**ENIAYE GRACE**

**16/MHS04/002**

**NTD 406 ASSIGNMENT**

**QUESTION**

Using the Nigeria Demographic and Health Survey 2018, write a short essay on Infant and young child feeding in Nigeria.

**ANSWER**

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.

**EXCLUSIVE BREASTFEEDING IN THE FIRST 6 MONTHS OF LIFE**

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.

**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).

**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).

**MINIMUM DIETARY DIVERSITY, MINIMUM MEAL FREQUENCY, AND MINIMUM ACCEPTABLE DIET**

 Infants and young children should be fed a minimum acceptable diet to ensure appropriate growth and development. Without adequate diversity and meal frequency, infants and young children are vulnerable to undernutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality. The WHO minimum acceptable diet recommendation is a combination of minimum dietary diversity and minimum meal frequency. The indicators are defined in the box below.

Minimum dietary diversity is a proxy for adequate micronutrient density of foods. Consumption of food from at least five groups means that the child has a high likelihood of consuming at least one animal source of food and at least one fruit or vegetable in addition to a staple food such as grains, roots, or tubers (WHO 2008). The five groups should come from a list of eight food groups: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and liver/organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Minimum meal frequency is a proxy for meeting energy requirements. Breastfed children age 6-8 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods at least twice a day. Breastfed children age 6-23 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods at least three times a day. Non-breastfed children age 6-23 months are considered to be fed with a minimum meal frequency if they receive solid, semisolid, or soft foods or milk feeds at least four times a day and if at least one of the feeds is a solid, semisolid, or soft food.