

Prevalence and Associated factors of feeding practices in children and mothers within the central health region, Ouagadougou, Burkina Faso

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DOI: <https://doi.org/10.17511/ijpr.2025.i03.01>

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Introduction: Proper feeding practices could significantly help reduce overall mortality both among children and women. The purpose of the study was to determine the prevalence and the factors associated with feeding practices among children and mothers within the health district of Bogodogo in Ouagadougou (Burkina Faso).

Material and methods: We conducted a cross-sectional study from August 5th to October 31st, 2023, on 310 mothers and their infants of 6 to 23 months within the health district of Bogodogo. The 24-hour recall method was used to evaluate how feeding indicators were upheld, and the logistic regression was used to determine associated factors.

Results: Within the children's group, 33.55% benefited from an adequate complementary feeding, 53.55 % from a minimal acceptable diet. Among the mothers, 61.29 % satisfied the minimal feeding frequency requirements, and 9.68% had kept the requirement for minimal dietary diversity. The factors associated with adequate complimentary feeding among children were: the father's job as businessman /independent (adjusted Odd ratio (aOR)=0.38 ; p<0.01) ; the wealthy household (aOR=0.33 ; p<0.01) and the children whose birth rank was between 2nd and 4th among siblings (aOR=2.52 ; p<0.01). The factors associated with the effectiveness of minimal feeding frequency among mothers were wealth index (aOR=2.29; p=0.03) and severe food insecurity (aOR=0.29; p<0.01).

Conclusion: It appears necessary to reinforce the actions aiming at improving household economic conditions in order to improve standards of living and feeding practices among children and mothers.

Keywords: Feeding practices, mother, child, suitable complementary feeding, associated factors, Ouagadougou

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How to Cite this Article

Angèle K, Sandrine K, Paul Od, Caroline Y, Chantal Z, Adeline Z, Désiré Lucien D, Fla K, Prevalence and Associated factors of feeding practices in children and mothers within the central health region, Ouagadougou, Burkina Faso. *Pediatric Rev Int J Pediatr Res*. 2025;12(3):54-62.
Available From
<https://pediatrics.medresearch.in/index.php/ijpr/article/view/809>

To Browse



Manuscript Received
2025-06-06

Review Round 1
2025-06-14

Review Round 2
2025-06-23

Review Round 3
2025-07-01

Accepted
2025-07-09

Conflict of Interest
None

Funding
Nil

Ethical Approval
Yes

Plagiarism X-checker
11.32

Note



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Introduction

An adequate feeding can be viewed as the basis for a healthy and active life, but also as a worldwide recognised human right [1,2]. Despite multiple endeavours, universal access to adequate feeding remained a worldwide challenge. According to the World Health Organisation, the number of people who cannot afford adequate food was estimated at 2.37 billion, and the proportion of the world population having severe food insecurity was estimated at 12% [3]. The children and their mothers were the most affected people due to their vulnerable status. The adequate feeding of a child is a determining factor of survival, normal growth and development, especially during the first two years of life. Nowadays, only 52% of children aged 6 to 23 months can be fed according to the minimal food frequency requirements, while only 29% of this age group benefits from minimal dietary diversity [4]. This is the reason for drafting worldwide strategies and policies that focus on children and mothers [5]. The well-being of children was proven to be intrinsically linked to the mothers' well-being. Therefore, the intervention that aims at improving the mothers' nutrition would contribute to reducing growth delay in children [6]. As a person who is most in contact with children in our environment, a mother in good health does contribute to child survival, especially when several transmissible diseases are avoided [7]. Inadequate feeding mostly affects developing countries. Several West African countries reported poor indicators on optimal feeding practices in French-speaking countries as compared to English-speaking countries [8].

In Burkina Faso, significant progress was made, and actors need to be encouraged even though additional efforts are required. According to the Standardised monitoring and assessment on relief and transitions (SMART) 2021 report, there was an improvement in Infant and Young Child Feeding (IYCF) since 2012. For instance, the appreciation of complementary feeding revealed that 31.6% of children consumed less than five groups of food, while 23.9% of children benefited from a minimal acceptable diet. Among women of childbearing age in the Kadiogo region, 28.9% had satisfied the requirement for minimum dietary diversity [9]. Another evaluation of food diversity in children and mothers in Cameroon revealed low score of dietary diversity both in mothers and their children [10].

Given these low performances of indicators that reflected feeding practices in the central region, this study aimed to determine the prevalence and the factors associated with feeding practices among children and mothers in the health district of Bogodogo.

Material and methods

We conducted a descriptive and analytic cross-sectional study. The data gathering was prospective and focused on children aged 6 to 23 months and their mothers who showed up at the "healthy child" visit in health facilities within the health district of Bogodogo. The study period spanned from August 5th to October 31st, 2023. To calculate the sample size in the district of Bogodogo, the following equation was used.

$$N = \frac{(z\alpha)^2 p(1-p)}{e^2}$$
 : N is the sample size, $Z\alpha$ is level of confidence. It is a coefficient that measures precision. Therefore, with a risk of error called $\alpha = 0.05$, we have a $Z0.95 = 1.96$. e represents the absolute margin of error on the estimation of the proportion that we set up at 0.05 for this study. In order to determine the sample size that would allow us to reach our study goals, we considered the prevalence of minimum dietary diversity in the mothers of the central region. According to the 2021 statistical annuary, the minimum dietary diversity score was 25% in women of childbearing age nationwide, and the prevalence of a minimum acceptable diet was 23.9% in children. This gave us a total of 288 to be surveyed. The sample size was readjusted to 310 mother-child couples after considering a rate of non-response. The survey occurred in eight health facilities after a simple random sampling.

In our study, the dependent variable in children was feeding practices with two modes: appropriate and inappropriate. The complementary feeding practices were considered appropriate when the requirements for all three indicators were met and inappropriate when the requirement for at least one indicator was not met. The feeding practices in mothers were assessed through the minimum feeding frequency that was considered adequate if the mother had a minimum of three meals daily, and the minimum dietary diversity that was appropriate if the mother had consumed at least five groups of distinct food out of the recommended ten groups.

The data were collected through a questionnaire that was administered to mothers. Each mother who attended the “healthy child”, met the requirements and gave informed consent, was included in the sample, up to the targeted sample size.

The 24-hour recall method was used to collect information regarding the feeding of children and mothers. The food security was assessed through the Household Food Insecurity Access Scale (HFIAS) [11].

The wealth index was created after taking into account the household belongings and assigning a score to each belonging according to the harmonized survey on household living conditions (HSHLC). The scores were compiled, and the study population was classified into three categories: wealthy, middle, and poor [12].

The data analysis was conducted with Stata software version 14.

A descriptive analysis determined tallies and proportions. The bivariate analysis was used to estimate the association between dependent variables and each independent variable through a univariate logistic regression.

The independent variables that reached the 20% threshold of association were selected for multivariate analysis. The final model was obtained through an ascending step-by-step manual selection. The level for statistical significance was set at a p-value < 5% for all statistical analyses.

A permission to conduct the study was granted from the ethics committee for research in health sciences through the deliberation n° 2023-08-206, and the permission to collect data was obtained from the central region health office.

Informed consent was obtained from all participants. The children who were sick or malnourished were taken care of while their mothers received relevant education.

Results

1. Baseline characteristics of children and mothers in the health district of Bogodogo.

A total of 310 children and their mothers were included. Table I reports on the socio-economic and demographic characteristics of children and mothers.

Table I: socio-economic and demographic characteristics of children and mothers

Socioeconomic and demographic features	Numbers (N=310)	Proportion
Living environment		
Rural	149	48.06
Urban	161	51.94
Age of the mother		
Below 25years	101	32.58
25-34 years	169	54.52
35years and above	40	12.90
Mother's education		
Unschoolcd	53	17.10
Primary school	81	26.13
High school/University	176	56.77
Marital status		
Not in a couple	05	1.61
In couple	305	98.39
Mother's profession		
On wages (public/private)	32	10.32
Business /independent	143	46.13
Household wife/others	135	43.55
Father's profession		
Public worker/on wages	88	28.39
Business /independent	211	68.06
Others*	11	3.55
Age of the infant		
6 to 11months	199	64.19
12 to 17 months	101	32.58
18 to 23 months	10	3.23
Gender of the infant		
Male	154	49.67
Female	156	50.32
Family size		
Two to three	45	14.52
Four to five	96	30.97
Six and above	169	54.52
Number of children in the household		
Two and more	151	48.71
Only one	159	51.29
Wealth index		
Poor	104	33.55
Middle	106	34.19
Wealthy	100	32.26
Food insecurity		
Food security	91	29.35
Mild to moderate food insecurity	123	39.68
Severe food insecurity	96	30.97

*Other: unemployed, student, pupils

2. Prevalence of feeding practices in children & mothers within health district of Bogodogo.

Children benefited from exclusive breastfeeding up to 6 months in 58.6% of cases. Complimentary food was introduced before & after 6 months, respectively in 16% and 67%. Children had min. acceptable diet in 53.55% of cases & an appropriate complementary feeding in 33.55% of cases. On mothers' side, 38.71% of mothers did not meet requirement for minimal food frequency & 9.68% had met requirement for minimal dietary diversity. (Table II)

Table II: Distribution according to the feeding practices of children and mothers in the health district of Bogodogo.

Variables linked to the feeding practice	Numbers (N=310)	Proportion
Children		
Timing of food introduction Appropriate		
No	133	42.90
Yes	177	57.10
Minimum feeding frequency requirements		
Not met	79	25.48
Met	231	74.52
Minimum dietary diversity		
Inappropriate	92	29.68
Appropriate	218	70.32
Minimum diet requirement		
No	144	46.45
Yes	166	53.55
Complementary feeding		
Inappropriate	206	66.45
Appropriate	104	33.55
Mothers		
Minimal feeding frequency requirements		
Not met	120	38.71
Met	190	61.29
Minimal dietary diversity		
Inappropriate	280	90.32
Appropriate	30	9.68

3. Factors associated with feeding practices in children and mothers on univariate and multivariate analysis.

Factors associated with appropriate complementary feeding in children on univariate and multivariate analysis.

Factors associated with appropriate complementary feeding in children were: father's work status as businessman/independent (aOR=0.38 ; p<0.01) ;

The wealthy household (aOR =0.33 ; p<0.01) ; and the children's birth rank between 2nd and 4th sibling (aOR =2.52 ; p<0.01). (Table III)

Table III: Factors associated with appropriate complementary feeding in children through univariate and multivariate analysis.

Variable of interest	Gross OR_CI at 95%	P	Adjusted OR_CI at 95%	P
Age of mother				
Below 25years	1		1 (ref)	
25-34 years	1.47 (0,85 - 2,53)	0.16	0.90 (0,46 - 1,77)	0.77
35years and above	2.24 (1.04 - 4.81)	0.04	1.89 (0.69 - 5.20)	0.22
Occupation of the father				
Public worker / on wages	1		1 (ref)	
Businessman/ Independent	0.66 (0.39 - 1.10)	0.11	0.38 (0.20 - 0.73)	<0.01
Others	0.32 (0.06 - 1.57)	0.16	0.27 (0.05 - 1.46)	0.13
Wealth index				
Poor	1		1 (ref)	
Middle	0.93 (0.53 - 1.63)	0.80	0.77 (0.42 - 1.42)	0.41
Wealthy	0.53 (0.29 - 0.97)	0.04	0.33 (0.16 - 0.68)	<0.01
Power of decision				
Mother	1		1 (ref)	
Relatives	0.85 (0,49 - 1,47)	0.57	0.83 (0,46 - 1,51)	0.56
Father	0.53 (0.27 - 1.04)	0.06	0.57 (0.28 - 1.17)	0.13
Rank among siblings				
First born	1		1 (ref)	
2nd to 4th born	2.51 (1.42 -4.42)	<0.01	2.52 (1.28 -4.95)	<0.01
5th born and beyond	1.86 (0.75 - 4.56)	0.18	1.73 (0.51 - 5.87)	0.38

Factor associated with feeding practices in mothers through univariate and multivariate analysis.

The factors associated with the effectivity of minimal feeding frequency in mothers were: the wealth index with wealthy households (aOR=2.29 ; p=0.03) ; the level of food security.

In fact, mothers having mild/ moderate or even severe food insecurity had 71% less chance of meeting the requirement for minimal feeding frequency ($p < 0.01$) (Table IV)

Table IV: factors associated with minimal feeding frequency and minimal dietary diversity in mothers through univariate and multivariate analysis.

Variable of interest	Gross ORCI at 95%	P	Adjusted OR_ CI at 95%	P
Minimum feeding frequency				
Living place				
Rural	1		1 (ref)	
Urban	1.41 (0.89 – 2.23)	0.14	1.21 (0.71 – 2.06)	0.48
Age of mother				
Below 25years	1		1 (ref)	
25-34 years	1.12 (0.67 – 1.88)	0.65	0.97 (0.55 – 1.73)	0.93
35years and above	0.44 (0.21 – 0.94)	0.03	0.43 (0.18 – 1.01)	0.05
Education of the mother				
Unschooling	1		1 (ref)	
Primary school	0.51 (0.25 – 1.03)	0.06	0.78 (0.33 – 1.80)	0.56
Secondary school/ University	1.29 (0.68 – 2.46)	0.42	1.16 (0.57 – 2.35)	0.67
Education of the father				
Unschooling	1		1 (ref)	
Primary school	1.16 (0.59 – 2.27)	0.66	0.96 (0.46 – 2.01)	0.91
Secondary school/University	1.94 (1.14 – 3.27)	0.01	0.99 (0.47 – 2.06)	0.98
Occupation of the father				
Public worker/ On wages	1		1 (ref)	
Businessman/independent	0.55 (0.62 – 0.94)	0.03	1.23 (0.59 – 2.58)	0.57
Others	1.12 (0.27 – 4.55)	0.88	1.63 (0.36 – 7.38)	0.64
Wealth index				
Poor	1		1 (ref)	
Middle	1.52 (0.88 – 2.63)	0.13	1.38 (0.77 – 2.51)	0.28
Rich	3.29 (1.81 – 5.98)	<0.001	2.29 (1.07 – 4.89)	0.03
Food security				
Food security	1		1 (ref)	
Mild/moderate food insecurity	0.24 (0.13 – 0.47)	<0.001	0.29 (0.14 – 0.58)	<0.01
Severe food insecurity	0.18 (0.9 – 0.36)	<0.001	0.29 (0.13 – 0.62)	<0.01
Minimum dietary diversity in mothers				
Occupation of the mother				
Public/private worker	1 (ref)		1 (ref)	
Business/independent	0.20 (0.08 – 0.52)	<0.01	0.38 (0.10 – 1.43)	0.15
Household wife	0.14 (0.05 – 0.39)	<0.001	0.23 (0.07 – 0.84)	0.02

Discussion

Prevalence of feeding practices in children and mothers

Our study reported that the initiation of complementary feeding at 6 months was effective in 57.10% of cases. The early initiation occurred in 16% of cases, while late initiation occurred in 9% of cases. Complementary feeding did not occur in 8% of cases. The proportion of cases that initiated complementary feeding at 6 months in our study was lower than the ones reported by Issaka and coll in Ghana,

As well as Princilia and coll 2017 in Kaolack, Senegal; they respectively reported 72.6% and 80.6%b [13,14]. These discrepancies could be explained by differences in nutritional policies; Ghana had implemented a nationwide nutritional program that aimed at improving maternal and child nutrition. This program included initiatives such as promoting exclusive breastfeeding and timely initiating complementary feeding [15]. In Senegal, the national nutrition plan focused on promoting exclusive breastfeeding, dietary diversification, as well as mineral and vitamin supplementation in children [16].

Moreover, Ghana and Senegal had more developed resources and infrastructures that could sustain child nutrition [17].

The minimal acceptable diet is a composite indicator. It does consider the minimum feeding frequency and the minimum dietary diversity.

In our study, the minimum acceptable diet was effective in 53.55% of cases. This rate was higher than the one reported nationwide (12%) [9]. Farah and coll in Ethiopia and Saaka and coll in Ghana, respectively, reported 47.2% and 27.8% as prevalences of children benefiting from a minimum acceptable diet [18,19].

The dietary diversity in children aged 6 months and above depends on food availability in the household [20]. A 33.55% prevalence of appropriate complementary feeding was reported in our study, while Molla and Coll in Ethiopia reported 56.5% prevalence for the same indicator [21].

The higher rate in Ethiopia could be explained by the fact that the country had adopted a nutritional policy that included the creation of the agricultural transformation agency. This agency is purposed to reinforce food security, set up national strategies on nutrition through the improvement of access to agricultural inputs, the improvement of land security in order to increase farming investments, the reinforcement of resilience and the creation of cereal reserves [22]. This facilitated the population's access to complementary feeding in Ethiopia.

When considering feeding practices in mothers, the minimal feeding frequency was effective in 61.29% of cases, and the minimum dietary diversity was effective in 9.68% of cases. Higher rates of 28.9% were reported in the Kadiogo province in Burkina, 2021, based on the 2022 SMART report [9].

The low rate of minimal dietary diversity could be explained by the mothers' poverty. Such poor performance on minimum dietary diversity in mothers could contribute to the occurrence of acute malnutrition [9].

Factors associated with appropriate complementary feeding in children.

Three factors were associated with appropriate complementary feeding in infants after adjusting. These factors were the occupation of fathers, the wealth index, and the birth rank.

Children from fathers who were businessmen/independent had 62% less chance of having appropriate complementary feeding as compared to those whose fathers were public workers /on wages ($P < 0.01$). This could be explained by the fact that fathers who were public workers/ on wages had regular incomes as opposed to fathers who were businessmen/independents. The analysis of wealth index showed that infants coming from wealthy households had 67% less chance of benefiting from appropriate complementary feeding as compared to those coming from poor households ($P < 0.01$). This suggests that wealth is not a guarantee for understanding good practices in nutrition. The infants having a birth rank between second and fourth had 2.5-fold more chance of having appropriate complementary feeding as compared with first-borns. This could be explained by the improvement of maternal experience in appropriate feeding practices. Other authors reported similar findings [23–26].

Factors associated with feeding practices in mothers.

After adjustment, the factors associated with the effectiveness of minimum feeding frequency in mothers in our study were wealth index and food security. The mothers coming from wealthy households had 2.2-fold more chances of having effective minimum feeding frequency ($P = 0.03$) in comparison with mothers from poor households. Likewise, the mothers having mild/moderate food insecurity and those having severe food insecurity had their chances of meeting the requirements for minimum feeding frequency lowered by 71% as compared with those who had food security. This could be explained by the fact that household poverty engenders food insecurity by hindering food availability and the stability of food supply. In our study, the occupation of mothers was associated with a minimum feeding diversity after adjustment. The mothers who were household wives had 77% less chance of accessing minimum dietary diversity as compared to those who were public/private workers on wages ($P = 0.02$). This could be explained by the fact that women on wages had steady income sources as compared to household wives. The mothers who had a steady income source contributed to improving the household's standards of living. They had easy access to a diversity of food regardless of the spouse's income [27,28].

Women's financial empowerment needs to be promoted in order to allow them to access food diversity.

Study limits

The interpretation of our study results should take several limitations into account. We conducted a transversal survey that included children and mothers in the district of Bogodogo. The data on the 24-hour recall of consumed food and the questions regarding the possessed belongings could induce a potential information bias.

Conclusion

The prevalence of adequate feeding practices remains low in children and mothers despite the fact that major progress has been observed. The factors associated with appropriate complementary feeding in children aged 6 to 23 months in the health district of Bogodogo were, among others, the father's work as a businessman/independent, the belonging to a wealthy household, and the birth rank between second and fourth sibling. The factors associated with minimum feeding frequency were belonging to a wealthy household and belonging to a household with severe food insecurity. Being a household wife/ other was associated with minimum dietary diversity in mothers.

Given these findings, there is a necessity to reinforce policies and strategies aiming at improving household food security in order to improve performance in terms of rating appropriate feeding practices in children and mothers.

Acknowledgements: The authors thank Dr Tindano Y. Caleb for his assistance with the review of this article.

Conflicts of Interest: None.

Financial Support and Sponsorship: None

Permission from the Institutional Research Board: Yes

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