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Effect of Socio-Cultural Factors on Feeding and Growth of Children Less Than Two Years

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Abstract

Appropriate and adequate feeding is a pre-requisite to good nutritional status in any given time of human life because consumption of nutritionally inadequate diet leads to malnutrition Proper nutrition in the early years of life is usually determined by feeding practice, which includes the methods and frequency of feeding, degree of stimulation and interaction with parents .

Infant feeding practices have a major role in determining the nutritional status of children and are associated with household socioeconomic and demographic factors.

In developing countries, where malnutrition, stunting, and wasting are more common than in the United States, exclusive breastfeeding for 6 months has been associated with optimal growth.

This study was conducted on 120 healthy children less than two years of age at the Breastfeeding Counseling Clinic in National Institute of Nutrition to study the social and cultural impact on the growth and nutrition of children. The weight and height of the

child were determined and the food and health status was determined using weight / height, weight / age, height / age, and after that, a personal interview was conducted with the mother to fill out the child nutrition questionnaires and how to obtain them

The study showed that about (78%) of them wasted, more than half of the samples (45%) were stunted.

About (36.7%) of studied sample were underweight . About (18.9%) of children their mothers choose another methods of feeding with breast milk depending on the decision of grandmothers in rural, while the influence of grandmothers to make the decision less in urban and was 10.9%.

Less quarter (24.3%) of infants whose mothers depended on relatives as a source of information about infants feeding were wasted while (33.3%) of infant whose mothers depended on media as a source of information about infants feeding were wasted, and about (13.3%) of infants whose mothers depended on a doctor as a source of information about infants feeding were wasted, in this study we found that media has a negative impact on infant feeding through the spread of erratic infant feeding methods .

Introduction

Breastfeeding is the best way of providing ideal food for healthy growth and development of infants, and its advantages range from physiological to psychological for both mother and infants ***(Batal et al., 2005).***

Exclusive breastfeeding provides all infants nutritional and fluid needs in the first six months and is a perfect combination of proteins, fats, carbohydrates and fluids ***(UNICEF, 2015).***

Weaning is the term usually used to describe the process of cessation of breastfeeding after a period of successful breastfeeding. This usually involves addition of food to infant's diet and/or replacement of breast milk in infant's diet with another type of milk (formula or whole milk). Maternal physiology, infant nutritional needs, infant development, especially the development of biting and chewing, and cultural issues all play a role in the timing of weaning. ***(Eman S et al, .2014)***

Nutritional status is the balance between the intake of nutrients and the expenditure of these in the processes of growth, reproduction, and health maintenance. Under nutrition, especially in children, can lead to substantial problems in mental and physical development. Undernourished children can also suffer several diseases from nutrient deficiencies. Although the overall pattern of growth is genetically determined, it is significantly affected by nutrition. Socioeconomic status, nutritional knowledge and feeding practices among others are some of the reasons why children maybe undernourished. Female head porters who care for their children, due to the low wages they earn may not be able to afford healthy meals and provide the necessary care for these children ***(Laditan,. 1983).***

According to WHO, malnutrition is associated with about half of all child deaths world-wide. Malnutrition among under-five children has serious consequences. Malnourished children have lowered resistance to infection; they are more likely to die from common childhood ailments like diarrheal diseases and respiratory infections,

and for those who survive, frequent illness saps their nutritional status, locking them into a vicious cycle of recurring sickness, faltering growth and diminished learning ability***.(WHO,2006)***

The Egyptian Demographic Health Survey ***(EDHS), (2008),*** recorded a 6 % increase in undernourishment severe enough to stunt growth in children under five, pushing the percentage of stunted Egyptian under five children to 29 % from 23 % in 2000.

Based on the understanding that culture and human behavior influence each other, and that nurses must understand their clients' vision of the world, beliefs, values and customs to better communicate with them**.**
(Leininger M., 1991)

The experience of breastfeeding a child is one of the elements that influence the process of feeding the others. The concern about the child's health, how easy it is to breastfeed, the use of lactogogue/galactogogue foods, beliefs transmitted by family members, and the mother's education are factors that contribute to breastfeeding ***(Fabiana . M .et al, 2011)***

The aim of the present study was to investigate the effect of socio-cultural on growth and feeding of children less than two years

Subjects and Methods

It was through a descriptive sectional study. The study included 120 children living with their mothers who apparently healthy. The samples were collected using random technique who

attending the Breastfeeding Consultancy Clinic at the National Nutrition Institute, Al-Qasr-Al Ain-Cairo with their mothers.

Children were subjected to anthropometric measurements including Weightt, Height, then analyzed to z-scores; weight/height, height /age and weight/age Underweight, if their weight was - 2SD or less below the median of the reference population for weight–for–age and gender. Stunting and wasting were defined as height-for-age and weight–for–height of <- 2 SD from the median of reference population respectively. (WHO, 2006).

The questionnaire provided mothers with 18 simple questions including:

- Information about factors influencing initiation of breastfeeding, duration of breastfeeding,
- Factors that promote breastfeeding or discontinuation of breastfeeding, initiation of complementary foods and type of solid foods eaten by the child
- Sources of information, about child feeding.

Tools:

Weighing scale (GS10) and standard height measuring board were used for weight and height measurements for participants.

Statistical Analysis:

A significant P-value was considered when P is less than 0.05. Data were analyzed by SPSS statistical package version 15. Statistical Package for Social Sciences ***(SPSS 2000).***

Conclusion

The grandmothers are important with regard to the transmission of knowledge, wisdom and experiences related to infant feeding.

From the study findings it is recommended that, Extensive education regarding the benefits must be provided for both parents and optimally the grandmother by physicians, nurses, and the media before pregnancy or within the first trimester.

Results and Discussion

Table (1): Percent distribution of infants according to weight/height Z-score, in relation to location:-

Z score categories (weight/ height)	location				Total		Statistics
	Urban		Rural				
	N	%	N	%	N	%	
< - 2SD (wasted)	15	22.4	11	20.8	26	21.7	DF=2 x^2=0.865 p-value=0.649
±2SD (normal)	51	76.1	42	79.2	93	77.5	
> +2SD (over)	1	1.5	0	0	1	0.8	
Total	67	100	53	100	120	100	

The result in table (1) demonstrated that there was no significant difference (p>0.05) between urban and rural location and weight for height Z-score may be due to a small sample size. the overall prevalence wasting was higher in urban (22.4%) areas than rural (20.8%) areas, while (76.1%-79.2%) from both location urban and rural infants were normal weight respectively.as a result of the

mothers' departure to work or study and the mother's lack of interesting the proper feeding of infants, our results are in agreement with *(**UNICEF (2015)*** results indicated that 8.4%-8.5% of children under the age of five were wasted in both location respectively.

Table (2): Percent distribution of infants according to Height/age Z-score, in relation to location:-

Z score categories (height / age)	location				Total		Statistics
	Urban		Rural				
	N	%	N	%	N	%	
< - 2SD(stunted)	32	47.8	22	41.5	54	45	DF=2 x^2=0.962 p-value=0.618
±2SD (normal)	34	50.7	29	54.7	63	52.5	
> +2SD(tall)	1	1.5	2	3.8	3	2.5	
Total	67	100	53	100	120	100	

The results in table (2) illustrated that there was no significant difference (p> 0.05) between urban and rural and height for age Z-score. This might be due to difference in method used and sample size variation. The overall prevalence stunting was 45% and was higher in urban (47.8%) areas than rural (41.5%) areas, while (50.7%-54.7%) from both location urban and rural infants were normal height respectively.as a result of the great influence of the media on urban areas and their impact on the consumption of mothers of fast food ,our results are in agreement with the ***EDHS2008*** Considering print media, urban women, especially those living in the Urban Governorates and urban Lower Egypt, women with a secondary or higher education, and Background Characteristics of Respondents • 33 women in the highest wealth quintile were most likely to report reading a newspaper or magazine on a weekly basis. Regular exposure to radio broadcasts was highest in Lower Egypt

and lowest in Upper Egypt and the three Frontier Governorates included in the survey.

Table (3): Percent distribution of infants according toWeight/age Z-score, in relation of location:-

Z score categories (weight/ age)	location				Total		Statistics
	Urban		Rural				
	N	%	N	%	N	%	
< - 2SD(underweight)	24	35.8	20	37.7	44	36.7	DF=2
±2SD (normal)	42	62.7	33	62.3	75	62.5	x^2=0.821
> +2SD(over)	1	1.5	0	0	1	0.8	p-value=0.663
Total	67	100	53	100	120	100	

Data presented in table (3) indicated that there was no significant difference (p> 0.05) between urban and rural location and weight for age Z-score but The overall prevalence underweight was higher in rural (37.7%) areas than urban (35.8%) areas, while (62.7%-62.3%) from both location urban and rural infants were normal weight respectively. May be due to the rural have the same characteristics of urban, such as water supply our results are disagreement with ***Khatab, (2007)*** showed that urban children are less likely than their rural counterparts to be underweight because rural living was expected to have many problems, such as poor health, use of unprotected water supplies.

Table (4): Percent distribution of infants according to reasons for use another method with breastfeeding to fed infants in relation to location:-

reasons for use another method with breastfeeding	location				Total		Statistics
	Urban		Rural				
	N	%	N	%	N	%	
Grandmothers	7	10.4	10	18.9	17	14.2	
Father	1	1.5	0	0	1	0.8	
Previous experience	11	16.4	7	13.2	18	15	
Protection against infection	25	37.3	13	24.5	38	31.7	DF=8
Not enough milk	17	25.4	17	32.1	34	28.3	x^2=6.665
Exit for work or study	1	1.5	0	0	1	0.8	p-value=
The child rejected the mother's milk	3	4.5	3	5.7	6	5	0.573
Childhood illness/ Mother illness	1	1.5	1	1.9	2	1.7	
Family tradition /cultural beliefs	0	0	1	1.9	1	0.8	
Total	67	100	53	100	120	100	

As summarized in table (4) the majority of reasons to use another methods with breast milk to feeding infants, there was no significant difference (p> 0.05) between reasons for determining the methods used with breast milk to feeding infants and location but (18.9%)of the infants chose their mothers another method of feeding with breast milk depending on the decision of grandmothers, while the influence of grandmothers to make the decision less in urban and was 10.9% as a result to the grandmothers are important with regard to the transmission of knowledge, and experiences related to infant feeding in rural. More than one-third (37.3%) of urban mothers chose another method to feed infants with breast milk to prevent infection, while the proportion of mothers was lower in urban areas, 24.5% chose another way to feed infants with breast milk to prevent infection Increase awareness and health education on urban areas .

more than rural , About (32.1%)of rural mothers opted for other ways with breast milk for insufficient breast milk to feed infants, while the percentage was lower in urban areas (25.4%) than the probability that urban mothers were insufficient to breastfeed infants.

The prevailing belief in rural areas is inadequate Breast milk for infant nutrition this agreement with many studies ***Fabiana .M .et al, 2011*** showed that Among the 11 primiparous, six said they were married. Of the unmarried women, three reported they lived with their families primiparous women did not oppose to the advice given by their mothers with regard to feeding their infants. Moreover, not only the mother's mother provided guidance, but also the father's mothers, showing that the new mother recognizes the knowledge grandmothers have taking care of their grandchild, ***and Jasim M, and Ahmed .H (2015)*** reported that the factors that influence the choice of feeding other than exclusive breast feeding. Milk insufficiency with subsequent fears of infant under nutrition had been found to be the most common factor influence the choice of feeding (51.78%).

Table (5): Percent distribution of infants according to source of information about infants feeding in relation to weight/height:

source of information about infant feeding	Z score categories (weight for height)						Total		Statistics
	< - 2sd (wasted)		±2SD (normal)		> +2SD (over)				
	N	%	N	%	N	%	N	%	
Grandmothers	3	15.8	16	84.2	0	0	19	100	DF=8 x^2=8.564 p-value= 0.380
Relatives	9	24.3	28	75.7	0	0	37	100	
Doctor	2	13.3	12	80	1	6.7	15	100	
Media	2	33.3	4	66.7	0	0	6	100	
Previous experience	10	23.3	33	76.7	0	0	43	100	
Total	26	21.7	93	77.5	1	0.8	120	100	

The result from table (5) demonstrated that that there was no significant difference (p> 0.05) between source of information about infant feeding and weight for height z-score may be due to a small sample size, The result showed , about (24.3%) of infants whose mothers depended on relatives as a source of information about infants feeding were wasted while (33.3%) of infant whose mothers depended on media as a source of information about infants feeding were wasted, and about (13.3%) of infants whose mothers depended on a doctor as a source of information about infants feeding were wasted, in this study we found that media has a negative impact on infant feeding through the spread of erratic infant feeding methods this results disagreement with ***Tsedeke. W et al., 2014*** found that all mothers in the study 216 (98.2%) were ever practiced breast feeding and were got health information about breast feeding. Their main source of information was health institutions 146(66.36%), health institutions and mass media 64 (29.1%), books 08 (3.64%) and

others 02(0.90%). From the total 220 mothers who were participated in the study, 104 (47.3%) mothers had good health status with fertility determinants showed that 54 (24.5%) long birth interval greater than 04 years.

Table (6) Percent distribution of infants according to Kind of liquids used before starting breastfeeding in relation to weight/height:

Kind of liquids used before starting breastfeeding	Z score categories (weight for height)						Total		Statistics
	< - 2sd (wasted)		±2SD (normal)		>+ 2SD (over)				
	N	%	N	%	N	%	N	%	
Not use	3	11.5	20	21.5	0	0	23	19.2	DF=6
Herbal fluids	21	80.8	68	73.1	0	0	89	74.2	x^2=24.659
Glucose	1	3.8	2	2.2	0	0	3	2.5	p-value=
Artificial milk	1	3.8	3	3.2	1	100	5	4.2	0.000
Total	26	100	93	100	1	100	120	100	

As shown in table (6) there was a significant difference ($p<0.01$) between kind of liquids had before starting breastfeeding and infants' weight for height z-score revealed that, (80.8%) of infants were wasted when their mothers feed them the herbal drinks before starting breastfeeding, about (73.1%) of infants were normal when their mothers feed them the herbal before starting breastfeeding as a results to Mother's believe infants need energy immediately after birth, which negatively affects the baby's intake of breast milk and does not get the needs of other nutrients, this results agree with ***Patel A, etal.,2013*** found that, One in three infants had been given a pre-lacteal feeding in form of sugary water and some herbs because of the family beliefs that this will prevent the development of neonatal

jaundice or that baby needs early energy source and the intake of milk was poor. The rate increases with high socioeconomic level and this agrees with a study done in Nipale.

Table (7): Percent distribution of infants according to initiation of breastfeeding in relation to height/age:-

initiation of breastfeeding	Z score categories (height for age)						Total		Statistics
	< - 2sd (stunted)		±2SD (normal)		>+ 2SD (over)				
	N	%	N	%	N	%	N	%	
Less than one hour	8	44.4	9	50	1	5.6	18	100	DF=8 x^2=5.940 p-value= 0.654
Two hour	17	53.1	15	46.9	0	0	32	100	
24 hours	15	41.7	19	52.8	2	5.6	36	100	
3 days	15	46.2	14	53.8	0	0	26	100	
Week	5	25	6	75	0	0	8	100	
Total	54	45	63	52.5	3	2.5	120	100	

As demonstrated in table (7) data confined that, there was no significant difference (p> 0.05) between Initiation of breastfeeding and height for age z-score , about (44.4 %) of infants who started breastfeeding within Less than one hour of birth were stunted, while (53.1%) of infants who started breastfeeding within two hours of birth were stunted, result in this study found that the more delayed the start of breastfeeding, the higher the proportion of stunted, This is consistent with ***MeshramII., et al.,2012*** showed that no significant association was observed between feeding practices and nutritional status of infants, but the prevalence of underweight and stunting was higher among infants who had not received colostrum as compared to infants who received colostrum..

Table (8) percent distribution of infants according to Reasons for use another method with breastfeeding to fed infant in relation to weight/height

Reasons to use another method with breastfeeding	Z score categories (weight for height)						Total		Statistics
	< - 2sd ((wasted)		±2SD (normal)		> +2SD (over)				
	N	%	N	%	N	%	N	%	
Grandmothers	4	15.4	13	14	0	0	17	14.2	
Father	0	0	1	1.1	0	0	1	0.8	
Previous Experience	6	23.1	12	12.9	0	0	18	15	
Protection against infection	5	19.2	33	35.5	0	0	38	31.7	DF=16
Not enough milk	8	30.8	25	26.9	1	100	34	28.3	x^2=10.074
Exit for work or study	1	3.8	0	0	0	0	1	0.8	p-value=
The child rejected the mother's milk	1	3.8	5	5.4	0	0	6	5	0.863
Children illness/ Mother illness	1	3.8	3	3.2	0	0	4	3.3	
Family tradition /cultural beliefs	0	0	1	1.1	0	0	1	0.8	
Total	26	100	93	100	1	100	120	100	

Table (8) showed that , there was no significant difference (p> 0.05) between kind of another methods used with breast milk to fed infant and weight for height z-score may be due to a small sample size, one third (30.8%) of infants whose their mothers used another food as a result of their mother's belief that milk is insufficient to feed were wasted, while(15.4%) of infants whose grandmothers decided to use another food with breast milk to feed were wasted, (19.2%) of infants who their mothers used another food as a result of mothers 'belief that protect them from infection were wasted, (23.1%) of infants whose mothers used another food as a result of their mother's belief Previous Experience from older child enough to know how feed infants ,The prevailing belief that milk is insufficient for infant feeding

is the major impact on the nutritional status of infants due to lack of good knowledge of the benefits of breastfeeding, this result was agree with ***Gihan F. Ahmad, et al.2014*** found that There was low awareness of the benefits of exclusive breastfeeding. In our results mothers belonging to low social status families in the studied governorates as well as in middle social status families in Assiut did not have any knowledge about the benefits of breast feeding This can be attributed to the fact that the dominant characteristics of the study population were mothers of low socioeconomic class.

Table (9) percent distribution of infants according to reasons for introduced of solid foods in relation to weight/height:-

reasons for introduced of solid food s for infants?	Z score categories (weight for height)						Total		Statistics
	< - 2sd (wasted)		±2SD (normal)		>+ 2SD (over)				
	N	%	N	%	N	%	N	%	
Not feed	0	0	3	3.2	0	0	3	2.5	DF=18 X^2=12.895 P-value= 0.798
Grandmothers	3	11.5	16	17.2	0	0	19	15.8	
Father	0	0	3	3.2	0	0	3	2.5	
Previous Experience	9	34.6	27	29	0	0	36	30	
Protection against infection	3	11.5	17	18.3	0	0	20	16.7	
Not enough milk	5	19.2	19	20.4	1	100	25	20.8	
Exit for work or study	1	3.8	0	0	0	0	1	0.8	
The child rejected the mother's milk	2	7.7	2	2.2	0	0	4	3.3	
Children illness/ Mother illness	2	7.7	4	4.3	0	0	6	5	
Family tradition /cultural beliefs	1	3.8	2	2.2	0	0	3	2.5	
Total	26	100	93	100	1	100	120	100	

Data presented in table (9) illustrated that there was no significant difference (p> 0.05) between reasons of introduced the solid foods to infants and infant's weight for height z-score may be due to a small sample size. The result showed that (34.6%) of infants whose mothers introduce solid foods depended on previous experience in feeding older child were wasted as result to lack of maternal knowledge and increased maternal responsibilities, while (19.2%)of infants whose mothers introduce solid foods, as a results to as a result of their mother's belief that milk is insufficient to feed were wasted. Current result confirms that Increased maternal burden of responsibilities led to early introduction of other foods before

6months of age as the mothers could not afford time to adequately breastfeed the child.Lack of knowledge about child feeding as exampled in perception of “insufficient breast milk” by so many of the respondents led to early introduction of foods. ***(Linet N,et al., (2016).***

Table (10): pecent distribution of infants according to reasons for stopping breastfeeding in relation to weight/height:

reason for stopping breastfeeding	Z score categories (weight for height)						Total		Statistics
	< - 2sd (wasted)		±2SD (normal)		> +2SD (over)				
	N	%	N	%	N	%	N	%	
Grandmothers	2	18.2	9	81.8	0	0	11	100	DF=14 x^2=14.466 pvalue= 0.416
Father	1	33.3	2	66.7	0	0	3	100	
Previous Experience	8	22.2	28	77.8	0	0	36	100	
Protection against infection	2	13.3	13	86.7	0	0	15	100	
Not enough milk	7	33.3	14	66.7	0	0	21	100	
Exit for work or study	0	0	0	0	0	0	0	100	
The child rejected the mother's milk	2	28.6	5	71.4	0	0	7	100	
Children illness/ Mother illness	4	33.3	8	66.7	0	0	12	100	
Family tradition /cultural beliefs	0	0	14	93.3	1	6.7	15	100	
Total	26	21.7	93	77.5	1	0.8	120	100	

As shown in table (10) there was no significant difference (p>0.01) between reason for stopping breastfeeding and infant's weight for height z-score may be due to a small sample size. About (18.2%) of infants whose grandmothers decided to stop breastfeeding at a certain age were wasted, while infants whose father decided to stop breastfeeding and mother's beliefs breast milk not enough to fed infants have the same effect to stop breastfeeding before certain age so infants were wasted (33.3%-33.3%)

respectively and (19.4%) of infants whose mother decided to stop breastfeeding based on her previous experience with his older children, so she stooped breastfeeding at a certain age were wasted.

Our result are agreement with ***Imonikebe, 2009*** showed that Decision on when to wean baby was taken by 71% of the mothers; 21% of them said their husbands, 7% stated that doctors made such decisions for them.

Table (11): Percent distribution of infants according to source of information about infants feeding in relation to weight/age:

source of information about infant feeding	Z score categories (weight for age)						Total		Statistics
	< - 2sd (underweight)		±2SD (normal)		> +2SD (over)				
	N	%	N	%	N	%	N	%	
Grandmothers	8	42.1	11	57.9	0	0	19	100	DF=8 x^2=8.564 p-value= 0.380
Relatives	16	43.2	21	56.8	0	0	37	100	
Doctor	5	33.3	9	60	1	6.7	15	100	
Media	3	50	3	50	0	0	6	100	
Previous experience	12	27.9	31	72.1	0	0	43	100	
Total	44	36.7	75	62.5	1	0.8	120	100	

Table (11) illustrated that there was no significant difference (p>0.05) between source of information about infant feeding and weight for age z-score, the result showed that infants whose mothers depended on Grandmothers and relatives as a sources of information about infants feeding were underweight, (42.1-43.2%) respectively, (50%) of infants when mothers depended on media as a source of information about infants feeding, The media has been the most influential in infecting infants with malnutrition, this result agree with ***Ai Yue. et al.,2018*** reported that this study is to examine whether infant feeding practices differ between mothers and grandmothers in rural China, the majority of caregivers (83%) reported obtaining information from their own experiences, families, or friends.

Fewer than 15% of all caregivers in our sample received information from their local doctor, local bureaus of family planning, or women's representatives. Less than half (45%) of the caregivers in our sample received any information from books, TV, or the Internet. Mothers and grandmothers differed in terms of where they received their information on feeding practices. Mothers were significantly more likely to report obtaining information from official sources: 19% of mothers reported receiving information from the local doctor, local bureaus of family planning, or the women's representative, compared with 10% of grandmothers. Likewise, 52% of mothers reported receiving information from popular media (books, TV, or the Internet) compared with 31% of grandmothers. In both of these cases, we find that these differences are statistically significant at the 1% level.

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تأثير العوامل الأجتماعية والثقافية على تغذية ونمو االاطفال اقل من عامين

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المخلص العربي

التغذية المناسبة والكافية هي شرط أساسي لحالة تغذوية جيدة فى اى وقت من الحياة البشرية لأن استهلاك النظام الغذائي غير الكافي يؤدي إلى سوء التغذية عادة ما يتم تحديد التغذية السليمة في السنوات الأولى من الحياة من خلال ممارسة التغذية ، والتي تشمل أساليب وتواتر التغذية ، ودرجة التحفيز والتفاعل مع الآباء.

تؤدي ممارسات تغذية الرضع دورًا رئيسيًا في تحديد الحالة التغذوية للأطفال وترتبط بالعوامل الاجتماعية والاقتصادية والديمغرافية للأسر ...
في البلدان النامية ، حيث يكون سوء التغذية والتقزم والهزال أكثر شيوعًا مما هو عليه في الولايات المتحدة ، ارتبطت الرضاعة الطبيعية الخالصة لمدة ٦ أشهر بالنمو الأمثل.
أجريت هذه الدراسة على ١٢٠ من الأطفال الأصحاء الذين تقل أعمارهم عن سنتين وتم اختيارهم عشوائيا وبرفقتهم امهاتهم من عيادة استشارات الرضاعة الطبيعية في المعهد االقومي للتغذية.وتم قياس الوزن والطول للطفل وتحديد الحالة الغذائية والصحية بأستخدام كل من الوزن /الطول , الوزن/للعمروالطول/للعمر وبعدها تم عمل مقابلة شخصية مع الام لملأ الاسبيان الخاص بتغذية الطفل وكيفية حصولها على معلومات عن تغذية الرضع لمعرفة تأثير العوامل الاجتماعية والثقافية على نمو وتغذية الأطفال.

تم الحصول على معلومات حول نمط التغذية ونموها من الأم الوصي باستخدام استبيان متدرج. تم قياس وتحليل المعلمات القياسات البشرية بمعلمات مكررة مثل درجة Z للوزن والوزن للطول والوزن للعمر والطول للعمر .أظهرت الدراسة أن حوالي ثلاثة أرباعهم (٧٨٪) من الاطفال كانوا هزال ، من ناحية أخرى ، حوالى نصف عينة الدراسة (٤٥٪) كانوا مصابين بالتقزم حوالى (٣٦,٧٪) من العينة مصابين بنقص الوزن يختار حوالي (١٨,٩٪) من الأطفال أمهاتهم طرقًا أخرى للتغذية بحليب الأم اعتمادًا على قرار الجدات في الريف ، بينما كان تأثير الجدات في اتخاذ القرار أقل في المناطق الحضرية وكان ١٠,٩٪ .

أقل ربع (٢٤,٣٪) من الأطفال الذين كانت أمهاتهم يعتمدون على أقاربهم كمصدر للمعلومات حول إطعام الأطفال الرضع تم إهدارهم بينما (٣٣,٣٪) من الأطفال الذين اعتمدت أمهاتهم على وسائل الإعلام كمصدر لمعلومات حول إطعام الرضع ، وحوالي (١٣,٣) النسبة المئوية للرضّع الذين اعتمدت أمهاتهم على الطبيب كمصدر للمعلومات حول إرضاع الرضع ، في هذه الدراسة وجدنا أن وسائل الإعلام لها تأثير سلبي على تغذية الرضع من خلال انتشار طرق التغذية غير المنتظمة للرضع .الجدات مهمة فيما يتعلق بنقل المعرفة والحكمة والخبرات المتعلقة بتغذية الرضع. فيما يتعلق بالرعاية التمريضية التي تركز على استقلالية الموضوعات ومسؤوليتها التي تنطوي على التطابق الثقافي ، ينبغي للممرضة أن تفكر في أن تفاعلات المجموعة العائلية ، في حركتها الجدلية ، تعدلها وتُعدلها ثقافتها..

من نتائج الدراسة ، يوصى بضرورة توفير تعليم مكثف بشأن الفوائد لكل من الوالدين والجدة على أفضل وجه من قبل الأطباء والممرضات ووسائل الإعلام قبل الحمل أو خلال الثلث الأول من الحمل.