

ABSTRACT

Infant Feeding Practices in Kingston, Jamaica: Current Trends and Associations with Growth and Morbidity.

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Feeding practices are very important determinants of health during the first few years of life. The present study was conducted to determine the current trends in infant feeding practices among infants in Kingston, Jamaica and to elucidate any associations that exist between these practices and growth and morbidity experiences.

Two groups of infants were studied. The first (Study 1) comprised 117 infants who were part of a larger cohort study. They were studied at 6, 12 and 24 weeks of age. The second (Study 2) consisted of 100 infants, aged 12 weeks, who were randomly selected from Child Welfare Clinics in Kingston. Data on the feeding practices, and morbidity experiences were collected for all infants using structured questionnaires. Anthropometric data were collected in Study 1 only. Information on immunizations was collected for both groups.

There was high initiation of breast-feeding among the mothers of both groups (more than 99%) but the prevalence of exclusive breast-feeding at six weeks (32%) was

lower than in previous years. Breast-feeding continued up to 24 weeks in 61% of the infants in Study 1. Formula feeds were introduced earlier than recommended with 67% of the Study 1 infants receiving formula by six weeks of age. The practice of overdilution was more common than underdilution and was also more prevalent among the infants in Study 2 with 22% receiving this type of formula feed compared to 10% in Study 1, $p=0.02$.

No associations were found between feeding practices and growth or the duration of six of the seven morbidity symptoms studied. However, there were associations between feeding practice and the presence of some of the symptoms, hospitalizations and visits to the doctor. Breast-feeding was not significantly associated with less of the childhood illnesses investigated in Study 1. It was however associated with less fever at 12 weeks in Study 2. Breast-feeding was associated with less visits to the doctor only at 12 weeks of age for both groups studied.

The mothers of the infants in Study 1 were of better socioeconomic status than those in Study 2 while the fathers of both studies were similar. By 12 weeks of age, 98% of the infants in Study 1 and 92% of those in Study 2 were completely immunized for their age. This suggested that immunization status was not a confounding factor.