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**KNOWLEDGE AND PRACTICES AMONG MOTHERS ABOUT THEIR
CHILD'S (6-24 MONTHS) NUTRITION**

A RESEARCH PROJECT

BY

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Submitted to the Department of Nutrition and Food
Engineering in the partial fulfillment of B.Sc. in
Nutrition and Food Engineering

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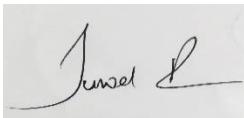
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MARCH, 2023

DECLARATION

I therefore certify that the entire content of this thesis report, titled “**Knowledge and Practices among Mothers about their Child’s (6-24 months) Nutrition**”, is my original, solely written work. It also states that it hasn't been filed anywhere else for any kind of approval.

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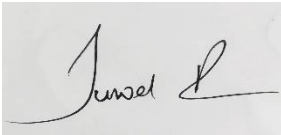
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CERTIFICATION

I am super pleased to inform that the thesis report on “**Knowledge and Practices among Mothers about their Child’s (6-24 months) Nutrition at Dhaka Medical College & Hospital**”, completed by Md. Rakibul Hasan, bearing ID: 183-34-807 of the department of Nutrition and Food Engineering, has been approved for the presentation and defense or viva-voice.

I am delighted to attest that Md. Rakibul Hasan is the true author of the information and conclusions contained in the report. I completely concur with Md. Rakibul Hasan’s report’s recommendations for further study and viva/defense. He has a wonderful personality and a solid moral foundation. Working with him has been a genuine pleasure, in fact. I hope he has a successful future.

Signature of the Supervisor



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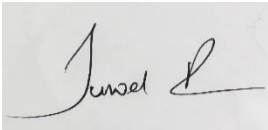
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LETTER OF APPROVAL

In order to partially fulfill the requirements for the awarding of the Bachelor of Science (Hon's) degree in Nutrition and Food Engineering (NFE) from the Department of Nutrition and Food Engineering (NFE) of the Faculty of Allied Health Sciences (FAHS), Daffodil International University (DIU)), I am pleased to approve the thesis report titled “**Knowledge and Practices among Mothers about their Child’s (6-24 months) Nutrition.**” To my knowledge, no other university or institute has requested the results contained in this report in order to award a degree or diploma.

Signature of the Supervisor



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ABSTRACT

A balanced diet is necessary for daily activity. Children are more likely to experience dietary deficiencies than adults. Mothers who are knowledgeable about nutrition can raise their kids in a healthy manner. Malnutrition among Bangladeshi children under the age of two is primarily caused by inappropriate complementary feeding practices. For a child to grow and develop properly, they must be breastfed exclusively for the first six months, followed by complementary feeding. The purpose of this study was to ascertain mothers' nutritional knowledge of children between the ages of 6 and 24 months. At the Dhaka Medical College Hospital, 120 willing mothers with children between the ages of 6 and 24 months participated in the study. Face-to-face interviews and a prepared questionnaire form were used to collect research data. Using SPSS, a statistical analysis was conducted. A total of 120 mothers and their babies participated in the study. Among them 69 (57.5%) were girls and 51 (42.5%) were boys. The mothers studied had a mean age of 25 years. 6 (5%) of the mothers were illiterate, 36 (30%) were primary passed, 70 (58.3%) were SSC passed and 8 (6.7%) were HSC passed. About 75% of mothers were aware of the advantages of breastfeeding and 88.3% were aware of how long a baby should be breastfed. But most of the mothers (almost 70%) did not know about complementary feeding. Majority (98.3%) of the mothers fed their kids with soft filling foods and similarly 98.3% were fed CHO related food like rice, potato and suji. Similarly, 97.5% of mothers were checking the temperature of the food while giving it to the baby. About 80% of the mothers were forced their child to feed. Almost 52% of mothers fed their child 3-4 times throughout the day, 40% were fed 4-6 times in a day and the remaining 10% were fed 6-8 times. There is some awareness among mothers regarding the nutrition of their children, but it can be increased with basic health education, awareness, and appropriate counseling from the health professionals.

Keywords: Knowledge, Practices, Nutrition, Exclusive Breastfeeding and Complementary Feeding.

CHAPTER-1: INTRODUCTION

1.1 Background

A balanced diet is necessary for everyday activities. A significant portion of Bangladesh's population has inadequate nutrition. Since there is enough food, it may be enhanced with the right knowledge and awareness. Health problems and disabilities are avoided by correct feeding practices and nutrition. Children under the age of five continue to experience morbidity and mortality from malnutrition as a primary cause. Children are more likely to experience dietary deficits. To advance health and avoid disease, it is important to early identify certain socioeconomic, biological, environmental, and behavioral elements that increase risk. (Khattak et al., 2007)

In particular during the first two years of life, a child's growth and development depend greatly on their food. Exclusive breastfeeding is advised during the first six months of a child's life, followed by the timely introduction of solid, semisolid foods at that point. As the child gets older, it's advised to feed them more frequently and in larger portions while continuing to breastfeed them when they request it. A key contributing factor to the extremely high prevalence of malnutrition in the poor world is an insufficient supplementary diet, which may have long-term effects on growth, development, and health. To meet a child's daily energy demands for growth and development, complementary feeding must be provided in an appropriate quantity, quality, and frequency. (Paudel et al., 2018)

The term "exclusive breastfeeding" refers to giving your baby solely breast milk, with no additional foods, beverages (such as infant formula or water), except for medications or vitamin and mineral supplements. (Definitions 2022)

The term "complementary feeding" refers to the process that begins when breast milk or a breast milk substitute by themselves are no longer sufficient to meet the nutritional needs of newborns and other foods and liquids are consequently required, in addition to breast milk or a breast milk substitute. Since many infants begin to suffer from malnutrition throughout this process, which lasts from 6 to 24 months of age, it is a very sensitive time. (Kimani-Murage et al., 2019)

Mothers who are knowledgeable about nutrition can raise their kids in a healthier environment. Enhancing breastfeeding practices can help babies get the nourishment they need while also lowering their risk of gastroenteritis, respiratory infections, and newborn mortality. (Khattak et al., 2007)

Poor eating patterns are acquired during childhood and adolescence and raise the chance of developing chronic illnesses in the future. In particular during the first six years of life, the mother is the main caregiver for the kid. Depending on the mother's knowledge of diet and health, maternal care can vary. The mother's educational background is said to have an impact on child care in this aspect. Children are more susceptible to the effects of poor diet. Mothers who understand nutrition can raise their kids in a healthier environment. According to numerous studies, mothers' nutritional education has a good impact on their children's nutrition. (Özdoğan et al., 2012)

Therefore, the first few years of life are crucial for building the groundwork for long-lasting changes in children's health, so it is crucial to look at the knowledge and practices of mothers, families, and the general community. In addition, the current study will help the government and other relevant organizations to develop suitable nutrition education programs and supplemental foods to increase child survival. One of the main goals of this study is to evaluate the nutritional knowledge and practices of mothers, families, and the community as it relates to child nutrition. (Berra et al, 2014)

1.2 Objective of the Study

General Objective

The principal objective of the study was to assess the knowledge and practices of mothers about infant feeding aged 6-24 months at Dhaka Medical College Hospital.

Specific Objective

1. To inform the mothers about their child's nutritional care.
2. To educate on complementary feeding.
3. To be aware about the benefits of breast feeding.
4. To inform the mothers about which food is beneficial and which is harmful for child.

CHAPTER-2: LITERATURE REVIEW

2.1 Literature Review

Low rates of infant feeding practices among mothers in Bangladesh's coastal area who are between 0 and 24 months pregnant. Most mothers had at least a primary level of education, but many of them did not adhere to the WHO's suggested feeding practices. Almost all mothers were acquainted with the practice of exclusive breastfeeding, but only half of them did it correctly. The majority of moms had provided their kids with homemade complementary food, but varied diets were not among them. When making complementary foods, the majority of moms lacked fruits, vegetables, and eggs. All of these factors add to poor child feeding habits, which calls for quick action to encourage healthy habits. In this research, one-third of the households had mild food insecurity and nearly half had moderate food insecurity. This research also showed that mothers' feeding practices for their children are significantly impacted by the insecurity of their household's food supply. Although the causes of food insecurity have not been examined in this research, factors like low family income and low levels of education may be a factor in this region's high rates of household food insecurity. The results suggest that in order to improve mothers' child feeding practices and their family food security in this coastal region of Bangladesh, prompt and well-organized interventions are required (Al Mamun et al., 2022).

To guarantee that children grow, develop, and reach their full potential, they must receive adequate nutrition during infancy and the early years of childhood. Breast milk is thought to be the best form of nutrition for an infant, so it has been established that breastfeeding is advantageous for both the mother and the child. This research showed how crucial it is for the baby to start breastfeeding as soon as possible. From the study's results, it can be inferred that the IYCF rules, particularly the early start of breastfeeding, are not completely upheld. The majority of caregivers do not consider the possible harm that excessive salt may do to the infant's developing kidneys. Many caretakers are unaware that a partially cooked egg can give their kid typhoid fever. Mothers need to be more aware and knowledgeable. More public education initiatives about breastfeeding and complementary feeding should be launched by the government. Health care centers can be extremely important in this issue. Family members must also be more mindful of the woman and child. Therefore, it is advised that mothers, their families, and communities continue to educate themselves in order to increase their understanding of breastfeeding and complementary feeding and thus improve the health and nutritional outcomes of mothers and their babies (Sharmin et al., 2020).

To evaluate mothers' complementary feeding understanding and practices and to identify the elements that contribute to inappropriate complementary feeding. Around 73.8% of mothers were aware that they needed to initiate breastfeeding within 1–2 hours of giving birth. This research discovered that about 20.8% of mothers exclusively breastfed their babies for longer than six months. According to a study, 52.30 percent of moms had complementary feeds within six months. According to this research, 50% of mothers gave their kids complementary meals that were appropriate. This research discovered that 26.1% of mothers were feeding their children optimally. In the research, it was found that 73.8% of mothers knew about exclusive breastfeeding. 18% of moms were aware of the proper time to begin complementary feeding. According to the study, 52.30 percent of mothers started complementary feeding within six months. There was an understanding and practice gap regarding the length of exclusive breastfeeding and the beginning and maintenance of complementary feeding, with only 50% of the mothers providing their children with the proper complementary feeding (Paudel et al., 2018).

Improved prenatal care and appropriate counseling are still essential for enhancing infant breastfeeding. Posting of breastfeeding counselors is crucial for this purpose because healthcare workers are frequently untrained in counseling and are busy in hospitals. Along with the mother, counseling should also involve the mother's family members because they have information and experience that can influence how an infant is fed. In order to handle the issues and myths that mothers have regarding infant feeding, counseling needs to be made more effective by properly training the counseling staff and by having more full-time counselors accessible at all times in postnatal wards and during vaccination visits. On follow-up visits, distinct mandatory counseling sessions should be offered in addition to vaccinations to ensure sufficient reinforcement and to verify that the proper infant feeding practices are being followed (Mishra et al., 2020).

CHAPTER-3: METHODOLOGY

3.1 Study Design

The study was carried out at Dhaka Medical College Hospital, Dhaka, Bangladesh, between September and October 2022, a one month and 20 days period. In this survey design, a hospital based descriptive cross-sectional study was employed through quantitative techniques. A semi-structured interview and questionnaires were used to collect information about the assessment of knowledge and practices of mothers regarding infant feeding aged 6-24 months.

3.2 Study Population

The study population was babies from 0-24 months of age with their mothers who came to Dhaka Medical College Hospital for treatment. The babies were from various districts of Dhaka division, Bangladesh.

3.3 Sample Size Estimation

The sample size was obtained using the following formula: $n = \frac{Z^2 p(1-p)}{e^2}$

Here,

*n = sample size

*Z = 1.65 (90% confidence level)

*p = assume the prevalence of knowledge and practices among mothers about their child nutrition = 50% = 0.50

*q = 1-p= 1- 0.50= 0.50

*e = margin of error/precision = 0.075 at 7.5% significance or error level

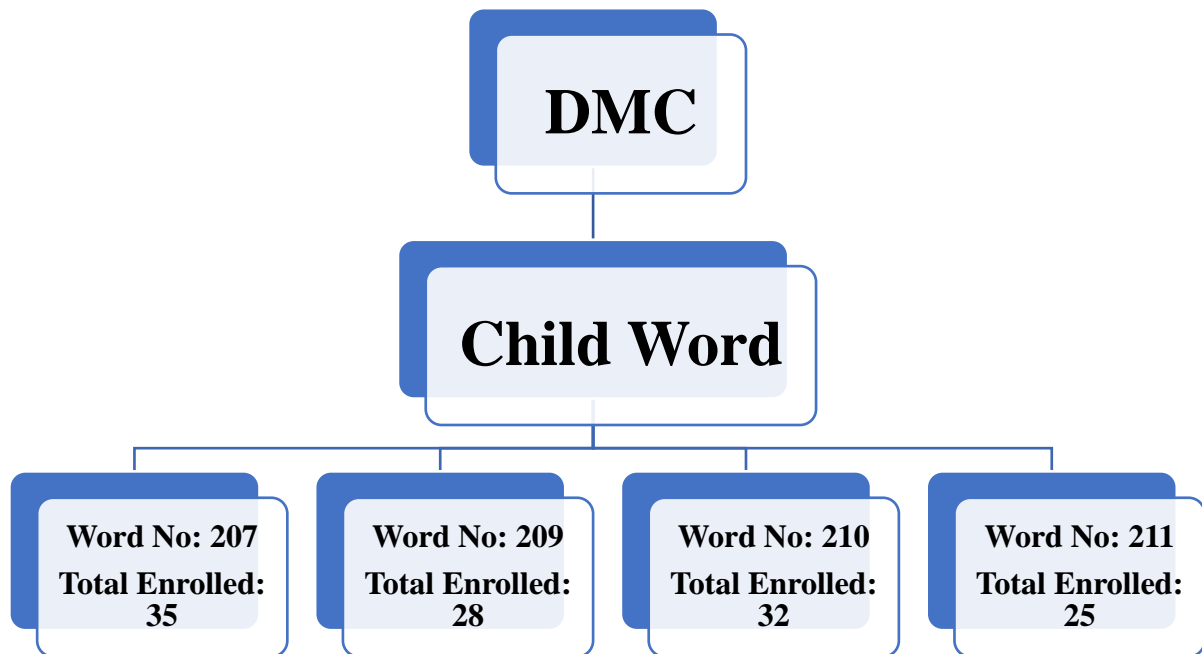
Now,

$$n = (1.65)^2 * \{(0.50) * (1-0.50)\} / (0.075)^2$$

$$= 121$$

As a result, the sample size that has been calculated is 121. But I purposefully picked 120 data sets.

3.4 Sampling Frame



3.5 Data Collection Method

Face-to-face interviews and a semi-structured questionnaire were used to collect the data.

3.6 Data Analysis

After the information was gathered, the answers to each interviewee's questionnaire were checked for accuracy, completeness, and internal consistency to rule out any missing or inconsistent data before being entered into a computer for analysis. The most recent version of the program Statistical Package for Social Science (SPSS 25.0.0) was used to analyze the data. The categorical variables were analyzed using frequencies and percentages. Finally, tables and graphs were used to present the data.

3.7 Ethical Issues

The protocol for the study was submitted to the Head of the department within the Faculty of Allied Health Sciences (FAHS) for ethical approval. The protocol was approved.

3.8 Codebook of Variables

Full Variable Name/Label	SPSS Variable Name	Coding Instruction
Identification Number	ID	Subject Identification Number
Gender	Gender	1 = Boy 2 = Girl
Age in Month	Age	---
Weight in Kg	Weight	---
Physical Disabilities	PD	1 = Yes 2 = No
Normal Growth and Development	NGD	1 = Yes 2 = No

Characteristics of Mother's	CM	Coding Instruction
Age in year	CM1	---
Weight in kg	CM2	---
Complications in Breastfeeding	CM3	1 = Yes 2 = No
Disable in Breastfeeding	CM4	1 = Yes 2 = No
Educational Background	CM5	1 = Illiterate 2 = Primary 3 = SSC 4 = HSC

Mother's Knowledge on Babies Food	MKFB	Coding Instruction
Advantages of Breastfeeding	MKFB1	1 = Contains all the nutrients 2 = Protects baby from diseases
How many months should a baby be breastfed?	MKFB2	1 = 12 months 2 = 24 months
Know about complementary feeding	MKFB3	1 = Yes 2 = No
Starting age of complementary feeding	MKFB4	1 = 6 months 2 = 12 months
Should cow's milk be given to babies before the age of 12 months?	MKFB5	1 = Yes 2 = No
Any idea about the harmful food for child health	MKFB6	1 = Yes 2 = No

Any idea about the foods that are suitable for the baby at this time from 6 months to 24 months	MKFB7	1 = Yes 2 = No
Whether the child has rash, vomiting, diarrhea and stomach ache after feeding?	MKFB8	1 = Yes 2 = No
Does the child eat with pleasure?	MKFB9	1 = Yes 2 = No
Whether the child shows reluctance during feeding?	MKFB10	1 = Yes 2 = No

Mother's Attitude on Babies Food	MAFB	Coding Instruction
Whether the kids are fed with soft filling foods at this time?	MAFB1	1 = Yes 2 = No
How many months of age should children be given iron -rich foods?	MAFB2	1 = 6 months 2 = 12 months
Which one is iron rich food?	MAFB3	1 = Beef, Chicken, Fish, Egg 2 = Beans, Lentils 3 = Both
Whether the child is fed cooked soft potatoes?	MAFB4	1 = Yes 2 = No
Whether the child is fed soft, ripe, fresh fruits at this time?	MAFB5	1 = Yes 2 = No
Whether the child is fed soft rice, hotchpotch, suji?	MAFB6	1 = Yes 2 = No
Whether the baby is fed cow's milk from 9 months to 12 months?	MAFB7	1 = Yes 2 = No
Whether the child is fed cooked bone-free soft meat and fish?	MAFB8	1 = Yes 2 = No
Whether the child is fed one egg per day?	MAFB9	1 = Yes 2 = No
At this time which foods are harmful for the baby's health?	MAFB10	1 = Honey 2 = Chocolate, Chips 3 = Sugar, Salt 4 = Tea, Coffee 5 = Soft drinks, Fruit juice 6 = All of the above

Practices of Mother	PM	Coding Instruction
Whether prepare baby food in compliance with all hygiene rules?	PM1	1 = Yes 2 = No
Always check the temperature of the food while giving it to the baby	PM2	1 = Yes 2 = No
Always serve small amounts of food to the child	PM3	1 = Yes 2 = No
Whether the child is always allowed to eat of his own accord?	PM4	1 = Yes 2 = No
Whether the child is forced to feed?	PM5	1 = Yes 2 = No
Which method is followed to preserve baby food?	PM6	1 = Refrigerator 2 = Room Temperature
Whether stored food is served after reheating?	PM7	1 = Yes 2 = No
Whether remaining baby food is reused?	PM8	1 = Yes 2 = No
How many times the baby is fed throughout the day?	PM9	1 = 3-4 Times 2 = 4-6 Times 3 = 6-8 Times
Whether the baby is always served soft, moist, filling and small pieces of food?	PM10	1 = Yes 2 = No

3.9 Time Frame

SL No	Activities	Months of Year											
		Jul-Aug, 2022				Aug-Nov, 2022				Dec,2022 – Mar, 2023			
Weeks		1	2	3	4	1	2	3	4	1	2	3	4
1	Review of Proposal Writing												
2	Designing and Developing Questionnaire												
3	Questionnaire Revise												
4	Obtain Ethical and Administrative Permission												
5	Field Work/ Data Collection												
6	Data Editing, Coding, and Input to SPSS												
7	Data Analysis												
8	Draft Report Preparation												
9	Submission of the Final Report												

CHAPTER-4: RESULTS & DISCUSSION

4.1 Results

In this cross-sectional study a total of 150 mothers participated in the individual questionnaire interview to assess the knowledge and practices among mothers about their child's (6-24 months) nutrition. To collect the information, a semi-structured questionnaire was used. The statistical packages for social science (SPSS) program were utilized for this study to enter and analyze all of the data.

Table-1: Characteristics of Respondent Babies

Variables		Count	Percentage (%)	Mean	Standard Deviation
Gender	Boy	51	42.5%		
	Girl	69	57.5%		
Age in month				15	6
Weight in kg				10	2
Physical Disabilities	Yes	103	85.8%		
	No	17	14.2%		
Normal Growth and Development	Yes	100	83.3%		
	No	20	16.7%		

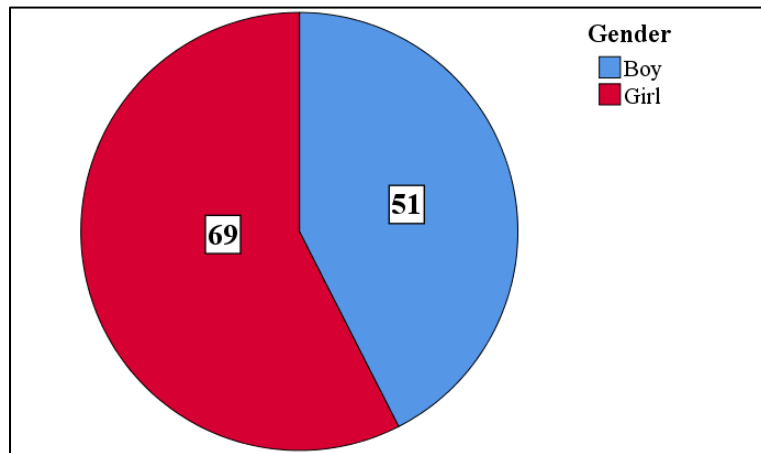


Figure-1: Gender distribution of 6-24 months children (SPSS)

Description: Figure-1 shows the gender distribution of the enrolled 6-24 months children. Among 120 children 51 were boys and the rest 69 were girls.

4.1.1 Discussion (Table-1)

A total of 120 children took part in this investigation. There were 51 boys (which is 42.5%) and 69 girls (which is 57.5%) among the total number of children (**Figure-1**). This is illustrated in Table-1. And also, age, weight, physical disabilities and normal growth and development were included. In that table the mean value and standard deviation of age was 15 & 6 and the mean value and standard deviation of weight was 10 & 2. From the total 120 children 85.8% had physical disabilities and 16.7% did not have normal growth and development.

Table-2: Characteristics of Mother's

Variables		Count	Percentage (%)	Mean	Standard Deviation
Age in year				25	5
Weight in kg				47	4
Complications in Breastfeeding	Yes	19	15.8%		
	No	101	84.2%		
Disable in Breastfeeding	Yes	26	21.7%		
	No	94	78.3%		
Educational Background	Illiterate	6	5.0%		
	Primary	36	30.0%		
	SSC	70	58.3%		
	HSC	8	6.7%		

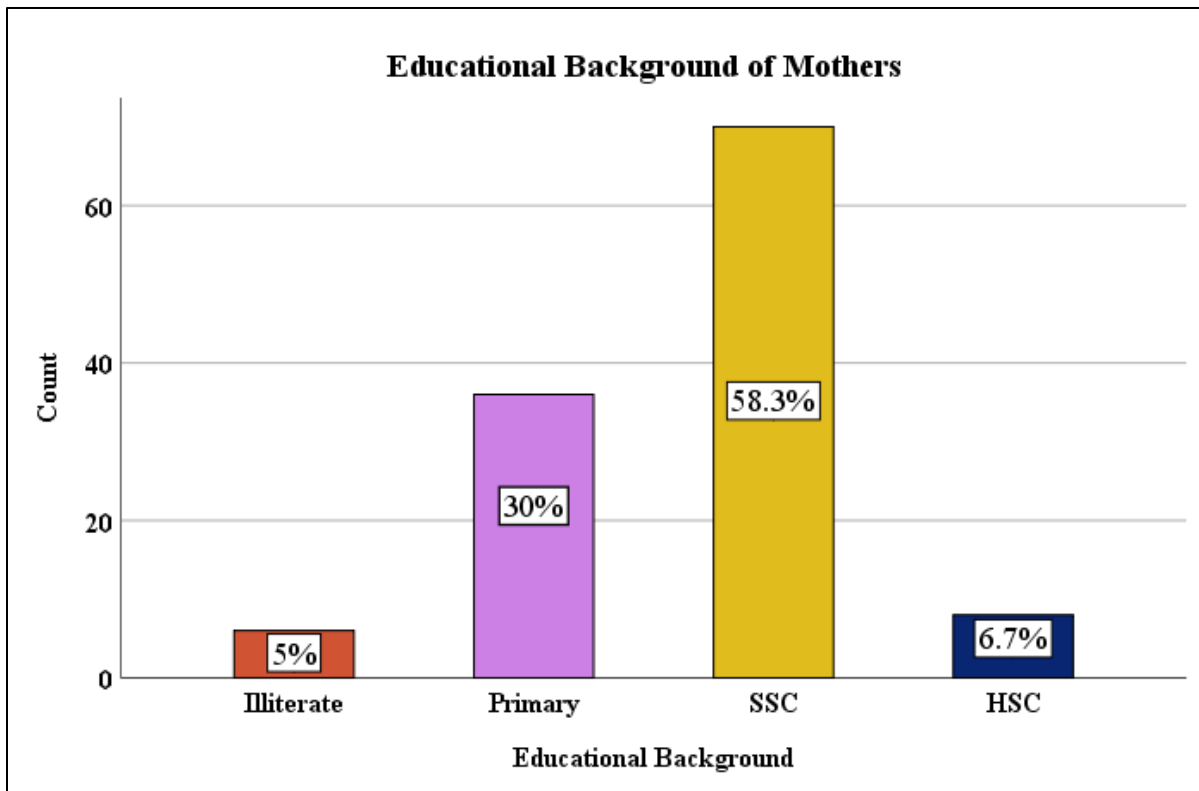


Figure-2: Educational Background of Mothers (SPSS)

4.1.2 Discussion (Table-2)

This table shows that mothers age (between 6-24 months) after delivery, with a mean of 25 years and a standard deviation of 5 years. And also, the mean weight is 47 kg with a standard deviation of 4 kg. After that, 15.8% of mothers had complications in breastfeeding and 84.2% of mothers didn't have any complications in breastfeeding. With that, 21.7% of mothers were disabled in breastfeeding and 78.3% were able in breastfeeding. The educational background is shown in Figure-2 as like 5% were illiterate, 30% were primary passed, 58.3% were SSC passed and 6.7% were HSC passed. After analyzing the data, I realized that most of the mother's educational background was between primary and SSC passed.

Table-3: Mother’s Knowledge on Babies Food

Variables		Count	Percentage (%)
Advantages of Breastfeeding	Contains all the nutrients	90	75.0%
	Protects baby from diseases	30	25.0%
How many months should a baby be breastfed?	12 months	14	11.7%
	24 months	106	88.3%
Know about complementary feeding	Yes	38	31.7%
	No	82	68.3%
Starting age of complementary feeding	6 months	72	60.0%
	12 months	48	40.0%
Should cow's milk be given to babies before the age of 12 months?	Yes	26	21.7%
	No	94	78.3%
Any idea about the harmful food for child health	Yes	81	67.5%
	No	39	32.5%
Any idea about the foods that are suitable for the baby at this time from 6 months to 24 months	Yes	68	56.7%
	No	52	43.3%
Whether the child has rash, vomiting, diarrhea and stomach ache after feeding?	Yes	24	20.0%
	No	96	80.0%
Does the child eat with pleasure?	Yes	34	28.3%
	No	86	71.7%
Whether the child shows reluctance during feeding?	Yes	81	67.5%
	No	39	32.5%

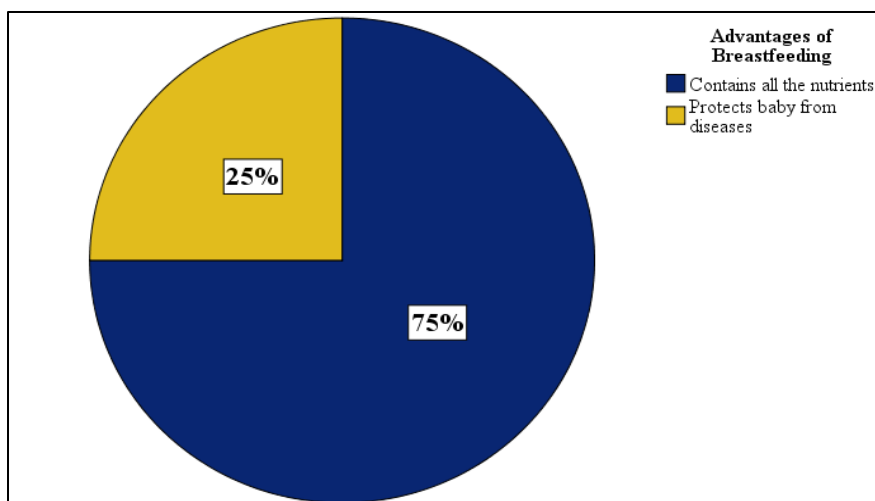


Figure-3: Advantages of Breastfeeding (SPSS)

Description: This figure is about the advantages of breastfeeding. The blue color indicates that breastmilk contains all the nutrients and the orange color indicates that breastmilk can protect a baby from all kinds of diseases. Other information about the figure is described in the discussion segment.

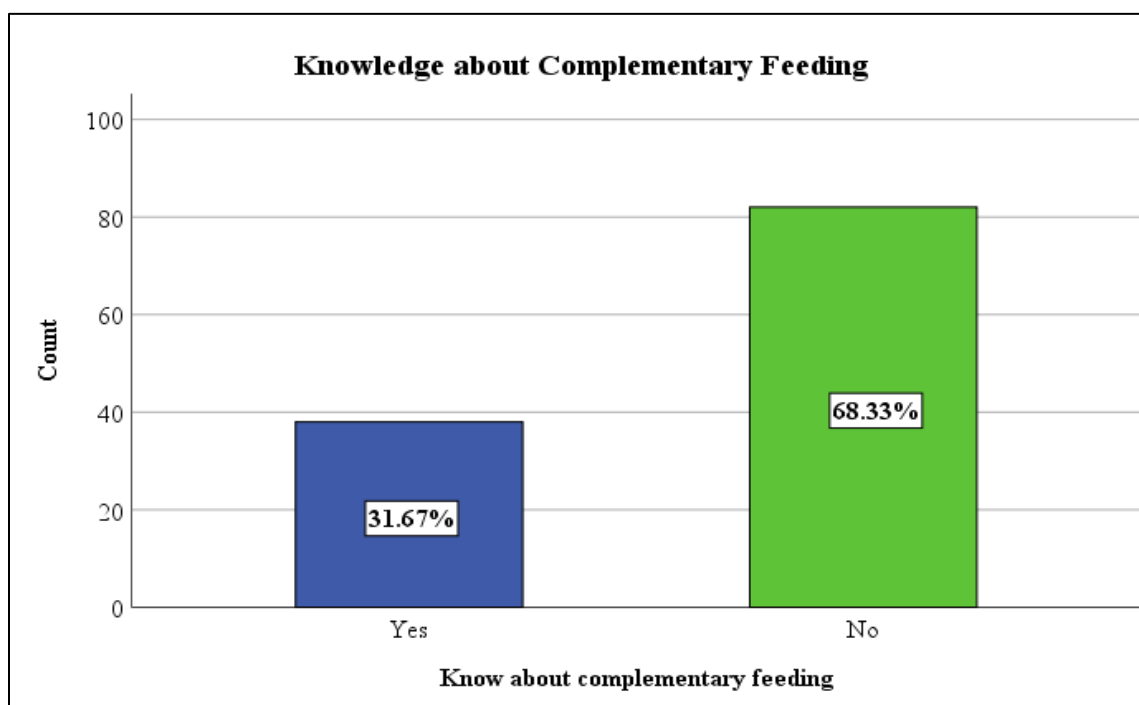


Figure-4: Knowledge about Complementary Feeding (SPSS)

Description: This figure shows the knowledge of mothers about complementary feeding. Other information about this figure is described in details in the discussion segment.

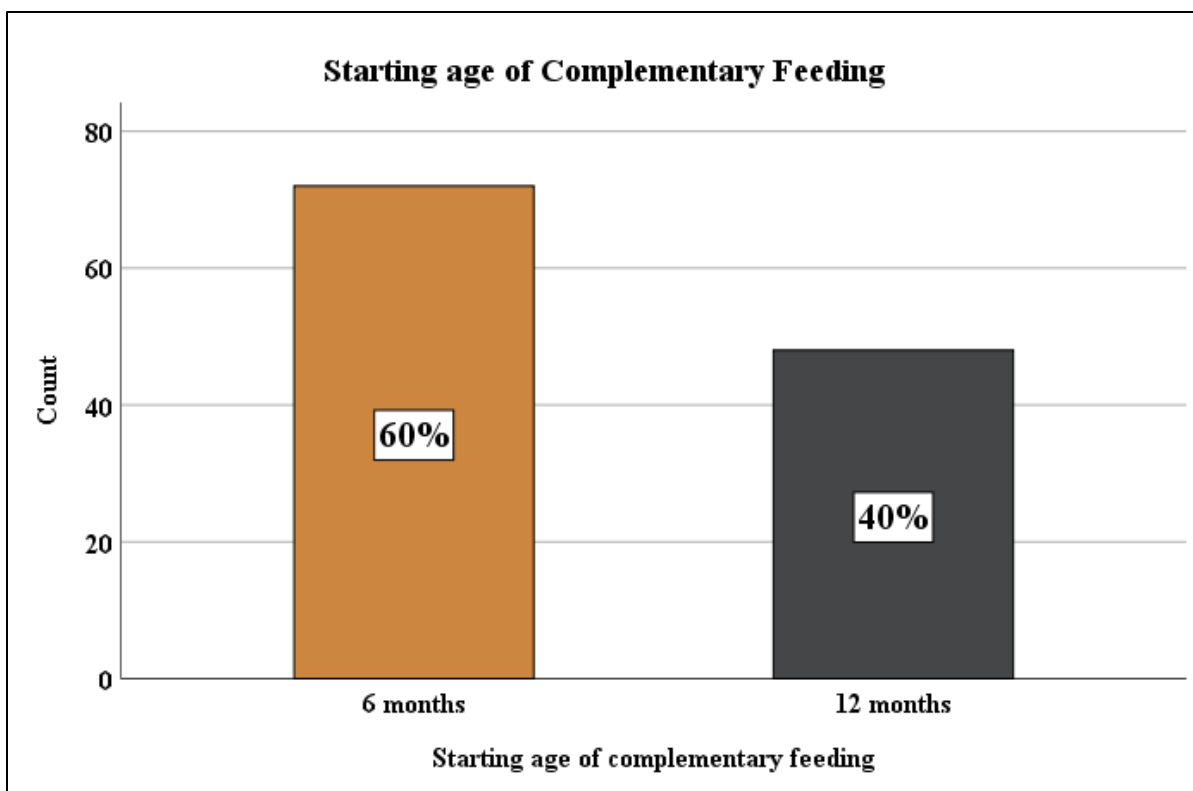


Figure-5: Starting age of Complementary Feeding (SPSS)

4.1.3 Discussion (Table-3)

In Table-3 all the variables are related to a mother's knowledge about food for babies. About 75% of mothers knew that breast milk contains all the nutrients and another 25% of mothers knew that breast milk has the ability to protect a baby from all kinds of diseases (**Figure-3**). Majority like 88.3% of mothers knew that a baby should be breastfed at least 24 months of age. But most of the mothers did not know about complementary feeding. Similarly, only 31.7% of mothers knew about complementary feeding and 68.3% were not aware of complementary feeding (**Figure-4**). After giving the explanation about complementary feeding 60% of mothers knew the starting age of complementary feeding and that is 6 months of age (**Figure-5**). Study shows that 78.3% of mothers knew that before the age of 12 months the baby should not be given cow's milk. After the discussion of cow's milk, I discussed the harmful food for babies. About 67.5% of mothers knew which foods were harmful for babies' health. And 56.7% of mothers knew about the foods that were suitable for the baby at the age of 6 months to 24 months. In the table I also analyzed that, 80% of children were free from rash, vomiting, diarrhea and stomach ache after feeding. Most of the cases during the feeding time maximum children as 71.7% were not ate their food with pleasure. With that, 67.5% of children showed reluctance during feeding time.

Table-4: Mother's Attitude on Babies (6-24 months) Food

Variables		Count	Percentage (%)
Whether the kids are fed with soft filling foods at this time?	Yes	118	98.3%
	No	2	1.7%
How many months of age should children be given iron-rich foods?	6 months	53	44.2%
	12 months	67	55.8%
Which one is iron rich food?	Beef, Chicken, Fish, Egg	34	28.3%
	Beans, Lentils	4	3.3%
	Both	82	68.3%
Whether the child is fed cooked soft potatoes?	Yes	106	88.3%
	No	14	11.7%
Whether the child is fed soft, ripe, fresh fruits at this time?	Yes	34	28.3%
	No	86	71.7%
Whether the child is fed soft rice, hotchpotch, suji?	Yes	119	99.2%
	No	1	0.8%
Whether the baby is fed cow's milk from 9 months to 12 months?	Yes	29	24.2%
	No	91	75.8%
Whether the child is fed cooked bone-free soft meat and fish?	Yes	68	56.7%
	No	52	43.3%
Whether the child is fed one egg per day?	Yes	44	36.7%
	No	76	63.3%
At this time which foods are harmful for the baby's health?	Honey	0	0.0%
	Chocolate, Chips	33	27.5%
	Sugar, Salt	0	0.0%
	Tea, Coffee	4	3.3%
	Soft drinks, Fruit juice	2	1.7%
	All of the above	81	67.5%

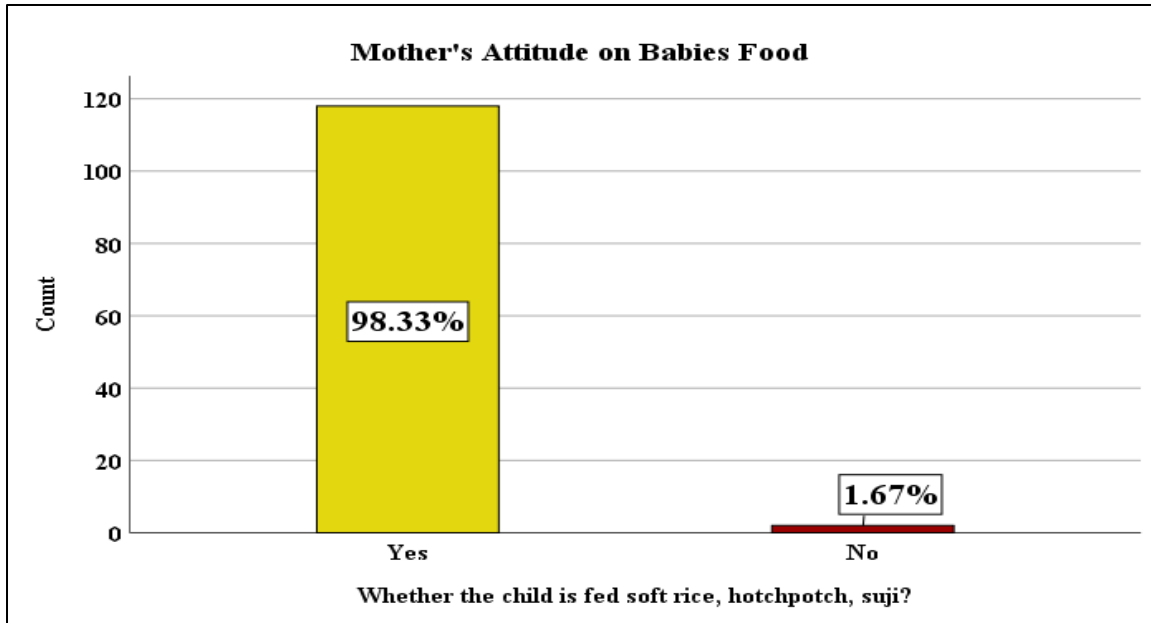


Figure-6: Mothers attitude on babies' food (SPSS)

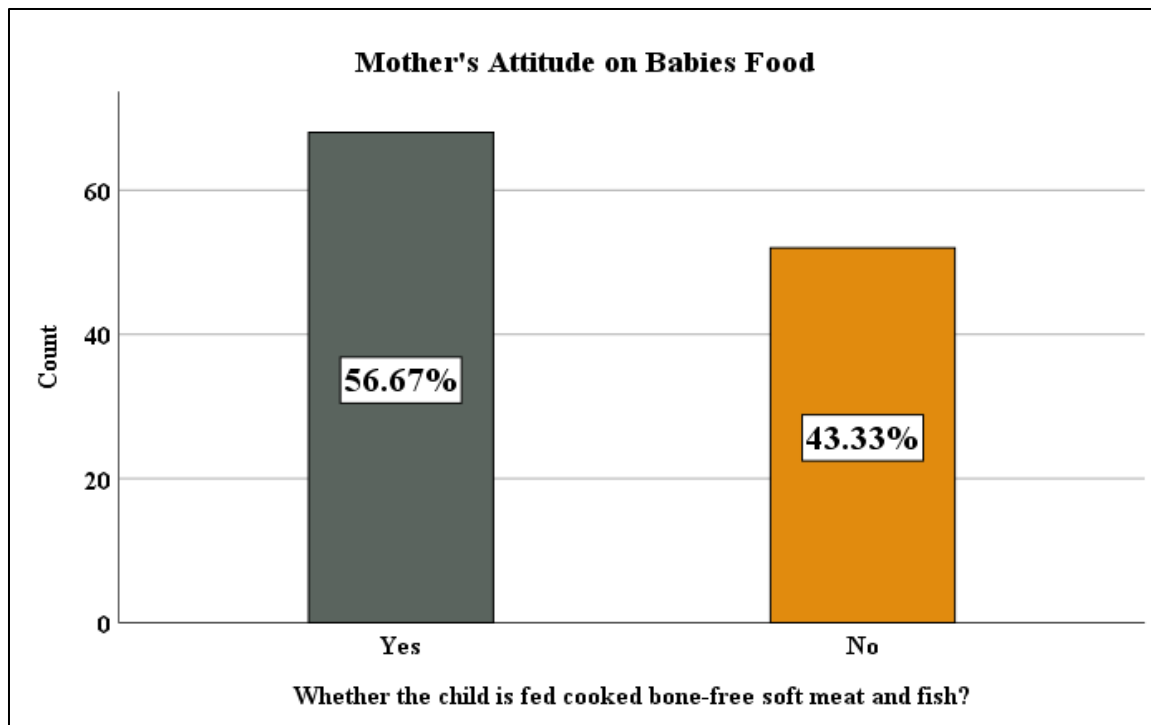


Figure-7: Mothers attitude on babies' food (SPSS)

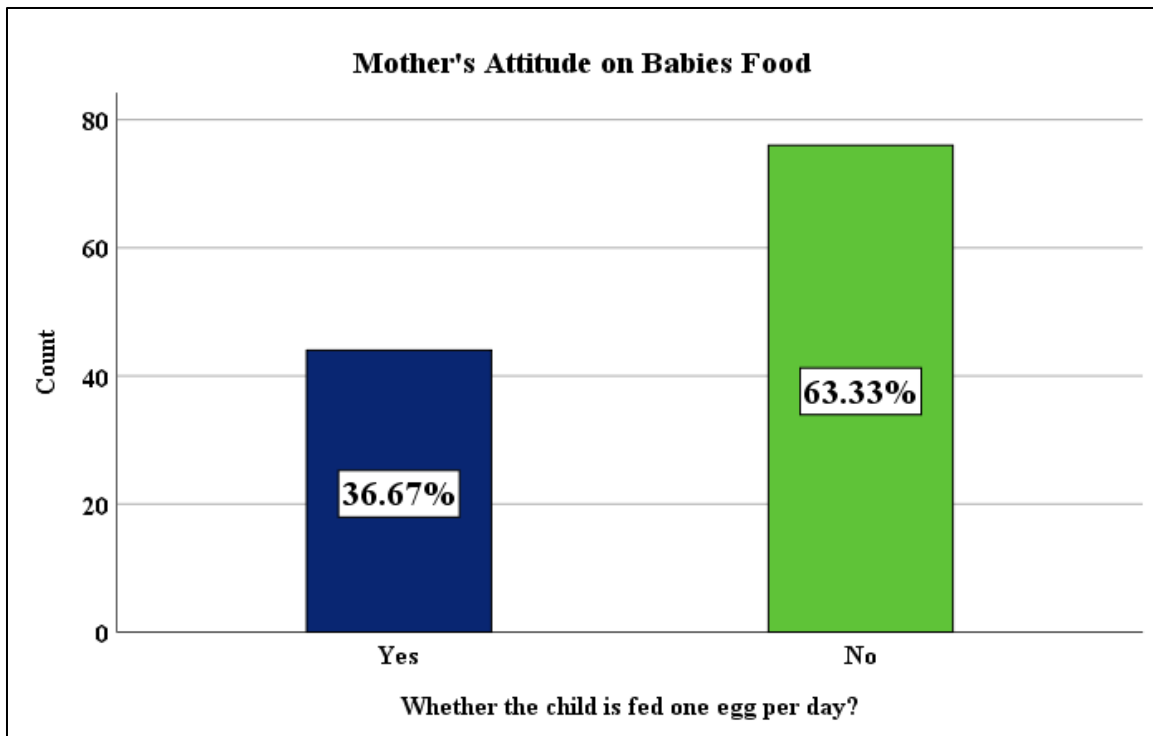


Figure-8: Mothers attitude on babies' food (SPSS)

4.1.4 Discussion (Table-4)

In Table-4, I am discussed on the topic of mothers' attitudes about the food of babies. In that table I see that, 98.3% of mothers fed their kids with soft filling foods and only 1.7% of mothers did not feed their children with soft filling foods. Here most of the mothers did not know about iron rich food. Almost 56% of mothers did not know which time is suitable for a baby to feed iron rich food. Despite that, around 45% of mothers know at 6 months of age a baby should be fed iron rich food. Majority of the mothers like 68.3% had knowledge on which food is iron rich food. Among them 28.3% were known that beef, chicken, fish, and eggs are the only sources of iron rich food. Mothers who reported feeding their child cooked soft potatoes, cauliflower, gourd, beans, and carrots were 88.3%. Similarly, a study shows that 28.3% of mothers fed their child with soft, ripe, fresh fruits and almost 72% of mothers did not follow this pattern. Majority of mothers like 98.3% told that they fed their child soft rice, hotchpotch, suji (**Figure-6**). Study showed that 75.8% of mothers did not feed cow's milk from 9 months to 12 months. Majority like 56.7% of mothers fed cooked bone-free soft meat and fish and 43.3% did not feed it (**Figure-7**). About 36.7% of mothers fed one egg per day (**Figure-8**). Almost 28% of mothers thought that chocolate and chips were the main foods which were harmful for the baby's health.

Table-5: Practices of Mother

Variables		Count	Percentage (%)
Whether prepare baby food in compliance with all hygiene rules?	Yes	111	92.5%
	No	9	7.5%
Always check the temperature of the food while giving it to the baby	Yes	117	97.5%
	No	3	2.5%
Always serve small amounts of food to the child	Yes	33	27.5%
	No	87	72.5%
Whether the child is always allowed to eat of his own accord?	Yes	31	25.8%
	No	89	74.2%
Whether the child is forced to feed?	Yes	97	80.8%
	No	23	19.2%
Which method is followed to preserve baby food?	Refrigerator	26	21.7%
	Room Temperature	94	78.3%
Whether stored food is served after reheating?	Yes	63	52.5%
	No	57	47.5%
Whether remaining baby food is reused?	Yes	35	29.2%
	No	85	70.8%
How many times the baby is fed throughout the day?	3-4 Times	62	51.7%
	4-6 Times	46	38.3%
	6-8 Times	12	10.0%
Whether the baby is always served soft, moist, filling and small pieces of food?	Yes	118	98.3%
	No	2	1.7%

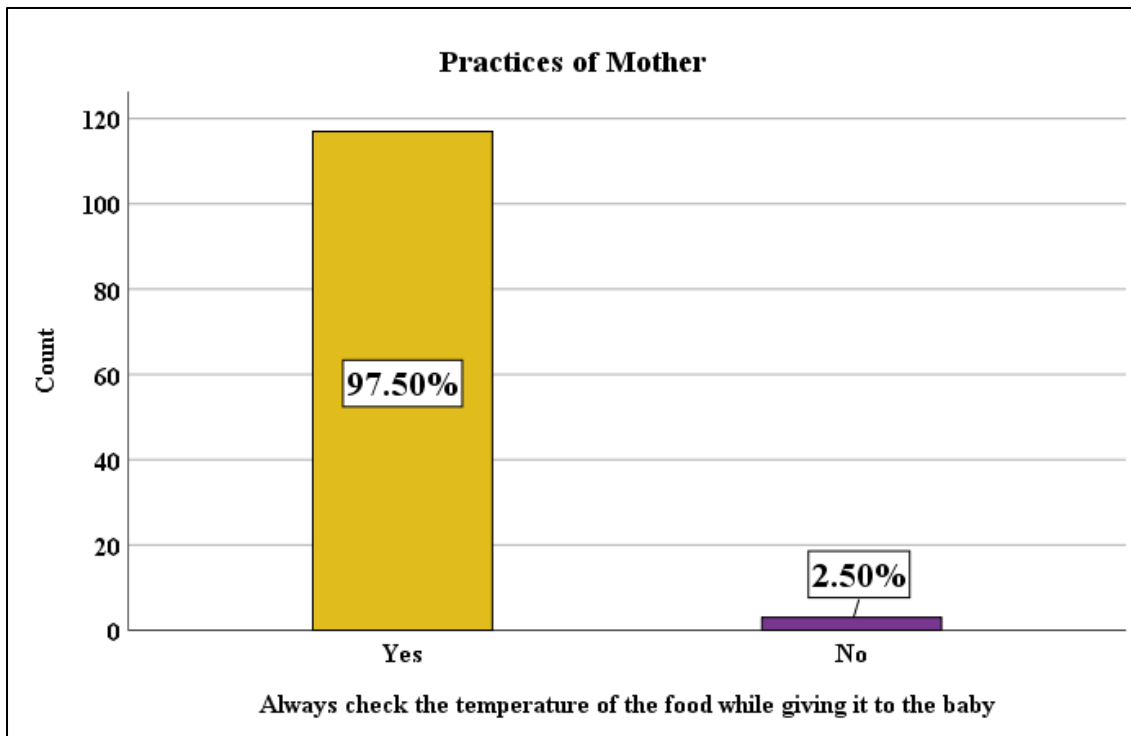


Figure-9: Practices of Mother (SPSS)

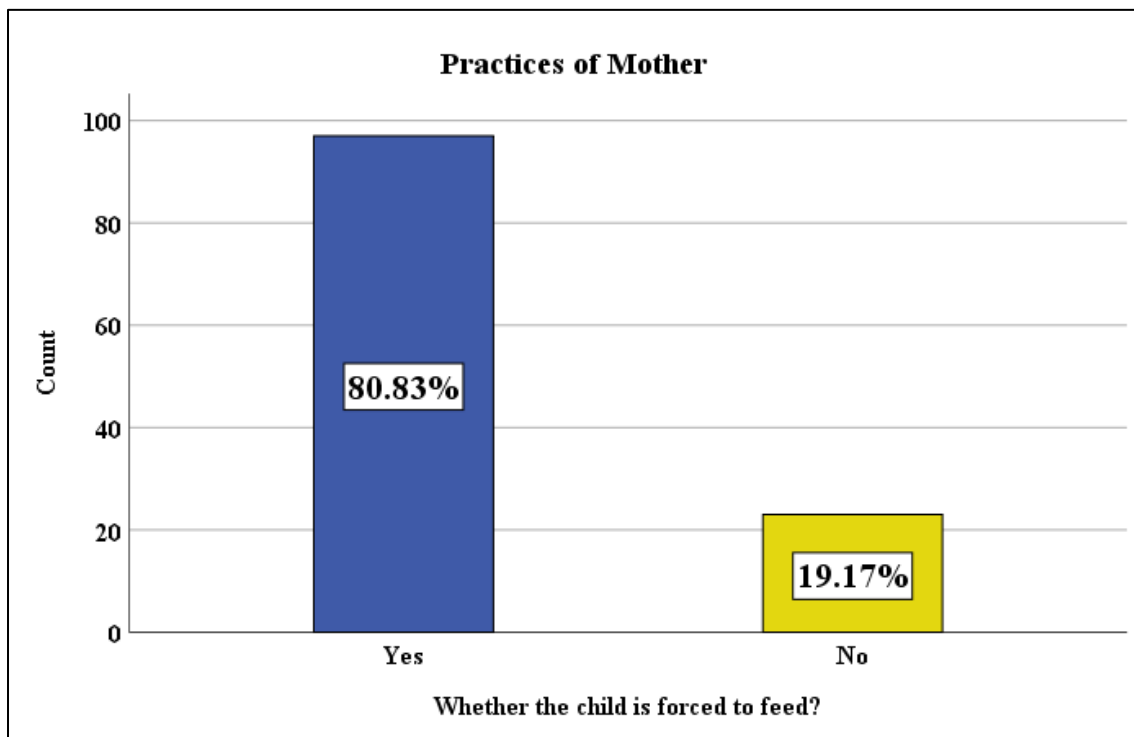


Figure-10: Practices of Mother (SPSS)

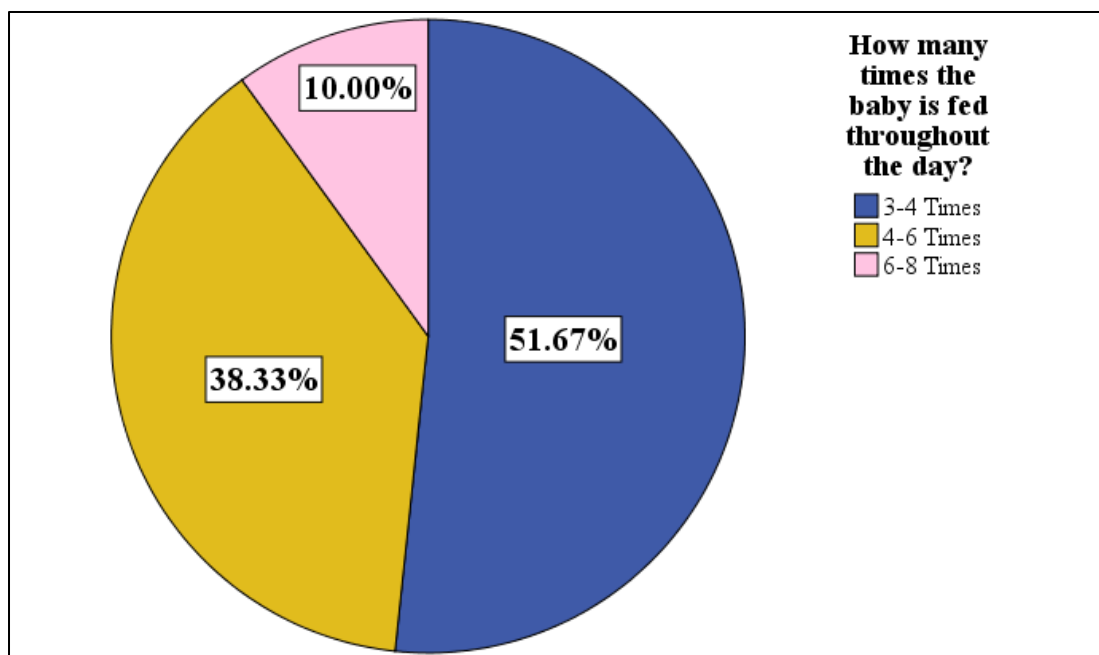


Figure-11: Babies feeding time throughout the day (SPSS)

4.1.5 Discussion (Table-5)

This table was carried out to assess the practices of mothers to prepare baby food. In Table-5, about 92.5% of mothers prepared their baby's food in compliance with all hygiene rules and 7.5% did not maintain the rules. Similarly, 97.5% of mothers always checked the temperature of the food while giving it to their babies and 2.5% did not check (**Figure-9**). Majority like 72.5% of mothers did not serve small amounts of food to their child and 27.5% of mothers always served small amounts of food to the child. Mothers who always allowed the child to eat of his own accord were 25.8% and 74.2% who did not allow the child to eat of his own accord. Majority of mothers as like 80.8% were forced to feed their children and 19.2% were not forced (**Figure-10**). Study showed that 78.3% of mothers preserved their babied food at room temperature and 21.7% of mothers preserved in refrigerator. Almost half of the mothers were served stored food after reheating and half were not. Majority of mothers like 70.8% did not reuse the remaining baby foods and 29.2% were reused. In computing 51.7% of mothers were fed their baby 3-4 times throughout the day, then 38.3% of mothers were fed 4-6 times and only 10% of mothers were fed 6-8 times in a day (**Figure-11**). Finally, a majority like 98.3% of mothers were always served their baby soft, moist, filling and small pieces of food.

CHAPTER-5: CONCLUSION

5.1 Conclusion

In this study, it is apparent that mothers in the sample selected from Dhaka Medical College Hospital generally have poor knowledge and practices regarding child nutrition. Based on the analysis of the data, the knowledge and practices of infant feeding are affected by certain demographic and socio-cultural factors such as education and family income. Maternal education was significantly associated with their knowledge and practices of child nutrition. The government has to run more campaigns to raise public knowledge of breastfeeding and complementary feeding. To address this issue, health facilities might be crucial. Awareness and caution among family members toward the mother and child must also increase. Thus, continuing education is advised for mothers, their families, and communities to increase understanding about breastfeeding and complementary feeding to improve the health and nutritional results for mothers and their newborns.

CHAPTER-6: REFERENCE

6.1 References

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