.5% experienced significant health constraints affecting breastfeeding. The influence of family on child care was investigated as well, 40.8% reported no influence from the family, 29.1% mentioned a little influence, 17.6% reported moderate influence, and 12.6% reported a significant influence from their family on child care. Regarding education, 46.9% of respondents reported that the level of education did not affect a child's feeding, while 13.1% reported that it had a lot of influence.

Furthermore, 50.8% of respondents reported that having low breast milk production did not affect their decision to breastfeed or use formula, while 27.1% reported that it had a little influence, and 7.5% reported that it had a lot of influence. Additionally, 98.3% of respondents reported that they felt equipped with enough knowledge on how to feed their child, while 1.7% did not. Out of those that said no, 50.0% wanted to know more about food formulation and multitasking, 16.67% wanted to know more about boosting breast milk production, while 16.67% wanted to understand what the baby needs at a given time, and 16.67% wanted to know more about food procurement and identification of fake food products. Only 3.9% of respondents reported that they had trouble giving nutritious food to their child, while 96.1% did not. Among those who had trouble, financial constraints were reported by 46.15%, low breast milk production by 38.46%, and work-related constraints by 15.38%. When it comes to cultural practices or beliefs, 99.2% of respondents reported that it did not affect how they fed their child, while only 0.8% reported that it did (figure 2). Among those who reported that it did, 50.0% reported that food taboo was a factor, while 50.0% reported that restriction of movement was a factor.

Hypotheses testing

Table 6: Association between respondents' socio-demographic characteristics and knowledge (N=358)

Socio-demographic characteristics	Knowledge categorization on infant and young child feeding			X ²	Df	P-value
	Good Freq(%)	Fair Freq(%)	Poor Freq(%)			
Age						
11 to 20yrs	6(46.2%)	5(38.5%)	2(15.4%)	16.248	6	0.007*
21 to 30yrs	97(77.6%)	26(20.8%)	2(1.6%)			
31 to 40yrs	158(83.6%)	30(15.9%)	1(0.5%)			
41 to 50yrs	23(74.2%)	7(22.6%)	1(3.2%)			
Educational status						
Primary	15(68.2%)	6(27.3%)	1(4.5%)	28.778	8	0.001*
Secondary	93(74.4%)	28(22.4%)	4(3.2%)			
Tertiary	175(85.0%)	31(15.0%)	(0.0%)			
Others	1(33.3%)	(66.7%)	0(0.0%)			
None	0(0.0%)	1(50.0%)	1(50.0%)			

The results of the Fisher exact test revealed the relationship between the demographic characteristics of caregivers and their knowledge of infant and young child feeding. The hypothesis being tested is "there is no significant relationship between demographic characteristics of caregivers and their knowledge on infant and young child feeding." For each socio-demographic characteristic, the table shows the knowledge categorization on infant and young child feeding, including the Percentages of caregivers with good knowledge, fair knowledge, and poor knowledge. The table also provides the Fisher exact test (X²), degrees of freedom (df), and p-value. There is a significant relationship between mothers' age, educational status, occupational status, monthly income and their knowledge of infant and young child feeding (X² = 16.248, df = 6, p < 0.007; X² = 28.778, df = 8, p < 0.001. The p-value is less than the significance level of 0.05, indicating a significant relationship. Caregivers aged 21 to 30, 31 to 40, and 41 to 50 have higher proportions of good knowledge compared to caregivers aged 11 to 20. Caregivers with tertiary education have the highest proportion of good knowledge, while caregivers with primary education have the lowest proportion of good knowledge. The p-value is greater than the significance level of 0.05, suggesting no significant relationship. Based on the chi-square test results, we reject the null hypothesis for mothers' age, educational status, indicating a significant relationship with knowledge of infant and young child feeding.

Table 7: Association between respondents' socio-demographic characteristics and practice(N=358)

Socio-demographic characteristics	practice categorization on infant and young child feeding		X ²	df	P-value
	Healthy	Unhealthy			
	Freq(%)	Freq(%)			
Mothers age in years					
11 to 20yrs	2(15.4%)	11(84.6%)	8.649	3	0.034*
21 to 30yrs	44(35.2%)	81(64.8%)			
31 to 40yrs	76(40.2%)	113(59.8%)			
41 to 50yrs	18(58.1%)	13(41.9%)			
Educational status					
Primary	8(36.4%)	14(63.6%)	8.263	4	0.052
Secondary	38(30.4%)	87(69.6%)			
Tertiary	93(45.1%)	113(54.9%)			
Others	1(33.3%)	2(66.7%)			
None	0(0.0%)	2(100.0%)			
Type of marriage					
Monogamy	117(42.3%)	159(57.6%)	6.925	1	0.031*
Polygamy	21(30.0%)	49(70.0%)			

Association between Respondents' demographic characteristics and practice of Infant and young child feeding

Table 7 below presents the relationship between the demographic characteristics of caregivers and their practice of infant and young child feeding. The hypothesis being tested is "There is no significant relationship between demographic characteristics of caregivers and the practice of infant and young child feeding." For each socio-demographic characteristic, the table shows the practice categorization on infant and young child feeding, including the Percentages of caregivers with healthy practice and unhealthy practices. The table also provides the chi-square statistic (X²), degrees of freedom (df), and p-value. There is a significant relationship between mothers' age, type of marriage and their practice of infant and young child feeding (X² = 8.649, df = 3, p = 0.034). The p-value is less than the significance level of 0.05, suggesting a significant relationship. Caregivers aged 41 to 50 have a higher proportion of healthy practice compared to caregivers in the other age groups and Caregivers in polygamous marriages have a higher proportion of unhealthy practice compared to caregivers in monogamous marriages.

However, there is no significant relationship between educational status, marital status, and the practice of infant and young child feeding (X² = 8.263, df = 4, p = 0.052; X² = 2.846, df = 4, p = 0.597). The p-value is greater than the significance level of 0.05, indicating no significant relationship. Based on the chi-square test results, we reject the null hypothesis for mothers' age in years and type of marriage indicating a significant relationship. However, we fail to reject the null hypothesis for educational status and marital status, suggesting no significant relationship.

Table 8: Association between Respondents' knowledge and practice of infant and young child feeding (N=358)

knowledge	Practice		X2	df	P-value
	Healthy	Unhealthy			
	Freq(%)	Freq(%)			
Poor knowledge	0(0.0%)	6(100.0%)	10.152	2	0.005*
Fair knowledge	18(26.5%)	50(73.5%)			
Good knowledge	122(43.0%)	162(57.0%)			

***Significant (P<0.05)** *This is an important finding; more participants with good knowledge have healthy practice

The table 8 below shows the relationship between knowledge and practice of infant and young child feeding practices. The hypothesis being tested was "There is no significant relationship between knowledge levels and practice." The table shows the frequency of individuals who were categorized as having healthy or unhealthy practices based on their level of knowledge. The results indicate a significant relationship between knowledge and practice ($X^2 = 10.152$, $df = 2$, $p = 0.005$). Caregivers with poor knowledge had a higher proportion of unhealthy practices (100%) compared to no instances of healthy practice. Among those with fair knowledge, 26.5% exhibited a healthy practice, while 73.5% had an unhealthy practice. Caregivers with good knowledge demonstrated a healthier practice, with 43.0% having a healthy practice and 57.0% having an unhealthy practice. This is an important finding as more participants with good knowledge have healthy practice. This demonstrates the importance of education and knowledge when it comes to proper infant and young child feeding practices. The Fisher exact test results suggest rejecting the null hypothesis, indicating that knowledge levels are significantly associated with the practice being examined. Caregivers with poor knowledge are more likely to exhibit unhealthy practices, whereas those with good knowledge tend to have a higher likelihood of adopting healthier practices.

Table 8 Influence of socio-demographic characteristics on knowledge of infant and Young child feeding

***Others (private contractors) **Significant (P<0.05)**

Variables	Sig.	OR	95% Confidence Interval	
			Lower Bound	Upper Bound
Civil servant(ref)	-	-	-	-
Trader	0.354	0.684	0.306	1.527
Student	0.824	1.166	0.301	4.516
Artisan	0.767	0.876	0.365	2.105
Unemployed	0.124	0.312	0.071	1.376
*Others	**0.040	0.087	0.008	0.899

Logistic regression analysis: Logistic regression is used to further analyse the significance of associations identified for the variables which had statistical associations under hypothesis testing. Binary logistic regression is used to test for significance and odd ratio.

Influence of socio-demographic characteristics on Infant and young child feeding knowledge: Logistic regression analysis revealed that respondents within the others category has a p-value of 0.040, which is less than 0.05, indicating a

statistically significant association between this occupation category and the outcome variable. The odds ratio of 0.087 suggests that individuals in the others category have approximately 91.3% lower odds of the outcome variable compared to Civil servants. The confidence interval ranges from 0.008 to 0.899, indicating a wide range of plausible odds ratios. This is Compared with Trader, Students, Artisan and Unemployed respectively ($p= 0.354$, $OR=0.684$, $CI = 0.306 - 1.527$; $p= 0.824$, $OR=1.166$ $CI = 0.301 - 4.516$; $p= 0.767$, $OR=0.876$, $CI = 0.365 - 2.105$; $p= 0.124$, $OR= 0.312$, $CI = 0.071 - 1.376$).

Conclusion

Overall, this study highlights both positive and concerning aspects of infant and young child feeding (IYCF) practices among caregivers Sabon-Gari Local Government Area. While the respondents generally demonstrated good knowledge and poor practice towards IYCF, there was a significant gap between knowledge and actual practices. This indicates a need for targeted interventions to improve IYCF practices in the area.

Several factors influencing IYCF practices were identified, including spousal support, family influence, breastfeeding challenges, and cultural practices. These factors should be considered when designing interventions and programmes aimed at improving IYCF practices. Strategies such as health promotion and education, public awareness campaigns, social approaches, and advocacy are recommended to address these challenges effectively. The study concludes by calling for comprehensive efforts from various stakeholders, including government agencies, healthcare providers, educators, community leaders, and civil society organizations.

Recommendations

Based on the findings presented in the previous sections, the following recommendations can be made:

1. Enhancing Knowledge:

- Development and implementation of educational programmes on infant and young child feeding (IYCF) to address misconceptions and gaps in knowledge.
- Collaboration with healthcare providers to ensure accurate and consistent information about IYCF is provided to parents and caregivers.

2. Improving Practice:

- Strengthen antenatal and postnatal care services to provide comprehensive support and guidance on IYCF practices.
- Train healthcare providers to offer individualized counselling on breastfeeding techniques, proper introduction of complementary foods, and the importance of exclusive breastfeeding for the first six months.

3. Community Support:

- Establish community support networks, such as mother-to-mother support groups, to create a supportive environment for breastfeeding mothers.
- Encourage involvement of fathers, family members, and community leaders in promoting and supporting IYCF practices.
- Collaborate with local organizations and NGOs to organize community events and campaigns that raise awareness and provide resources on IYCF.

4. Continuous Monitoring and Evaluation:

- Regularly monitor and evaluate the effectiveness of interventions and programmes aimed at improving IYCF knowledge, attitudes, and practices.
- Collect and analyse data on IYCF indicators to identify areas for improvement and inform evidence-based decision-making.

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