

Infant and young children complementary feeding practices in South Asian families: a systematic review

Logan Manikam, Abina Dharmaratnam, Alexandra Robinson, Ankita Prasad, Jia Ying Kuah, Chidi Amadi, Christy Moen, Emma Alexander, Lucy Stephenson, Taimur Shafi, Alexander Light, Isabel Lever, Iacovos Theodoulou, Marios Erotocritou, Kola Lawal, Sonia Ahmed, Raghu Lingam, Monica Lakhanpaul

Population, Policy & Practice, UCL Great Ormond Street Institute of Child Health, London, UK (L Manikam MPH, L Stephenson MBChB, S Ahmed MSc, Prof M Lakhanpaul PhD); Leicester Medical School, Leicester, UK (A Dharmaratnam); St George's Hospital, London, UK (A Robinson MBBS); Royal Surrey County Hospital, Guildford, UK (C Amadi MBBS BSc); GKT School of Medical Education, London, UK (A Prasad, J Y Kuah, E Alexander, T Shafi BSc, A Light, I Lever, I Theodoulou, M Erotocritou, K Lawal); St George's University of London, London, UK (C Moen) and Institute of Health & Society, Newcastle University, Newcastle upon Tyne, UK (R Lingam PhD)

Correspondence to:

Dr Logan Manikam, Population, Policy & Practice, UCL Great Ormond Street Institute of Child Health, London WC1N 1EH, UK

logan.manikam.10@ucl.ac.uk

Abstract

Background Sub-optimum nutrition among children remains an important problem among South Asian families in the UK. Appropriate complementary feeding practices in the first 2 years of life greatly reduce the risk of obesity and stunting. The UK diaspora is hypothesised to have similar complementary feeding practices to their countries of origin (India, Pakistan, and Bangladesh); if so, this could inform practice in the UK via reverse translation of evidence. We aimed to undertake a systematic review and narrative synthesis of studies assessing complementary feeding practices, and the beliefs that underpin them, in children under 2 years old within South Asian families living in the UK, India, Pakistan, and Bangladesh.

Methods We searched Medline, Embase, Global Health, Web of Science, OVID Maternity and Infant

Care, Cochrane Library, Popline, and WHO Global Health Library from Jan 1, 1990 to June 30, 2016. The eligibility criteria were all primary research studies on complementary feeding practices in South Asian children aged 0–2 years, their families, or both, restricted to the English language. The search terms used were “children”, “feeding”, and “Asians” with their derivatives. Study selection, data extraction, and quality appraisal (EPPI-Centre weight of evidence) were performed by two independent researchers in a narrative synthesis approach.

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Findings From 45 712 studies identified, 140 descriptive studies (113 cross-sectional, 16 cohort, 9 qualitative, 1 case–control, and 1 mixed studies) were included. Ten were from Developed Countries (8 from the UK), 17 Pakistan, 73 India, 40 Bangladesh, and five a combination of these countries. Despite adoption of the WHO Infant and Young Children Feeding Guidelines (particularly timing and food choice), substantial evidence of non-recommended complementary feeding practices were identified. Factors that affected these practices persisting after migration included bicultural issues or low acculturation levels and conflicting information between health professionals, extended family, and religious and community leaders. In contrast, barriers to enforcement of WHO-recommended complementary feeding practices in South Asian countries included early marriage, conflicts about allocation of maternal time[A:? correct], rural life, short birth intervals, and poverty.

Interpretation This is the first systematic review, to our knowledge, to study complementary feeding practices across these countries. Similar themes were noted between UK families and countries of origin despite their receiving close National Health Service input from birth (eg, health visitors, general practitioners). This study will inform reverse translation of effective interventions to the UK from their countries of origin to improve complementary feeding practices in these communities.

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Declaration of interests

We declare no competing interests.

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