

# Convenience and Child Preference Drive Kathmandu Valley Caregivers to Choose Commercial Snack Foods for Their Children Aged 12-23 months



Nisha Sharma<sup>1</sup>, Alissa Pries<sup>1,2</sup>, Atul Upadhyay<sup>1</sup>, Babita Adhikari<sup>1</sup>, Suzzane Filteau<sup>2</sup>, Elaine Ferguson<sup>2</sup> <sup>1</sup>Helen Keller International, <sup>2</sup>London School of Hygiene and Tropical Medicine

# **BACKGROUND**

- Consumption of commercial snack foods (CSFs) is prevalent among children 12-23 months of age in Kathmandu Valley (KV) (1).
- CSFs are typically nutrient-poor a nutritious diet is vital for growth and development during the complementary feeding period – so their consumption is concerning.
- Understanding the reasons for caregivers to choose these foods is needed to develop appropriate interventions to reduce the high consumption CSFs

# STUDY AIM

• To identify factors that influenced caregivers' choices of commercial snack foods for their children 12-23 months

# **METHODOLOGY**

- Seven Focus Group Discussions (FGDs) and participatory exercises were conducted with primary caregivers of children 12-23 months of age in KV.
- 32 caregivers in total: 3 groups of mothers, 2 groups of working mothers, and 2 groups of grandmothers.
- General discussion around child feeding
- Participatory exercises included:
- free listing of snack foods consumed by children,
- categorization into similar food groups, and
- ranking of snacks according to perceived healthiness, convenience, cost and child preference
- Data driven thematic analysis using NVivo 11.

# RESULTS

Caregivers were aware that CSFs, such as instant noodles, cheese balls, chips, and chocolates, were unhealthy and not nutritious for their young children

- Many categorized these foods as "junk foods".
- "They (juice drinks) have different (nutrient) value, this is junk food." (working mother, mid/high SES)
- Aware of unhealthy ingredients in CSFs, including monosodium glutamate (MSG).
- "Moong dalmot (savory snacks) is not that good in my experience because it has MSG." (working mother)
- Did not trust the ingredients and the processing used to manufacture some of these foods.

Despite this awareness, caregivers of Kathmandu Valley reported feeding CSFs to their young children because of:

## **Convenience:**

- When caregivers lacked time to prepare home-made foods.
- When caregivers were rushing to go somewhere or were busy with their work.



'Yes, I give biscuits when I am in a hurry." (mother, mid/high SES) Because it was easy for caregivers to feed children; and they ate these foods without fuss



'When we make lito or jaulo we have to coax the child to feed, either play a song or walk around (with them). But for these foods (commercial snack foods) we don't have to coax them, they easily eat it." (working mother, mid/high SES)

# **Child Preference:**

Children preferred CSFs highly over home-made foods



- "My child doesn't feel like eating rice if she gets cheese ball, chocolate, and biscuits." (mother, low SES)
- Children demanded or cried for CSFs, often occurring when they saw CSFs outside the home/in stores.



- "It is a problem when I am out with my child. (my child) will not move a step unless I buy it (commercial snacks) and at the end I have to buy. My child sees those things hanging in the shops." (working mother, mid/high SES)
- When children refused to eat any other foods, these foods were given as 'something to fill the stomach'.



"Usually the child wants it (choclate). Instead of keeping him hungry, I give it to my child. It's an option when the child is not eating anything." (working mother, mid/high SES)



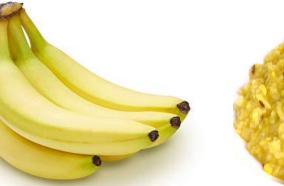














# CONCLUSION

- Caregivers of children aged 12-23 months were aware that CSFs are not healthy and nutritious for their children.
- However, they reported feeding their children CSFs because they are convenient, and liked by their children.
- These findings suggest interventions are needed for developing healthy, nutritious options which appeal to children and are convenient for caregivers.



# REFERENCE

1. Pries, A. M., Huffman, S. L., Adhikary, I., Upreti, S. R., Dhungel, S., Champeny, M., & Zehner, E. (2016). High consumption of commercial food products among children less than 24 months of age and product promotion in Kathmandu Valley, Nepal. Maternal and Child Nutrition, 12. https://doi.org/10.1111/mcn.12267

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Contact: nsharma@hki.org







