

Poor complementary feeding practices among young children in Cameroon

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Sir

Globally, 6.9 million children below the age of five years died in 2011, and 33% of these deaths are linked to malnutrition.¹ Nutrition plays a vital role in the development and health of children.² Children during the first two years of life are particularly vulnerable to growth retardation, micronutrient deficiencies, and common childhood illnesses such as diarrhoea and acute respiratory infections.^{3,4} Insufficient quantities and inadequate quality of complementary foods, poor child-feeding practices and high rates of infections have a detrimental impact on health and growth during the first two years of life.⁵ Children, even after receiving optimum breastfeeding, will become stunted if they do not receive sufficient quantities of quality complementary foods after six months of age.⁶ Despite the fight against malnutrition in Cameroon, infant and young child feeding (IYCF) practices are generally poor and appear not to have improved due to poor education of parents/caregivers, cultural practices and poverty.^{3,7}

Child undernutrition and poor feeding practices remain a concern in Cameroon, as rural women are not educated and still uphold traditional values and practices regarding complementary feeding, leading to high rate of child under-nutrition.^{8,9} Few children receive adequate and safe complementary foods^{4,5} and more than one-third of infants are not fed appropriately with both breast milk and other foods, as 23% of households are food insecure during the important transition period wherein solid food and breast milk are to be given to children.¹⁰ In many countries less than a fourth of infants 6–24 months of age meet the criteria of dietary diversity and feeding frequency that are appropriate for their age.^{1,2} The North and Far North regions of Cameroon record 8 out of 10 cases of malnutrition with more than half of the remainder coming from the East region of the country.⁵ Moreover, the situation continues to deteriorate with an estimated 229 000 cases of malnourished children (34% being severe cases) noted at the start of 2015.⁵ Product awareness is lower among caregivers in Cameroon, especially in those from poorer households.^{2,4} Caregivers/mothers with little education have poor knowledge of the effects of

poor complementary feeding on their children and most of the children are undernourished, indicating unsuitable complementary feeding practices.^{1,5} The influence and impact of culture custodians, such as grandmothers and mothers-in-law, on primary caregivers in rural communities plays a critical role in shaping feeding practices and, subsequently, nutrition outcomes and child health, thereby leading to malnutrition.⁵⁻⁷ Lack of knowledge impacts on critical aspects of child-feeding, such as early initiation of breastfeeding, exclusive breastfeeding for six months, and timely introduction of age-appropriate complementary feeding, all of which are key aspects of the process of preventing childhood malnutrition and associated mortality.^{3,7}

Under-nutrition is estimated to be associated with 2.7 million child deaths annually or 45% of all child deaths.^{1,3} Therefore IYCF in Cameroon is a key area to improve child survival and promote healthy growth and development.^{4,5}

The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

Recommendations

Interventions, particularly in the form of health education, should be targeted at the entire population, irrespective of educational and socioeconomic status.

Complementary feeding education should be given to the mothers because of its positive impact on linear growth of infants. Complementary feeding education is relevant for the low to middle-income households where access to food is not a constraint, and it is the knowledge about complementary feeding that is deficient.

Strategies like the Baby Friendly Hospital Initiative should be encouraged in Cameroon.

Affordable, nutritious, and locally produced fortified complementary food products should also be introduced.

Given the high prevalence of malnutrition and poor IYCF practices, additional modes of delivering IYCF interventions and improving IYCF practices should be considered.

The possible influence of culture on dietary practices among children living in rural areas of Cameroon should be investigated.

References

1. World Health Organization. WHO Malnutrition - The Global Picture [Internet]. No date [cited 1 November 2016]. Available from: <http://www.who.int/home-page/>.
2. World Health Organization. Fact sheet n° 178. Geneva: World Health Organization. Children: reducing mortality. 2014 [cited 5 November 2016]. Available from: <http://www.who.int/mediacentre/factsheets/fs178/en/>.
3. UNICEF. Humanitarian Action Update. Children in Crisis in the Sahel. Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal. 2012a [cited 17 October 2016]. Available from: http://www.unicef.org/hac2012/files/UNICEF_Humanitarian_Action_Update_Sahel_-_June_2012.pdf
4. Jackson Jr. NN, Cumber SN. Eradicating malnutrition in Cameroon. 2016. *South Afr J Clin Nutr*. doi: 10.1080/16070658.2016.1217649
5. Cumber SN, Jaila S, Bongkiynuy N, Tsoka-Gwegweni J. Under Five Malnutrition Crises in the Boko Haram Area of Cameroon. 2016. doi:10.1080/16070658.2016.1251685
6. Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child under nutrition and survival. *Lancet*. 2008;371:417–40.
7. Nandan D, Yunus S. Infant and young child feeding (IYCF) practices need a fillip. *Health Popul Perspect Issues*. 2009;32.
8. Sobze MS, Wadoum RG, Temgoua E, Donfack JH, Ercoli L, Buonomo E, et al. Evaluation of the nutritional status of infants from mothers tested positive to HIV/AIDS in the health district of Dschang, Cameroon. *Pan Afr Med J*. 2014;18:91. Available from: <http://doi.org/10.11604/pamj.2014.18.91.2794>
9. Bain L E, Awah P K, Geraldine N, Kindong N P, Sigal Y, Bernard N, et al. Malnutrition in Sub – Saharan Africa: burden, causes and prospects. *Pan Afr Med J*. 2013;15:120. Available from: <http://doi.org/10.11604/pamj.2013.15.120.2535>
10. United Nations Development Programme. Human Development Index 2012. [cited 19 November 2016]. Available from: <http://hdr.undp.org/en/data>