The Child Feeding Bowl

A low-tech, high-impact solution to improve young child feeding







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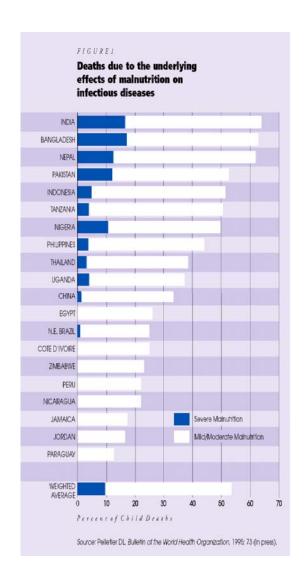






Context

- 35% of all childhood (<5) deaths is attributable child under-nutrition.
- Mild and moderate malnutrition major contributor















Context

 Malnutrition is a process, not a state of being. What we frequently see:

Nutritional Status Weight-for-Age









 Addressing malnutrition means preventing it



 Three factors to preventing early child malnutrition:



- Health and health service access
- Adequate care practices:Young Child Feeding Practices















Context

Recommendations for young child feeding:

- Age dependent: 0-6 months, 7-9, 10-12, 13-23 months
- At each age, multiple considerations:
 - Exclusive Breastfeeding
 - Complementary foods:
 - Food quality (animal source, micronutrients)
 - Food consistency (dilution)
 - Feeding frequency
 - Food quantity







Current programs focus on food quality



 BUT quantity DOES matter—the problem becomes acute as the child gets older



 In the second year of life, it is often the key problem









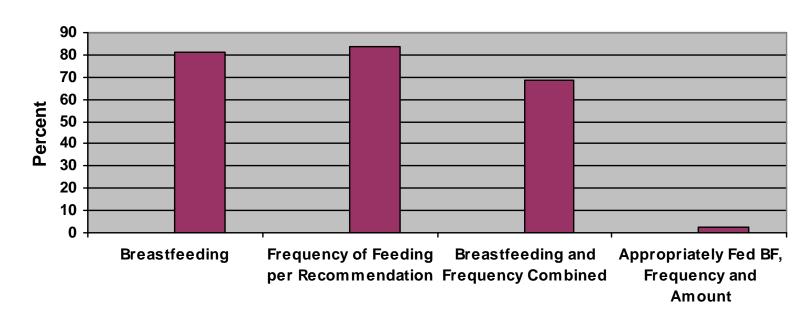






Example from data in Honduras:

Feeding According to Recommendations Children 9-11 Months







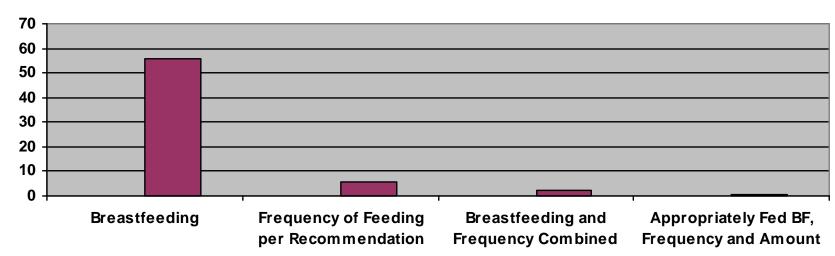








Feeding According to Recommendations Children 12-23 Months















Improving quantity is difficult. Qualitative research studies have illustrated WHY:

- Caregivers do not know how much food to give
- Caregivers do not think it is possible for a small child to eat "so much"
- Caregivers frequently report being afraid of their child getting ill from eating too much
- Sometimes caregivers say that they do not want their child to get accustomed to feeling full







Counseling materials on recommended quantities can be overwhelming:











Solution



The young child feeding bowl:















Experience

Community nutrition/child health and development programs in Latin America:

- El Salvador; National AIN program
- Nicaragua; PROCOSAN program
- Bolivia; PIDI
- Bolivia PROCOSI Proyecto de Salud Comunitario









 Bowl models have been different in each location



 All have markings denoting appropriate quantity of food for each age



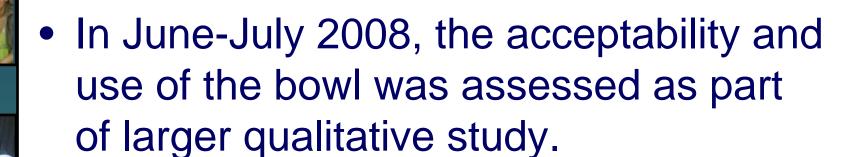
 Allows a mother/older sibling to offer the appropriate amount of food and see how much the child has eaten











- The total sample was:
 - 82 mothers of children 6-23 months
 - 15 communities















Methodology:

- "Trials of Improved Practices" design:
 - qualitative methodology
 - series of three meetings with the same participant; asks them to "try" new practices to overcome inadequate feeding practices and provide feedback on their experience.
 - One "trial" was using the bowl to improve food intake





Bowl used in Bolivia:







- The bowl was introduced to 28 (of the 82 total) mothers—those whose children had especially poor reported food intake
- NOTE: this design does not allow for comparison of quantity with vs without bowl















Results:

- All mothers who used the feeding bowls were successful in increasing food quantity to the amount indicated by the bowl for the child's age.
- Mothers said:

"[the bowl] gives good results and my child eats more when he eats from his own plate. I can measure how much he eats and he likes the bowl."



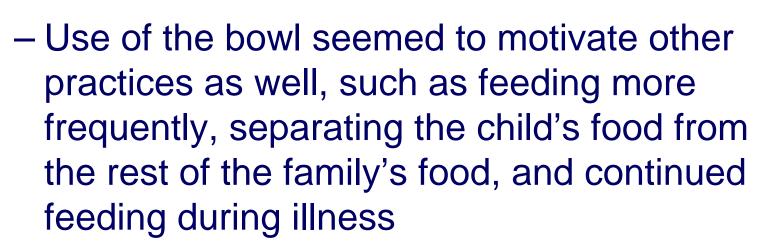






Results:







 Fathers took interest in the bowl and therefore in feeding their children.















Results:

 Older children took ownership of their bowls and asked for food.















Conclusions:

- Very acceptable—everyone wanted one
- Made instruction/counseling easier
- Served as effective reminder of feeding
- Inexpensive and very scale-able













In summary...

Bowl should be viewed as a critical element of IYCF package:

- Breastfeeding
- Complementary feeding
 - Quality of food
 - Improved practices: Use of the Bowl!



