

EXPLORING MOTHERS' PERCEPTION ABOUT NUTRITION FOR CHILDREN BETWEEN 6 AND 24 MONTHS IN SLUMS OF DHAKA CITY

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Abstract

Nutrition is a fundamental pillar of whole development of human life throughout the entire life span commencing from conception. It has profound importance in developing the fetus in the womb with normal genetic programming and growth. Under nutrition leads to poor health, through reducing immunity and increasing susceptibility to disease; to lower educational attainment, through impaired physical and mental development; and to reduced productivity and earning potential. Optimal nutrition is essential for survival, physical growth and mental development, good health and overall wellbeing of children. Infants and young children grow rapidly at age 6 to 24 months and need high nutrition to meet up additional requirement for their continued growth. Nearly all forms of under nutrition are significantly higher in urban slum population. Only 1 in 4 children aged 6-24 months in slums are fed with appropriate infant and young child feeding practices. It is significantly importance to get nutrition right for children aged 6-24 months for supporting appropriate growth and development. Most of the cognitive and physical damage or under development happens from conception to second birthday of the children [37].

With the above context, the current study has been conducted under the Institute of Educational Development, BRAC University to know mother's perception on nutrition for children aged 6 to 24 months living in slums of Dhaka city. For the purpose, the qualitative research method was undertaken. This qualitative study was conducted on 12 mothers living in slums of Dhaka city who were selected purposively from two slums. Each of mothers had children between 6 and 24 months. The research investigated qualitative aspects of the respondents selected purposefully through two Focus Group Discussion and four In-Depth Interview using guidelines for Focus Group Discussion and In-Depth Interview respectively. This study examined slum dwelling mother's perception on nutrition for their children at age 6 to 24 months. Mother's perceptions on nutrition vary according to their culture, values, and socio-economic conditions.

The findings of the research showed that mother's perceptions on nutrition for children aged between 6 and 24 months are positive and they understand that optimal nutrition is essential for development of child at this age. All mothers (12 out of 12) participated in the study understand child development as proper physical and cognitive development of child, the ability of moving and to response in someone's call and good state of their health. They think that child development depends on nutritious food, proper feeding and caring of children.

The mothers participated in In-Depth Interview opined that nutrition ensures children's growth, builds up their knowledge and plays vital role in preventing disease prevalence among the children. Mothers also highlighted that the nutrition for children of this age is ensured by breastfeeding, khichuri-mixture of rice and dal and snacks.

All the mothers participated in the study had the knowledge of foods that provide nutrition for the children. They mentioned breast milk, rice, sweet gourd, spinach, dal, fish, chicken's liver, egg, iodized salt, and bananas as nutritious foods. Some of mothers had the idea of Khichuri-mixture of rice and dal; majority of the mothers (11 out of 12) had the idea of smashed rice and dal, as the source of nutrition for the children between 6 and 24 months. Half of the mothers could mention about some nutritional elements like Vitamins, Iron, Iodine of foods provided to children. But none of the mothers could mention which food contains which specific nutritional element.

All mothers participated in In-Depth Interview were still continuing breast feeding for their children though their children were at the age between 7-12 months and breast milk would be continued up to when it is required by the child.

Almost all mothers were used to provide rice and dal smashed together or vegetables, fish or chicken, chicken liver whatever is cooked for family as complementary food for their children. Few of mothers sometimes provided Khichuri - a mixture of rice and dal, cooked together as complementary food. In addition, children were provided with bananas, biscuits, cakes, fruits/fruit's juice, eggs, wheat bran cooked with milk and sugar (semolina) as complementary food. Half of the mothers used Pustikona, a packed complementary food item produced by BRAC with the cooked foods for the children.

All of mothers were used to provide complementary food 3 times as meal each day-in the morning, at noon and in the evening and 2 times as snacks a day-one in between meal in the morning and lunch at noon; another in between lunch and dinner in the evening.

The key findings of this study revealed mothers had positive understanding towards nutrition for their children aged between 6 and 24 months as they realized that nutrition is important for overall development of the children. All mothers had the idea about benefits of providing optimal nutrition and harms of providing inadequate nutrition for the children. Some of mothers did not have idea of nutritional elements of the foods provided to children for their nutrition and none of the mothers did not mention about particular nutritional elements of particular foods. So, mothers needed to be made aware of infants and young child's nutritional issues to improve their knowledge so that they can use this knowledge to help better growth and development of their children aged between 6 and 24 months.

Key words: Children, 6 and 24 Month, Nutrition, Mothers Perceptions, Slum.

INTRODUCTION AND BACKGROUND

Proper food and good nutrition are essential for survival, physical growth, mental development, performance and productivity, health and wellbeing of the children. Infants are growing rapidly from 6 to 24 months and have high nutrient needs in proportion to their body size. This sub-group of population is prone to dietary imbalances and inadequacies (Hardwick, 2014). It is of vital importance to get nutrition right during this period to support appropriate growth and development. Most of the cognitive and physical damage or underdevelopment happens during the sensitive first 1000 days period [32].

Infants need for energy and nutrients starts to exceed what is provided by breast milk around age of 6 months when complementary foods become necessary without which infant's growth may falter though they are developmentally ready for other foods [41]. Nutritional challenges for children begin straight from conception in Bangladesh, and encompass both qualities of nutrition as well as feeding/dietary practices, exacerbated by limited dietary diversity, particularly among the poorest families [37]. Reported that more than 1 in 4 infants (26 per cent) weigh less than 2500 grams at birth and are considered to have low birth weight, which is an indicator of the newborn's chances for survival, growth, long-term health and psychosocial development.

It is reported in draft Early Learning and Development Standards (ELDS) of Bangladesh that children with developmental delays and growth retardation are more likely to be ostracized by the society and less likely to begin school on time, performing poorly in school and become low-achievers in life.

1.1 Statement of the Problem

Children who are well-nourished do better in school, go on to earn 20 per cent more in the labor market later in life and are 10 per cent more likely to own their own businesses; thus, making nutrition a top national priority not only enhances social equity but also leads to increased economic growth[37].

Low birth weight (<2,500 g) is an especially important indicator: both as a marker of overall health of the mother and as a predictor of ill-health for newborns. Rates of low birth weight among Bangladeshi children are among the highest in the world with 30-40% of babies weighing less than 2500 g at birth and malnutrition is estimated to be an "underlying cause" of about 60% of childhood deaths in Bangladesh. Recent data from World Health Organization showed that about 60% of all deaths, occurring among children aged less than five years (under-five children) in developing countries, could be attributed to malnutrition.

Lack of mothers' awareness and knowledge about nutrition for children between 6 to 24 months could be the contributing factors of malnutrition among children. Evidence shows that it is important for mothers to know about nutrition for the wellbeing and healthy development of infants.

1.2 Significance of the Study

Evidence shows that adequate nutrition in the first 1000 days between a woman's pregnancy and a child's second birthday has enormous benefits throughout the life cycle and across generations by enhancing proper physical and mental growth, reduces the risk of stunting, wasting, obesity and non-communicable diseases. Most of the cognitive and physical damage or under development that happens due to poor nutrition during this sensitive 1000-day window of opportunity is irreversible [32]. Due to poverty, unawareness and lack of proper knowledge, women living in slums of Dhaka city with marginal economic level are not provided with proper nutrition during their pregnancy and also, they are not well aware of nutrition of children between 6 and 24 months. Therefore, it is very significant to conduct a study on exploring mother's perception on nutrition for children between 6 and 24 months in slums of Dhaka city. Under the above circumstances, the followings are the vital points that make this study important:

- Rapid growing of urbanization across the country need evidence on mother's perception about nutrition for children between 6 and 24 months living in slums of Dhaka city
- Mothers should be aware of the importance of nutrition for children between 6 and 24 months living in slums of Dhaka city
- All stakeholders need to be aware of the importance of nutritional support for children between 6 and 24 months living in slums of Dhaka city

Under nutrition already costs Bangladesh more than 7000 crore Taka (US\$ 1 billion) in lost productivity every year, and even more in health costs. So, this research initiative has been undertaken to learn about the mothers' perception on nutrition for children between 6 and 24 months living in slums of Dhaka city [37].

1.3 Research Objectives

The main objective of the study is to know mothers' perception on nutrition for children aged 6 to 24 months living in slums of Dhaka city.

The specific objective of the study is to explore how nutritional issues are addressed and what role do mothers play for nutrition of children between 6 and 24 months living in slums of Dhaka city.

1.4 Research Question

The following research questions were addressed in this study:

- What are mothers' perception on nutrition for children between 6 and 24 months living in slums of Dhaka city?
- How do mothers provide nutritional support for children between 6 and 24 months in the study area?
- What roles are played by mothers for nutrition of children between 6 and 24 months in the study area?

1.5 Operational Definitions

Nutrition

Nutrition is the nourishment or energy that is obtained from food consumed or the process of consuming the proper amount of nourishment and energy. It is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health.

Malnutrition

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition covers 2 broad groups of conditions. One is under nutrition—which causes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). The other is over nutrition which causes overweight, obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes and cancer) [41].

Perception

Perception means organization of information, thought and interpretation to understand something. Perception develops through combination of sensory information, experience and knowledge. It is the state of being or process of becoming aware of something through the senses.

Conception

Conception means the onset of pregnancy, marked by implantation of the blastocyst into the endometrium. From the Latin conception, conception is meaning conception, becoming pregnant; and from the Latin conceptus meaning conceiving [25].

It is when the sperm fertilizes the egg. The fertilized egg then travels down the fallopian tube and attaches to the inside of the uterus, where it begins to form the embryo and placenta and later into a fetus.

Slum

Urban slums are settlements, neighborhoods, or city regions that cannot provide the basic living conditions necessary for its inhabitants, or slum dwellers, to live in a safe and healthy environment.

LITERATURE REVIEW

To explore the mothers' perception on nutrition for children between 6 and 24 months living in slums of Dhaka city, this chapter reviews the literatures from the bank of knowledge which are related to nutrition, early childhood development, mother's perception on nutrition for children aged between 6 and 24 months in Bangladesh and different countries.

2.1 Global Context

During last one year, number of people with under nutrition increased to 8 crores 81 lacs and 50 thousand from 7 crores 77 lacs globally. At present, in the globe, there are 15 crores 50 lacs children under 5 are stunted, 5 crores are lean and thin of which 2 crores 76 lacs are from South Asia [15].

Globally 45% of child's (<5 years) deaths are attributable to under nutrition, death of 2.6 million children (a third of child deaths globally) each year causes from malnutrition, around 160 million children under five years of age worldwide are affected by stunting and Vitamin A deficiency causes 157000 child deaths a year, and zinc deficiency causes 116000 child deaths [22].

Globally 171 million children are experiencing chronic malnutrition leading to cognitive impairment that lasts for lifetime [32].

Poor nutrition before and during pregnancy is an important cause for Low Birth Weight (LBW) in many developing countries due to social factors like poverty and women's status specially in South Asia where more than one-half of the world's LBW infants are born [30].

Undernutrition is estimated to be associated with 2.7 million child deaths annually or 45% of all child's deaths. 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 [42].

Malnutrition, directly or indirectly lead to almost 60% of the mortality of the children aged under 5 years. They also mentioned that South Asia ranks first where approximately one in six children have moderate or severe wasting. They also mentioned that the universal coverage only with improved complementary feeding could be decrease 6% of mortality rate in children aged lower than 5 years [33].

In a study in Ethiopia, 64.4% of women had nutritional knowledge during pregnancy and there was a positive significant relation between information about nutrition, educational status of mothers and family income and nutritional knowledge of mothers during pregnancy [14].

A nutritional education intervention will have a positive effect on nutritional awareness of pregnant women [17].

Most of the rural mothers were found lacking awareness about the consequences of inadequate nutrition during pregnancy on mother and fetus compared to urban women. They found a significant association between women's knowledge and practices of nutrition during pregnancy [28].

Energy needs approximately 600 kcal/day at 6-8 months, 700 kcal/d at 9-11 months, and 900 kcal/d at 12-24 months of age of the children. The appropriate number of feedings depends on the energy density of the local foods and the usual amounts consumed at each feeding. For the average healthy infants, meals should be provided 4-5 times per day, with additional nutritious snacks offered 1-2 times per day, as desired. [39]

Infants' responsive and active positive feeding styles were positively associated with energy intakes as well as caregivers' responsive positive feeding styles. Both hemoglobin concentrations and feeding styles were associated with infant's energy intake [4].

Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond of the child[41].

2.2 Bangladesh Context

In Bangladesh, during the year 2004-06, 2 crores and 37 lacs people were affected from undernutrition, during 2016 the number of affected people were increased to 2 crores 44 lacs which is 15.1% of country's population and that was 16.6% in 10 years back. The rates of people affected from undernutrition are decreasing at a slower rate in Bangladesh in comparing to countries like Nepal, Pakistan, Srilanka, Maldives and Myanmar. The rate of stunted children under 5 reduced from 45% in 2005 to 36.1% in 2016, the rate of lean and thin children are more than 14% and 33% children are suffering from underweight in Bangladesh. In Bangladesh severe acute malnutrition affects 450000 children, while close to 2 million children have moderate acute malnutrition, anemia affects 52% of children under five years of age, 41% of children under five years of age are stunted, 16% of children under five years of age are wasted and 36% of children under five years of age are underweight. [22]

More than 1 in 4 infants (26 per cent) weigh less than 2500 grams at birth and are considered to have low birth weight (as cited in UNICEF report on Analysis of the Situation of Children and Women in Bangladesh 2015) [37].

In Bangladesh, the prevalence of underweight among children aged less than five years is still high (41%) and prevalence of anemia among young infants, adolescent girls, and pregnant women is still at unacceptable level[1].

Malnutrition is responsible, directly or indirectly, for about one half of the 343,000 deaths that occur annually among children under five years in Bangladesh [5].

Vitamin A deficiency has largely been controlled due to the high coverage of six-monthly Vitamin A supplementation, but anemia affects 49% of children under five years reflecting poor dietary intake of micronutrients, and 34% of school-age children are iodine deficient due to inadequate coverage of adequately iodized household salt [35].

Bangladesh report shows that more than three quarters of children (6-23 months) do not obtain a minimum acceptable diet in quantity or diversity causing macronutrient and micronutrient deficiencies which are risk factors for physical, sensory and cognitive impairment [36].

Significant socioeconomic inequality in stunting prevalence in Bangladesh. Household economic status, maternal and parental education, health seeking behaviors of the mother, sanitation, fertility and maternal stature were the major contributors to the disparity in stunting prevalence in Bangladesh [21].

"Urban under nutrition prevalence data mask disparities between the urban non-poor and urban poor/slum dwellers in Bangladesh. Nearly all forms of undernutrition are significantly higher in urban slum populations, surpassing national averages, and only 36.3 per cent of slum households are food-secure, compared to 53.5 per cent in urban areas overall" [37].

According to BDHS (2004), almost all children (98%) are breastfed at some time in their lives and over 80% of children are still breastfed at 20-23 month of age and it is also reported that almost one-third (29%) of children aged 6-9 months do not receive any solid or semi-solid foods. In the report it has also been mentioned that complementary foods given to infants and young children in Bangladesh are often nutritionally inadequate and unsafe, leading to malnutrition [8].

The complementary feeding must possess the following three main characteristics: Timely: Giving foods to all infants should be started from 6 months onwards; Adequate: The complementary foods should be of a nutritional value that can satisfy the growth needs of the child; Appropriate: The foods selected for complementary foods must have variety, be of appropriate texture and in sufficient quantity [7].

Breast milk is an important source of energy and nutrients in children aged 6-23 months. It can provide half or more of a child's energy needs between the ages of 6 and 12 months, and one third of energy needs between 12 and 24 months. Breastmilk is also a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished. Optimal breastfeeding is so critical that it could save the lives of over 800000 children under the age of five years each year [40].

Clinical Guidelines on Infant and Young Child Feeding (2014) stated that children should feed nutritionally adequate amounts of good quality and hygienically prepared complementary food starting at 7 months (181 days) and continue until completion of 23 months with continued breastfeeding; and complementary foods should provide sufficient energy, protein, and micronutrients to cover a child's energy and nutrient gaps [20].

The range of household income of slum dwellers was about TK. 6000-10000 and they spent most of their money on food (61.35% of income) [23].

Healthy appetite of children was observed by willingness to eat diverse foods, finish offered portions, and by acceptance of foods without excessive prompting. Child illness was cited as a cause of low appetite, which was

manifested through fussiness, and avoiding commonly consumed foods. In this study mothers described a limited set of feeding practices (offering diverse foods, playing, and cheering children with videos) to encourage consumption when children lacked appetite [27].

METHODOLOGY

3.1 Research Design

To fulfill the objective of the study and to answer the questions raised, the study followed a qualitative research method.

3.2 Research Site

Considering demographic structure, slums in different locations of Mirpur area under Dhaka North City Corporation were purposively selected for the study.

3.3 Research Participants

This qualitative study was conducted on 12 mothers in two slums of Dhaka city in Bangladesh. All the participants eligible for this research had 6 to 24 months old children.

3.4 Sample Size and Sampling Procedure

In this case, the study population comprised of mothers having children aged 6 to 24 months living in slums of Dhaka city. 12 mothers were selected through purposive sampling from two slums in Dhaka city for this study. All of them went through Focus Group Discussion and among them four (04) mothers participated in In-Depth Interview.

3.5 Data Collection Method

Focus Group Discussion (FGD) and In-Depth Interview (IDI) with the selected mothers were the methods for collecting primary data. Two Focus Group Discussions and four In-Depth Interviews were conducted by following FGD guideline and IDI guideline respectively; one FGD and two IDI at Rahmat Camp, another FGD and two IDI at Baoniabandh slum in Mirpur area of Dhaka city, in both FGDs, the number of participating mothers were 6.

3.6 Data Collection Tools

Focus Group Discussion guideline and In-Depth Interview guideline were used for collecting data. After developing the tools, they were reviewed by the expertise for face validity.

3.7 Data Collection Process

Two slums at Mirpur area of Dhaka city were selected for the study. Two FGDs and four IDIs were conducted for collecting data from two slums selected earlier. Accordingly, one FGD and two IDIs were conducted in each slum. At first, FGD was conducted and it was followed by IDI in both slums. Each FGD was comprised of 6 mothers. The In-Depth Interview was conducted with 4 mothers among 12 participants who took part voluntarily.

3.8 Data Management and Analysis

At the beginning of data analysis, key research questions and sub-questions were reviewed to track the purpose of data analysis. 'Content Analysis' is one of the techniques popularly used in analyzing qualitative data. Here the researcher used the content analysis method to analyze the data. The steps of content analysis are given below-

1. **Organized the data into different category:** After collecting the data, categorization was done on the basis of Focus Group Discussion and In-Depth Interview.
2. **Reviewed the data:** The data was read for several times in order to highlight the data that corresponds directly with the research objective.
3. **Themes and Issues:** The data was reviewed for several times to find out different themes and issues emerging from the data as per the research objective.
4. **Capturing thoughts and insights:** While reviewing the data and identifying themes and issues, the moderator was aware about the thoughts and ideas during the Focus Group Discussion and In-Depth Interview session. The moderator first tried to understand the meaning of the data that were telling about the research objective.

5. Presenting qualitative data: One way of presenting qualitative data is to summarize the main points under each theme. The researcher also did the same and provided some direct citations from the transcribed data as citations to strengthen the summarized points.

3.9 Ethical Consideration

This study adhered to the ethical issues addressed by the Ethical Approval Committee of IED, BRAC University.

3.10 Limitations of the Study

Sample representation was limited only in two slums of Mirpur area in Dhaka city. Hence, the study reveals the findings of selected slums in Dhaka city. So, the findings of the study could not be generalized.

FINDINGS

This section describes mothers' perception about nutrition for children between 6 and 24 months. The findings of the study are presented as three main themes which are focused on Mothers' Perception about Nutrition for Children between 6 and 24 months, Ways of Providing Nutritional Support by Mothers and Roles Played by Mother for Nutrition of their Children.

4.2 Mothers' Perception about Nutrition for Children between 6 and 24 Months

The findings of the theme mothers' perception about nutrition for children between 6 and 24 months are described as sub-themes below.

4.2.1 Mothers' Perception about Child Development

The responses of the mothers indicate that they perceived child development as physical and cognitive development of the child to be able to move and interact with the surroundings and that depends on proper nutritional support to the child.

4.2.2 Mothers' Understanding about Nutrition

Mothers understand nutrition as essential elements responsible for overall of children growth and development, survival and preventing disease prevalence among the children. Mothers also understand that nutrition for children comes initially from breast milk and later from combined source i.e. breast milk and complementary foods.

4.2.3 Mothers' Knowledge about Nutritious Food

Most of the mothers perceived breast milk, smashed rice, dal and vegetables as the nutritious food for the children. They also understand that Vitamins, Iron, Iodine are the nutritional elements of those foods but none of them do not know which food contains which particular nutritional elements.

4.2.4 Mothers' Perception on the Best Way of Providing Nutrition

Majority of mothers have the perception on the best way of providing nutrition as providing exclusive breast milk up to 6 months and complementary food along with breast milk from age 7 months at least up to 24 months. They also understand that maintaining neatness and timing are also important for providing nutrition to the children.

4.2.5 Mothers' Realization on the Benefits of Optimal Nutrition

Mothers have the realization that optimal nutrition ensures child's growth and development, earlier mobility and reducing disease prevalence among the children.

4.2.6 Mothers' Realization on the Harms of Inadequate Nutrition

All of the mothers have the realization that inadequate nutrition results in various types of disease prevalence and retarding physical and cognitive growth of the children.

4.2.7 Mothers' Awareness about Nutritional Support

All of the mothers have the awareness about nutritional support for their children. For this purpose, mothers feed their children before other members of the family and they provide food nutritious and in time.

4.2.8 Mothers' Expectation for overall Development of Child

All of mothers expected that their children would be developed holistically and doing better in future life.

4.2.9 Mothers' Skills and Abilities for Providing Nutritional Support

All mothers understand that mothers should be skilled in selecting nutritious food, maintaining feeding time, keeping patience and creating intimacy while feeding their child. In addition, almost all mothers realized that mothers should have the financial ability.

4.3 Ways of Providing Nutritional Support by Mothers

The findings of the theme Ways of Providing Nutritional Support by Mothers are described as sub-themes below.

4.3.1 Breastfeeding

All the mothers continue breast milk beyond 6 months and provides complementary foods from age 7 months along with breast milk for their child.

4.3.2 Complementary Foods

It shows that almost all mothers provide smashed rice, dal and vegetables as complementary food to their children. Mothers also provide biscuits, banana, cake, eggs as snacks to their children. Some of mothers use Postikona - a packed complementary food item produced by BRAC.

4.3.3 Complementary Feeding

All of mothers provide complementary food 3 times as meal and 2 times as snacks in a day and in a particular time for their children. Moreover, they also provide breast milk at every 30 minutes to 1 hour. Almost all mothers mentioned that the nutritional support they provide for their child is enough.

4.4 Roles Played by Mothers for Nutrition of their Child

The findings of the theme Roles Played by Mothers for Nutrition of their Children are described as following sub-themes.

4.4.1 Interest on Information about Nutrition

All of the mothers are interested to get the information on nutrition for their children and mothers get the information from GO-NGO health workers there and TV programs.

4.4.2 Attempts Made for Ensuring Nutrition

It is indicated that all mothers are interested to provide nutritious food for their child and mothers fulfill their interest in providing food optimally and timely. For this purpose, mothers feed the child earlier than other members of the family. Mothers also added that they continue breast milk beyond age 6 months of the child.

4.4.3 Providing any Specially Made Food as Nutritional Support

Half of the mothers use Postikona - a specially made food produced by BRAC mixing with Khichuri for nutritional support of their child.

4.4.4 Spending Extra Money for Nutrition

Almost all mothers spend extra money for the nutrition of their child and majority of mothers feel financial burden in providing nutrition of their child.

DISCUSSION

5.1 Conclusion

Adequate nutrition for children between 6 and 24 months is essential for developing children in a holistic way to ensure better performance in their adulthoods. Infants and young children grow rapidly at age 6 to 24 months and need high nutrient to meet up additional requirement for their continued growth. Intake of optimum nutrition by the children at this age group is largely dependent on mother's awareness and knowledge which greatly depends on mother's education and also their socio-economic condition.

Mothers' perceptions on nutrition vary according to their culture, values and socio-economic conditions. Mothers living in urban slums are mostly of disadvantaged, working in garment factory or engaged in home making or housekeeping and are from lower economic level having a very less or no education. Considering these

circumstances, this study was proposed to explore the mother's (living in urban slums) perception on nutrition for their children between 6 and 24 months.

This study has explored mothers' perception about nutrition for children between 6 and 24 months living in slums of Dhaka city. The key findings of this study were that all of the mothers were very much positive towards child development in such a way that their child can perform better in future life. All of the mothers were also very much aware about optimal nutritional support for the development of their child holistically. From the study it was found that all of mothers have some sorts of understanding about nutritional elements of foods provided to the children but they do not have the knowledge about which food contains which particular nutritional elements. Therefore, this study can help to aware mothers about the importance of nutrition, nutritional elements of food and how it ensures child's overall development and to undertake future program for ensuring whole baby and hence whole child and hence noble citizen by enhancing mother's nutritional awareness and practices.

5.2 Recommendations

In accordance with the findings towards mother's perception on nutrition of children between 6 and 24 months living in slums of Dhaka city, the following recommendations could be made -

- Further study with larger random sample and with different population group is required with both qualitative and quantitative approach to investigate the mother's practices.
- Parenting session can be introduced since conception for disseminating nutritional information through GO, NGO and other educational institute.
- Implementation of Comprehensive Early Childhood Care and Development Policy 2013.
- Establishment of Community Based Integrated ECD Centers in the locality.
- GO, NGO, Mass and Print Media should take initiative for mass awareness on nutrition.

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