

Knowledge and Attitudes about Infant Feeding among Adolescent Girls in Jimma Zone

This Policy Brief examines the beliefs of adolescent girls about appropriate feeding practices for infants and young children, and the extent to which their beliefs match recommendations of the World Health Organization (WHO).

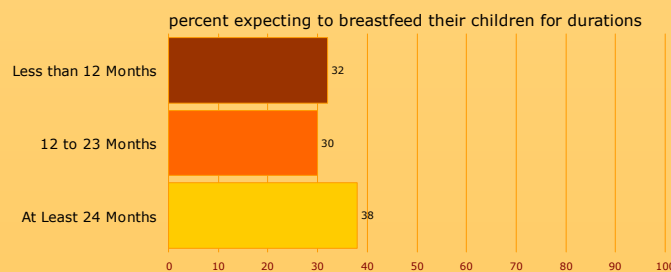
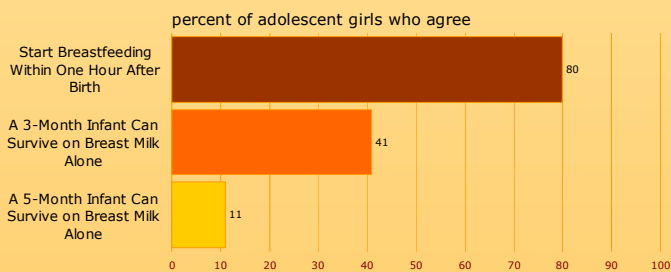
Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

For infants to survive and enter childhood in good health parents must expose them to healthy nutritional practices. The WHO recommends that exclusive breastfeeding should be practiced for infants for the first six months. At six months a variety of semi-solid and solid foods including fruits, vegetables, and meats should be introduced to complement breastfeeding. Breastfeeding should continue until infants are at least 24 months of age.

Despite the well-documented benefits of breastfeeding infants, there is worldwide concern that the WHO recommendations about breastfeeding, the introduction of solid foods, and weaning are often ignored. The introduction of liquids and semi-solids into infants' diets before six months of age is of particular concern because of the potential for these foods to displace breast milk, lower the overall quality of the diet, and act as vehicles for the transmission of contaminants, which are a significant source of diarrheal morbidity among infants. Moreover, once children do begin to consume complementary foods, their diet is often lacking in the necessary variety of fruits, vegetables, and animal products. This lack of diversity and balance in food sources is particularly problematic once breastfeeding ends.

Do adolescent girls in Jimma Zone have the knowledge to optimally feed and nourish their infants and toddlers? Do they retain traditional Ethiopian beliefs — such as the introduction of butter to infants — that are contrary to WHO guidelines? When these adolescent girls become mothers will they adopt infant feeding practices that will improve the chances their children will survive and be in good health?

To address these questions, the Jimma Longitudinal Family Survey of Youth asked adolescents about feeding newborn infants. Specifically, the survey asked whether water should be given at birth, when breastfeeding should begin, if newborn infants should consume butter, and whether an infant can survive on breast milk alone at 3 and 5 months of age. Attitudes towards the timely introduction of appropriate complementary foods were assessed by asking respondents whether infants at six months of age should be consuming animal source foods and fruit and vegetable items. To assess ideas about breastfeeding duration, adolescent girls who have not yet become mothers were asked for how long they planned to breastfeed when they do have their own child.



Infant Breastfeeding

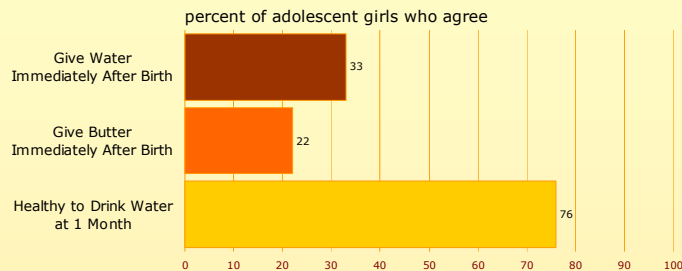
Most adolescent girls in Jimma Zone recognize that breastfeeding should begin right after birth. But very few girls recognize that babies can survive on breast milk alone during the first months of life. Hardly any girls recognize that infants five months of age should be exclusively breastfed.

Expected Duration of Breastfeeding

Virtually all of these girls plan to breastfeed their babies for some months after birth. But only a minority of adolescent girls plans to breastfeed their children until they are 24 months of age as recommended by the WHO. It is especially alarming that nearly one-third of these girls expect they will breastfeed their babies less than 12 months. Since infant formula is not readily available in this part of Ethiopia, these mothers will rely solely on water, animal milk and solid foods to nourish their infant children. This early introduction of animal milk and food will place their infants at a very high risk of diarrhea and malnutrition.

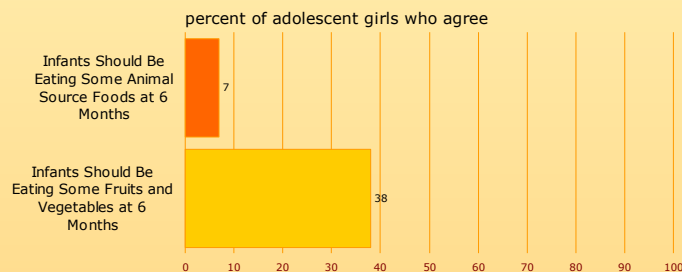
Beliefs about Complementary Feeding

Girls in Jimma Zone do not plan to follow traditional feeding practices for newborn children during the period immediately following birth. Only a minority of girls believes infants should be given water and butter immediately after birth. But most adolescent girls believe it is healthy for infants to drink water at one month of age. Given that about one-quarter of the households in the small towns and rural areas in the JLFSY study area lack potable drinking water, the plan to give water to infants places future infants at a high risk of waterborne diseases (see Policy Brief Number 3).



Introduction of Food

Only a minority of girls in Jimma Zone believes that infants should be introduced to animal products and fruits and vegetables starting at six months of age. In some cases, the delay in introducing complementary foods means that some infants may be weaned before they have had the experience of eating a healthy mixture of foods. The slightly higher preference for feeding infants fruits and vegetables compared to animal source foods also means that food supplements to breastmilk may not be as nutritious as they should be.

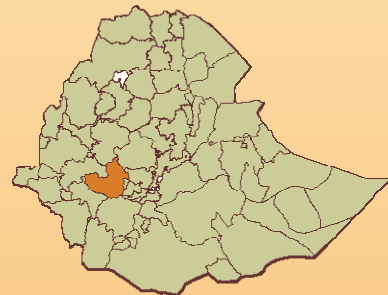


Policy Recommendations

Adolescent girls, especially those living in rural communities, are likely to learn infant feeding practices from watching mothers care for their infants, and in some cases through their own care of infant siblings. If adolescent girls in Jimma Zone act upon their current ideas about infant feeding practices, avoidable infant illness and death will continue to be common events. This is simply unacceptable from a public health standpoint. Adolescent girls are not learning optimal infant feeding practices (as defined by the WHO) in their homes and communities; an educational intervention is required. Most of these adolescent girls are enrolled in school (see Policy Brief 7). A school-based intervention to teach good infant feeding practices will provide these adolescents with the information necessary to give their own infants and young children with appropriate nutrition in the future, and reduce the rate of child and infant mortality in Jimma Zone.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3500 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

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This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**



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