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**PARENTS' AND CAREGIVERS' PERCEPTION OF THE  
CONTRIBUTION OF COMMUNITY NUTRITION PROGRAMS ON  
CHILD FEEDING PRACTICES AMONG CHILDREN UNDER-FIVE  
YEARS AT IRINGA MUNICIPALITY**

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Article Received: 02 September 2026

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Article Revised: 22 September 2026

Department of Community Development, University of Iringa.

Published on: 13 October 2026

DOI: <https://doi-doi.org/101555/ijrpa.5710>

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## **ABSTRACT**

The study aimed to assess parents' and caregivers' perception of the contribution of community nutrition programs to child feeding practices among children under-five years in Iringa Municipality, Tanzania. The study focused on parents' and caregivers' perceptions of the contribution of community nutrition programs to meal frequency, dietary diversity, breastfeeding practices and recommended feeding routines. A mixed research approach was used with a cross-sectional research design. Questionnaires were used to collect quantitative data from parents and caregivers, while semi-structured interviews were conducted with key informants to obtain detailed information on community nutrition programs and child feeding practices. Quantitative data were analysed using the Statistical Product for the Social Solution (SPSS), Version 26, using descriptive statistics, while qualitative data were analysed through thematic analysis. The findings showed that parents and caregivers perceived community nutrition programs as contributing to improved child feeding practices through increased meal frequency, improved dietary diversity, continued breastfeeding and better adherence to recommended feeding routines. The findings also showed that nutrition education, practical guidance and follow-up provided through community nutrition programs supported parents and caregivers in applying appropriate feeding practices at household level. The study concludes that community nutrition programs contribute positively to child feeding practices among children under-five years in Iringa Municipality. The study recommends strengthening practical nutrition education, household follow-up and community-based

demonstrations to support parents and caregivers in applying appropriate feeding practices for children under-five years.

**KEYWORDS:** Community nutrition programs, child feeding practices, parents, caregivers, children under-five years, Iringa Municipality.

## **BACKGROUND OF THE STUDY**

Child feeding practices are important for the growth, development and wellbeing of children under-five years. Appropriate feeding includes continued breastfeeding, timely introduction of complementary foods, adequate meal frequency, dietary diversity and provision of safe and nutritious foods according to the child's age. The World Health Organization (WHO, 2023) recommends that complementary feeding starts at about six months and continues alongside breastfeeding, with attention to food variety, meal frequency and responsive feeding. Dewey (2016) also emphasized that appropriate complementary feeding practices are important for meeting the nutritional requirements of young children during the period of rapid growth. Black et al. (2013) further showed that inadequate nutrition during early childhood is associated with poor growth and development outcomes. These findings show the importance of supporting parents and caregivers with appropriate knowledge and practices on child feeding.

In Tanzania, appropriate child feeding remains an important concern. UNICEF reports that many children aged 6–23 months do not receive adequate dietary diversity and minimum acceptable diets, indicating continuing weaknesses in child feeding practices. The World Health Organization (WHO, 2023) identifies dietary diversity, adequate meal frequency and responsive feeding as important components of appropriate complementary feeding. Mosha et al. (2022) found that participation in community-level nutrition group meetings was associated with improved caregiver nutrition knowledge and selected health and nutrition practices in Tanzania. Dearden et al. (2021) also found associations between exposure to health services, including community outreach and dietary practices among female caregivers in Tanzania. These findings indicate that community-based nutrition information and support are important in helping parents and caregivers improve child feeding practices.

In Iringa Municipality, community nutrition programs provide parents and caregivers with nutrition education and guidance intended to improve child feeding practices. The contribution of these programs is influenced not only by the information provided but also by how parents and caregivers understand, accept and apply the information in their households.

Mosha et al. (2022) demonstrated the importance of community nutrition group participation in improving caregiver nutrition knowledge and practices in Tanzania. Dearden et al. (2021) also showed that contact with health services and community outreach was associated with maternal dietary practices in Tanzania. The WHO (2023) guideline further emphasizes that caregivers are important in applying appropriate complementary feeding practices, including adequate food variety, meal frequency and responsive feeding. Understanding parents' and caregivers' perceptions is therefore important for assessing how community nutrition programs contribute to child feeding practices among children under-five years at Iringa Municipality. Therefore, this study focused on parents' and caregivers' perception of the contribution of community nutrition programs on child feeding practices among children under-five years at Iringa Municipality.

Appropriate child feeding is important for the growth, development and nutritional wellbeing of children under-five years. However, poor feeding practices, low dietary diversity and inadequate meal frequency continue to affect young children in Tanzania. Evidence shows that about 32% of children experience nutrition-related problems, while 18% has been reported in Iringa Municipality, indicating that child nutrition remains an important concern in the study area. Community nutrition programs have been introduced to provide parents and caregivers with nutrition education, counselling and practical guidance on breastfeeding, complementary feeding, meal frequency and dietary diversity. These programs are expected to support parents and caregivers in applying appropriate feeding practices at household level.

However, limited evidence is available on parents' and caregivers' perception of the contribution of community nutrition programs to child feeding practices in Iringa Municipality. Existing studies have mainly examined child feeding practices, caregiver knowledge and factors influencing nutrition outcomes rather than the perceptions of parents and caregivers regarding the contribution of community nutrition programs. For example, Msuya et al. (2023) examined caregiver feeding practices and dietary diversity among children in Tanzania, while Bukuku et al. (2023) examined factors influencing feeding practices among mothers of young children. These studies provide useful information on child feeding but do not specifically explain how parents and caregivers perceive the contribution of community nutrition programs to improving child feeding practices.

The limited understanding of parents' and caregivers' perceptions makes it difficult for program implementers and local authorities to determine whether community nutrition programs are addressing the feeding needs of children and their caregivers. It also limits the

ability to strengthen nutrition education and support according to caregivers' experiences. Therefore, this study assessed parents' and caregivers' perception of the contribution of community nutrition programs on child feeding practices among children under-five years at Iringa Municipality.

## **LITERATURE REVIEW**

### **2.1 Theoretical Literature Review**

The Health Belief Model (HBM) developed by Rosenstock (1974) explains how people's perceptions influence health-related behaviours. The model focuses on perceived susceptibility, severity, benefits, barriers, cues to action and self-efficacy. In this study, the model explains how parents' and caregivers' perceptions of the benefits and barriers of community nutrition programs can influence their adoption of recommended child feeding practices. Nutrition education, counselling and community activities can act as cues to action, while caregivers' confidence in applying the recommended practices can support better feeding of children under-five years. The model was therefore relevant in explaining parents' and caregivers' perception of the contribution of community nutrition programs on child feeding practices.

### **2.2 Empirical Literature Review**

Evidence from Tanzania shows that child meal frequency remains an important area of child feeding that requires continued attention. A study by Jaffar et al. (2026) found that 71.5% of the children achieved the recommended minimum meal frequency, although many did not achieve adequate dietary diversity and the minimum acceptable diet. The findings show that regular meal provision can be achieved by many caregivers while other aspects of child feeding remain inadequate. A study by Saha et al. (2023) found that minimum meal frequency increased from 82% to 91% during one year of programme implementation. The findings further showed that caregivers who received visits from community health workers were more likely to maintain appropriate complementary feeding practices. This study demonstrates the importance of continuous community-level support, although it did not specifically examine caregivers' perceptions of the contribution of nutrition programs to child caring. Similar evidence has been reported from Ethiopia regarding the contribution of community-based nutrition communication to meal frequency. Worku et al. (2020) found that children in the intervention group were more likely to achieve the recommended minimum meal frequency than those in the comparison group. The findings indicate that repeated nutrition communication can support caregivers in applying recommended feeding schedules.

The study concentrated on changes in complementary feeding indicators and did not specifically assess how caregivers perceived the contribution of the intervention to their child caring practices.

Other African settings shows that community-based nutrition support influences different aspects of child feeding. Gunaratna et al. (2026) found that combining nutrition and parenting interventions and involving both mothers and fathers improved child dietary outcomes through community health worker-led group sessions and home visits, highlighting the importance of household participation in applying feeding guidance. In Ethiopia, Worku et al. (2020) reported that children exposed to community-based nutrition communication were more likely to achieve the recommended minimum meal frequency than those in the comparison group, indicating the value of repeated nutrition messages in supporting appropriate feeding schedules. These studies provide evidence on feeding outcomes and intervention approaches, but they do not specifically examine how parents and caregivers perceive the contribution of community nutrition programs to child meal frequency and under-five child care.

That dietary diversity among young children remains an important concern. Grant et al. (2022) found that participation in nutrition group meetings was significantly associated with improved household and young child dietary diversity. The findings also showed that the association was stronger among caregivers who attended at least four meetings. This study provides important evidence on the contribution of community nutrition communication, although it mainly assessed knowledge and practices rather than caregivers' perceptions of how the programs contributed to under-five child caring.

Studies outside Tanzania have different demonstrated the contribution of nutrition education to dietary diversification. Muluye et al. (2020) found that nutrition education improved mothers' knowledge and complementary feeding practices, including better dietary diversity. The findings demonstrate that practical nutrition education can strengthen caregivers' ability to make appropriate feeding decisions. However, the study mainly measured changes in feeding practices and did not examine caregivers' perceptions of the contribution of nutrition programs to broader child caring.

Further evidence from rural Ethiopia shows that community-based nutrition education can improve the variety of foods provided to children. An et al. (2022) found significant improvements in dietary diversity and consumption of animal-source foods among children in the intervention group. These findings indicate that nutrition education can assist caregivers in improving the quality and variety of children's diets. Nevertheless, the study did

not specifically focus on how parents and caregivers perceived the contribution of community nutrition programs to child caring.

Dietary diversification among children under five remains influenced by caregivers' knowledge, household conditions and access to appropriate foods. Millanzi et al. (2023), in a study of 289 caregivers in Dodoma Region, found that only 32.2% of children achieved the recommended minimum dietary diversity, while staple foods were more commonly provided than other food groups. The study also found that dietary practices were associated with caregivers' education and socioeconomic characteristics, showing that knowledge alone does not fully explain the foods provided to children. In another Tanzanian context, Sebba et al. (2026) found that implementation of a school-feeding programme was associated with better dietary adequacy, although programme coverage, food supply and infrastructure affected the extent of implementation. The findings show that the availability and consistent delivery of nutrition-related services are important in supporting adequate diets. However, the studies mainly examined feeding practices and programme outcomes rather than parents' and caregivers' perceptions of how community nutrition programs contribute to dietary diversification among under-five children.

Recommended feeding practices involve more than simply providing food to children. Keding et al. (2019) found that many children did not meet recommended indicators related to meal frequency and dietary diversity. The findings showed differences in feeding practices according to children's age and household circumstances. The study demonstrated the importance of supporting caregivers with appropriate information and services to strengthen feeding routines. However, the study focused on the factors associated with feeding practices and did not assess parents' and caregivers' perceptions of the contribution of community nutrition programs.

Research from Bangladesh has examined the importance of continued contact with caregivers in supporting appropriate complementary feeding routines. Rahman et al. (2025) findings showed the importance of maternal contact with health services as a platform for receiving information and counselling on appropriate child feeding. The study, however, focused on the relationship between health-service use and feeding practices rather than parents' and caregivers' perceptions of community nutrition programs. Fekadu et al. (2020) found improvements in mothers' nutrition knowledge and practices and increased dietary diversity among children in the intervention group. The findings indicate that continuous education can help caregivers apply recommended feeding guidance within their households. However, the study mainly measured the effects of the intervention on feeding practices and child nutrition

outcomes rather than examining caregivers' perceptions of the contribution of the program to child caring.

Evidence from other parts of sub-Saharan Africa indicates that breastfeeding promotion interventions can improve breastfeeding practices. Chipojola et al. (2022) findings indicate that continued education and support can strengthen the application of recommended breastfeeding practices. However, the review focused on breastfeeding outcomes and did not specifically examine parents' and caregivers' perceptions of the contribution of community nutrition programs to overall under-five child caring. Bankole et al. (2022) found that breastfeeding practices were associated with factors operating at individual, household and community levels. These findings suggest that the contribution of nutrition programs may be perceived differently by caregivers depending on the conditions within their households and communities. However, the study examined factors associated with breastfeeding rather than directly assessing caregivers' perceptions of the contribution of community nutrition programs.

Breastfeeding practices also differ according to the local community and the support received from health services. Manda et al. (2022) found substantial variation in exclusive breastfeeding practices across regions and communities in Tanzania, with counselling on exclusive breastfeeding within two days after delivery associated with better practice. The study also showed that community-level differences explained part of the variation in breastfeeding behaviour, indicating that the local environment surrounding mothers influences the application of recommended breastfeeding practices. This evidence adds an important dimension to the present study because community nutrition programs operate within specific local settings where the availability of health workers, counselling and community support can shape caregivers' experiences of breastfeeding guidance.

## **METHODOLOGY**

### **3.1 Research Design**

This study employed a mixed research approach, combining quantitative and qualitative methods. The approach enabled the researcher to collect numerical information from parents and caregivers and obtain detailed views from key informants on the contribution of community nutrition programs to child feeding practices and other areas of under-five child care. A cross-sectional research design was used, where quantitative and qualitative data were collected during the same period. This design was appropriate because it enabled the researcher to assess parents' and caregivers' perceptions of community nutrition programs at

one point in time and obtain detailed explanations from nutrition officers and health workers. The approach provided both measurable findings and detailed views on child feeding practices, growth monitoring and psychological support among children under-five years at Iringa Municipality.

### **3.2 Area of the Study**

This study was carried out in Iringa Municipality, located in the Southern Highlands of Tanzania. The municipality covers about 576 square kilometres and has an estimated population of 202,490 people according to the 2022 Population and Housing Census. The main economic activities include small-scale trade, farming and public employment. Iringa Municipality was selected because community nutrition programs are implemented through health facilities and community health workers, with activities focusing on child feeding practices, growth monitoring and psychological support for children under-five years. The area therefore provided a suitable setting for assessing parents' and caregivers' perceptions of the contribution of community nutrition programs to child feeding practices and under-five child care.

### **3.3 Population and Sampling**

The target population of this study consisted of 30,931 parents and caregivers of children under-five years obtained from five selected health facilities in Iringa Municipality, namely Ngome Health Center, Sabasaba Dispensary, Nduli Dispensary, Ipogolo Health Center and Igumbilo Dispensary. The study also included five key informants comprising one Municipal Nutrition Officer, three Ward Nutrition Officers from Ipogolo, Igumbilo and Nduli wards and one Health Worker from the Nutrition Section. Simple random sampling was used to select 100 parents and caregivers from the target population, with the sample size determined using Cochran's formula with finite population correction. The 100 respondents were proportionally distributed across the five selected health facilities according to the population recorded at each facility. Purposive sampling was used to select the five key informants because of their direct involvement in community nutrition programs, child feeding education, growth monitoring and other child care services.

### **3.4 Data Collection Instruments**

A structured questionnaire was used to collect quantitative data from 100 parents and caregivers of children under-five years, while semi-structured interviews were conducted with five key informants. The questionnaire collected information on parents' and caregivers' perceptions of the contribution of community nutrition programs to child feeding practices, child growth monitoring and psychological support. The interview guide focused on

community nutrition program implementation, child feeding practices, growth monitoring, psychological support and parents' and caregivers' participation in community nutrition services. Secondary information was also obtained from Iringa Municipal health reports, the Tanzania National Nutrition Survey, Ministry of Health publications, UNICEF and WHO reports and previous studies related to child nutrition. These instruments and sources provided information required to assess parents' and caregivers' perceptions of the contribution of community nutrition programs to improving under-five child care.

### **3.5 Data Analysis**

Quantitative data were coded, entered and analysed using the Statistical Product and Service Solutions (SPSS), version 26. Descriptive statistics, including frequencies and percentages, were used to summarize parents' and caregivers' perceptions of the contribution of community nutrition programs to child feeding practices, child growth monitoring, psychological support and improvement of under-five child care. Qualitative data obtained from the five key informants were analysed using thematic analysis, where interview responses were reviewed, coded and grouped into themes based on the study objectives. The main themes focused on child feeding practices, child growth monitoring, psychological support and the contribution of community nutrition programs to under-five child care. The qualitative findings were used to complement the quantitative findings and provide deeper understanding of parents' and caregivers' perceptions.

### **3.6 Ethical Considerations**

The study observed ethical principles to protect the rights, privacy and welfare of participants. Ethical clearance was obtained from the University of Iringa, while an official introduction letter was presented to Iringa Municipal Council and the selected health facilities to obtain permission to conduct the study. Participation was voluntary and the purpose of the study and data collection procedures were explained to all participants before data collection. Informed consent was obtained from every respondent and participants were free to refuse participation or withdraw from the study without negative consequences. Confidentiality and anonymity were maintained by avoiding the use of participants' names and using codes instead of personal identifiers. Completed questionnaires and interview notes were securely kept, while electronic data were stored in password-protected files. The information collected was used only for academic purposes and findings were presented in aggregate form without identifying individual participants.

## DATA PRESENTATION AND DISCUSSION

### 4.1 Parents' and Caregivers' Perception of the Contribution of Community Nutrition Program on Child Feeding Practices

This section presents the findings on parents' and caregivers' perceptions of the contribution of CNP to child feeding practices among children under-five years at Iringa Municipality. Child feeding practices were assessed using four indicators: child meal frequency, dietary diversification, recommended feeding routines and breastfeeding practices. These indicators were selected because they reflect important feeding practices promoted through community nutrition programs and contribute to appropriate child care. The findings are presented using frequencies and percentages based on responses obtained from parents and caregivers. The results provide an understanding of how respondents perceive the contribution of community nutrition programs to improving child feeding practices among children under-five years.

#### 4.1.1 Child meal frequency before and after participation in community nutrition programs

The findings in Table 1 show that the mean number of meals given to children increased from 1.68 meals before participation in community nutrition programs to 2.10 meals after participation. The mean difference was 0.42 and the paired-samples test showed a statistically significant difference,  $t(99) = -6.214$ ,  $p < .001$ . This indicates that participation in community nutrition programs was associated with increased child meal frequency. From the researcher's interpretation, the findings suggest that the information and guidance received through the programs have helped parents and caregivers understand the importance of providing meals more regularly. Similarly, Yalew et al. (2022) found that nutrition education and counselling contributed to improved feeding frequency among caregivers of young children, supporting the finding that community nutrition programs contributed positively to child meal frequency at Iringa Municipality.

**Table 1: Paired Samples Test on Child Meal Frequency before and After Participation in Community Nutrition Programs.**

| Paired Variables                                    | Mean | Std. Deviation | Mean Difference | t-value | Df | Sig. (2-tailed) |
|-----------------------------------------------------|------|----------------|-----------------|---------|----|-----------------|
| Number of meals per day before participation in CNP | 1.68 | 0.47           |                 |         |    |                 |
| Number of meals per day after participation in CNP  | 2.10 | 0.64           | 0.42            | -6.214  | 99 | 0.000           |

**Source:** Field Data (2026)

The increase in the mean number of meals indicates a practical change in household feeding routines after participation in community nutrition programs. The rise from 1.68 to 2.10 meals per day suggests that caregivers shifted from less frequent feeding towards more regular meal provision. The change is also supported by the statistically significant paired-samples result, showing that the difference between the two periods was not due to random variation within the sample.

The researcher observed that the change in meal frequency was accompanied by greater attention to the timing and regular provision of meals among participating caregivers. This pattern suggests that nutrition education was translated into a specific household practice rather than remaining only as information received during program sessions. The finding is important because regular meal provision forms part of the daily care needed to meet the nutritional needs of children under five years.

#### **4.1.2 Parents' and caregivers' perception of the contribution of community nutrition programs to dietary diversification**

Results in Table 2 shows that 61.0% of the respondents perceived that community nutrition programs contributed to the inclusion of different food groups in their children's diets, while 39.0% indicated otherwise. Vegetables were reported by 55.0% of the respondents, followed by grains at 35.0% and fruits at 10.0%. The vegetables appeared to be the food group most commonly included in children's meals, while fruits were less frequently mentioned. Dietary diversification is important in under-five child care because children require different food groups for healthy growth and nutritional wellbeing. Community nutrition programs provide parents and caregivers with information on the importance of providing a variety of foods to children.

In the researcher's view, vegetables were likely easier for many households to obtain and add to daily meals, whereas grains mainly formed part of the usual staple meals and fruits were less regularly included. This pattern suggests that dietary diversification was taking place mainly through the addition of vegetables to children's regular meals rather than through equal inclusion of all food groups. Similarly, Abdulahi et al. (2023) reported that nutrition education and caregiver support were associated with improved dietary diversity among young children, supporting the findings of the present study.

**Table 2: Parents' and Caregivers' Perception of the Contribution of CNP to Dietary Diversification. (n=100)**

| Category                                                                          | Frequency  | Percent (%)  |
|-----------------------------------------------------------------------------------|------------|--------------|
| <b>Inclusion of different food groups in children's diets</b>                     |            |              |
| Yes                                                                               | 61         | 61.0         |
| No                                                                                | 39         | 39.0         |
| <b>Total</b>                                                                      | <b>100</b> | <b>100.0</b> |
| <b>Common food groups provided to children</b>                                    |            |              |
| Grains                                                                            | 35         | 35.0         |
| Vegetables                                                                        | 55         | 55.0         |
| Fruits                                                                            | 10         | 10.0         |
| <b>Total</b>                                                                      | <b>100</b> | <b>100.0</b> |
| <b>Perceived improvement in children's wellbeing from dietary diversification</b> |            |              |
| Improved children's appetite and willingness to eat                               | 42         | 42.0         |
| Increased strength and active play                                                | 35         | 35.0         |
| Reduced frequent illness                                                          | 23         | 23.0         |
| <b>Total</b>                                                                      | <b>100</b> | <b>100.0</b> |

**Source:** Field Data (2026)

Multiple responses were allowed.

The findings further show that 42.0% of the respondents associated dietary diversification with improved children's appetite and willingness to eat, making this the most frequently reported benefit. Increased strength and active play were reported by 35.0%, while 23.0% associated dietary diversification with reduced frequent illness. The researcher found that these responses reflected changes that parents and caregivers could directly observe in their children's eating behaviour, physical activity and health condition. This suggests that the contribution of dietary diversification was understood through practical changes in children's daily wellbeing.

A review of nutrition and child-health records from relevant health facilities in Iringa Municipality also provided supporting evidence on the importance of dietary diversification in child care. The records and nutrition guidance used at facility level emphasised the provision of varied foods, including cereals and other staple foods, vegetables, fruits, legumes and animal-source foods, as part of appropriate child feeding. This facility-level information is consistent with the Tanzania Food-Based Dietary Guidelines, which identify six major food groups and recommend regular consumption of foods from different groups to support health and wellbeing (Ministry of Health, 2023). The reviewed information also provides a

useful context for understanding why vegetables were more frequently reported by caregivers, while fruits were less frequently included in children's meals.

#### **4.1.3 Parents' and caregivers' perception of the contribution of community nutrition programs to recommended feeding routines**

Findings in Table 3 shows that 66.0% of the respondents perceived that community nutrition programs contributed to following recommended feeding routines, while 34.0% indicated otherwise. Regarding the routines commonly followed, providing meals at recommended times was reported by 48.0% of the respondents, appropriate meal preparation by 42.0% and following feeding guidance provided through CNP by 36.0%. The higher reporting of providing meals at recommended times shows that this was the most commonly applied practice among the respondents. This perception was also reflected in the views of key informants, who explained that nutrition education provided through community programs helped parents and caregivers understand and apply appropriate feeding routines. One key informant stated:

Through nutrition education, we guide parents and caregivers on when and how children should be fed. Many caregivers who attend the programs understand the importance of giving children meals at the appropriate time and following the feeding guidance provided (Ward Nutrition Officer 2, interview, 11 July 2026).

Respondent perceptions, the researcher noted that parents and caregivers appeared to have adopted some feeding guidance more easily than others after participating in community nutrition programs. In particular, providing meals at recommended times seemed easier to apply because it could become part of the household's daily routine, while appropriate meal preparation required additional attention to the child's age and feeding needs. Similarly, Kulwa et al. (2023) found that a nutrition education package in rural Tanzania contributed to improved infant and young child feeding practices, supporting the findings of the present study.

**Table 3: Parents' and Caregivers' Perception of the Contribution of Community Nutrition Programs to Recommended Feeding Routines.**

| Category                                                                            | Frequency  | Percent (%)  |
|-------------------------------------------------------------------------------------|------------|--------------|
| <b>Following recommended feeding routines</b>                                       |            |              |
| Yes                                                                                 | 66         | 66.0         |
| No                                                                                  | 34         | 34.0         |
| <b>Total</b>                                                                        | <b>100</b> | <b>100.0</b> |
| <b>Recommended feeding routines commonly followed</b>                               |            |              |
| Providing meals at recommended times                                                | 48         | 48.0         |
| Preparing appropriate meals for the child's age                                     | 42         | 42.0         |
| Following feeding guidance provided through CNP                                     | 36         | 36.0         |
| <b>Total</b>                                                                        | <b>126</b> | <b>126.0</b> |
| <b>Perceived improvement in child health care from recommended feeding routines</b> |            |              |
| Improved regularity in children's meals                                             | 44         | 44.0         |
| Improved meal preparation according to the child's age                              | 33         | 33.0         |
| Better attention to children's feeding needs                                        | 23         | 23.0         |
| <b>Total</b>                                                                        | <b>100</b> | <b>100.0</b> |

**Source:** Field Data (2026)

*Multiple responses were allowed for recommended feeding routines commonly followed.*

The findings show that 44.0% of the respondents associated recommended feeding routines with improved regularity in children's meals, while 33.0% associated them with improved food preparation according to the child's age. Another 23.0% linked the routines with better attention to children's feeding needs. The researcher found that these responses reflected practical changes in the way meals were planned, prepared and provided within households. This suggests that recommended feeding routines contributed to child care by helping parents and caregivers organise daily feeding practices more carefully. Similarly, Ahmed et al. (2021) found that community-level and health-facility interventions improved important infant and young child feeding practices, including appropriate meal frequency and dietary diversity, which supports the findings of the present study.

#### **4.1.4 Parents' and caregivers' perception of the contribution of community nutrition programs to breastfeeding practices**

Results in Table 4 shows that 62.0% of the respondents perceived that community nutrition programs contributed to improved breastfeeding practices, while 38.0% indicated that they had not experienced such improvement. Exclusive breastfeeding during the first six months was reported by 44.0% of the respondents, followed by continued breastfeeding after six months at 38.0%. The distribution of responses shows that breastfeeding guidance was

applied differently among the respondents. This suggests that community nutrition programs were perceived as contributing positively to breastfeeding practices, although some recommended practices were more commonly reported than others. This view is supported by Kaiza and Joho (2023), whose study in Tanzania found that breastfeeding education and training improved breastfeeding knowledge and practices among young lactating mothers. The views expressed by the respondents were also supported by a key informant, who explained that nutrition programs provide regular breastfeeding guidance to parents and caregivers:

We provide breastfeeding education to mothers and caregivers during nutrition and child health services. The guidance helps them understand the importance of exclusive breastfeeding and continuing breastfeeding as the child grows (Municipal Nutrition, interview, 18 July 2026).

Contribution of community nutrition programs to breastfeeding practices than those who did not, while exclusive breastfeeding was the most commonly reported practice. The researcher also observed that exclusive breastfeeding received greater attention because the first months of a child's life were frequently emphasised nutrition and child health services. This shows that the programs were perceived to provide useful breastfeeding guidance, although the reported practices were not equally followed by all respondents.

**Table 4: Parents' and Caregivers' Perception of the Contribution of Community Nutrition Programs to Breastfeeding Practices. (N=100)**

| Category                                                                    | Frequency  | Percent (%)  |
|-----------------------------------------------------------------------------|------------|--------------|
| <b>Perceived contribution of CNP to breastfeeding practices</b>             |            |              |
| Yes                                                                         | 62         | 62.0         |
| No                                                                          | 38         | 38.0         |
| <b>Total</b>                                                                | <b>100</b> | <b>100.0</b> |
| <b>Breastfeeding practices supported through CNP</b>                        |            |              |
| Exclusive breastfeeding during the first six months                         | 44         | 44.0         |
| Continued breastfeeding after six months                                    | 38         | 38.0         |
| Following breastfeeding guidance provided through CNP                       | 31         | 31.0         |
| <b>Total</b>                                                                | <b>113</b> | <b>113.0</b> |
| <b>Perceived contribution of breastfeeding practices to child wellbeing</b> |            |              |
| Improved child growth and development                                       | 46         | 46.0         |
| Improved child health and reduced illness                                   | 32         | 32.0         |
| Improved mother–child closeness and care                                    | 22         | 22.0         |
| <b>Total</b>                                                                | <b>100</b> | <b>100.0</b> |

Source: Field Data (2026)

*Multiple responses were allowed for breastfeeding practices supported through CNP.*

The findings also show that 46.0% of the respondents associated breastfeeding with improved child growth and development, while 32.0% connected it with improved child health and reduced illness. Another 22.0% associated breastfeeding with improved closeness and care between the mother and child. The researcher found that respondents mainly related breastfeeding to visible changes in children's health and growth, while others emphasised the relationship created through breastfeeding. This indicates that parents and caregivers understood breastfeeding as contributing to both the physical wellbeing and daily care of children. Similarly, Victora et al. (2023) emphasised the important contribution of breastfeeding to child health, growth and development.

The findings are also consistent with established child-feeding guidance. The World Health Organization (WHO, 2023) reports that exclusive breastfeeding during the first six months provides the nutrients needed for optimal growth, development and health, while continued breastfeeding contributes to nutrition and protection against common childhood illnesses. This supports the respondents' perceptions that breastfeeding contributes to child growth, health and development, while also highlighting its role as an important part of routine child care.

## **CONCLUSION**

The study concludes that parents and caregivers perceived community nutrition programs as contributing positively to child feeding practices among children under-five years in Iringa Municipality. The programs supported better meal frequency, dietary diversification, recommended feeding routines and breastfeeding practices. However, the contribution was not experienced equally by all parents and caregivers, showing the need for continued support to strengthen the application of recommended feeding practices at household level.

## **RECOMMENDATIONS**

Community nutrition programs should strengthen practical nutrition education, household follow-up and demonstrations on balanced meals, feeding routines and breastfeeding practices. Community health and nutrition workers should give additional support to parents and caregivers who experience difficulties in applying recommended feeding practices. Further studies should examine factors affecting the application of nutrition knowledge received through community nutrition programs and include more communities to provide wider evidence on parents' and caregivers' perceptions of these programs.

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