

Predictors of Adult Height and Infant and Young Child Feeding (IYCF)

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Height of people is different in different regions of the world and different parts of the same country. Genetics is most important for adult height. There is no proven way to predict a child's adult height. Nevertheless, several formulae can provide a reasonable guess for child growth. The best predictor of height is parents' height, more specifically, mid-parental height. Add together the measured heights of the mother and father in inches and divide by 2. Then add 2.5 inches for boys or subtract 2.5 inches for girls. A simple way to estimate adult height is to double a boys' height at 2 years and a girls' height at 18 months. The common ways to estimate a child's adult height:

- i) Two years times two method
- ii) Mid-parental height
- iii) Growth charts.

The importance of these estimates is that if a child doesn't grow well within 2 years, his/her ultimate adult height will be lower.

Common factors affecting child growth/height are:

- i) Genetics
- ii) Hormones
- iii) Nutrition
- iv) Health conditions
- v) Medication.

Other factors exercise, pollution, climate, fitness, diet, and psychological well-being can also impact growth¹.

For this reason, pediatricians emphasize child nutrition within 2 years of age. Bangladesh Government adapted the strategy of IYCF (Infant and Young Child Feeding) for child nutrition. Breastfeeding and complementary feeding together comprise IYCF. Feeding is a key area to improve survival, promotion of growth, and development of the infant and

young child. The first 2 years of a child's life are most important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

WHO and UNICEF recommend:

- Early initiation of breastfeeding within 1 hour of birth.
- Exclusive breastfeeding for the first 6 months of life and
- Introduction of nutritionally-adequate and safe complementary foods at 6 months with continued breastfeeding up to 2 years of age or beyond².

Complementary feeding comprises-

- i) 7 m-8 m : Khichuri (Soft)-half bowl (250 ml) 2 times a day plus snacks
- ii) 9 m-11 m : Khichuri (Semi-solid)-half bowl (250 ml) 3 times a day plus 2 snacks
- iii) 12 m -24 m : Family food- one bowl (250 ml) 3 times a day plus 2 snacks.

Babies shouldn't be forced to feed. Above 9-month babies should be encouraged to feed themselves with both hands while the caregiver should provide enough time (20 minutes) to help.

Mothers from rural Bangladesh do not practice IYFC adequately. The proportions of infants with early initiation of breastfeeding (13.6%) exclusive breastfeeding fewer than six months (57.3%) and infants who received complementary feeding at the age of 6-8 months (55.7%) were low³. For optimum IYCF practices, regular monitoring and supportive supervision need to be established with proper implementation. All should follow the IYCF practices and help our children grow well with an ultimate increase in height.

References

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