

Matern Child Nutr | 6-36 个月婴幼儿咀嚼喂食发生率及其与健康的关系

本文关键字：婴幼儿、咀嚼喂食、辅食添加、横断面研究

影响因子：3.233

建议阅读时间：2 分钟

背景

人们认为，咀嚼喂食是为婴儿引入植物类补充食物过程中的适应性行为。但是，由于唾液可能会传播疾病，人们对其产生争议。

目的

探讨喂养人的咀嚼喂食行为与婴幼儿健康及行为是否具有相关性。

方法

在中国 8 大城市招募了 1341 对婴幼儿及其喂养人。采用问卷调查方法收集了有关社会人口特征、喂养行为及自我报告健康状况的数据。同时，进行了人体测量，并采集了血液样本进行血红蛋白水平分析。

结果

咀嚼喂食的总发生率为 26.9%，在 8 个城市中的发生率为 14-43%不等。咀嚼喂食与疾病的发病率、年龄别身高 Z 评分、年龄别体重 Z 评分、身高别体重 Z 评分、头围 Z 评分及血红蛋白的营养指标之间并没有显著相关性 (P 均 >0.05)。由父母喂养 ($P=0.005$)、母亲文化程度较低 ($P<0.001$)、受到父母更多关注 ($P=0.002$) 及喂养人担心子女出现肥胖问题 ($P=0.001$) 的婴儿，咀嚼喂食发生率高。

结论：

咀嚼喂食与婴幼儿挑食行为不具有相关性。咀嚼喂养是中国比较常见的一种喂养方法，需要进行更多的研究来确定咀嚼喂养的生物学、经济及文化方面的益处或危害。

参考文献: Zhao A,et al. Matern Child Nutr. 2018 Jan;14(1).

文献链接: <https://www.ncbi.nlm.nih.gov/pubmed/28382711>

TABLE 1 Univariable analysis of sociodemographic characteristics of infants and toddlers with or without premastication, N(%) or mean \pm SD

Variables		Premastication		P
		No	Yes	
Age	6–12.0 m	290(69.0)	130(31.0)	<.001
	12.1–24 m	320(68.1)	150(31.9)	
	24.1–36 m	369(82.0)	81(18.0)	
Gender	Boys	553(72.2)	205(27.8)	.433
	Girls	447(74.1)	156(25.9)	
City	Beijing	145(81.0)	9.4(19.0)	<.001
	Suzhou	112(64.0)	63(36.0)	
	Guangzhou	127(75.1)	42(24.9)	
	Zhengzhou	121(77.1)	36(22.9)	
	Chengdu	153(86.4)	24(13.6)	
	Lanzhou	106(63.9)	60(36.1)	
	Shenyang	122(79.2)	32(20.8)	
	Shanghai	94(57.3)	70(42.7)	
Mode of delivery	Vaginal delivery	449(71.8)	176(28.2)	.262
	Caesarean section	522(74.6)	178(25.4)	
Birth weight ^a	(kg)	3.38 \pm 0.53	3.40 \pm 0.63	.517
Maternal education	Senior high school or under	388(66.6)	195(33.4)	<.001
	Bachelor	488(77.1)	145(22.9)	
	Postgraduate or above	104(83.2)	21(16.8)	
Family capita				
Monthly income	<3,000rmb	461(72.1)	178(27.9)	.459
	3,000–6,000rmb	290(75.3)	95(24.7)	
	>6,000rmb	223(71.7)	88(28.3)	
Monthly expenditure on children	<500rmb	164(81.6)	317(18.4)	<.001
	500–1,000rmb	579(74.7)	196(25.3)	
	>1,000rmb	237(64.9)	128(35.1)	
Maternal height ^a	(cm)	160.9 \pm 8.8	161.3 \pm 4.9	.446
Maternal BMI ^a		21.0 \pm 3.2	21.0 \pm 3.8	.856

Note. SD = standard deviation.

^aThe birth weight, maternal height, and maternal BMI were continuous variables, and they were analyzed with independent t test; the other variables were analyzed with chi-square analysis.

TABLE 2 Univariable comparison of health indicators of HAZ, WAZ, WHZ, and HCZ score between children with and without pre-mastication

Nutritional indicators	Premastication		P
	No	Yes	
Hemoglobin(g/L) ^a	N = 980 126(119,132)	N = 361 125(118,132)	.217
HAZ	N = 975 0.23 ± 1.59	N = 359 0.35 ± 1.47	.226
WAZ ^a	0.57(0.00,1.34)	0.69(0.00,1.38)	.281
WHZ ^a	0.73(0.00,1.47)	0.72(0.00,1.43)	.826
HCZ score	0.19 ± 1.42	0.18 ± 1.43	.881

Note. HAZ = height-for-age Z; HCZ = head circumference Z; WAZ = weight-for-age Z; WHZ = weight-for-height Z.

^aKolmogorov-Smirnov was used to test normality prior to analysis, and non-normal distribution were found for hemoglobin, WAZ, and WHZ. Hemoglobin, WAZ, and WHZ were described as median (25th, 75th) and analyzed with a nonparametric test. Other variables were presented as mean ± SD and analyzed with an independent t test.

TABLE 3 Linear regression for pre-mastication of hemoglobin, HAZ, WAZ, WHZ, and HCZ among Chinese children (N = 1341)

Predictors	Unstandardized coefficient	95% (CI)	t	P
Hemoglobin				
Model 1 ^a	-0.995	(-2.856,0.866)	-1.048	.295
Model 2 ^b	-0.539	(-2.389,1.311)	-0.571	.569
HAZ				
Model 1 ^a	0.117	(-0.072,0.306)	1.212	.226
Model 2 ^b	0.150	(-0.040,0.340)	1.545	.123
WAZ				
Model 1 ^a	0.039	(-0.096,0.175)	0.566	.572
Model 2 ^b	0.039	(-0.098,0.176)	0.557	.577
WHZ				
Model 1 ^a	-0.029	(-0.167,0.108)	-0.420	.675
Model 2 ^b	-0.051	(-0.190,0.089)	-0.713	.476
HCZ				
Model 1 ^a	-0.013	(-0.186,0.159)	-0.149	.881
Model 2 ^b	-0.067	(-2.389,1.311)	-0.571	.569

Note. CI = confidence interval; HAZ = height-for-age Z; HCZ = head circumference Z; WAZ = weight-for-age Z; WHZ = weight-for-height Z.

^aModel 1 used to obtain the crude odds ratio.

^bModel 2 used to adjust for maternal education level, geographic location, and monthly expenditure on children.

TABLE 4 Univariable comparison of illness occurrences between urban Chinese children with and without premastication, N(%)

Variables		Premastication		P
		No	Yes	
Illness after birth	<3 times	572(71.7)	226(28.3)	.161
	≥3 times	408(75.1)	135(24.9)	
Illness in recent 2 weeks	None	555(74.8)	187(25.2)	.114
	Yes	425(71.0)	174(48.2)	

TABLE 5 Binary logistic regression for illness occurrences of premastication in Chinese urban children (N = 1,341)

Variables ^a	B	Wald	OR	95% (CI)	P
Illness occurrences after birth	-0.057	0.182	0.944	(0.727,1.228)	.669
Illness occurrences in recent 2 weeks	-0.218	1.839	0.804	(0.587,1.102)	.175

Note. CI = confidence interval; OR = odds ratio.

^aAdjusted with age, maternal education, geographic location, and monthly expenditure on children.

TABLE 6 Comparison of parental feeding cognition and feeding behaviors between children with and without premastication, N(%)

		Premastication		P
		No	Yes	
The primary caregivers	Parents	565(70.0)	242(30.0)	.005
	Grandparents	386(77.2)	114(22.8)	
	Nurse or others	29(85.3)	5(14.7)	
Health concern of children	No	633(75.2)	209(24.8)	.022
	Yes	345(69.4)	152(30.6)	
Perception of child's weight	Obesity	53(59.6)	36(40.4)	.001
	Thin	155(68.3)	72(31.7)	
	Standard	766(75.4)	250(24.6)	
Picky eater	No	745(76.0)	274(26.9)	.972
	Yes	235(73.2)	86(26.8)	