

A STUDY TO ASSESS THE FEEDING PRACTICES AND THEIR IMPACT ON CHILD GROWTH AMONG CHILDREN ATTENDING PEDIATRIC OPD AT SELECTED HOSPITAL, FARIDKOT, PUNJAB

MS. SHARANJEET KAUR* & MRS. VANDNA**

*Research Scholar, M.Sc. (Pediatric Nursing) University College of Nursing, Faridkot

**Research Supervisor, Lecturer University College of Nursing, Faridkot

ABSTRACT

Introduction: Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children. Results of studies have indicated that inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries³.

Methodology: A cross-sectional research design used to assess feeding practices and child growth of children. Purposive sampling technique was used to select 200 parents and their children. An interview schedule was used to collect the data of socio-demographic characteristics and feeding practices and child growth was assessed using anthropometric measurements. Analysis of the data was done by using both descriptive and inferential statistics.

Results: findings revealed that 83% of parents were having appropriate feeding practices whereas 17% were having inappropriate feeding practices. 87.5% of children weighed normal for age, where as 10% had Grade I malnutrition and only 2.5% had Grade II malnutrition. 85.5% of children had length/height in between 3rd -97th percentile. 86.5% of children had head circumference in between 3rd -97th percentile. The analysis revealed a statistically significant difference between feeding practices and weight of the children, occupation of mother, education received regarding EBF, duration of stay in nursery. The relation between child growth and socio-demographic variables shown that there was statistically significant difference between weight of children and gender, number of siblings, religion, habitat, occupation of mother, education received regarding EBF and CF. The analysis revealed statistically significant relation of length/ height of children with gender of child, education regarding CF, place of delivery.

Conclusion: Majority of Parents of children used appropriate feeding practices, but some parents also used inappropriate feeding practices. The results shown that there was impact of feeding practices on weight of children.

KEYWORDS: Feeding practices, Child growth parameters, Parents and their Children.

INTRODUCTION & BACKGROUND OF THE STUDY

Nutrition is one of the basic requirements of any living organism to grow and sustain life. But the quality and quantity of nutrients necessary for normal growth and to keep an organism in good health during its life span vary with the age of the organism. Any major deviation in the nutrient intake either in quality or in quantity from its requirement can also affect growth and life span in a number of ways particularly in the later period/growth is more influenced by nutrition¹.

Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children. Results of studies on infant and child feeding have indicated that inappropriate feeding practices can have profound consequences for the growth, development, and survival of infants and children, particularly in developing countries².

According to the WHO growth standards, children who are exclusively breastfed have a more rapid growth in the first 6 months of life than other infants³. By the age of 6 months, a baby has usually at least doubled his or her birth weight, and is becoming more active. Exclusive breastfeeding is no longer sufficient to meet all energy and nutrient needs by itself and complementary foods should be introduced to make up the difference. At about 6 months of age, an infant is also developmentally ready for other foods.

Those aged 12-17 months had the highest prevalence of underweight. 83% of the children were still breastfeeding and 47% were exclusively breastfed. The largest proportion (38.8%) of children ate twice daily and 4.1% had not eaten any food on the day prior to the visit. The water usage rate was 13.3 liters/person/day.

The information on feeding practices and their impact on child growth among children (1-3year) of Faridkot (one of the district of Punjab) region is lacking, the present investigation was under taken with the objective to collect the data regarding feeding practices in children (1-3 years), to assess the growth of children and to relate the feeding practices, child growth with selected socio- demographic variables.

OBJECTIVES

1. To assess the feeding practices among children.
2. To assess the growth of children.
3. To determine the relation between feeding practices and child growth.

4. To determine the relation between feeding practices, child growth with selected socio-demographic variables

MATERIALS AND METHODS

Research Approach

A Quantitative research approach was used to assess the feeding practices and their impact on child growth among children.

Research Design

A cross- sectional research design will be used to assess the feeding practices and their impact on child growth among children attending paediatric OPD at G.G.S.M.Hospital, Faridkot.

Research Setting

The study was conducted in Pediatric OPD of Guru Gobind Singh Medical Hospital, Faridkot.

Research Setting

The study was conducted in the Pediatrics OPD at G.G.S.Medical Hospital, Faridkot.

Study Population

The target population for conducting research study consisted of all the children (1-3 years) and their parents attending pediatric OPD of G.G.S.Medical Hospital, Faridkot.

Sample & Sampling Technique

The study carried out on 200 children (1-3years) and their parents attending paediatric OPD at G.G.S.Medical Hospital, Faridkot. Purposive Sampling Technique was used.

CRITERIA FOR THE SAMPLE SELECTION

Inclusion Criteria: - The study includes those-

- Children aged 1-3 years and their parents attending Paediatric OPD at G.G.S.Medical Hospital, Faridkot.
- Children and parents who were willing to participate in the study.
- Children and parents who were present at the time of data collection.
- Children and parents who were able to understand Punjabi, English or Hindi.

Exclusion Criteria:- The study excludes those-

- Children who were preterm (<37weeks of gestation).
- Children above 3 years of age.
- Children with any congenital and chronic illnesses.
- Children and parents those were not willing to participate.
- Children and parents who were not understand Punjabi, English or Hindi.

SELECTION & DEVELOPMENT OF TOOL

After extensive review of literature and with consultation of experts, tool was developed had following sections:-

Part a:

- 1) Socio- demographic data
- 2) Birth history

Part b: Questionnaire to assess feeding practices used by the parents for their children.

Part c: Child Growth monitoring {weight with weighing machine, length/height and head circumference with measuring tape} following growth charts {for boys and girls} IAP.

ETHICAL CONSIDERATION

Ethical approval was taken from ethical and research committee of University College of Nursing and Baba Farid University of Health Sciences, Faridkot. Keeping in mind the legal rights of the subject who were willing to participate were included in the study.

DATA ANALYSIS

Data analysis was done as per the objectives of the study. Statistical analysis was performed using SPSS version 20 software.

Table 1

Frequency and percentage distribution of children as per their Socio-demographic Characteristics.

N=200

S.,No	Socio-demographic Characteristics	Frequency(f)	Percentage(%)
1.	Age of the Child(in months)		
	a. 12-18	74	37
	b. >18-24	47	23.5
	c. >24- 30	60	30.0
	d. >30- 36	19	9.5
2.	Gender of the Child		
	a. Male	120	60
	b. Female	80	40
3	No. of Siblings		
	a. No	95	47.5
	b. One	88	44.0
	c. >One	17	8.5
4	Religion		
	a. Hindu	67	33.5
	b. Muslim	01	0.5
	c. Sikh	131	65.5
	d. Christian	01	0.5
5	Habitat		
	a. Urban	106	53.0
	b. Rural	94	47.0

6.	Education of mother a. Illiterate b. Primary c. Middle class d. Matric e. Senior secondary f. Graduate or above	07 12 29 36 46 70	3.5 6.0 14.5 18.0 23.0 35.0
7	Education of Father a. Illiterate b. Primary c. Middle class d. Matric e. Senior secondary f. Graduate or above	09 04 22 42 54 69	4.5 2.0 11.0 21.0 27.0 34.5
8	Occupation of Mother a. Housewife b. Govt. Service c. Private Service d. Laborer e. Self employed/ Business	163 17 13 01 06	81.5 8.5 6.5 0.5 3.0
9	Occupation of Father a. Farmer b. Govt. Service c. Private Service d. Laborer e. Self employed/ Business	43 34 42 19 62	21.5 17.0 21.0 9.5 31.0
10	Family income per month(in Rupees) a. <5000 b. >5000-10000 c. >10000-15000 d. >15000	06 62 61 71	3.0 31.0 30.5 35.5
11	Type of family a. Nuclear b. Joint	60 140	30.0 70.0%
12	Education regarding EBF a. Yes b. No	168 32	84 16
13	Education regarding CF a. Yes b. No	154 46	77 23
14	Place of delivery a. Home b. Institutional	06 194	3.0 97.0
15	Type of delivery a. Normal Vaginal Delivery b. LSCS c. Forceps or Ventouse	139 61 00	69.5 30.5 00.0

16	Birth weight of the child(in grams)		
	a. 2000-2500	57	28.5
	b. >2500-3000	86	43.0
	c. >3000	57	28.5
17	Admission in Nursery		
	a. Yes	11	5.5
	b. No	189	94.5
	If yes, Duration of stay in nursery (n=11)		90.9
	i. <5 days	10	9.1
	ii. 5-10 days	01	
	Reason for admission		45.40
	a. Jaundice	05	9.09
	b. Not accepting feeds	01	9.09
c. Hypoglycemia	01	18.18	
d. Meconium stained	02	18.18	
e. Not passed urine	02		

Table 1. Shows that study subjects were distributed into categories according to:

One third of children (37%) of children were in age group of 12-18 months and 60% of children were males and 40% were females. Slightly less than half (47.5%) of children were single child of their parents, 44% had one sibling and 8.5% had more than one sibling. 65.5% of children belonged to Sikh family. (53%) were living in urban areas. As per educational status of mother, one third (35%) of mothers were graduate or above. One third (34.5%) of fathers were graduate or above. Majority of mothers (81.5%) were housewife. (31%) of fathers were self employed. 35.5% of children’s family income per month was Rs.>15000. (70%) were from joint family. Only 16% of primary care givers did not receive any education regarding Exclusive Breast Feeding. Majority (77%) of primary care givers received education regarding Complementary Feeding. Most of children (97%) delivered at institutions Two third of children (69.5%) were delivered by normal vaginal delivery. Slightly less than half (43%) of children weighed between 2500- 3000 grams. Only 5.5% children got admission in nursery at birth where as 94.5% of children not needed any admission in nursery at birth.

Table 2
Mean score, SD of feeding practices used by parents

N=200

Area	Maximum possible score	Maximum obtained score	Minimum obtained score	Mean score	Standard Deviation
Feeding practices	13	12	03	8.36	1.859

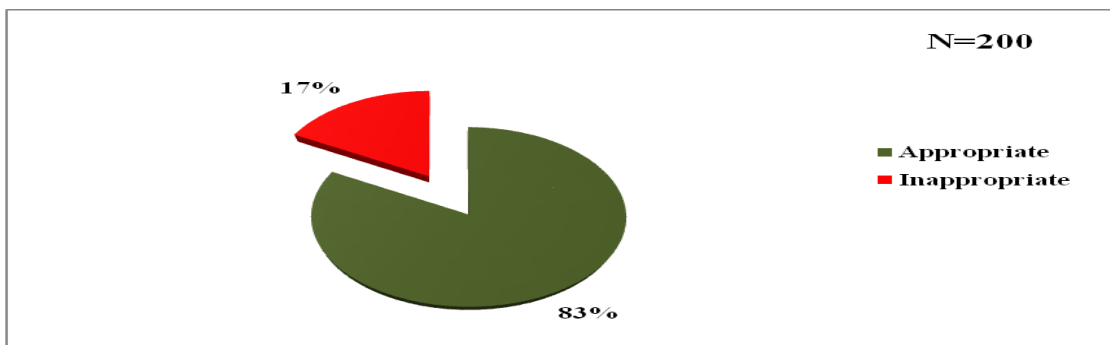


Table 2 and figure 1 shows the maximum obtained score was 12 and minimum obtained score was 03 with mean score as 8.36 with standard deviation of 1.859 and 83% parents were having appropriate feeding practices. Hence, it was concluded majority of parents (83%) were having appropriate feeding practices.

Table 3

Frequency and percentage distribution of children as per their weight for age according to IAP classification.

N=200

S.No.	Weight for age of children according to IAP classification	Frequency	Percentage
1.	>80 % (normal)	175	87.5
2.	71-80 % (Grade I malnutrition)	20	10
3.	61-70 % (Grade II malnutrition)	05	2.5
4.	51-60 % (Grade III malnutrition)	00	00
5.	<51 % (Grade IV malnutrition)	00	00

Table 3 shows that majority of children (87.5%) weighed normal for age, where as 10% had Grade I malnutrition and only 2.5% had Grade II malnutrition. Out of 200 children, no any children had malnutrition of grade III and I

TABLE 4

Frequency and percentage distribution of children as per their length/ height.

N=200

S.No.	Length/height for age of children	Frequency	Percentage
1.	>97 th percentile	05	2.5
2.	>3 rd - 97 th percentile	171	85.5
3.	<3 rd percentile	24	12

Table 4. Reveals that 85.5% of children had length/height in between 3rd -97th percentile, whereas 12% had in <3rd percentiles and only 2.5% had >97th percentile.

Table 5

Frequency and percentage distribution of children as per their head circumference for age.

N=200

S.No.	Head circumference for age of children	Frequency	Percentage
1.	>97 th percentile	20	10
2.	>3 rd - 97 th percentile	173	86.5
3.	<3 rd percentile	07	3.5

Table 5. Shows that 86.5% of children had head circumference in between 3rd -97th percentile, whereas 3.5% had in <3rd percentiles and only 10.0% had >97th percentile.

Table 6

Relation between Feeding practices and Weight of children

N=200

Weight of the children (Acc. To IAP)	Feeding practices		Total	Chi square χ^2	P Value
	Appropriate	Inappropriate			
>80 % (Normal)	153 (76.5%)	22 (11%)	175 (87.5%)	23.99 df =2	0.00 ^S
71-80% (Grade I malnutrition)	12 (6.0%)	8 (4.0%)	20 (10.0%)		
61-70% (Grade II malnutrition)	1 (0.5%)	4 (2.0%)	5 (2.5%)		
Total	166 (83%)	34 (17%)	200 (100%)		

Here, S= highly significant at p value =<0.01

Table 6: Depicts the relation of feeding practices with growth parameter (weight of children). The analysis revealed a highly significant relation between feeding practices and weight of the children.

Table 7
Relation of feeding practices with length/height of the children N=200

Length of the children	Feeding Practices		Total	Chi square χ^2	P Value
	Appropriate	Inappropriate			
>97 th percentile	5 (2.5%)	0 (0.0%)	5 (2.5%)	3.72 df= 2	0.15 ^{NS}
>3 rd -97 th percentile	144 (72%)	27 (13.5)	171 (85.5%)		
<3 rd percentile	17 (8.5%)	7 (3.5%)	24 (12%)		
Total	166 (83%)	34 (17%)	200 (100%)		

NS= not significant

Table 7: Reveals the relation of feeding practices with child growth parameter (length/height of the children). The analysis revealed that there was no statistically significant relation of feeding practices with length/height of the children

Table 8
Relation of feeding practices and head circumference of the children
N=200

Head circumference of the child	Feeding practices		Total	Chi square χ^2	p value
	Appropriate	Inappropriate			
>97 th percentile	18 (9%)	2 (1%)	20 (10%)	1.373 df=2	0.50 ^{NS}
>3 rd -97 th percentile	143 (71.5%)	30 (15%)	173 (86.5%)		
<3 rd percentile	5 (2.5%)	2 (17%)	7 (3.5%)		
Total	166 (83%)	34 (17%)	200 (100%)		

NS= not significant

Table 8: Shows the relation of feeding practices with child growth parameter (head circumference of the children). The analysis revealed that there was no statistically significant relation of feeding practices with length/height of the children.

Table 9

Relation of feeding practices with selected socio-demographic characteristics.

N=200

Socio-demographic characteristics	Feeding practices		Chi square
	Appropriate f(%)	Inappropriate f(%)	
Gender			$\chi^2=0.05$ df=1 p value=0.81 ^{NS}
a. Male	99(49.50)	21(10.50)	
b. Female	67(33.50)	13(06.50)	
No. of Sibling			$\chi^2=0.87$ df=2 p value= 0.65 ^{NS}
a. 0	78(39.00)	17(08.50)	
b. ≥ 1	88(44.00)	17(08.50)	
Religion			$\chi^2=5.64$ df=3 p value=0.13 ^{NS}
a. Hindu	54(27.00)	13(06.50)	
b. Sikh	111(55.50)	20(10.00)	
c. Others	1(00.50)	1(00.50)	
Habitat			$\chi^2=0.13$ df=1 p value=0.71 ^{NS}
a. Urban	87(43.50)	19(09.50)	
b. Rural	79(39.50)	15(07.50)	
Occupation of mother			$\chi^2=17.53$ df=4 p value= 0.02 ^S
a. Housewife	140(70.00)	23(11.50)	
b. Govt. Service	09(04.50)	08(04.00)	
c. Private Service	12(06.00)	01(00.05)	
d. Laborer	00(00.00)	01(00.50)	
e. Self employed/ business	05(02.50)	01(00.50)	
Type of family			$\chi^2=0.108$ df=1 p value= 0.74 ^{NS}
a. Nuclear	49(24.50)	11(05.50)	
b. Joint	117(58.50)	23(11.50)	
Education regarding EBF			$\chi^2=3.34$ df=1 p value=0.06 ^{NS}
a. Yes	143(71.50)	25(12.50)	
b. No	23(11.50)	09(04.50)	
Education regarding CF			$\chi^2=2.02$ df=1 p value=0.155 ^{NS}
a. Yes	131(65.50)	23(11.50)	
b. No	35(17.50)	11(05.50)	
Place of delivery			$\chi^2=1.170$ df=1 p value=0.28 ^{NS}
a. Home	04(02.00)	02(01.00)	
b. Institutional	162(81.00)	32(16.00)	

Type of delivery			$\chi^2=1.156$
a. NVD	118(59.00)	21(01.50)	df=1
b. LSCS	48(24.00)	13(06.50)	p value= 0.28 ^{NS}
Birth weight (in grams)			$\chi^2 =1.050$
a. 2000-2500	45(22.50)	12(06.00)	df=2
b. >2500-3000	72(36.00)	14(07.00)	p value=0.59 ^{NS}
c. >3000	49(24.50)	08(04.00)	
Admission in Nursery			$\chi^2 =0.012$
a. Yes	09(04.50)	02(01.00)	df= 1
b. No	157(78.50)	32(16.00)	p value=0.91 ^{NS}
Duration in Nursery (n=11)			$\chi^2 =4.950$
a. >5 days	09(81.80)	01(09.10)	df= 1
b. 5-10 days	00(00.00)	01(09.10)	p value=0.02 ^S

NS=Non- significant; S-Significant (p value= <0.05); some variables were merged for analysis purpose
EBF- Exclusive Breast Feeding, CF- Complementary feeding.

Table 9: Depicts the relation of feeding practices with selected socio-demographic characteristics. The analysis revealed a statistically significant relation between occupation of the mother and feeding practices. Those mothers, who were non- working, used appropriate feeding practices. The analysis also revealed a statistically significant relation between duration of admission in nursery and feeding practices. >5 days duration of admission in nursery; less inappropriate feeding practices. Other socio-demographic characteristics like gender, number of sibling, religion, habitat, type of family, education regarding EBF and complementary feeding practices, place of delivery, type of delivery, birth weight and admission in nursery were not significantly related to feeding practices.

Table 10

Relation between Weights of the children with selected socio-demographic characteristics.

N=200

Socio-demographic characteristics	Weight of the child			Chi square
	Normal f(%)	Grade I malnutrition f(%)	Grade II malnutrition f(%)	
Gender of the child				$\chi^2 = 8.35$ df= 2 p value=0.015 ^S
a. Male	111(55.50)	06(03.00)	03(01.50)	
b. Female	64(32.00)	14(07.00)	02(01.00)	
No. of siblings				$\chi^2 = 18.46$ df=4 p value= 0.001 ^S
a. 0	83(41.50)	10(05.00)	02(01.00)	
b. ≥ 1	92(46.00)	10(05.00)	03(01.50)	
Religion				$\chi^2 = 13.27$ df= 6 p value= 0.039 ^S
a. Hindu	58(29.00)	09(04.50)	00(00.00)	
b. Sikh	116(58.00)	10(05.00)	05(02.50)	
c. Others	1(00.50)	01(00.50)	00(00.00)	
Habitat				$\chi^2 = 6.06$ df= 2 p value= 0.048 ^S
a. Urban	94(47.00)	12(06.00)	00(00.00)	
b. Rural	81(40.50)	08(04.00)	05(02.50)	
Occupation of the mother				$\chi^2 = 17.76$ df= 8 p value= 0.023 ^S
a. Housewife	143(71.50)	16(08.00)	04(02.00)	
b. Govt. Service	14(07.00)	03(01.50)	00(00.00)	
c. Private Service	13(06.50)	00(00.00)	00(00.00)	
d. Laborer	00(00.00)	01(00.05)	00(00.00)	
e. Self employed/	05(02.50)	00(00.00)	01(00.50)	
Type of family				$\chi^2 = 2.20$ df= 2 p value=0.33 ^{NS}
a. Nuclear	51(25.50)	06(03.00)	03(01.50)	
b. Joint	124(62.00)	14(07.00)	02(01.00)	
Education regarding EBF				$\chi^2 = 9.08$ df=2 p value= 0.01 ^S
a. Yes	151(75.50)	15(07.50)	02(01.00)	
b. No	24(12.00)	05(02.50)	03(01.50)	
Education regarding CF				$\chi^2 = 8.018$ df= 2 p value= 0.018 ^S
a. Yes	140(70.00)	12(06.00)	02(01.00)	
b. No	35(17.50)	08(04.00)	03(01.50)	

Place of delivery a. Home b. Institutional	04(02.00) 171(85.50)	01(00.50) 19(09.50)	01(00.50) 04(02.00)	$\chi^2 = 5.54$ df= 2 p value= 0.06 ^{NS}
Type of delivery a. NVD b. LSCS	123(61.50) 52(26.00)	12(06.00) 08(04.00)	04(02.00) 01(00.50)	$\chi^2 = 1.163$ df= 2 p value= 0.55 ^{NS}
Birth weight (in grams) a. 2000-2500 b. >2500-3000 c. >3000	49(24.50) 73(36.50) 53(26.50)	06(03.00) 10(05.00) 04(02.00)	02(01.00) 03(01.50) 00(00.00)	$\chi^2 = 3.02$ df= 4 p value= 0.55 ^{NS}
Admission in nursery a. Yes b. No	10(05.00) 165(82.50)	01(05.00) 19(09.50)	00(00.00) 05(02.50)	$\chi^2 = 0.31$ df= 2 p value= 0.85 ^{NS}
Duration in nursery(n=11) a. >5days b. 5-10 days	09(81.80) 01(09.19)	01(09.10) 00(00.00)	00(00.00) 00(00.00)	$\chi^2 = 0.11$ df=1 p value= 0.74 ^{NS}

Here, s= significant at $p < 0.05$, NS= Not significant, some variables merged for analysis purpose only.

Table 10: Shows the relation of child growth parameter (weight of children) with selected socio-demographic characteristics. The analysis revealed statistically significant relation between genders of child, no. of siblings with weight of children. Female children had more number in grade I malnutrition rather than male children. Single child of the parents had normal weight parameter rather than those had siblings. The analysis also revealed statistically significant relation between religions, habitat with weight of the children. Children belonged to Hindu religion had more alteration in weight for age as comparison to others. Children from rural areas had more effect on weight than children from urban areas. Also there were significant relation between occupation of mother and weight of children. Majority of non- working mothers had children with normal weight. The analysis revealed statistically significant relation between education received by parents regarding Complementary feeding and weight of children.

DISCUSSION

In the present study, 83% parents were having appropriate feeding practices and 17% were having inappropriate feeding practices. Out of 200 children slightly more than half (50.5%) received first feed less than 1 hour, 36% and 13.5% of children received first feed between 1-4 hours and more than 4 hours respectively. **Shivram Abhay, Supare Sahebrao madhulika, November, (2011)⁵**. The study revealed that Out of the 384 enrolled mothers, 125(32.56%) mothers had started breast feeding within 1 hour after their deliveries. Colostrum was given by 82(21.38%) mothers. Exclusive breast feeding for 6 months was given by 142(36.84%) mothers.

In the present study majority of the children (87%) received semi- solids at >6 months- 1 year, where as 9.5% received at age <6 months, 2% and 1.5 % received semi-solids after 1 year and at 6 months respectively. **Gautam KP, Adhikari M, etal(2016)⁴** Only 57 % of mothers initiated complementary feeding at the age of 6 months.¹

In present study, child growth parameters that were weight, length/height and head circumference recorded and plotted on IAP growth charts for girls and boys. Majority of children 87.5% weighed normal for age, where as 10% had Grade I malnutrition and only 2.5% had Grade II malnutrition. Out of 200 children, no any children had malnutrition of grade III and IV. **Narain Mona, Akash Rajinder et al (2013)⁶** In 0-3 years age group registered/weighed beneficiaries i.e. 122062 (weighed 112387), 33117 (29.46%) were found in grade I & II and 1074 (0.95%) in grade III & IV undernutrition respectively. In 03-06 years age group, 47814 (69.27%) have been found to be normal, 21858 (31.21%) in grade, I & II and 362 (0.52%) in grade III & IV under nourished state.

In the present study, analysis revealed a highly significant relation between feeding practices and weight of the children. Those children, whose parents used appropriate feeding practices, had normal weight for age. **Kuntal K Saha, Edward A Frongillo, et al (2008)** The study results provide strong evidence for the positive effects of following the current infant feeding recommendations on growth of infants and young children. Mean (\pm SD) birth weight was 2697 ± 401 g; 30% weighed < 2500 g. Mean body weight at 12 and 24 mo was 7.9 ± 1.1 kg and 9.7 ± 1.3 kg, respectively.

CONCLUSIONS

The finding of the study reveals that Majority of parents (83%) were having appropriate feeding practices whereas 17% were having inappropriate feeding practices. According to IAP weight for age criteria only 12.5% were malnourished. 12% were having length <3rd percentile i.e. below normal and only 2.5% were having length >97th percentile i.e. above normal. 10% were having head circumference >97th percentile i.e. above normal and only 3.5 % were having <3rd percentile i.e. below normal. The relation between feeding practices and child growth parameters shows statistically significant relation between weight of children and feeding practices reveals that the

children who fed by appropriate feeding practices had normal weight for age. Appropriate feeding practices had positive impact on growth. So, steps can be taken for promotion of appropriate feeding practices among parents of children. Mass level awareness programmes or media can help in making parent aware about appropriate feeding practices and their importance in attaining normal growth of children.

REFERENCES

1. Braja Kishori Mishra and Sunita Mishra. Nutritional Anthropometry and Preschool Child Feeding Practices in Working Mothers. Stud. Home Comm. Sci; 2007: 139-144.
2. Kuntal K Saha, Edward A Frongillo, Dewan S Alam, Shams E Arifeen, Lars Ake Persson, and Kathleen M Rasmussen. Appropriate infant feeding Practices result in better growth of infants and young children. Am J Clin Nutr. 2008:1852-9.
3. Global strategy for infant and young child feeding .Geneva; 2003. World Health Organization.
4. Gautam KP, Adhikari M, Katri R B, Devkota M D. determinants of infant and young child feeding practices in rupandehi, Nepal. BMC Res Notes. 2016;9(1):135.
5. Bagul Shivram Abhay, Supare Sahebrao madhulika; The infant feeding practices in an urban slum of Nagpur, India; Journal of clinical and Diagnostic Research. 2012(cited November); 6(9):1525-1527.
6. Narain Mona, Akash Rajinder, B.N. Sharma, RC Chaudhary, Gaurav R, Reshu Gupta. Nutritional status of children in age group of 0-6 years attending aganwadi centers in Rajasthan. International J. of Health Care and Biomedical Research. 2013; 1(4): 264-268.