

IMPROVING COMPLEMENTARY FEEDING DURING THE LEAN SEASON:

RESULTS OF A TRIALS OF IMPROVED PRACTICES STUDY IN THE MCHINJI DISTRICT, MALAWI

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BACKGROUND

The seasonality-nutrition scenario, where food stocks run low, food prices increase and food consumption decreases, poses food and nutrition security challenges in Malawi.¹ The annual "lean season" impacts the quality, diversity and frequency of meals, with particular consequence on complementary feeding of children 6-23 months of age.² Concern Worldwide conducted a Trials of Improved Practices study in the Mchinji District to identify key complementary feeding practices that are feasible to perform during this period when household resources are most constrained.

METHODS

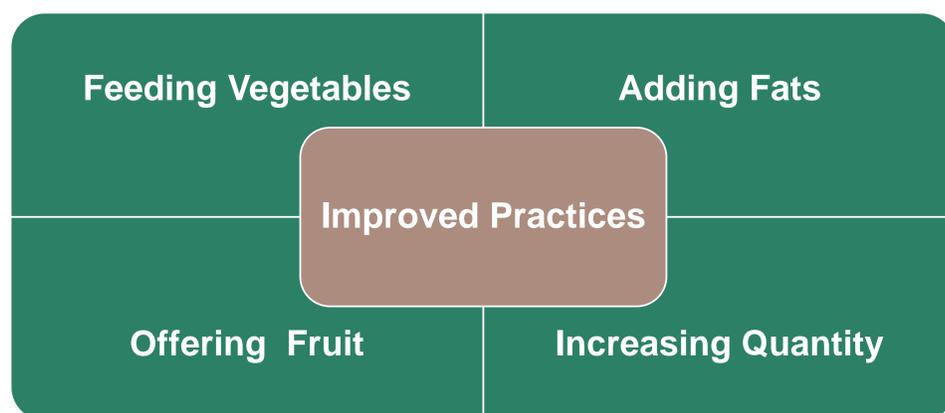
The study employed consultative formative research methods to collect qualitative data from mothers of children 6-23 months of age. Data were collected through a series of three household visits over a 15-day period in March and April 2016. The visits assessed household food availability and current complementary feeding practices, counselled and negotiated one to two improved feeding practices to trial over a 10-day period, and evaluated results from the trial.



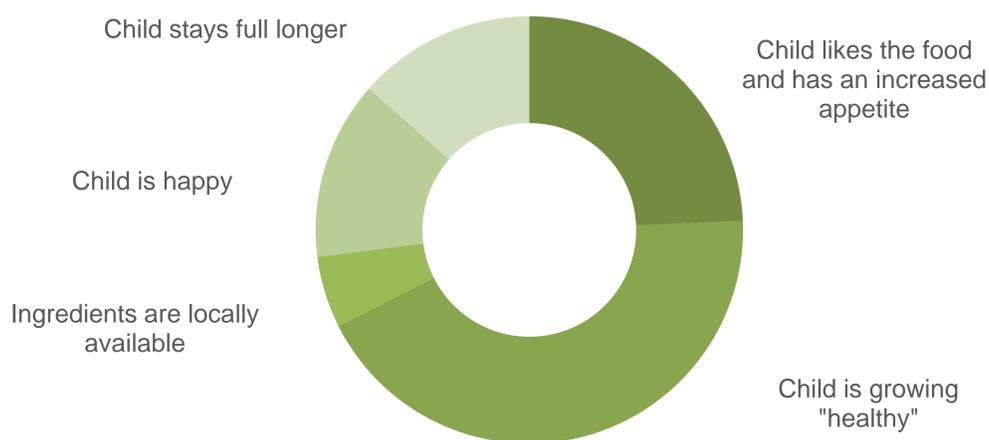
- 36 households** from 2 Traditional Authorities
- 11 children 6-8 months** of age
- 12 children 9-11 months** of age
- 13 children 12-23 months** of age
- 5.16 mean household size**
- 100% male-headed households**
- 53% of households own livestock**
- 61% rely on farming** as primary source of income

RESULTS

- +** **Positive child feeding practices:** Continued breastfeeding; Daily breastfeeding frequency; Age-appropriate introduction of complementary foods; Age-appropriate daily meal frequency.
- ⊘** **Negative child feeding practices:** Animal-source foods not offered daily; Fruit not offered daily; Complementary foods contain insufficient quantity of fat; Vegetables not offered daily; Insufficient quantity of complementary foods offered; Thin, watery porridge and other watery foods offered; Non-nutritive foods and liquids offered.
- ✓** **Broad practices frequently selected by mothers to trial:** Give your child an egg daily; Offer a piece of fruit daily; Increase the amount of food you give your child at each meal; Add a source of fat to your child's food daily; Feed your child vegetables daily; Give your child a portion of meat or fish daily.
- ↑** **Improvements in complementary feeding** were observed in **four** key areas:



☀ A willingness to continue improved complementary feeding practices beyond the trial period was expressed by the majority of mothers, citing:



CONCLUSIONS

This study provided an enhanced understanding of current complementary feeding practices and highlighted barriers and facilitators to complementary feeding during the lean season. Preliminary findings suggest that it is feasible to improve poor complementary feeding practices during the lean season. Promising practices for improving complementary feeding practices include adding fruit and vegetables to the child's diet, increasing the amount of food provided, and increasing the fat content of the child's meals. Motivating factors for adopting and continuing improved practices focused on perceived benefits for the child. Caregivers were less able to increase the amount of animal-source foods (meat, fish, eggs) provided. Under the Support to Nutrition Improvement Component (SNIC) initiative in the Mchinji District, these locally adapted practices will be promoted through the Care Group model as a complement to existing nutrition behaviour change messages.

1. Wijesinha-Bettoni, Ramani, et al., 2013. Considering Seasonal Variations in Food Availability and Caring Capacity when Planning Complementary Feeding Interventions in Developing Countries. *International Journal of Child Health and Nutrition*, 2, 335-352.
2. Food and Agriculture Organization, 2014. Improving complementary feeding based on locally available foods: Learning from caregivers through Trials of Improved Practices in Kasungu and Mzimba districts of Malawi. Nutrition Division, viii.

