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INFANT AND CHILD (0-15YEARS) NUTRITIONAL PRACTICES IN A COMMUNITY IN KAURA LOCAL GOVERNMENT, KADUNA STATE, NIGERIA

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ABSTRACT

Background: Nutrition impacts the development process at every stage of the life cycle from conception to death. According to the WHO, nutrition is a foundation for health and wellbeing for all, leaving no one behind, and a key element of primary health care, and plays an essential role in prevention. This study aims to assess the Nutritional and Dietary Practices in Children (0-15years) in the Community in Kaura Local Government, Kaduna State, Nigeria. **Methodology:** The study was a household-level community-based cross-sectional descriptive study to assess the infant and child nutritional practices among the residents of Kagoro community in Kaura Local Government Area. The study was carried out quantitatively among households with children aged 0-15 as at their last birthday among the residents of Fada and Agban wards. Data were collected from 1035 with a structured questionnaire. Data was analyzed using Statistical Package for the Social Sciences (SPSS) statistical software. **Result:** Carbohydrates (98.4%) constitute the majority of the food eaten by the children in the community. Proteins (82.0%) and roughages (75.0%) constitute one of the least eaten foods in the community due to the cost of acquiring these food types. Most children also eat 3 times in a day (69.6%). About one-third (30.7%) of mothers introduced the addition of complementary foods, and about 69.3% of mothers breastfed exclusively to their infants before the age of 6 months. 85.2% of children have good nutritional practices as they have been fed with 5 major classes of food, which include (carbohydrates, proteins, fats and oil, minerals and roughages) while an average of 14.5% has poor nutritional practices. More also 69.1% has good dietary practices while 24.8% have fair dietary practices and 5.0% has poor dietary practices. From the assessment of infant nutritional practices, 98.6% of mothers breastfeed their children while 1.0% do not., 89.2% breastfed for more than 6months while 6.5% for only 6months while 2.4% breastfed for less than 6months, 68.4% Exclusively breastfed while 29.8% did not more also only 12.3% breastfed for up to 24months while only 60.5 % breast for 13-18months **Conclusion:** Good nutrition is essential to good health; thus, efforts towards sustaining the high rate of exclusive breastfeeding, healthy nutritional and dietary practices will ensure healthy growth and development of the children.

KEYWORDS: Food classes, Breastfeeding, Infant nutrition, Child nutrition, Dietary practices, Nutritional Practices, Children (0-15years), Kaduna South.

BACKGROUND

Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition is essential to good health. Nutrition impacts the development process at every stage of the life cycle, from conception to death. According to the World Health Organization (WHO), nutrition is a foundation for health and wellbeing for all, leaving no one behind, and a key element of primary health care, and plays an essential role in prevention.[1,2]

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health, and development of children to their full potential. Poor nutrition increases the risk of illness and is responsible, directly or indirectly, for one-third of the estimated 9.5 million deaths that occurred in 2006 in children less than 5 years of age. Inappropriate nutrition can also lead to childhood obesity, which is an increasing public health problem in many countries.[1, 3,4]

This study seeks to assess infant and child nutritional practices in Kagoro community, Kaura Local Government Area, Kaduna State. Children between the ages of birth and one year are considered infants. Infants grow very rapidly and have special nutritional requirements that are different from other age groups. Infant nutrition is designed to meet the special needs of very young children and to give them a healthy start in life. Children under one year old do not have fully mature organ systems. They need nutrition that is easy to digest and contains enough calories, vitamins, minerals, and other nutrients to allow them to grow and develop normally[1,2] In addition, infant nutrition involves avoiding exposing infants to substances that are harmful to their growth and development. Childhood nutrition concerns the dietary needs of children. Proper nutrition for a child should provide sufficient amounts of essential nutrients, fiber, and energy (calories) to maintain normal growth, maximize cognitive development, and promote health. The diet should be balanced. A child's diet should provide sufficient energy for proper physical and mental growth and development.[1,3, 5,6]

The practice of child nutrition seeks to ensure that children eat healthy foods to help them grow and develop normally, as well as to prevent obesity and future diseases. The mainstream approach to good childhood nutrition is to follow suggestions based on dietary guidelines that are appropriate for a child's age and development level and that have been developed and recommended by government, research, and medical professionals. The guidelines include selections from different food groups to provide the vitamins and minerals young bodies need for natural growth and activity.[1,3]

The practice and pattern of infant nutrition mostly involve breastfeeding and complementary feeding. WHO and UNICEF's global recommendations for optimal infant feeding, as set out in the Global Strategy, are:

- exclusive breastfeeding for 6 months (180 days);
- nutritionally adequate and safe complementary feeding starting from the age of 6 months with continued breastfeeding up to 2 years of age or beyond.[1,3, 4]

Exclusive breastfeeding means that an infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops, or syrups consisting of vitamins, minerals supplements or medicines.

Complementary feeding is defined as the process starting when breast milk is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. The target range for complementary feeding is generally taken to be 6 to 23 months of age, even though breastfeeding may continue beyond two years.[1,3, 5,6] Breastfeeding is of critical importance to a child's development, including increased IQ, school performance, and higher income in adult life.[2,5,6,7,8]

About half of all child deaths have been associated with under-nutrition. Optimal infant and young child feeding (IYCF) is a key area to improve child survival and promote healthy growth and development.[2,6,7,8] Age-appropriate infant feeding practice, a major determinant of child growth, development, and survival, remains suboptimal in many developing countries. Malnutrition in infancy and early childhood is a major cause of morbidity and mortality in children, particularly in developing countries.[9,10]

Dietary intake assessment is essential to understanding the nutritional status. Healthy eating pattern promotes optimal health, growth, and intellectual development, and prevent diseases, while poor dietary choices may cause malnutrition.[2,11,12]

Problem Statement

Good nutrition is essential to good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity. Nutrition impacts the development process at every stage of the life cycle, from conception to death. Freedom from hunger and malnutrition is a basic human right, and its alleviation is a fundamental prerequisite for human and national development.[7,12,13]

Poor practice of diets in early childhood can lead to deficiencies in essential vitamins and nutrients – such as vitamin A deficiency, which weakens children's immunity, increases their risk of blindness, and can lead to death from common childhood diseases like diarrhea.[5,6,14,15]

Although every infant and child has the right to good nutrition under the Convention on the Rights of the Child, in many countries, less than a fourth of infants have access to the required dietary diversity and feeding frequency. Inappropriate feeding practices contribute to up to a third of all cases of child malnutrition. This is compounded by the proliferation of processed foods like infant formula and products rich in salt, free sugars, and trans fats. This causes an increase in poor diets, obesity, and a marked reduction in the number of mothers breastfeeding their babies.[5,10,16,17]

According to the WHO, Undernutrition is associated with 45% of child deaths. Globally in 2020, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 38.9 million were overweight or obese. About 44% of infants 0–6 months old are exclusively breastfed.[2,10.18,19]

According to a study in Nigeria, the trends of stunting and underweight between 1990 and 2008 among under-five children have remained largely unchanged despite several approaches and attempts at reducing them.[2,14,15] According to the National Demographic and Health Survey (NDHS) conducted in 2013, the prevalence of stunting, underweight, and wasting among the under-five children is 37%, 29%, and 18%, respectively. An earlier study by the NDHS in 2003 shows that nationally, 38% of children below 5 years of age are stunted, 29% are underweight, and 9.2% are wasted. A similar trend was reported by the Nigerian Food Consumption and Nutrition (NFCN) survey between 2001 and 2003 with 42% stunting, 25% underweight, and 9% wasting.[2,7, 9,14,15]

Justification

Adequate nutrition during infancy and early childhood is essential to ensure the growth, health, and development of children to their full potential. Good nutrition is essential to good health. In the first two years of life, breastfeeding saves lives, shields children from disease, boosts brain development and guarantees children a safe and nutritious food source.[15,16,20,21]

Exclusive breastfeeding is acknowledged to provide a balanced supply of nutrients, bioactive proteins, indigestible oligosaccharides, signaling system components, and bifidogenic bacteria, as well as protection against infection.[16,20,22] Furthermore, breastfeeding is likely associated with a lower risk of overweight and diabetes and possibly has positive effects on cognition. Timely, adequate, and safe complementary feeding (CF), in terms of the quantity, quality, variety, consistency and safety, is paramount to the promotion of health, support of growth, and enhancement of development. Moreover, some nutrients may have lifelong programming effects, as has been shown for diets based on a high protein intake in infancy, increasing the risk of obesity later on.[20,22,23] This study aims to assess the Nutritional and Dietary Practices in Children (0-15years) in the Community in Kaura Local Government, Kaduna State, Nigeria.

METHODOLOGY

STUDY AREA

Kaduna State is a state in the northwest geopolitical zone of Nigeria. The state capital is its namesake, the city of Kaduna, which happened to be the 8th largest city in the country as at 2006. Created in 1967 as North-Central State, which also encompassed the modern Katsina State, Kaduna State achieved its current borders in 1987. Kaduna State is the fourth largest and third most populous state in the country. Kaduna State is nicknamed the Centre of Learning, owing to the presence of numerous educational institutions of importance within the state, such as Ahmadu Bello University.[22,23]

Kaura is a town and a Local Government Area in southern Kaduna State, Nigeria. Its headquarters are in the town of Kaura in Asholyio (Moroa) Chiefdom. The Local Government Council is chaired by Matthias Siman. Other towns include: Manchok and Kagoro. It has an area of 461 km² and a population of 174,626 at the 2006 census. The postal code of the area is 801.[22, 23] Kagoro is a large town in southern Kaduna state, Middle Belt, Nigeria. It is located in the Kaura local government area. The landscape is dominated by hills rising as high as 1,300m. The vegetation is a combination of savannah and forest. The forest occurs mainly in river and stream valleys, and also elsewhere away from the streams due to the relatively high average rainfall of about 1,550mm. Areas of wooded savanna occur on ridge-tops or at previously forested parts that have been cleared for agriculture. The area is drained by numerous streams that empty into the Sanga River. Slash-and-burn agriculture, indiscriminate logging, poaching, livestock-grazing and forest fires are all commonplace. Many of the remaining forest patches in the area are outside the legal boundaries of Forest Reserves, which is likely to hasten their disappearance. It is a Christian-dominated town.[23]

Kagoro is attractive for tourists because of its mountainous scenery and cultural events such as the Afan Festival, commonly called Kagoro Day, a national festival which is celebrated annually on 1 January. Close towns include those of Zangon Kataf, Zonkwa, and Kafanchan. It is located on latitude 9°36'27.9"N (9.6077600°) and longitude 8°23'25.5"E (8.3904300°).[22,23] Kagoro is made of 10 districts: Mallagum, Kpak, Kadarko, Fadan Daji, Fada, Kukum Gida, Kukum Daji, Agban, Garage, and Tafan.

SCOPE OF STUDY

The scope of this study entails assessing the infant and child nutritional practices among the residents of Fada and Agban wards of Kagoro community. It involved the following: identifying the child nutritional practices among the residents of Fada and Agban wards of Kagoro community; assessing the child dietary practices among the residents of Fada and Agban wards of Kagoro community; identifying the practices of infant nutrition among the residents of Fada

and Agban wards of Kagoro community; assessing patterns of infant nutrition among the residents of Fada and Agban wards of Kagoro community.

STUDY POPULATION

The study was carried out quantitatively among households with children aged 0-15 as at their last birthday among the residents of Fada and Agban wards of Kagoro community.

INCLUSION CRITERIA -Households with children aged 0-15 that currently reside in Fada and Agban wards of Kagoro community.

EXCLUSION CRITERIA -Households with children aged 16 and above, Households were all children attend a boarding school. Households were all children don't stay with parents, Persons that do not give consent.

STUDY DURATION

This study was for a period of 3 months; 1 month was for data collection, and the other 2 weeks for data analysis.

STUDY DESIGN

The study was a household-level community-based cross-sectional descriptive study to assess the infant and child nutritional practices among the residents of Fada and Agban wards of Kagoro community.

SAMPLE SIZE DETERMINATION

The Minimum sample size for the study was calculated using the Cochrane formula, with a minimum sample size of 1035.

SAMPLING TECHNIQUE

The sampling technique used was a multistage sampling method.

A multi-stage sampling process will be employed to select the respondents.

- **Stage 1:** Determination of the number of wards in Kagoro chiefdom (10 in number), from which 2 (Fada and Agban) were selected using a simple random sampling method.
- **Stage 2:** From the settlement list of each ward, 4 settlements were selected from Fada ward and 3 from the Agban ward. As follows - Fada: Uzachio, Agafuat (Tuyit 2), Tuyit 1, Fada.
- Agban: Agban, Mararaba, Utah
- **Stage 3:** The Number of households to be enumerated in each settlement was determined on a proportionate basis.
- **Stage 4:** Household selection was by simple random sampling.

Chiefdom	Ward	No. of settlement	No. of households
Kagoro	Fada	4	698
	Agban	3	209
Total			907

DATA COLLECTION TECHNIQUE AND DATA ANALYSIS

Collection of data was via the use of a structured Interviewer-administered questionnaire. The questionnaire contained 2 sections, which are Children's Nutrition and Dietary Practice and Infant Nutritional Practices. The data was analyzed using the Statistical Package for Social Sciences (SPSS), to calculate relevant percentages and averages. Data collected

was cleaned, coded, and analyzed using Statistical Package for Social Sciences (SPSS) Version 23 Software supported with Microsoft Excel. Outcomes were illustrated in frequency tables and diagrams. Proportions of the respondents related to relevant indicators will be determined. Where necessary Chi-square test using GraphPad-Instat will be employed to determine significant associations between each of the explanatory variables and outcomes and decisions made by any $pV \leq 0.05$.

ETHICAL CLEARANCE

Ethical clearance was obtained from the Ethics and Research Committee of Bingham University Teaching Hospital before commencement of the study. A letter was written to the Kaura LGA and the chief of the traditional council for permission. At the household level, permission was obtained from the household heads or their representatives. Solicitation of participants' consent of each respondent and their participation through: voluntary affirmation of consent and willingness to respond to question items, freedom to opt out without any untoward circumstances, respondents to affirm such consent and assurance of confidentiality to response, and privacy of identities, privacy, protection, and confidentiality of the database.

LIMITATIONS

There was possible recall bias among participants concerning the questions asked.

RESULTS

Table 1: Food Types the Children Commonly Eat and the Number of Times the Children Eat day.

Food Type the Children Commonly Eat			
	Yes	**No**	**Total**
Carbohydrate	1018(98.4%)	17(1.6%)	1035(100%)
Protein	849(82.0%)	186(18.0%)	1035(100%)
Fats & Oil	867(83.8%)	168(16.2%)	1035(100%)
Vitamins & Minerals	898(86.8%)	137(13.2%)	1035(100%)
Roughages	776(75.0%)	258(25.0%)	1035(100%)
Number of Times the Children Eat Per Day			
Times Of Eating	**Frequency**	**Percentage (%)**	
Once	55	5.3	
Twice	260	25.1	
Thrice	720	69.6	
Total	1035	100	

A) Nutritional And Dietary Practices in Children (0-15yrs) in the Community

Table 1.0 above shows the food types commonly eaten in the community. Out of the total of 1035, 1018 (98.4%) families with children eat carbohydrates, 17 (1.6%) do not eat. 849(82.0%) families with children eat protein 186(18.0%) do not. 867(83.8%) families with children eat fats & oil while 168(16.2%) do not eat. 898(86.8%) families with children eat vitamins & minerals, while 136 (13.2%) do not eat. 776(75.0%) families with children eat roughages while 258(25.0%) do not eat.

In Table 1.0 above, the number of times the children per day at the community per day is tabulated. 55 children (5.3%) eat once a day, 260 children (25.1%) eat twice a day. 720 children (69.6%) eat three times a day.

Table 2: Breastfeeding Practices in Infants (0-24months) in the Community.

Practice of Breastfeeding & duration in Kagoro Community		
Breastfeeding	**Frequency**	**Percentage (%)**
No	10	1.0
Yes	1025	99.0
Total	1035	100
Duration Of Breastfeeding	**Frequency**	**Percentage (%)**
No Breastfeeding	13	1.3
<6 Months	25	2.4
6 Months	67	6.5
>6 Months	930	89.9
Total	1035	100
Breastfeeding Type Used in The First 6 Months		
First 6 Months Breastfeeding	Frequency	Percentage (%)
Breastfeeding With Additional Feeding Of Child	318	30.7
Exclusive Breastfeeding	717	69.3
Total	1035	100
Weaning Age of the Infants		
Weaning Age (Months)	Frequency	Percentage (%)
0-6	52	5.0
7-12	193	18.6
13-18	652	63.0
19-24	127	12.3
25-30	6	0.6
31-36	5	0.5
Total	1035	100

B) Breastfeeding Practices in Infants (0-24months) in the Community

In Table 2.0 above, the act of breastfeeding is tabulated. Out of the total of 1035, 1021(99.0%) families breastfeed or have breastfed the children in the family. 10(1.0%) do not breastfeed and have not breastfed the children in the family.

In Table 2 above, the duration of breastfeeding is tabulated. Out of the total of 1035, 13(1.3%) record no breastfeeding in the family with children. 25(2.4%) record breastfeeding of the duration <6 months, 67(6.5%) record breastfeeding of duration equal to 6 months. 930(89.9%) record breastfeeding of >6 months in the family.

In table 2 above, the breastfeeding type in the first 6 months is displayed in the table. Out of a total of 1035 recordings, exclusive breastfeeding is/was done in 717(69.3%) and breastfeeding with additional feeding of child is/was done in 318(30.7%) families.

In the table 2 above, out of 1035 record, families with children weaned at age 0-6 months had a frequency of 52 (5.0%), families with children weaned at age 7-12 months had a frequency of 193 (18.6%), Families with children weaned at age 13-18 months had a frequency of 652 (63.0%), Families with children weaned at age 19-24 months had a frequency of 127(12.3%). Families with Children weaned at age 25-30 month had a frequency of 6(0.6%). Families with Children weaned at age 31-36 months had a frequency of 5(0.5%).

DISCUSSION

The majority (98.4%) of children eat more carbohydrates as compared to the other classes of food, and this is similar to a study carried out among adolescents in Lagos in 2020, where they consume more carbohydrates (rice 73.5% and pastries 69.6%). This may be due to the availability of the different foods under the class of carbohydrates.[7]

The finding that 98.4% of children consume predominantly carbohydrate-based diets has major public health implications. Diets heavily skewed toward carbohydrates—especially when low in proteins, fats, vitamins, and minerals—place children at high risk of malnutrition despite adequate caloric intake (hidden hunger), leading to stunting, wasting, weakened immunity, and impaired cognitive development.[24,26] Excessive intake of refined carbohydrates also increases the risk of childhood overweight, obesity, early-onset type 2 diabetes, and other non-communicable diseases, which are rising in low- and middle-income countries.[25,26]

Such a dietary pattern may also indicate broader problems of household food insecurity, poverty, and poor caregiver nutrition knowledge. Micronutrient deficiencies—particularly iron, vitamin A, zinc, and iodine—further compromise immune function and increase susceptibility to infections.[27] Over time, these consequences reduce human capital, lower productivity, and increase future healthcare costs, reinforcing intergenerational cycles of poor health and poverty.[28]

About two-thirds (69.6%) of children eat three times a day, and less than one-third of children eat twice (25.1%) and once (5.3%) eat once a day. This is similar to a study done in Abuja among adolescents in 2017, where 9.5% eat breakfast, lunch, and dinner as a single meal.[8] Almost all, 99.0% of families breastfed their children in the family while 1.0% did not breastfeed and have not breastfed the children in the family.[16] From the result, 1.3% of infants were not breastfed, while 2.4% were breastfed for <6 months, and 96.4% were breastfed for >6 months. This is comparable with a study done in Edo state, in 2019, where 0.7% were breastfed for less than 6 months, and 99.3% were breastfed for more than 6 months.[16]

The finding that **about two-thirds (69.6%) of children eat three meals per day**, while **25.1% eat twice daily** and **5.3% eat only once**, has important public health implications. Eating three balanced meals supports adequate energy intake, normal growth, cognitive development, and stronger immunity in childhood.[29] However, the fact that **one-third of children eat only one or two meals a day** suggests significant **household food insecurity**, inadequate dietary diversity, and risk of **undernutrition**, particularly **stunting and wasting.**[30,31] Children who consistently consume fewer meals are more likely to experience micronutrient deficiencies, weakened immune function, and poor school performance.[31,32]

In addition, eating once or twice a day may reflect wider **socioeconomic challenges**, such as poverty, unemployment, and rising food costs, which affect vulnerable households disproportionately. Irregular or insufficient meals can impair attention, memory, and learning capacity, affecting educational outcomes and long-term productivity.[32,33] From a public health perspective, this pattern signals the need for strengthened **nutrition programs**, such as school feeding, household food support, caregiver nutrition education, and community-level interventions to improve food access and dietary diversity.[29,30,33]

More than two-thirds (69.3%) of mothers did exclusive breastfeeding, and less than one-third (30.7%) of mothers did complementary breastfeeding. This is in contrast with the study done in Kano state in 2019, where 8.9% of mothers exclusively breastfed their babies and 90.8% breastfed with additional feed, in Edo state in 2019, where one-third (36.6%) of mothers exclusively breastfed, while about two-thirds breastfed with additional feed. This high rate of exclusive breastfeeding in our study can be due to the public awareness of the importance of exclusive breastfeeding,

and the low rate in other studies may be attributable to the strong and widely held belief that breast milk is insufficient and hence the need to commence complementary feeding.[16]

The majority (63.0%) of children were weaned at age 13-18 months, and the least (5.0%) of children were weaned at age 0-6 months. This is in line with the study done in Edo state in 2019, where 85.6% of children were weaned at age 13-18 months and 0.6% for less than 6 months.[20]

From our findings, the infant and child nutritional practices and patterns in the Kagoro community are of positive public health significance because the high rate of exclusive breastfeeding, healthy nutritional and dietary practices will ensure healthy growth and development of the children.[16]

CONCLUSION

The study showed that 85.2% of children had good nutritional practices as they have been fed with 5 major classes of food, which include (carbohydrates, proteins, fats and oils, minerals, and roughages) while 14.8% have poor nutritional practices. About two-thirds (69.6%) of children eat three times a day, and less than one-third of children eat twice (25.1%) and once (5.3%) eat once a day. From the assessment of infant nutritional practices, 98.6% of mothers breastfeed their children, while 1.4% do not, 89.2% breastfed for more than 6months, while 6.5% for only 6months, while 2.4% breastfed for less than 6 months. 68.4% Exclusively breastfed, while 29.8% did not more also only 12.3% breastfed for up to 24months while only 60.5 % breast for 13-18months.

RECOMMENDATIONS

To parents:

This is to encourage parents to continue providing adequate and essential food nutrients to their children.

To Government:

To continue to provide essential education to both parents on the need for adequate and essential nutritional practices to their children to improve their nutritional practices and promote exclusive brest feeding. There is a need for strengthened **nutrition programs**, such as school feeding, household food support, caregiver nutrition education, and community-level interventions to improve food access and dietary diversity.

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