



Editorial

Right start for healthy future – Complementary feeding

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Received : 31 May 2023

Accepted : 31 May 2023

Published : 17 August 2023

DOI

10.25259/KPJ_37_2023

Quick Response Code:



Indian academy of pediatrics (IAP) is celebrating 'COMPLEMENTARY FEEDING DAY' on 6 June 2023. This day will be celebrated under the theme: 'C4GP Complementary Feeding for Growth and Prosperity' and is expected to be a boon in infant nutrition and in preventing stunting and wasting among children.

Under and overnutrition are coexisting health issues in several countries across Asia. Poor complementary feeding (CF) is a significant determinant of malnutrition in children and a major cause of morbidity and mortality. According to the findings, the majority of infants are introduced to CF at an inappropriate time: Either too early or too late compared with the World Health Organization (WHO) recommendation. Furthermore, diets are characterised by a low variety and frequency of CF and consist mainly of staple foods with poor nutritional quality, such as rice, cereals, or noodles. Nutrient-dense and protein-rich foods, such as foods of animal origin, are either inadequately consumed or introduced too late in the diets of children. The consumption of fruit and vegetables, especially during the early CF period, is poor. In contrast, a significant proportion of both urban and rural children, particularly in India, is consuming energy-dense/nutrient-poor snacks and sugary drinks during the CF period. These unhealthy practices may pose a significant risk for the development of energy and/or nutrient gaps, magnifying the double and triple burden of malnutrition already present.

The first 1000 days of life represent a critical phase when adequate nutrition is essential for lifelong health and development. In particular, the period of 6–24 months, in which CF becomes increasingly important, encompasses a sensitive period when nutritious foods are required. According to the WHO, CF should be commenced at 6 months of age to fill the increasing energy and nutrient demands. Suboptimal feeding practices during this period of life may pose a risk for the development of both undernutrition as well as overweight/obesity. As the CF period is a vulnerable developmental phase and provides a window of opportunity to programme later health, proper feeding during this time is of key importance to prevent later-life health issues. Therefore, the CF period provides an important window of opportunity for interventions targeting the prevention of malnutrition.

In India, CF is usually introduced between 6 and 9 months of age. According to the Indian National Family Health Survey (NFHS) in 2007; however, only half (55%) of Indian children were introduced to CF between 6 and 8 months of age. Strikingly, the most recent (2017) NFHS data indicated an even lower estimate (45%). Studies across India reported the prevalence of a timely CF introduction as 42–61%, yet with wide regional variation. The highest estimates were reported in the South (61%) and lowest in the central and Northern parts of India, where only 38% received CF between 6 and 8 months of age.

The WHO infant and young child feeding (IYCF) indicators have been developed to assess the coverage of optimal feeding practices. Three indicators measure the adequacy of CF-timing of CF:

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Introducing CF between 6 and 8 months; minimum meal frequency: providing at least 2 meals at 6–8 months and at least 3 meals at 9–23 months; and minimum dietary diversity: providing foods from at least 4 (of the 7) food groups. In addition to the three CF indicators, the WHO recently released four additional IYCF indicators focused on CF practices. These indicators measure the proportion of 6–23-month-old children consuming specific food groups – that is, egg and/or flesh foods, sugar-sweetened beverages, sentinel foods (including sweet foods as well as fried and salty foods), and zero vegetables or fruit during the previous day. Since large cultural/socioeconomic differences in feeding practices and food choices exist, targeted and locally adapted approaches may be needed to improve the diets of young children.

These insights should be used to facilitate the development of educational tools as well as create awareness for parents and healthcare professionals in the community about the importance of diet during the CF period. We paediatricians should take the lead in educating the public and helping to prevent the burden of malnutrition.

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Karnataka Pediatric Journal

How to cite this article: Shenoy B. Right Start for healthy future – Complementary feeding. Karnataka Paediatr J 2023;38:35-6.