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COURSE TITLE: RECENT ADVANCES IN HUMAN NUTRITION

ASSIGNMENT QUESTION: using the Nigerian demographic and health survey 2018,discuss the infant and young child feeding in Nigeria.

**ANSWER**

**INFANT AND YOUNG CHILD FEEDING PRACTICES**

Appropriate infant and young child feeding (IYCF) practices include:

* **Early initiation of breastfeeding** (within the first hour of life), exclusive breastfeeding in the first 6 months of life, continued breastfeeding for 2 years or more, and introduction of safe, appropriate, and adequate complementary foods at age 6 months (WHO 2008). Early Initiation of Breastfeeding Initiation of breastfeeding within the first hour of life is important for both the mother and the child. The first breast milk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also encourages bonding between the mother and her newborn, facilitating the production of regular breast milk.

In May 2014, the Federal Ministry of Health introduced the health sector component of the National Food and Nutrition Policy and the National Strategic Plan of Action for Nutrition (2014-2019). The goal of these initiatives is to improve the nutritional status of Nigerian people throughout their life cycle, with a particular focus on vulnerable groups such as women of reproductive age and children under age 5 (Federal Ministry of Health 2014.

**NOTE**

The percentage of children who had ever been breastfed was 97% in both 2008 and 2018. The percentage of children who started breastfeeding within 1 hour of birth has increased by 9 percentage points since 2013, from 33% to 42%, while the percentage who started breastfeeding within 1 day has increased from 65% to 82% since 2008. The percentage of children receiving a prelacteal feed has decreased from 56% to 49% since 2008. Patterns by background characteristics ▪ Early initiation of breastfeeding is more common among children whose deliveries were assisted by health personnel (50%) than among those whose deliveries were assisted by traditional birth attendants (33%), no one (36%), or others (37%). ▪ Infants in urban areas were more likely to start breastfeeding within 1 hour of birth (49%) and less likely to receive a prelacteal feed (43%) than those in rural areas (38% and 53%, respectively). Figure 11.2 Stunting in children by mother’s education 54 38 23 14 No education Primary Secondary More than secondary Percentage of children under age 5 who are stunted 260 • Nutrition of Children and Women ▪ Children born to mothers with more than a secondary education were more likely to start breastfeeding within an hour of birth (52%) than children born to mothers with no education (34%). Conversely, children born to mothers with no education (60%) were more likely than those born to mothers with a secondary education or higher (38%) to receive a prelacteal feed. ▪ Early initiation of breastfeeding increases with increasing wealth (from 31% among children in the lowest quintile to 54% among those in the highest quintile), while prelacteal feeding decreases with increasing wealth (from 56% among children in the lowest quintile to 38% among children in the highest quintile).

* **Exclusive Breastfeeding and Continued Breastfeeding**

Breast milk contains all of the nutrients needed by children during their first 6 months of life. It is recommended that children be exclusively breastfed in the first 6 months of their life; that is, they should be given nothing but breast milk. Exclusive breastfeeding for 6 months prevents infections such as diarrhoea and respiratory illnesses and provides all of the nutrients an infant requires for optimal growth and development. Feeding complementary foods within the first 6 months will have the adverse effect of reducing breast milk output because the production and release of breast milk are modulated by the

frequency and intensity of suckling. Breastfeeding should continue for the first 2 years of life.

Breastfeeding status was ascertained for last-born children under age 2 who are currently

living with their mother. Twenty nine percent of children under age 6 months are exclusively breastfed.

Exclusive breastfeeding declines with age, from 39% among children age 0-1 months to 29% among

those age 2-3 months and 18% among those age 4-5 months. Thirty-nine percent of children age 0-5 months are breastfeeding and consuming plain water only; this practice tends to decrease the exclusive breastfeeding rate. The proportion of children who are breastfeeding and consuming complementary foods first increases with age (peaking at 86% among children age 9-11 months) and then falls among children age 12-23 months (as older children stop breastfeeding). Eighty-three percent of children are breastfeeding at 1 year, and 28% are breastfeeding at 2 years. The proportion of children who are not breastfeeding increases with age, from 2% among those age 0-1 months to 62% among those age 18-23 months.

NOTE: Exclusive breastfeeding among children age 0-5 months has increased since 2013, from 17% to 29%.

* **Bottle Feeding**

The nipple on a feeding bottle is susceptible to contamination and increases disease risk among children.

Thus, bottle feeding is not recommended for children under age 2 (WHO 2005).

Twelve percent of children age 0-1 months are fed using a bottle with a nipple. The proportion of children

using a bottle with a nipple peaks at age 4-5 months (19%). Overall, 12% of children age 0-23 months are

fed from a bottle with a nipple.

* **Introduction of Complementary Foods**

After the first 6 months, breast milk alone is no longer sufficient to meet the nutritional needs of an infant.

After 6 months, appropriate complementary foods should be introduced while breastfeeding is continued

until age 2 or older. The transition from exclusive breastfeeding to complementing breastfeeding with

family foods is when children are most vulnerable to becoming undernourished, and during this time it is

important that they receive solid, semisolid, or soft foods.

Appropriate complementary feeding should include feeding children a variety of foods to ensure that

nutrient requirements are met. Fruits and vegetables rich in vitamin A should be consumed daily. Eating a

range of fruits and vegetables, in addition to those rich in vitamin A, is also important. Studies have shown

that plant-based complementary foods by themselves are insufficient to meet the needs for certain

micronutrients. Therefore, it has been recommended that meat, poultry, fish, or eggs be part of the daily

diet or eaten as often as possible (WHO 2003).

**NOTE**

The most common foods given to children age 6 to 23 months are foods made from grains (78% among breastfeeding children and 90% among nonbreastfeeding children). Children less often consume meat, fish, 262 • Nutrition of Children and Women and poultry (27% among breastfeeding children and 59% among nonbreastfeeding children). Thirty-seven percent of breastfeeding children are given fruits and vegetables rich in vitamin A, as compared with 57% of nonbreastfeeding children. Moreover, only 13% of breastfeeding children and 28% of nonbreastfeeding children are fed eggs. Consumption of infant formula is low among both breastfeeding (6%) and nonbreastfeeding (7%) children age 6-23 months.