

# COMPLEMENTARY FEEDING PRACTICES IN PAKISTAN

## AN IN-DEPTH ANALYSIS OF PDHS 2012-13



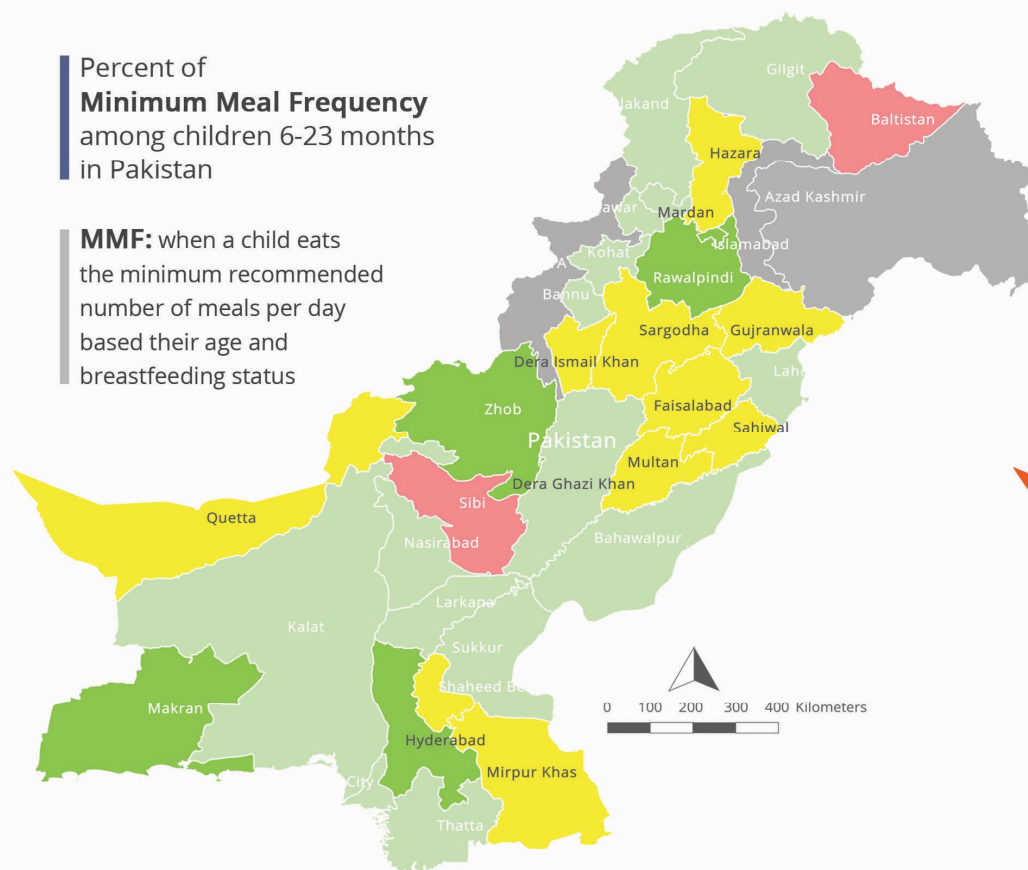
### THE NATIONAL LEVEL FINDINGS

The proportion of children aged 6-23 months received **63% of Minimum Meal Frequency (MMF)**; **22% of Minimum Dietary Diversity (MDD)** and only **15%** received a Minimum Acceptable Diet (MAD).

**Most children (78%) have suboptimal dietary diversity.**

Percent of **Minimum Meal Frequency** among children 6-23 months in Pakistan

**MMF:** when a child eats the minimum recommended number of meals per day based their age and breastfeeding status



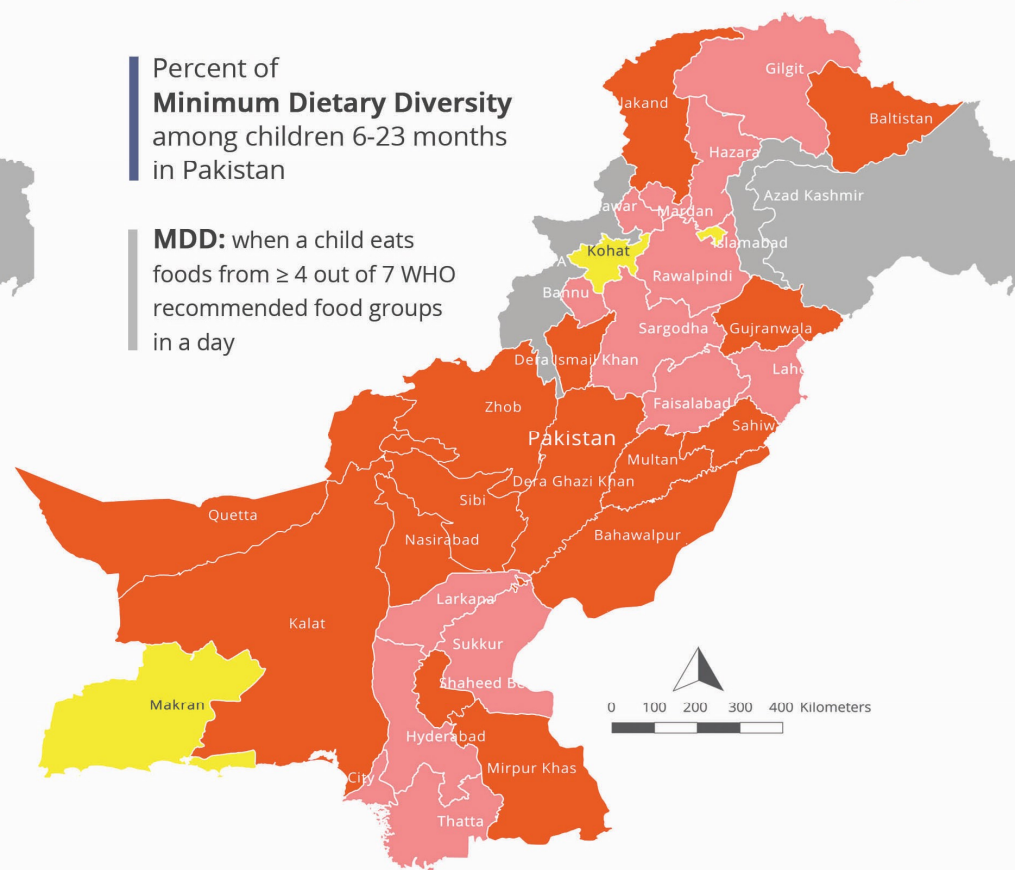
**Legend Percentage**

0.0 - 19.9	40.0 - 59.9	80.0 - 100.0
20.0 - 39.9	60.0 - 79.9	No Data

Source: Pakistan Demographic and Health Survey (PDHS) 2012-13

Percent of **Minimum Dietary Diversity** among children 6-23 months in Pakistan

**MDD:** when a child eats foods from  $\geq 4$  out of 7 WHO recommended food groups in a day



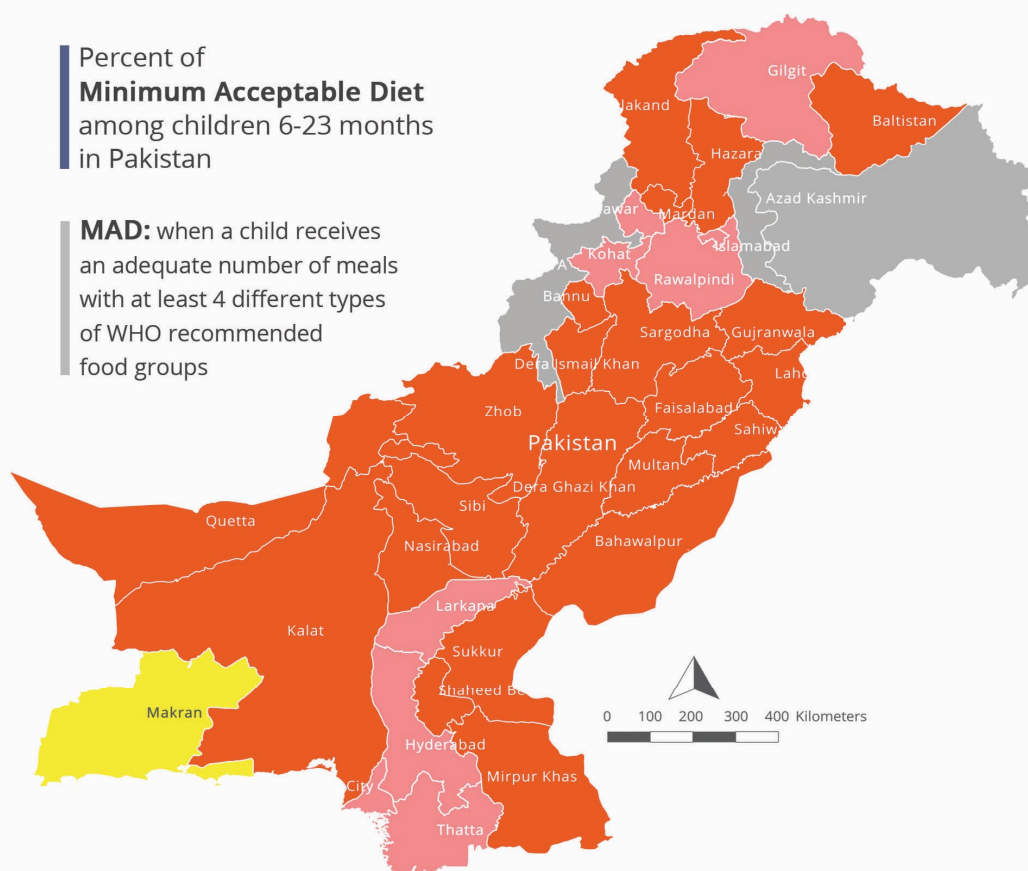
**Legend Percentage**

0.0 - 19.9	40.0 - 59.9	80.0 - 100.0
20.0 - 39.9	60.0 - 79.9	No Data

Source: Pakistan Demographic and Health Survey (PDHS) 2012-13

Percent of **Minimum Acceptable Diet** among children 6-23 months in Pakistan

**MAD:** when a child receives an adequate number of meals with at least 4 different types of WHO recommended food groups



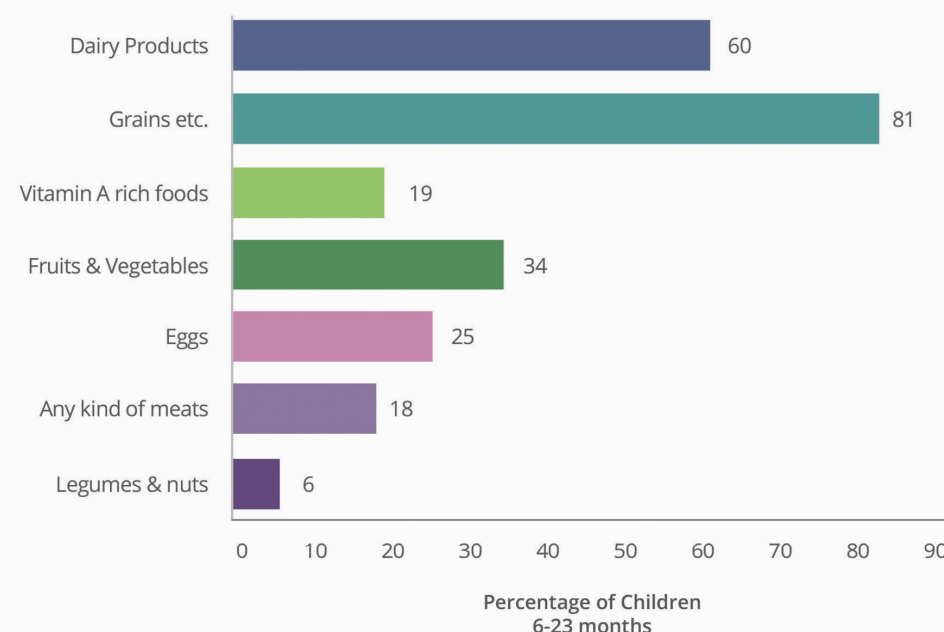
**Legend Percentage**

0.0 - 19.9	40.0 - 59.9	80.0 - 100.0
20.0 - 39.9	60.0 - 79.9	No Data

Source: Pakistan Demographic and Health Survey (PDHS) 2012-13

### CONSUMPTION OF WORLD HEALTH ORGANIZATION RECOMMENDED FOOD GROUPS

In Pakistan, the consumption of grains, roots and tubers was found to be highest (81%), while the consumption of legumes and nuts was lowest (6%) among children aged 6-23 months.

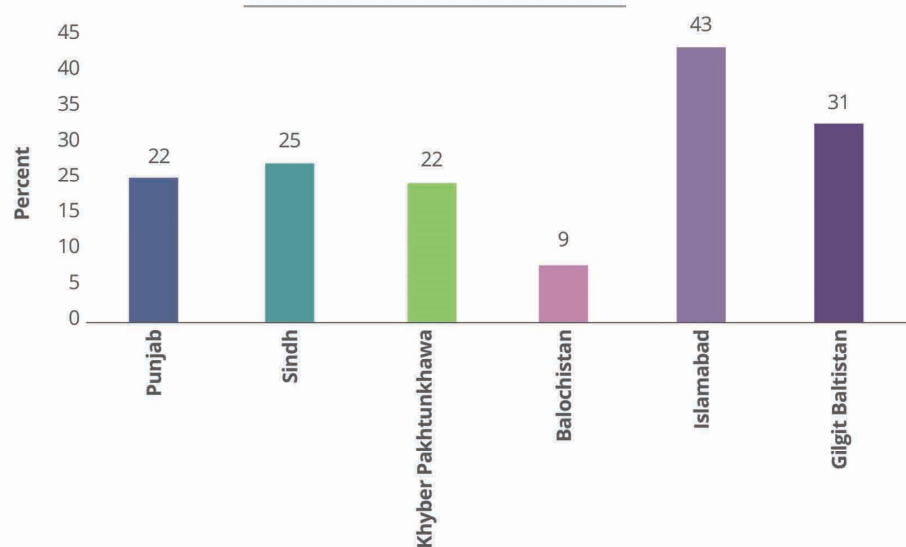




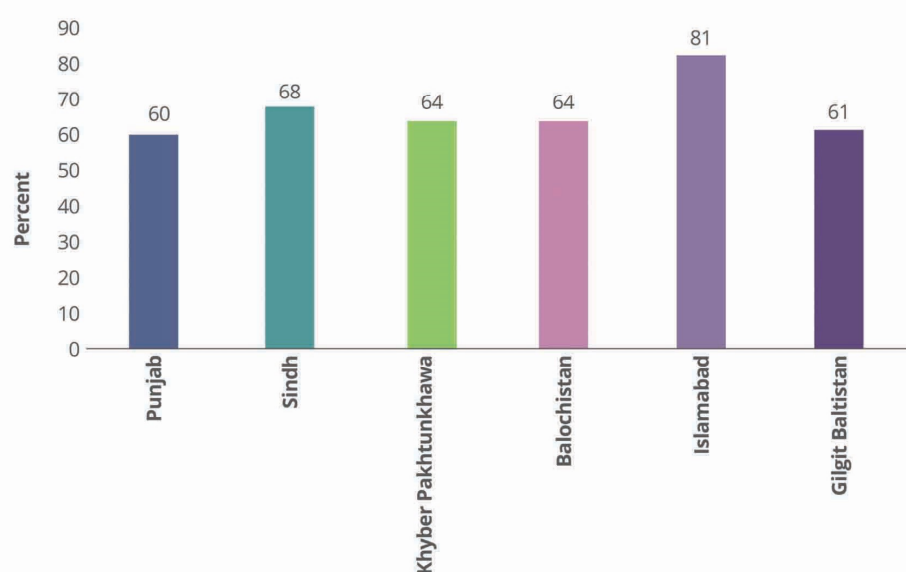
## PROVINCIAL LEVEL FINDINGS

## COMPLEMENTARY FEEDING PRACTICES

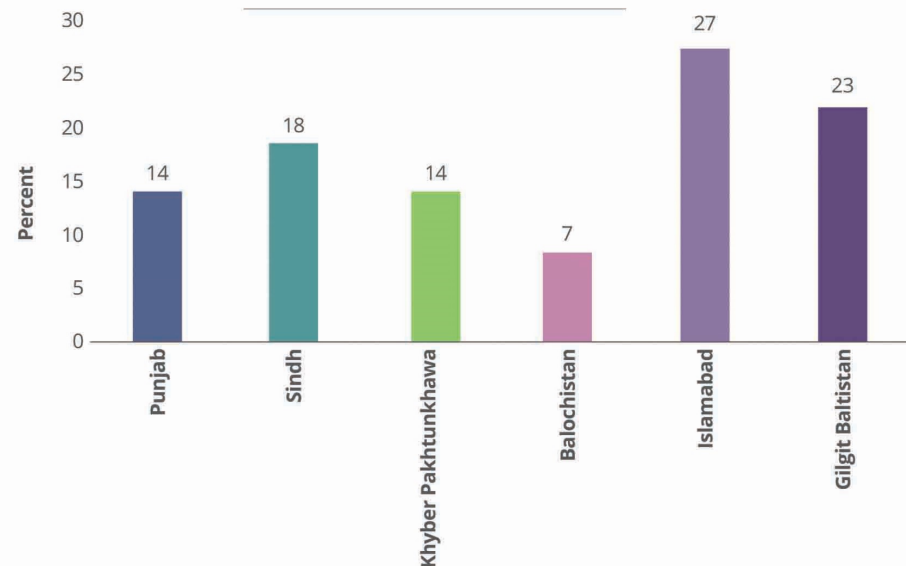
## Distribution of Minimum Dietary Diversity across provinces and regions among children 6-23 months in Pakistan



### Distribution of Minimum Meal Frequency across provinces and regions among children 6-23 months in Pakistan









### Distribution of Minimum Acceptable Diet across provinces and regions among children 6-23 months in Pakistan



## DIETARY PATTERNS ACROSS PROVINCES

### Children aged 6-23 months



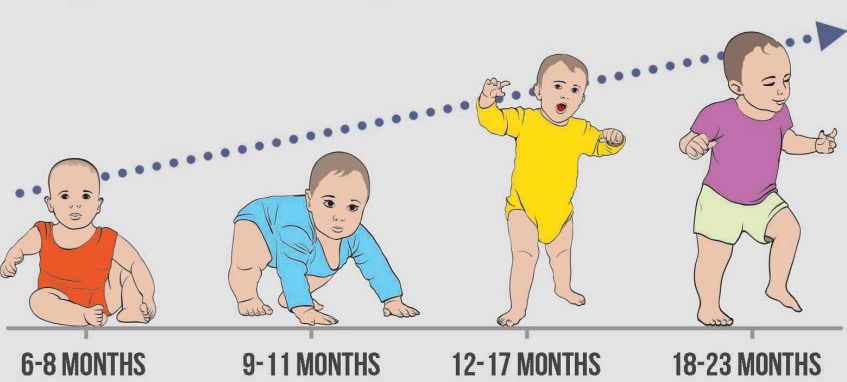
-  Punjab (71%) and Islamabad (74%) consumed the most dairy products; Khyber Pakhtunkhwa (KP) and Gilgit Baltistan (GB) consumed the least dairy products (around 30%)
-  Vitamin A rich foods were consumed most in KP (37%)
-  Consumption of other fruits & vegetables and eggs was highest in Islamabad (55% & 44%, respectively)
-  Consumption of any type of meat & legumes and nuts was highest in GB (36% & 14%, respectively)
-  Children in Sindh were the most likely (89 percent) and children in Balochistan (74%) were the least likely to receive foods rich in carbohydrates
-  The proportion of children who consumed foods rich in carbohydrates with low quality proteins was highest in GB (14%), followed by KP (12%), Islamabad (9%), Balochistan (5%), Sindh (5%) and Punjab (4%)



# FACTORS INFLUENCING COMPLEMENTARY FEEDING PRACTICES

## 1 AGE OF CHILD

Complementary feeding practices get better as the child grows



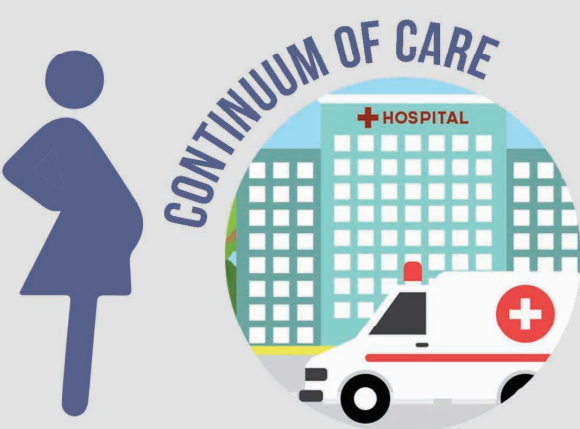
A statistically significant association was found between children's age and complementary feeding practices.



The likelihood of children receiving MAD, MDD and MMF increases as the age increase.

## 4 CONTINUUM OF CARE

Mothers who receive continuum of care provide better complementary feeding practices



Children whose mothers received continuum of care were more likely to be fed according to recommended complementary feeding practices (MDD, MMF and MAD).

## 2 AGE OF MOTHER

Older mother provides more food groups/diverse diet to the child



Children with mothers aged 19-34 years are 2.3 times more likely to attain MDD than children of younger mothers (15-18 years).

## 5 DECISION MAKING

More the mother is involved in decision making, the more food groups the child consumes



Mother's involvement in the decision making process regarding major household purchases was positively associated with the consumption of more food groups.

## 3 EDUCATION

Breastfed children with educated parents have better complementary feeding practices



Among breastfed children, both parents' education had a positive association with complementary feeding practices (MDD, MMF and MAD) as compared to other categories of parental education.

## 6 MEDIA EXPOSURE

More the mother is exposed to media, the more food groups the child consumes



Mothers who were exposed to media such as magazines, television and radio were more likely to give their children MDD and MAD than the mothers with no exposure to media.



# FACTORS INFLUENCING COMPLEMENTARY FEEDING PRACTICES

## 7 TYPE OF FAMILY

When living in an extended family, the child has better complementary feeding practices



Children living in an extended family received more MDD, MMF and MAD as compared to the children living in a nuclear family

## 8 HAND WASHING WITH SOAP

Handwashing with soap and water has a positive impact on complementary feeding practices







## 9 POVERTY

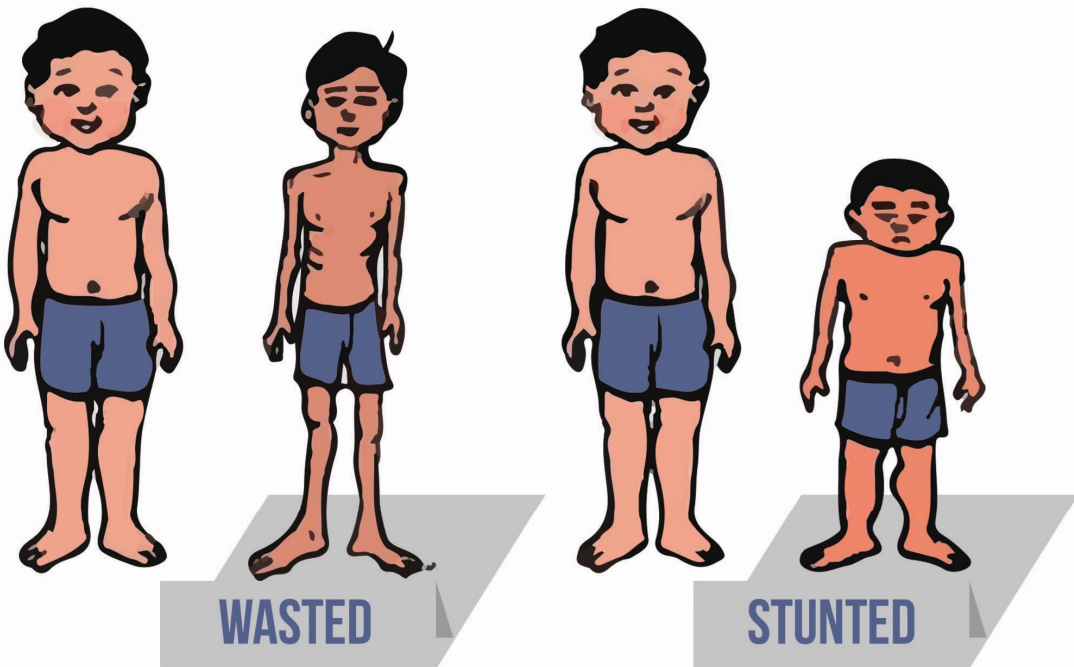
Consumption of seven food groups increases as the wealth quintiles increase






# ASSOCIATION BETWEEN COMPLEMENTARY FEEDING PRACTICES AND MALNUTRITION

## STUNTING AND WASTING

-  Children who were not stunted consumed more dairy products (60%), other fruits and vegetables (40%), eggs (31%) and meat (20%) as compared to stunted children (55%, 31%, 23% and 17% respectively)
-  Stunted children received less MAD (11%) as compared to children who are not stunted (17%)
-  Wasted children received less MAD (11%) and MDD (16%) as compared to children who are not wasted
-  Consumption of foods rich in vitamin A and iron was lower in stunted, wasted and underweight children aged 6-23 months



## KEY MESSAGES

-  Suboptimal child feeding practices are prevalent in Pakistan. Most children (78%) have insufficient dietary diversity and only 15% receive a minimally acceptable diet
-  Several nutrient-rich food groups are rarely consumed; fewer than one in five children consume legumes, meat or fish, or vitamin A-rich fruits and vegetables
-  Common risk factors for suboptimal child feeding are poverty and limited access to health and nutrition services in the community. This underlies the need to improve the capacity of programs, health professionals, and community workers to support good complementary feeding

\* This material has been funded by UK Aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.