Developing Evidence-Based Strategies to Improve Early Child Nutrition in Quetzaltenango, Guatemala.

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1. That adherence to the WHO recommendations (2003) for early child feeding among low-income Quetzaltenango mothers, specifically adequate complementary feeding, is associated with higher growth attainment and greater disease resistance; 2. That a...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON25883

Bron
Nationaal Trial Register

Verkorte titel
XELA-BABIES

Aandoening

Early feeding practices, Breastfeeding, Adequate complementary feeding, Morbidity, Stunting

Ondersteuning

Primaire sponsor: Vrije Universiteit Amsterdam, Center for Studies of Sensory Impairment, Aging and Metabolism (CeSSIAM)
Overige ondersteuning: Sight & Life, Switzerland

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Self reported feeding practices and morbidity incidence (collected by face-to-face interviews) and growth (based on measurements of mother and child).

Toelichting onderzoek

Achtergrond van het onderzoek

Guatemala has the highest prevalence of childhood malnutrition in Latin America with 49% of the children chronically undernourished, i.e. stunted. Bhutta et al (2008) show that education about complementary feeding can increase height-for-age Z score by 0.25. Nutrition-related interventions can also reduce stunting at 36 months by 36% and mortality between birth and 36 months by about 25%. Adhering to the WHO Complementary Feeding Guidelines has been shown to prevent weanling diarrhea. The guidelines are related to better micronutrient status and growth. While most of the guidelines relate directly to providing sufficient complementary foods two of the guidelines relate directly to the prevention of infectious disease (see guidelines 6 and 7) or feeding during/after illness (see guideline 9). Further exploration is needed to identify the complementary feeding practices in Guatemala that prevent weanling diarrhea and improve micronutrient intake and child growth.

Doel van het onderzoek

1. That adherence to the WHO recommendations (2003) for early child feeding among low-income Quetzaltenango mothers, specifically adequate complementary feeding, is associated with higher growth attainment and greater disease resistance;

2. That a combination of quantitative and qualitative data on early infant feeding practices of mothers in Quetzaltenango can provide evidence on which to base public action to eliminate barriers to appropriate feeding and to base counselling guidance and public action to generalize the determinant variables of “successful mothers” across the sector, with a high probably to increase adherence in the low-income community of Quetzaltenango.

Onderzoeksopzet

A cross-sectional sample of 300 mother-child dyads will be interviewed once and anthropometric measurements of mother and child will be collected on a single occasion.

Onderzoeksproduct en/of interventie

N/A

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Aged 6 to 23 months;

2. Full-term infant;

3. No congenital anomalies or chronic illness;

4. Mother willing to sign the study consent form.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Pre-mature infant (defined as born more than four weeks pre-term);

2. Had siblings who were already participants;

3. Had congenital anomalies or chronic illness;

4. Failed to sign the study consent form.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	01-01-2011
Aantal proefpersonen:	300
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	15-02-2012
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3148
NTR-old	NTR3292
Ander register	METC VU University Medical Center : 2011/215
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A