Infant and Young Child Feeding Coping among the Food Insecure Households in Rural Nepal

Food Diets & Nutrition: 25 years of Progress for Nepal

6th Annual Scientific Symposium on Agriculture-Nutrition Pathways

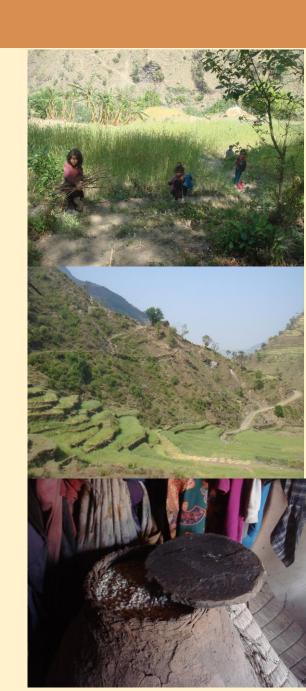
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25 Years of Nepal's Progress in Nutrition

Dibya Laxmi Manandhar Rijal, Michael J. Dibley, Madhu Dixit Devkota, and Neeloy Ashraful Alam

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Background

- High prevalence (36 percent) of chronic under-five child undernutrition and more than a half of the households (52 percent) with food insecurity in Nepal.¹
- Positive association between household food insecurity and childhood undernutrition.²⁻⁷
- Forty-one percent of under-five children from food insecure households suffer from chronic undernutrition.¹
- Fifty-one percent of under-five children from severe food insecure households have chronic undernutrition.8
- Nearly two-thirds of infants and young children are deprived of recommended feeding.¹
- Dearth of literature on understanding infant and young child feeding practices and related coping strategies among food insecure households.



Objectives

 Explore the coping strategies for feeding their infants and young children among food insecure households in rural Nepal.

• Generate information for formulating appropriate Infant and Young Child Feeding strategies for the food insecure households.

Methodology

Mixed method: quantitative and qualitative

Quantitative Method

- Identification of the food insecure HHs
- HH Food Security Questionnaires used in NDHS (Household Food Insecurity Access Scale)

Data analysis: thematic analysis method

Qualitative Method

- Data collection
- In-depth-interviews (Total 16: 10 mothers and 6 fathers)
- Key Informant interviews (4)
- Focus Group Discussion with Grandmothers

Selection of Study Location and Participants

Location

WFP Integrated Food
Security Phase
Classification Data and
Nepal Food Security
Bulletin

Selection of
District (High
Chronic Food
Insecurity Level)

Selection of the VDC
(Consistent High
Chronic Food
Insecurity Level

Households

NDHS adapted
Household Food
Insecurity Access Scale
Questionnaires

Identification of the HHs with the target children

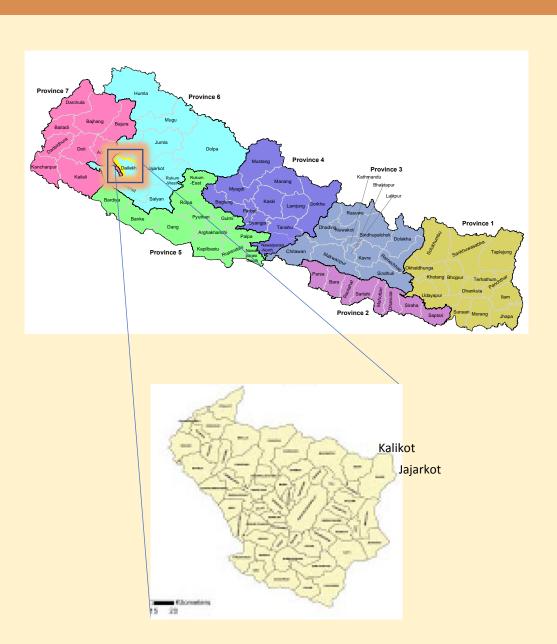
HH Survey Identification of Food insecure HH

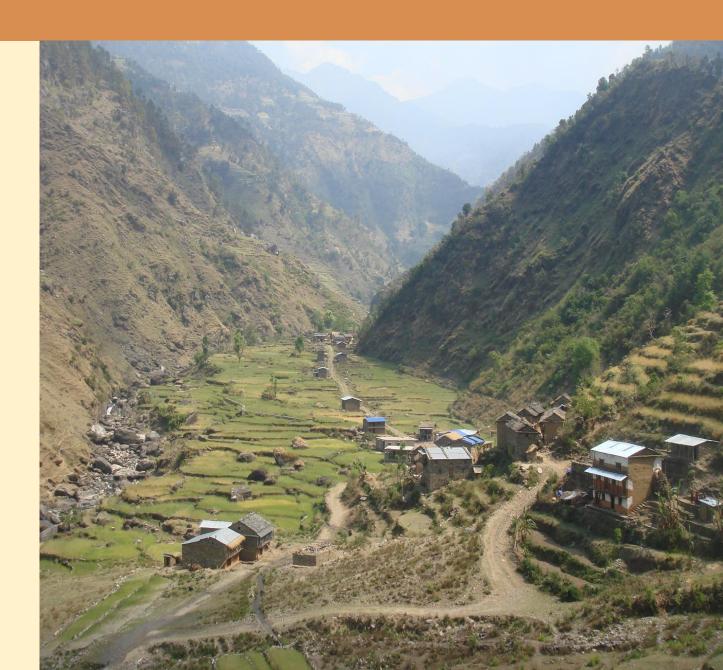
Participants

Purposive Selection

Selection to represent entire location and the diverse socio-cultural groups

Study Location





Study Participants

 Mothers, fathers, and grandmothers of the children aged 0-23 months.

 Local key informants (Former VDC Chairperson, VDC secretary, School Teacher, Social Mobilizer).





Findings

Five major domains of coping mechanisms

1. Traditional

- Borrow money and food
- Give foods not preferred by child or family
- Buy food on credit
- Seasonal migration
- Keep dried GLVs for famine
- Seek wage labor

2. Irreversible

- Reduce meal size
- Reduce food diversity
- Skip meals
- Send the child to bed hungry

3. Catastrophic

- Keep the child hungry
- Rely only of breastfeeding
- Rely only on buffalo's milk

Findings (contd.)

Five major domains of coping mechanisms

4. Long-term Improvement

• Effort to increase crop yield every year

5. Other alternatives

- Negative coping for other family members
- Seek help from relatives
- Buy cheaper readymade food

Data Excerpts

Traditional Ways of Coping

- "If we don't have any options, then we had to eat barley seeds kept for next season planting ourselves and feed our child as well".
- "What to say, we even had to feed the roasted soybeans to our boy......first I chewed them and gave to my child". -

 "What else to do, we burrow food (aincho paincho) at least for children, from neighbors promising to give back when we will have."



Irreversible Coping

• "It is very common here to feed only aato and sisnu (maize and stinting nettles) to all. What else have we to feed?"

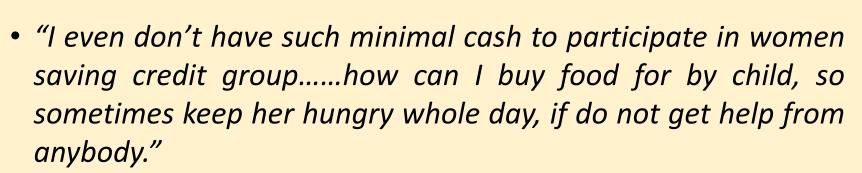
 "Well, you may see now, that's the only thing (rice) I have, to feed me kid"

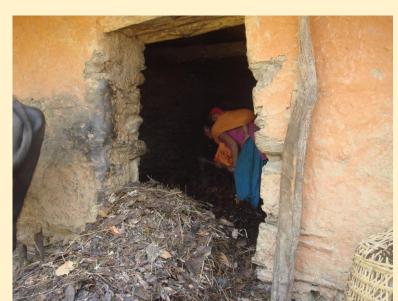
 "We had faced such days in the past that we had only one meal a day"



Catastrophic Way of Coping

- "He went to bed hungry in such situation. ... He does not eat mush nor bread and needs oil or clarified butter with rice, otherwise he does not eat at all. Sometimes, he stayed hungry for whole day."
- "I still remember, I was hungry at all and could not even breastfeed my baby. We asked for a little amount of cow's milk to feed my baby."





Long-term Improvement

 "The more you place fertilizers, the more you get maize. Maize grains grow bigger if we put in more fertilizers. In the past, when we had less production, the 'sahu' (the lender) used to warn us that we wouldn't pay him back and didn't want to lend us grains......that's how we are working, collecting more and more fodders every year and having more production, so less borrowing now."



Other alternatives

- "Well, he (the target child) used to have full amount as usual. We used to give him sufficient food even reducing the amount for elder children or sometimes giving nothing to them."
- "Well, sometime bought the small packet of instant noodles that cost five rupees and feed the child rice with it's soup."



Conclusions

- Diverse range of coping involving different aspects of socio-cultural and economic spheres
- Limited knowledge on nutritional importance of locally available food commodities
- Need expansion/feasibility study of medium/long term nutrition-sensitive interventions based on differed socio-cultural and economic status:
 - ECCD services
 - Social inclusion interventions in IGA
 - Food/Cash Transfer schemes for infant and young childhood nutrition
- Further research with larger sample with diverse geographic location to have national representation



Coping with

household food

insecurity



Seasonal fishing to have diversity in diet, though the infant and young children hardly get access



Small scale irrigation

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