

Feeding Practices of Children Under-Five in an Industrialized City in Cebu

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ABSTRACT

About 30% of children under five years old were stunted as a consequence of poor feeding practices and repeated infections. The study determined the feeding practice of mothers of under-five children in Naga City, Cebu, Philippines. The study utilized the descriptive method involving 330 respondents in five districts of the City of Naga, Cebu. Questionnaire was used in data collection and it was translated to Cebuano to extract the necessary data from the respondents. The findings showed the majority of the children under-five year-old were breastfed by their mothers immediately after birth. Furthermore, nearly

all respondents did not practice exclusive breastfeeding, however, a considerable number of respondents continue to breastfeed after six months. Plain water, vitamins or medicines and clear broth topped the list of liquids introduced by the respondents, while vitamin A-rich vegetables, foods rich in carbohydrates and iodine-rich foods ranked first, second and third respectively in the list of solid foods for complementary feeding. Most of the respondents did not introduce products that are fortified with iron. Breastfeeding practices in urban areas lack knowledge of the importance of iron-fortified complementary feeding as well as exclusive breastfeeding.

Keywords – Under-five children, feeding practices, breastfeeding, complementary feeding, social science, nutrition, Cebu City, Philippines.

INTRODUCTION

Good feeding practice for children under-five years old is an integral part of childhood development. Even in resource-poor settings, improved feeding practices can lead to improved intakes of energy and nutrients, leading to better nutritional status (Michaelsen, Weaver, Branca & Robertson, 2000).

Feeding children under-five years old is a unique experience. These age groups have special nutritional needs, which, when not met, may contribute to the increase in childhood morbidity and mortality rates (DOH, 2015). It is imperative that children under-five years old be properly provided with adequate nourishment that is necessary for growth and development.

Early nutrition affects later development and early feeding sets the stage for eating habits that will influence nutrition status for a lifetime. Trends change, and experts argue about the fine points, but properly nourishing an infant is relatively simple, overall. Common sense in the selection of baby foods and a nurturing, relaxed environment go far to promote an infant's health and well-being (DeBruyne, 2008).

According to UNICEF, a major health problem in resource-poor settings is still childhood under nutrition. The big proportion of the children under-five years old are also deficient in one or more micronutrients and approximately one-third of children less than five years of age in developing countries have stunted growth. Present data showed that just over half of 6 to 9 month old infants are breastfed and only 39% of 20 to 23 month old are provided with continued breastfeeding.

Children who are under-five's mortality rate is a leading indicator of the level of child health and overall development in countries. Millennium Development Goal 4 aims to reduce by two-thirds, between 1990 and 2015, the mortality rate of children under five. Between 1990 and 2008, the number of children in developing countries who died before reaching the age of five dropped from 100 to 72 deaths per 1,000 live births. In spite of the decrease in mortality, the numbers are still significant.

Furthermore, malnutrition is evident in poor areas of the country particularly manifested by children three years old and below concerning their growth and development in height and weight compared to age. One of the issues the 2008 National Nutritional Survey (NNS) looked into is children's nutrition. The research of NNS found that the number of Filipino children who were underweight and under height or stunted increased from 2005 to 2008. In addition, the prevalence of underweight children from ages 0 to 5 years increased from 24.6% to 26.2%, which totaled to 3.35 million children. The under height rate among children on the other hand, increased from 26.3% to 27.9%, representing 3.57 million children (FNRI annual report, 2005).

Through experiences and observations, the researchers found out that the community is still confronted with morbidity and mortality rates that could be associated with infant and young child feeding practices. Hence, the researchers aim to determine the feeding practices of children under-five years old in City of Naga, the findings will be the basis for a proposed action plan.

FRAMEWORK

This study is anchored in the Theory of Reasoned Action and Theory of Planned Behavior by Martin Fishbein and Icek Ajzen (2005). Both theories assume that the immediate determinant of behavior is the people's intention to perform that behavior. The theory of reasoned action suggests that behavioral intentions are a function of people's attitudes toward the behavior. These intentions are determined by their beliefs that the behavior will lead to a positively or negatively valued outcomes, their subjective norm, which are shaped by their perception of the value that significant others place on that behavior and their motivation to comply with those norms. The Planned behaviour theory includes an additional determinant of intention to act namely, people's perception of how much control they have over their behavior (Brannon & Feist, 2010).

The vital feature of the Theory of Reasoned Action and Theory of Planned Behavior is their claim that behavioral intention is the most important determinant of behavior. Both theories postulate that people regard the implications of their actions before deciding to engage in or refrain from any given behavior. These two theories emphasize the role of thought in decision making about engaging in behaviors. The Theory of Reasoned Action states that a person's intention is determined by two antecedents, one comprising personal factors and the other social influence (Sharma & Romas, 2010).

A motivational theory in psychology of Maslow's (1943, 1954) *hierarchy of needs* comprising a five tier model of human needs can be linked in this study. Maslow believed that people possess a set of motivation systems and to meet this, we must first achieve our most basic need for physical survival, and this will be the first thing that motivates our behavior. Once survival level is fulfilled, the next level up is what motivates us, and so on.

Sister Calista Roy's Adaptation Model (Andrews & Roy, 1991) can also be utilized in this study where it sees the individual as a set of interrelated systems, biological, psychological and social. Roy believed that we all strive to live within a bond where we can cope adequately and that each individual can deal with new experiences effectively.

Khan and Rahman (2010) consider appropriate feeding practices as essential component for proper nutrition, growth, development, and survival of infant and young children. These feeding practices, which include both breastfeeding and complementary feeding, are collectively known as infant and young child feeding (IYCF) practice. Langley-Evans (2009) added that nutritional demands over the first 3 years of life are very much shaped by the physiological and developmental processes associated with this life stage. Achieving the physical milestones sets a relative high demand for energy and nutrients, but the psychosocial and behavioral milestones should not be ignored, as these affect upon how nutrient demands are delivered and upon the development of attitudes and behaviors that assist to shape long-term health and well-being.

Infants need smaller total amounts of nutrients than adults do, but as a preference of body weight, infants need more than twice than adults do. With regards to percentage of body weight, infants need more than twice as much of most nutrients. Around six months of age, energy needs begin to increase less rapidly as the growth rate begins to slow, but some of the energy saved by slower growth is spent on increased activity. With their growth slows, infants spontaneously reduce their energy intakes. Parents should expect their infants to

adjust their food intakes downward when appropriate and should not force or coax them to eat more (DeBruyne, 2008).

Directly or indirectly, malnutrition is the culprit for about one-third of deaths among children under five years old. These deaths are often associated with inappropriate feeding practices which happen during the first year of life. Thus, nutrition and nurturing during the first years of life are both crucial for life-long health and well-being. To enable mothers to establish and sustain exclusive breastfeeding for six months, WHO and UNICEF made the following recommendations: start of breastfeeding within the first hour of life; exclusive breastfeeding – with infant receiving only breast milk without any additional food or drink, not even water; breastfeeding on demand – that is as often as the child wants, day and night; and no use of bottles, teats or pacifiers (World Health Organization).

OBJECTIVES OF THE STUDY

The study determined the feeding practices of infant and children under-five in an industrialized city of Cebu, Philippines.

METHODOLOGY

Research Design

The study utilized the descriptive method of research using questionnaire as the main tool for data gathering. The instrument was translated to Cebuano to gather the necessary data and for the ease and comfort of the respondents in answering the questions

Research Site

The City of Naga is located along the southern coast of the island of Cebu and is approximately 21 kilometers away from Cebu City. It has a total land area of 10,201.8383 hectares and registers a total population of 95,163 as of 2007. The city is composed of 28 local communities, 6 of which are considered urban communities located along the coastal areas including the 5 districts of Poblacion. The other 17 communities are considered rural. The city is bounded on the north by Tungha-an of Minglanilla, in the south by Pitalo of San Fernando, in the east by Bohol Strait and in the west by Cantabaco of Toledo City.

The City Health Office of City of Naga, located in Poblacion, is manned by a health team composed of 2 physicians, 5 nurses, 1 medical technologist, 1 dentist, 1 sanitary inspector and 15 midwives. One health station is located in each community which is manned by a midwife and assisted by health workers. South General Hospital, a tertiary hospital owned by the Cebu Doctors' Group of Hospitals, is located in the city.

Research Respondents

The study utilized 332 respondents from the five districts in Poblacion, City of Naga. The City Health Office, per Department of Health statistics, approximates 391 children less than 1 year of age and 1,483 children in the 1- to 4-year-old bracket in Poblacion as of 2012. Using the combined population of infants and young children in Poblacion, 1,874, the number of respondents was determined using the Slovin's formula. Purposive sampling was used.

The respondents were mothers with a 6- to 11-month old or 12- to 36-month-old child or children from the five districts in Poblacion, City of Naga. Mothers with more than 1 child under the identified age groups were made as a respondent more than once. The following were the number of respondents from the following communities: Central had 32; East had 22; North had 87; South had 115; and West had seventy which would total to 330 respondents from a total population on 1,874. The sample was proportionate to the population of infants and young children in each district

Instrumentation

The study utilized a researcher made, two-section questionnaire as an instrument for data gathering. Section 1 contains the profile of the respondent which includes age, highest educational attainment, monthly family income, and status of employment.

Section 2 reflects the child's feeding history which includes the child's consumption of breast milk and the timeframe for the initiation of initial breastfeeding. The respondents were made to choose whether it was initiated immediately or hours or days after delivery. Further inquiry was done for respondents who chose the latter choices to determine the specific number of hours or days. This section also determines if the child has been exclusively breastfed and if breastfeeding was extended after 6 months. Respondents were asked to choose either yes or no.

This part, likewise, exhibits provision of complementary feeding including the liquids and solid, semi-solid and soft foods introduced to the child for the last 24 hours. A list of liquids and foods, which are grouped accordingly, was presented in the research instrument. This part allowed multiple answers.

Also presented in section 2 is the consumption of infant formulas and solid, semi-solid or soft foods. Brands available in the local setting were indicated in the instrument to enable the respondents answer appropriately. This part, too, required the respondents to choose either yes or no. complementary feeding and consumption of iron-fortified products were assessed based on the last 24-hour-period. A Cebuano translation of the questionnaire was provided for better comprehension of the respondents who do not understand the English language.

Research Ethics Protocol

The study had been submitted for approval and approved by the ethics committee of the University with the subjects who are the mothers and children under five years of age belonging under the vulnerable group. Confidentiality is ensured and the researchers see to it that the respondents understood the study by translating the questionnaires in Cebuano and telling them the importance of the study their rights in this study.

Data Collection and Statistical Technique

The questionnaires were distributed after the letter of request was approved by the city mayor, barangay captains and city health officers. The purpose of the study and how to answer the questionnaire was briefly explained to the respondents within their level of comprehension. Further assistance was extended to respondents who had difficulty reading, writing and answering. Each respondent was accorded 10 minutes to complete the instrument with the needed information. The assistance of the midwives and health workers in the health stations were requested for the distribution of instrument.

Data analysis was made after tallying and tabulating the responses of the respondents to the items of the instrument. Simple Percentage was used to determine the profile of the respondents and the feeding history of the child. Average was used to identify the average age of the respondents and the monthly family income

Rank was used to determine the order of liquids and solid foods mostly given by the respondents to their child or children.

RESULTS AND DISCUSSION

Profile of the Respondents

The profile of the respondents includes their age, highest educational attainment, monthly family income and employment status.

Table 1. Profile of the Respondents (n=332)

Profile of Respondents	F	P (%)
Age		
46 – 52	1	0.30
40 – 45	8	2.41
34 – 39	38	11.45
28 – 33	72	21.69
22 – 27	128	38.55
16 – 21	85	25.60
Average Age	26.06	
Highest Educational Attainment		
College Graduate	33	9.94
College Level	31	9.34
High School Graduate	90	27.11
High School Level	133	40.06
Elementary Graduate	33	9.94
Elementary Level	12	3.61
No Education	0	0.00
Monthly Family Income		
20,001 and above	13	3.92
10,001 – 20,000	25	7.53
5,001 – 10,000	129	38.86
Less than 5,000	165	49.70
Average Monthly Family Income	Php 5,001 - 10,000	
Employed	61	18.73
Not Employed	271	81.63

Age of the Respondents

Results indicate that majority of the respondents are between 22 and 27 years old with an average age of 26.06 years. Until her late 30s to early 40s when she noticed her cycle to become shorter, a woman's cycle will still be regular with 26 to 35 days cycle. From menarche to early 40s, a woman remains reproductive and fertile. As a woman ages, she will begin to skip ovulation resulting in missed periods until the time the woman will no longer have menstrual period for 1 full year and experience menopausal period (ASRM, 1996-2016). Thus, most of the respondents belonged in their reproductive years and capable of bearing children.

Highest Educational Attainment

Most of the respondents have attained education in the high school level only. Generally, Filipinos have a high regard for education, which they view as a primary avenue for social and economic growth. This started from colonial rule of the United States with the emphasis on mass public education. Hence, Filipinos have the mentality that individuals could get ahead through attainment of a good education and lived the American ideal of a democratic society. Tremendous sacrifices of middle-class parents were made to provide secondary and higher education for their children. This holds true with the respondents of the study, wherein most of the mothers have attained at least a secondary level of education which makes them knowledgeable enough in caring and rearing children.

Monthly family Income

Majority of the respondents have an average monthly family income of between 5,001 (\$100.00) and 10,000 (\$200.00). Gradual decrease of extreme poverty between 2012 and 2014 has been observed with a decline from 10.6 percent in 2012 to nine percent in 2014. According to revised purchasing power parity (PPP), poverty fell rapidly between 2012 and 2014, after a decrease of only 0.3 percentage points between 2009 and 2012. Despite this, high rates of structural poverty remain, particularly among households depending on agriculture (World Bank, 2016). Hence, with regard to the overall economy of the respondents, they still belong to a lower economic class. With less than 10,000 (\$200.00) income a month, they have to live within their means and should do with whatever they can afford to sustain daily expenses of their family.

Employment Status

Most of the respondents are currently not employed. Employment status is associated with the family's monthly income and most of the mothers are

caring for their children only. Hence, they are pure housewives and left to tend to their children at home. Just like in the study of Guillasper (2015) that with the educational attainment of elementary and high school level by most of the respondents, they are also earning below poverty line. Thus, even though they don't have a direct financial contribution to the family, they still contribute to saving money for expenses intended for house helpers and in caring for their children and even in saving their money for infants' milk formula through breastfeeding.

Feeding Practices

The feeding practices of the respondents comprise of the following: consumption of milk, early initiation of breastfeeding, exclusive and extended breastfeeding, and introduction of iron-fortified products.

Table 2 establishes the feeding practices and percentage of children under-five years old who at any point has consumed breastmilk either from their mother or another woman through breastfeeding, or offered through spoon, cup or bottle.

Table 2. Consumption of Breastmilk (n=332)

Consumption of Breastmilk	F	P (%)
Yes	312	93.98
No	20	6.02

Consumption of Breast milk

Infants and young children who were able to consume breastmilk are in the majority. However, there was no further inquiry whether it was received directly or indirectly and whether the source of the breastmilk is the mother or another woman, such as a wet nurse.

According to DeBruyne (2008) that with the exception of vitamin D, the vitamin content of the breast milk of a well-nourished mother is enough. Even vitamin C, for which cow's milk is a poor source, is supplied generously. As for minerals, the calcium content of breast milk is ideal for infant bone growth, and the calcium is well absorbed and utilized. Breast milk is also low in sodium. The limited amount of iron in breast milk is highly absorbable, and its zinc, too, is absorbed better than from cow's milk. Thus, most of the respondents know the benefits of breastmilk to their infants leading to majority of their infants consuming breastmilk.

Table 3 exhibits the timeframe for the initiation of initial breastfeeding. Results imply that some infants and young children were initiated breastfeeding immediately after birth.

Table 3. Early Initiation of Breastfeeding (n=332)

Early Initiation of Breastfeeding	F	P (%)
Immediately	275	82.83
Hours after delivery	30	9.04
Days after delivery	27	8.13

Early Initiation of Breastfeeding

Khan and Rahman (2010) explained that the first feed should be colostrum and offered within half an hour of birth. Baby should be provided feeding on demand thereafter. Mother's milk is the best milk because of its nutritional, anti-infective, anti-allergic, contraceptive, and economic significance. It is indeed vital for newborns to have early initiation of breastmilk to ensure the start of proper nutrition and health condition. Hence, human milk must be considered as a resource priority in the national development, health, and family planning policies.

Table 4 displays the respondents' practice of exclusive breastfeeding. The figures suggest that nearly all the respondents do not observe the recommendations of WHO and UNICEF on exclusive breastfeeding.

Table 4. Exclusive and Extended Breastfeeding (n=332)

Exclusive Breastfeeding	F	P (%)
Yes	40	12.05
No	292	87.95

Exclusive and Extended Breastfeeding

About 95% of the respondents were considered not observing the recommendations on exclusive breastfeeding on the basis of their claim that they introduced water to their child before six months. Some have further claimed to have introduced infant formula and powdered milk before six months which

accounts about 25% and 10% respectively to the 87.95% who are not observing exclusive breastfeeding.

The perfect way to provide the best food for a baby's first six months of life is exclusive breastfeeding, benefiting children all over the world. However, breastfeeding is much more than food alone. Infants who are breastfed are much less likely to die from diarrhea, acute respiratory infections and other diseases. Infants' immune systems will be supported by breastfeeding and help them protect from chronic conditions later in life such as obesity and diabetes. An estimated 1.4 million deaths in children under five annually due to suboptimum breastfeeding.

Kramer and Kakuma (2002) stated in their systematic review that with the fact that complementary foods given in many developing countries and the belief that breast milk alone is nutritionally insufficient after 3 or 4 months, and both nutritionally inadequate and contaminated, led to concern about the so-called weanling's dilemma. The concerns primarily in developing countries and the risk of mortality associated with early introduction of complementary foods contributed to weanling's dilemma.

Furthermore, lack of exclusive breastfeeding among infants 0 to 5 months of age and no breastfeeding among children 6 to 23 months of age are associated with increased diarrhea morbidity and mortality. Diarrheal disease accounts for approximately 1.34 million deaths among children ages 0 to 59 months and continues to act as the second leading cause of death in this age group (Black *et al.*, 2010). In fact, only few diseases are the culprits for half of the horrendous statistics of mortality among children. The culprits are pneumonia, diarrhea, malaria, and AIDS which could be treated with antibiotics, oral rehydration with a simple mix of water, salt and sugar, vaccination, and insecticide-treated mosquito nets. Therefore, the community particularly the mothers must be educated on proper nutrition and disease prevention because education and prevention are the keys to reducing child mortality.

To enable mothers to establish and sustain exclusive breastfeeding for six months, WHO and UNICEF recommend the following: start of breastfeeding within the first hour of life; exclusive breastfeeding – with infant only receives breast milk without any additional food or drink, not even water; breastfeeding on demand – feeding as often as the child wants, day and night; and no use of bottles, teats or pacifiers (World Health Organization).

Tables 5 and 6 illustrate provision of complementary feeding through liquids and solid foods. The results were ranked from highest to lowest to determine what was primarily given to infants and young children by their primary caregivers.

Table 5. Complementary Feeding (Liquids) (n=332)

List of Liquids	F	P (%)	Rank
Plain water	295	25.97	1
Vitamin drops or other medicines as drops	258	22.71	2
Clear broth	228	20.07	3
Thin porridge	144	12.68	4
Milk such as thinned, powdered, or fresh animal milk	82	7.22	5
Infant formula	62	5.46	6
Juice or juice drinks	46	4.05	7
Other drinks not included in the list	18	1.58	8
No drink was given to the child	3	0.26	9

*multiple responses

Table 6. Complementary Feeding (Solid Foods) (n=332)

List of Solid Foods	F	P (%)	Rank
Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside	225	17.28	1
Bread, rice, noodles, or other foods made from grains, including thick grain-based porridge	208	15.98	2
Fresh or dried fish, shellfish, or seafood	206	15.82	3
Any meat such as beef, pork, lamb, goat, chicken or duck	203	15.59	4
Any dark green leafy vegetables	182	13.98	5
Eggs, cheese, yogurt, or other milk products	118	9.06	6
Any sugary foods such as chocolates, sweets, candies, pastries, cakes or biscuits	68	5.22	7
Ripe mangoes, ripe papayas or any vitamin A-rich fruits	49	3.76	8
Any foods made from beans, peas, lentils or nuts	14	1.08	9
Condiments for flavor such as chilies, spices, herbs or fish powder	10	0.77	10
Any other fruits or vegetables	7	0.54	11
Any oil, fats or butter, or foods made with any of these	6	0.46	12
Liver, kidney, heart or other organ meats	5	0.38	13
Other foods not included in the list	1	0.08	14

*multiple responses

Complementary Feeding

Plain water, vitamins or medicines and clear broth topped the list of liquids introduced by primary caregivers, while vitamin A-rich vegetables, foods rich in carbohydrates and iodine-rich foods ranked first, second and third respectively in the list of solid foods. The complete list is indicated in the following tables.

Adequate complementary feeding of children six months to two years of is particularly important for growth and development and the prevention of undernutrition. A large proportion of children less than five years old in developing countries are deficient in one or more micronutrients requiring additional nutrient and high quality foods in adequate amounts to their diet along with continued breastfeeding (UNICEF, n.d.).

I age in developing countries about one-third of children less than five years of are stunted (low height-for-age), and large proportions are also deficient in one or more micronutrients. That means they require the addition of nutrient dense, high quality foods in sufficient quantities to their diet along with continued breastfeeding. In most developing countries, there is evidence that complementary feeding practices are generally poor meaning that many children are still vulnerable to largely irreversible outcomes such as stunting and poor cognitive development, as well as to significantly increased risks of infectious diseases like diarrhea and pneumonia (United Nations International Children’s Emergency Fund).

UNICEF reports that there are evidences that complementary feeding practices are generally poor in most developing countries. It is worth noting that the Philippines is categorized as a developing country.

Table 7 depicts the practice of continued breastfeeding among infants beyond six months and young children.

Table 7. Continued Breastfeeding (n=332)

Continued Breastfeeding	f	P (%)
Yes	236	71.08
No	96	28.92

Continued Breastfeeding

A considerable number of respondents continue to give breast milk after six months. This result reflects agreement of the respondents to the guiding principles for complementary feeding of the breastfed child.

The second guideline posits that frequent, on-demand breastfeeding should be continued until two years of age or beyond (Dewey, 2003). The numbers have a positive implication on infants and young children with regard to feeding practices. Dewey added that breastfed children at 12 to 23 months of age whose intake is similar to the average amount of breast milk consumed at that age receive 35-40% of total energy needs from breast milk.

While the number of respondents who continue breastfeeding their child beyond six months is high, it is also noteworthy to give attention to those mothers who are not maintaining breastfeeding. Thus, further health teaching regarding the importance and benefits of continued breastfeeding up to 2 years and beyond must also be implemented in the health centers and the community.

Tables 8 and 9 register the introduction of iron-fortified infant formula and/or solid, semi-solid or soft foods. Statistics show that majority of the respondents do not introduce products that are fortified with iron.

Table 8. Introduction of Iron-Fortified Infant Formula (n=332)

Introduction of Iron-Fortified Infant Formula	F	P (%)
Yes	52	15.66
No	280	84.34

Table 9. Introduction of Iron-Fortified Solid, Semi-solid or Soft Foods

Introduction of iron-Fortified Solid, Semi-solid or Soft Foods	F	P (%)
Yes	34	10.24
No	298	89.76

Introduction of Iron-Fortified Infant Formulas and Solid, Semi-solid, and Soft Foods

Nutrient needs per unit body weight of infants and young children are very high because of the rapid rate of growth and development during the first two years of life. The total nutrient intake of children between 6 and 24 months of age can be substantially contributed by breast milk particularly for protein and many of the vitamins. However, minerals such as iron and zinc, even after accounting for bioavailability are usually low in several breast milk (Dewey, 2003).

Another guideline identified by Dewey (2003) is to use fortified complementary foods or vitamin-mineral supplements for the infant, as needed. Certain key nutrients, particularly iron, zinc and calcium is generally insufficient in unfortified complementary foods that are predominantly plant-based amounts of, to meet the recommended nutrient intakes during the age range of 6-24 months. The addition of animal-source foods can meet the gap in some cases. However, this affects the cost and thus may not be practical for the lowest income groups.

Since most of the respondents were not able to complement iron-rich food in their infants' daily intake, extensive health education regarding the benefits and importance of iron in the infants' growth and development must also be emphasized in the community. Additional assessments can also be made to find out the reasons why respondents lack knowledge and utilization of some important variables in infant nutrition and young child feeding practices.

CONCLUSION

Based on the results of the study, breastfeeding practices of mothers even in urban areas may lack the appropriate knowledge of the importance of iron – fortified complementary feeding as well as exclusive breastfeeding. Health practitioners can intervene and change mother's behaviour by applying three factors to determine the strength of their intention, viz. perceived ability, attitudes, and social norms.

TRANSLATIONAL RESEARCH

Proper Feeding Education Drive through Cebuano Information and educational Campaign (IEC) materials would be undertaken to emphasize the importance of exclusive breastfeeding in the first six (6) months of life, implementing health teachings among mothers and pregnant women on the importance of continuance of breastfeeding after 6 months of the infants, identifying infants and children who have iron deficiency anemia and educating mothers on the importance and benefits of iron for growth and development, informing mothers on the food pyramid and the different nutrients and their function, making mothers and community appreciate the available, affordable and accessible food sources in the community and recognizing the role of primary health care facilities in the health care delivery system.

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