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Improving Infant and Young Child Feeding Practices through Nutrition Education with Local Resources — Results from a Longitudinal Study in Malawi

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Abstract

Main causes for undernutrition are a diet poor in quality and quantity, feeding practices, and hygiene. Programmes emphasise on affordable ways for improving diets for low-income families. Food security is considered essential for any improvements in diets. A longitudinal study was conducted in Malawi looking at feeding practices as well as growth of children below two years. At baseline 6–9 months old children and their caregivers participating in a nutrition education (NE) programme of FAO were invited. The recruited children were matched by age (days) and sex with children living in an area without NE (control). The intervention, nine nutrition education sessions plus one graduation ceremony, included topics on hygiene practices, breastfeeding, composition and consistency of complementary food and cooking demonstrations. The sessions were carried out by trained volunteers twice a month based on locally adopted teaching materials. The children and their caregivers were visited by the longitudinal study team every three months for a total period of 12 months to assess current infant and young child feeding practices and household food insecurity using the household food insecurity access scale (HFIAS; 0= food secure – max 27= highly food insecure). At baseline (prior to the NE) the mean age of the children was 227 days, all breastfed (n=149). In the intervention area the prevalence of children receiving a minimum acceptable diet (MAD) doubled from 42 % to 88 % after three months and reached 92 % one year after baseline. The rates in the control area doubled as well from 22 % at baseline to 52 % three months later but did not increase further reaching 56 % one year after baseline. In the intervention area, the mean HFIAS was at baseline 6, increased to 7 six months later, and dropped to 2 one year after baseline. The values in the control area were always 1–2 points higher. The food insecurity level changed from baseline to 6 months later in both areas equally. However, the caregivers in the intervention group managed to improve and sustain the improvement of the children’s diet after the nutrition education despite changes in food security.

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