

A Study of Knowledge and Practices of ASHAs on Infant and Young Child Feeding at Gir Somnath district, Gujarat

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Introduction

The optimal infant and young child feeding practices during the first 2 years of life is of paramount importance as this period is the “critical window” for the promotion of health, good growth, behavioural and cognitive development. Optimal infant and young child feeding practices include initiation of breast-feeding within 1 hour of birth, exclusive breast-feeding for the first 6 months, and continuation of breast-feeding for 2 years or more, along with nutritionally adequate, safe, age appropriate, responsive complementary feeding starting at 6 months.

Rationale

- ASHAs represent the cornerstone of the strategy of NRHM and are expected to spread awareness on health and its determinants and also sensitize the community towards better health practices.
- Gir Somnath district has high number of home deliveries, thus the responsibility of assuring that the baby is breastfed within an hour is of the skilled birth attendant and that also of ASHA.
- Gir Somnath district has high number of malnourished children which is a major outcome of improper feeding practices. This district also shows high number of infant deaths, the reasons majorly being low birth weight and malnourishment.
- It is necessary to know whether the health activists, the ones which are directly in contact with the population are well aware of the feeding practices and promoting the same to reduce the malnourishment amongst the children.
- An assessment of their knowledge regarding IYCF, which has been attempted in the present study, would help us identify the gaps in their knowledge as well as the gaps in the translation of knowledge to practice. Because in order to improve on the above indicators it is necessary for the IYCF practices to improve and thus it is necessary first to gauge the knowledge of ASHAs.

Research Question

What is the level of knowledge and practices in ASHAs of Gir Somnath district of Gujarat with regards to the Infant and Young Child Feeding practices?

Objectives:

Primary Objective

- To study the knowledge and selected practices of ASHAs in Gir Somnath district regarding IYCF practices.

Secondary Objective

- To study the association between knowledge and selected variables.

Methodology

- **Study Design:** - Descriptive study with Cross-sectional design
- **Study Area:** - District Gir Somnath, Gujarat.
- **Study Duration:** - Three months (6th February 2016 to 6th May 2016).
- **Study population:-** Accredited Social Health Activist (ASHAs) of Gir Somnath district of Gujarat.
- **Sampling technique:** Convenience Sampling. The ASHAs from two blocks, namely Veraval and Talala who had come for ASHA meeting purpose in the district headquarters were included.
- **Sample size:** The sample size taken for the study is 130.

- **Data collection Technique:** The investigator met with ASHA workers those who attended the ASHA meeting at the district headquarters. ASHAs from two talukas were considered to take part in this study. They were told for the purpose of study and written consent was taken.
- **Data collection Tool:** A semi-structured interview schedule was used as a tool for data collection. It had two parts: Basic information and Knowledge and selected practices of ASHAs regarding Infant and Young Child Feeding practices.
- **Data Analysis:** After the collection, the data was entered in SPSS. Most of the data analysis was done on SPSS. However, Microsoft excel was also used for analysis. Frequencies were calculated and graphs were prepared. Chi square test was used to find out the association between knowledge and selected variables.

Results:

Distribution of ASHAs by education level (N= 130)

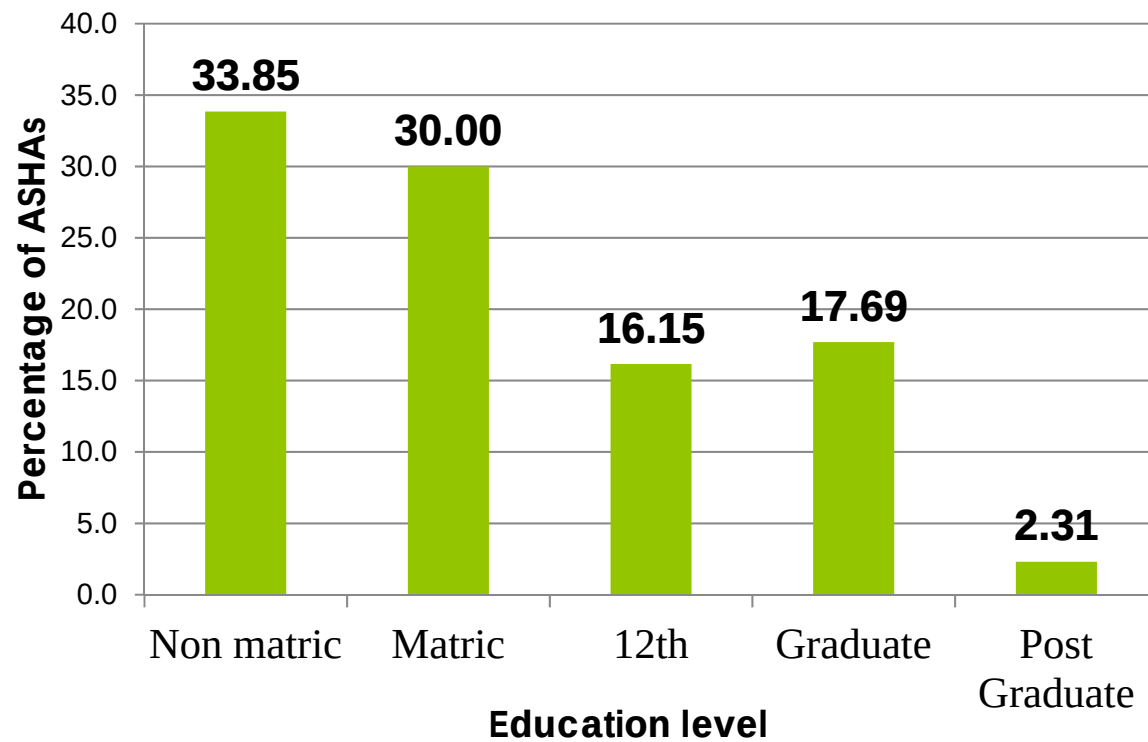


Figure 1

Distribution of ASHAs_by experience (No of years)

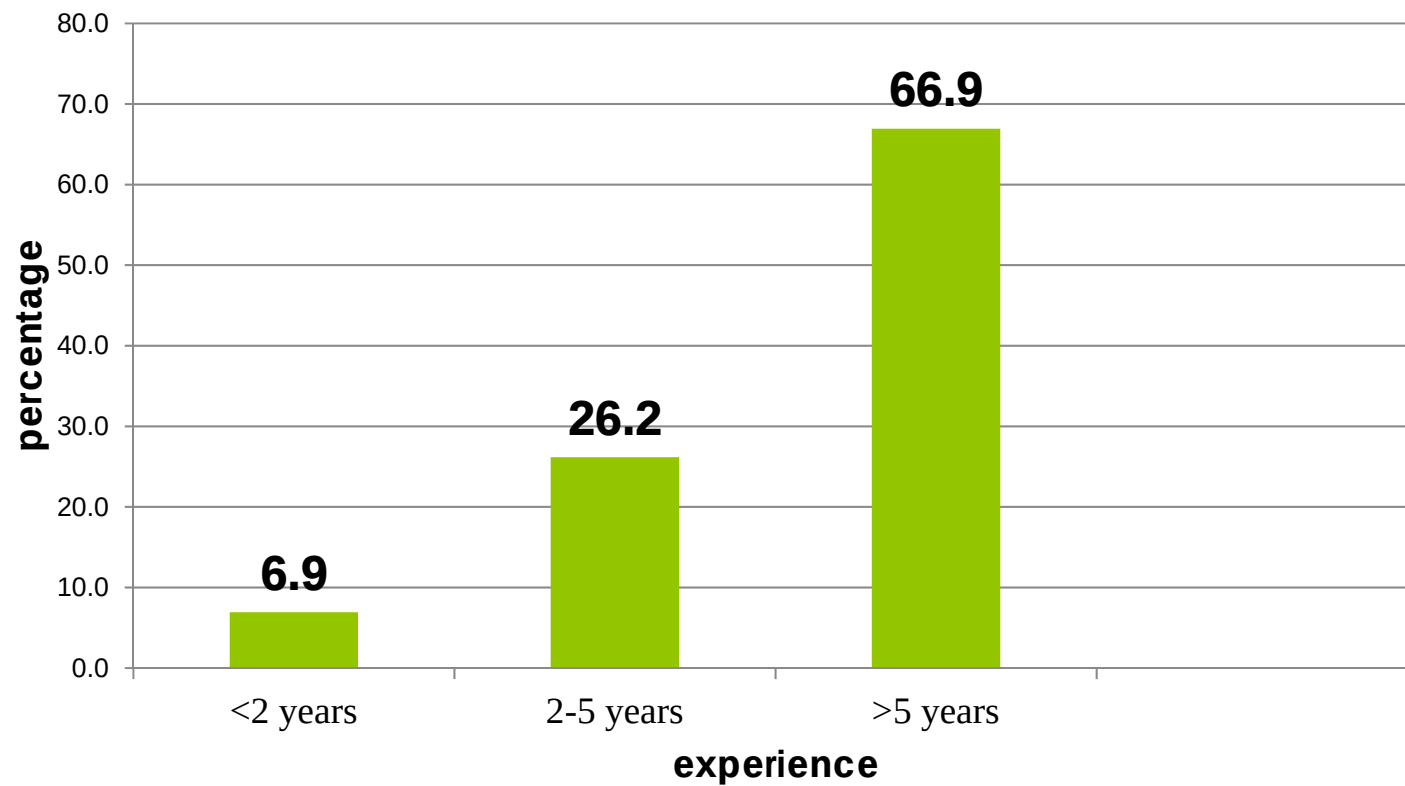


Figure 2

Distribution of ASHA workers by level of training

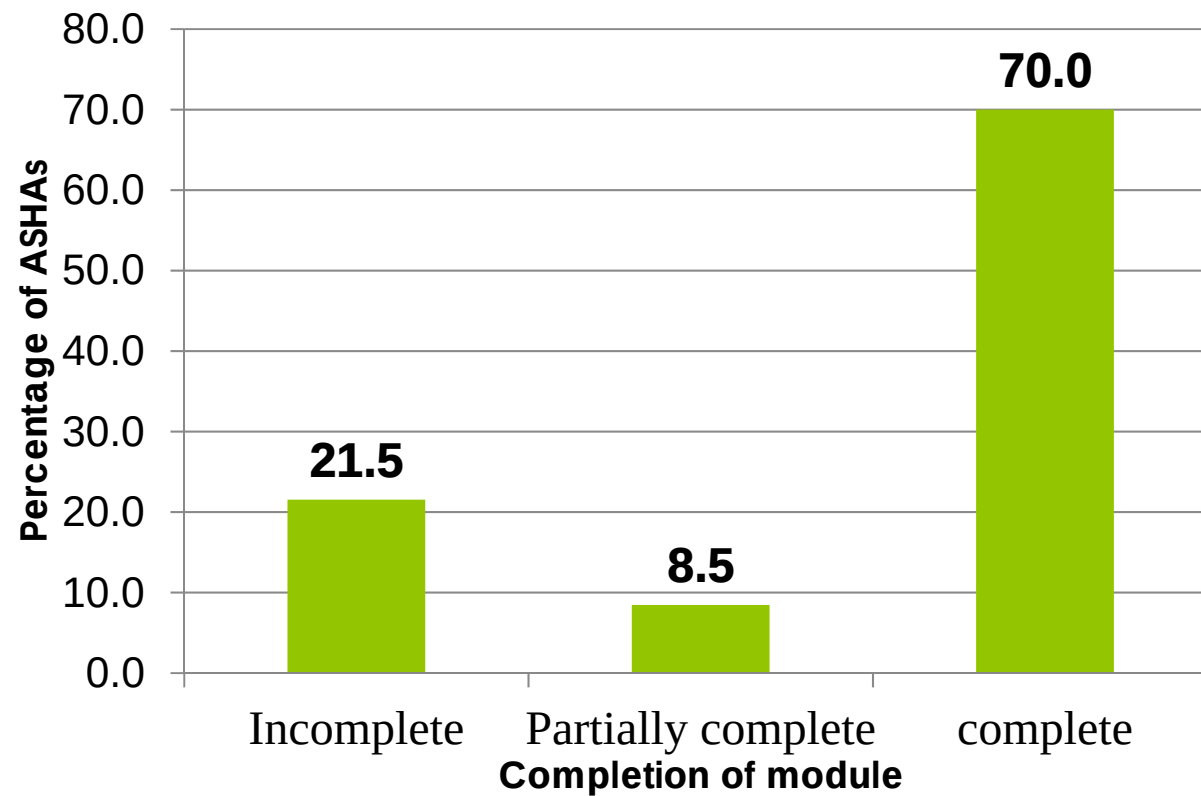


Figure 3

Knowledge indicators regarding exclusive breastfeeding

All ASHAs know about

- meaning of exclusive breastfeeding
- period of exclusive breastfeeding-six months
- initiation of breastfeeding-within an hour after normal delivery
- Colostrum and its importance
- Should be given to the baby and not discarded away.
- The pre lacteal feeds like honey, jaggery or sugar should not be given.
- Water also should not be given

Knowledge about BF initiation in mothers undergone Caesarean delivery

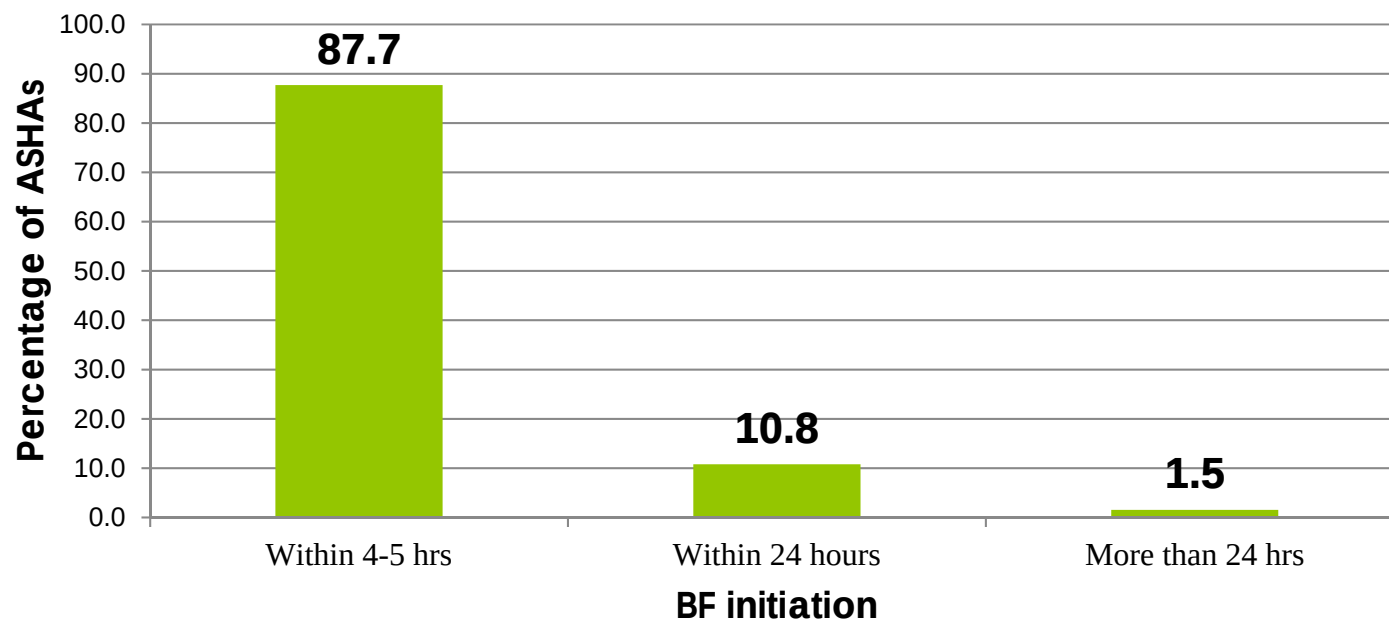


Figure 4

Knowledge about exceptions to exclusive breastfeeding

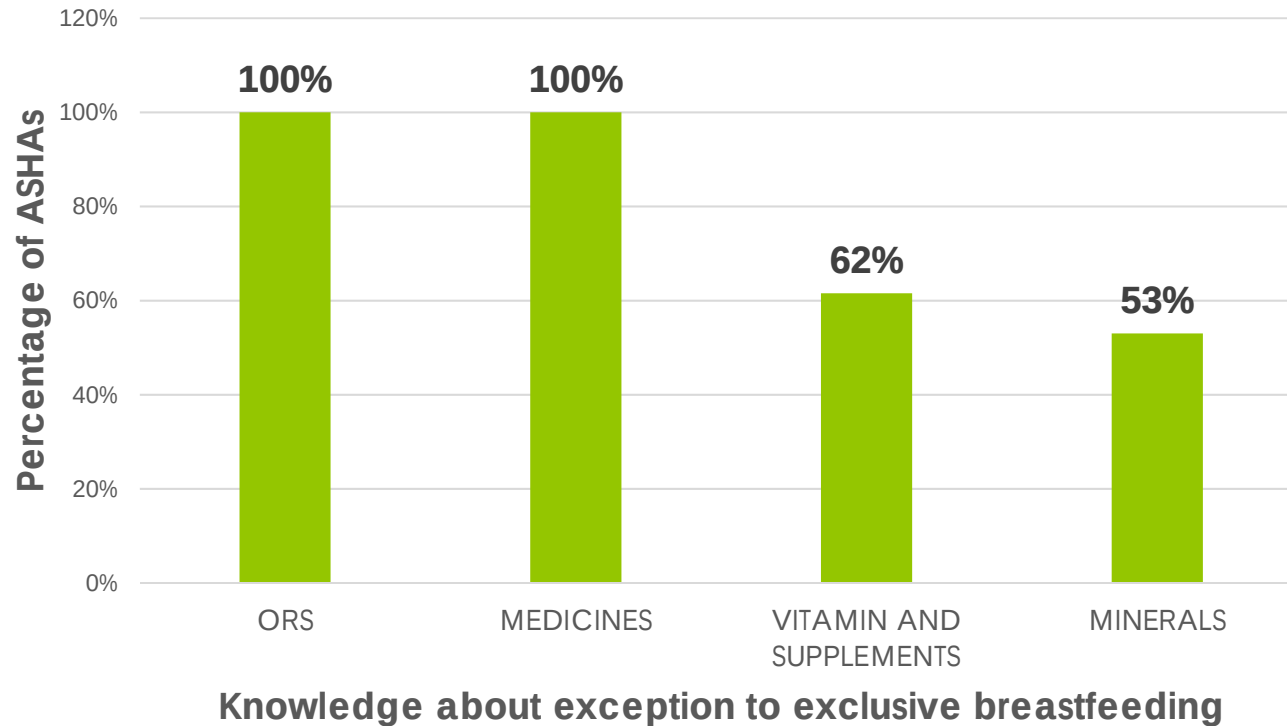


Figure 5

Knowledge indicators regarding complementary feeding

- The introduction of the complementary feeding should be done at the age of 6 months was known to all the ASHAs
- All the ASHAs were aware of the consistency of food to be semi solid,
- All the ASHAs knew that the complementary feeding should be given through bowls and spoons as containers and bottles should not be used for the same.
- All the ASHAs responded that minimum years of breastfeeding is at least two years.

Most common advantages of BF to mothers

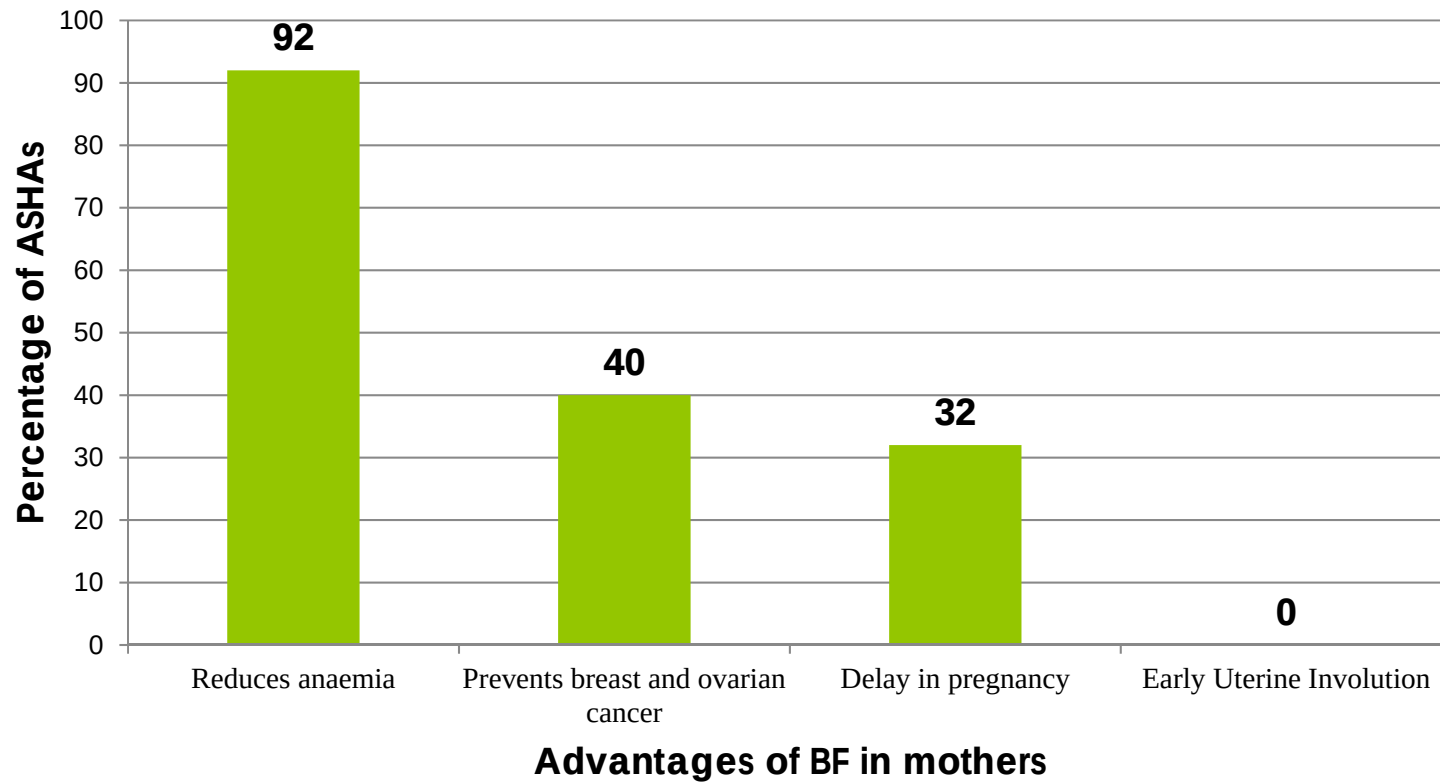


Figure 7

Knowledge about advantages of BF in children

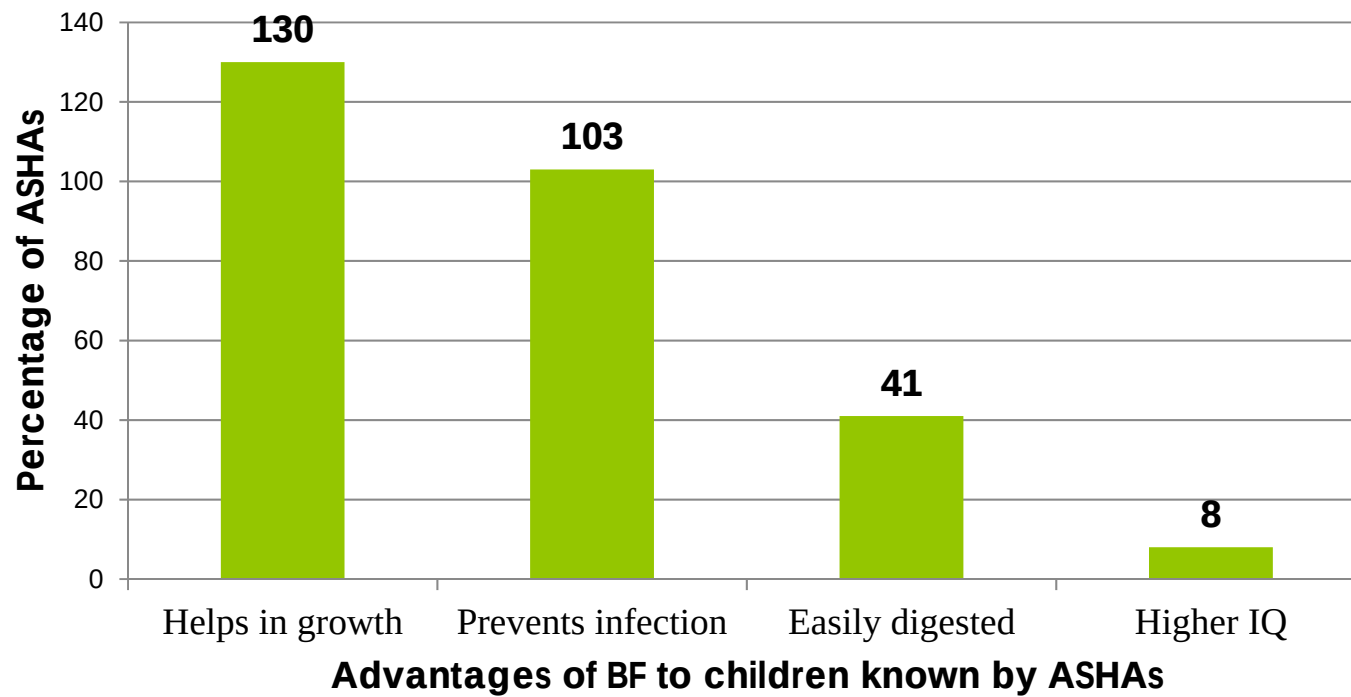


Figure 8

Association of training with the knowledge about period within BF initiated in mothers undergone Caesarean delivery

			KNOWLEDGE ABOUT BREASTFEEDING INITIATION IN MOTHERS UNDERGOING CAESAREAN SECTION			Total
			within 4-5 hrs	within 24 hours	More than 24 hours	
Training	Mod 6- 7 training fully incomplete	Count	21	7	0	28
		% within training	75.0%	25.0%	0.0%	100.0 %
	Mod 6-7 training partially complete	Count	8	2	1	11
		% within training	72.7%	18.2%	9.1%	100.0 %
	Mod 6-7 training complete	Count	85	5	1	91
		% within training	93.4%	5.5%	1.1%	100.0 %
Total		Count	114	14	2	130
		% within training	87.7%	10.8%	1.5%	100.0 %

P VALUE - 0.008 (Chi square)

Association of training with the knowledge about the advantages of breastfeeding to the child

TRAINING			Advantages of breastfeeding to the child			Total
			Mentioned at least 1	2-3	more than 3	
	mod 6- 7 training fully incomplete	Count	12	15	1	28
		% within training	42.9%	53.6%	3.6%	100.0%
	mod 6-7 training partially complete	Count	2	9	0	11
		% within training	18.2%	81.8%	0.0%	100.0%
	mod 6-7 training complete	Count	5	79	7	91
		% within training	5.5%	86.8%	7.7%	100.0%
Total		Count	19	103	8	130
		% within training	14.6%	79.2%	6.2%	100.0%

P VALUE – 0.000 (CHI SQUARE TEST)

Association of training with the knowledge about advantages of breastfeeding to the mothers.

TRAINING			Advantages of breastfeeding to the Mothers			Total
			none of the above	mentioned at least 1	2-3	
	Mod 6- 7 training fully incomplete	Count	7	20	1	28
		% within training	25.0%	71.4%	3.6%	100.0%
	Mod 6-7 training partially complete	Count	1	7	3	11
		% within training	9.1%	63.6%	27.3%	100.0%
	Mod 6-7 training complete	Count	0	66	25	91
		% within training	0.0%	72.5%	27.5%	100.0%
Total		Count	8	93	29	130
		% within training	6.2%	71.5%	22.3%	100.0%

P VALUE – 0.000(CHI SQAURE TEST)

Practices of Asha

- Breastfeeding is promoted during antenatal period by all the ASHAs .
- All the ASHAs had knowledge that in order to initiate early breastfeeding skin to skin contact should be initiated in about 5 minutes.
- All ASHAs knew that the new mothers need help to position the baby rightly for the breast feeding .

Limitations

- Due to resource constraints the sample size was arbitrarily decided upon and the sampling technique used is Convenience sampling.
- Only three variables compared with the knowledge indicators.
- Complementary feeding and positioning of the baby during breastfeeding were not questioned in detail.

Conclusion

- The overall basic knowledge of ASHAs regarding IYCF practices is very good in the Gir Somnath district of Gujarat.
- Majority of the ASHAs do not have complete knowledge of advantages of breastfeeding to mothers and children. Only two percent of the ASHAs included in the study are aware of more than three advantages and have full knowledge of IYCF practices.
- ASHAs practice level of promotion of IYCF practices is satisfactory.
- Training is an important variable and shows increase in the knowledge level with completion of training. Training is associated with the knowledge level in ASHAs

Recommendation

- Training is needed in period of time for refreshing the knowledge. As also the ASHAs who have not received training at all are to be given training on priority.
- The indicators where low knowledge level is seen those indicators should be focussed on the further trainings so that ASHAs will be able to disseminate the knowledge to the community.

THANK YOU