Assessment of Knowledge and Practices of Asha Workers on "Infant and Young Child Feeding" of District Barabanki in Uttar Pradesh

By

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This is to certify that **Dr. Priyanka Bhat** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at India Health Action Trust (IHAT) from February 16' to April 16'.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.
I wish him all success in all her future endeavors.

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The certificate is awarded to

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In recognition of having successfully completed her
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She has successfully completed her Project on

Assessment of knowledge, attitudes and practices of ASHAs on Infant and Young Child Feeding Practices in Four blocks (Banki, Sidhaur, Siraulli Gauspur, Nindura) of District Barabanki, U.P

From 22-2-2016 to 10-5-2016

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She comes across as a committed, sincere & diligent person who has a
Strong drive and zeal for learning

We wish her all the best for future endeavors

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled 'A Study on Assessment of Knowledge, Attitude and Practices of Infant and Young Child Feeding among ASHAs of District Barabanki, U.P. and submitted by Dr. Priyanka Bhat Enrollment No. **0193** under the supervision of **Associate Professor Dr. Goutam Sadhu** for award of MBA Hospital and Health Management of the Institute carried out during the period from **22nd February 2016** to **10th May 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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Dr. Priyanka Bhat

Signature

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Dr Priyanka Bhat

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ABBREVIATIONS

ASHA: ACCREDITED SOCIAL HEALTH ACTIVIST

AWC: ANGANWADI CENTRE

AWW: ANGANWADI WORKER

BCC: BEHAVIOUR CHANGE COMMUNICATION

BF: BREASTFEEDING

CF: COMPLEMENTARY FEEDING

EBF: EXCLUSIVE BREASTFEEDING

FLW: FRONTLINE WORKER

GOI: GOVERNMENT OF INDIA

Go-UP: GOVERNMENT OF UTTAR PRADESH

IYCF: INFANT AND YOUNG CHILD FEEDING PRACTICES

ICDS: INTEGRATED CHILD DEVELOPMENT SERVICES

IEC: INFORMATION, EDUCATION AND COMMUNICATION

KAP: KNOWLEDGE, ATTITUDE AND PRACTICES

LBW: LOW BIRTH WEIGHT

NRHM: NATIONAL RURAL HEALTH MISSION

PW: PREGNANT WOMEN

UP-TSU: UTTAR PRADESH TECHNICAL SUPPORT UNIT

WHO: WORLD HEALTH ORGANISATION

ABSTRACT:

Infant and Young Child Feeding practices is an important child survival intervention and the focus of the study is on the knowledge, attitude and practices of accredited social health activist in promoting Infant and Young Child Feeding practices. More than one third of under-five children are malnourished whether stunted, wasted, or deficient in Vitamin A, iron or other micronutrients and malnutrition contributes to about one third of 8.1 million deaths each year among young children in developing countries.

In this study, a sample size of 80 ASHAs have been taken and data was collected with the help of close ended questionnaire and was analysed with Microsoft excel and results are displayed in the forms of graphs and figures. The questionnaire included questions based on the knowledge and practices of ASHA regarding IYCF.

Results of survey very well show that majority of ASHAs did not know how many times a child should be breastfed. Only 28 percent ASHAs know the frequency of breastfeeding. Forty one percent of ASHAs said water should be given in between breastfeeds which means they were following incorrect feeding practices. Fifty three percent of ASHAs said breastfeeding should not be continued when child is having fever or diarrhoea. Majority of ASHAs don't know the importance of breastfeeding when child is sick. Fifty nine percent of ASHAs said it is not necessary to take consultation from doctor before taking medicines if they were breastfeeding. As there are certain drugs that get secreted through milk and are further consumed by infant while breastfeeding which is a wrong practice. Sixty six percent of ASHAs said breastfeeding mothers should keep religious fasts whereas ASHAs have good knowledge about time of initiation of breastfeeding and complementary feeding. Also they know colostrum should be given to infant and also know that breastfeeding reduces the incidence of diseases like diarrhoea and pneumonia as it gives immunity to the child but were unable to answer whether breastfeeding should be done or not when child is having fever or child is sick.

Overall study shows the depth of knowledge of ASHAs regarding Infant and Young Child Feeding Practices and how they promote it in community.

2.0: INTRODUCTION:

Promotion and support of breastfeeding is a globally most pressing and an important child survival intervention. Accredited social health activist (ASHAs) can play a striking role in promotion of breastfeeding. Breastfeeding has been accepted as the most vital intervention or reducing infant mortality and ensuring optimal growth and development of children **(1).** This holds more importance in context of infant and young child feeding (IYCF) in developing countries like India, where breast milk is the safest and mostly available and the most economical form of feeding options for the infant. An analysis showed that appropriate breastfeeding and complementary feeding practices can alone prevent under-five deaths by 19% **(2)**

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life and the addition of complementary feeds from six months onwards, with continued breastfeeds till at least two years of age **(3,4)**

Apart from exclusive breastfeeding initially, time of introduction, content, and consistency of complementary feeds are critical for early nutrition. The early introduction of complementary feeds before the age of six months can lead to displacement of breast milk and increased risk of infections, besides the babies being physiologically immature. Similarly, inadequate and inappropriate complementary feeding with unhygienic practices leads to recurrent and persistent infections and malnutrition which is followed by growth retardation, immunodeficiency, and eventually fatal outcomes. This is a concern for Indian scenario, where previous studies have suggested inability to maintain exclusive breastfeeding and late introduction of complementary feeds **(5, 6).**

Evidence based studies have stressed the importance of human milk and concluded that infant feeding should be considered as basic health issue rather than lifestyle choice **(7)**

National rural health mission (NRHM) is flagship programme of the country, started in 2005 for ensuring health for all. Accredited Social Health Activist (ASHAs) have been recruited under NRHM as key resource personnel for awareness creation and demand generation for health. ASHA can play a pivotal role in the promotion of breast feeding. In regard it is expected from them to be the torch bearers of correct practices in the community, which can be emulated by rest of the society.

3.0: LITERATURE REVIEW:

More than one third of under-five children are malnourished whether stunted, wasted, or deficient in Vitamin A, iron or other micronutrients and malnutrition contributes to about one third of 8.1 million deaths each year among young children in developing countries (WHO,2012)
Appropriate breastfeeding and complementary feeding practices depend on accurate information and support from the family, community, and healthcare system. Inadequate knowledge about feeding practices is an equally important determinant of malnutrition, as is the lack of adequate and hygienic food. However, in spite of all the efforts deployed as information, education, or training campaigns, the prevalence of proper feeding practices remains low (UNICEF INDIA, 2014)

India hosts more than one-third of the world's children who are wasted. From under-five children in India, 43% are underweight and 48% are stunted due to chronic under nutrition. Only 25% of new born were put to the breast within one hour of birth and 46% are exclusively breastfed (UNICEF INDIA, 2014)

Multiple factors are responsible for this slow improvement in nutritional health indicators in India. According to World Bank report, India's Integrated Child Development Services (ICDS) needs to undergo significant changes to address the current malnutrition crisis in India (WORLD BANK, 2016)

It is estimated that 10.9 million children worldwide under the age of 5 years die every year,of which 2.4 million deaths occur in India alone(lancet, 2003).

.More than half of all the deaths in young children are attributable to under nutrition. Problems such as malnutrition in children, poor maternal and adolescent nutrition, gender discrimination, all continue to be major challenges in our country. Nearly 67 percent of child death in india are due to potentiating effects of malnutrition (bull world health organ, 1995).

In India while infant mortality rate IMR has declined to 47, but there still remains the need to accelerate improvement in Infant and neonatal survival to achieve Eleventh plan goal, to reduced IMR to 28 by 2012 (SRS, 2012).

Infants aged o-5 months who are not breastfed have 7 fold and 5 fold increased risk of death from diarrhoea, respectively, compared with infants who are exclusively breastfed (PLANNING COMMISSION, GOVT. OF INDIA)

At the same age, non-exclusive rather than exclusive breastfeeding results in more than 2 fold increased risks of dying from diarrhoea (PUBMED)

3.1: RESEARCH QUESTION

What is the existing knowledge among ASHAs regarding Infant and Young Child feeding practices?

3.2: OBJECTIVES

- To study the knowledge, attitude and practices of ASHAs regarding Infant & Young Child Feeding Practices.

3.3: METHODOLOGY

Study design: descriptive study cross sectional study

Study area and duration: the study would be carried out for 3 months (February – May) in Uttar Pradesh

Study subjects: Accredited social health activists (ASHA) trained in IYCF.

Sample size: 4 UPTSU Blocks namely (Banki, Siddhaur, Siraulli, Nindoora) of a district Barbanki of Uttar Pradesh and 25 ASHAs from each block.

Total of 80 ASHAs from these four blocks.

Data collection tool: a closed ended questionnaire would be used for interviewing the ASHAs for assessing their knowledge regarding Infant and Young Child Feeding Practices.

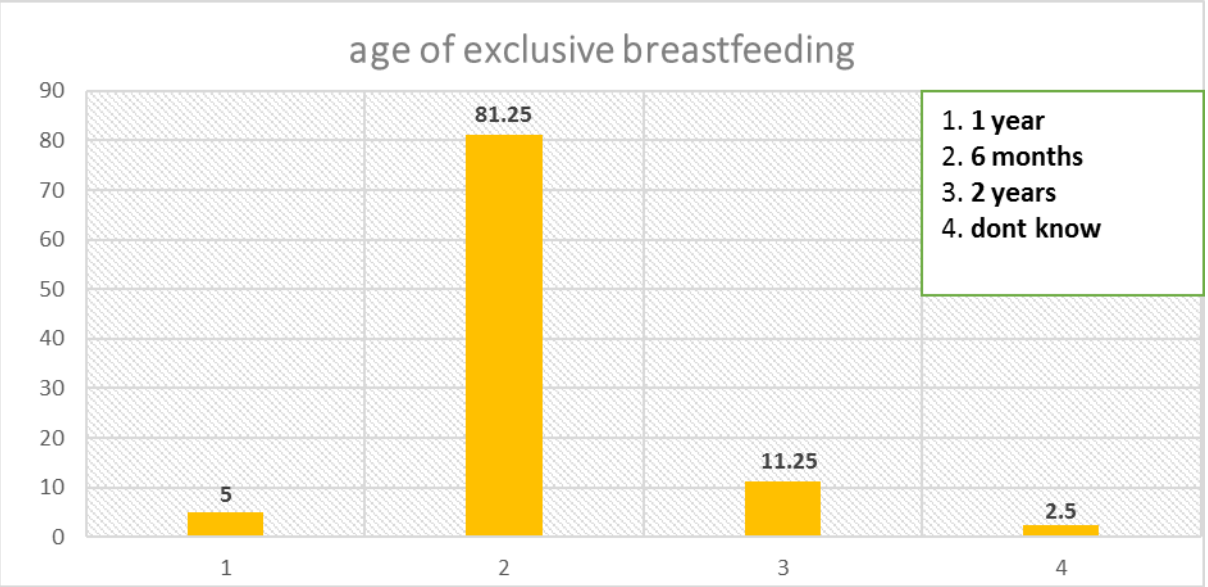
Statistical treatment: data entry and data analysis is done with the help of Microsoft Excel

TABLE 1: KNOWLEDGE ABOUT IYCF PRACTICES AMONG ASHAs

4.1: Age up to which the child should be exclusively breastfed

Eighty one percent of the ASHAs knows the age up to which child should be exclusively breastfed

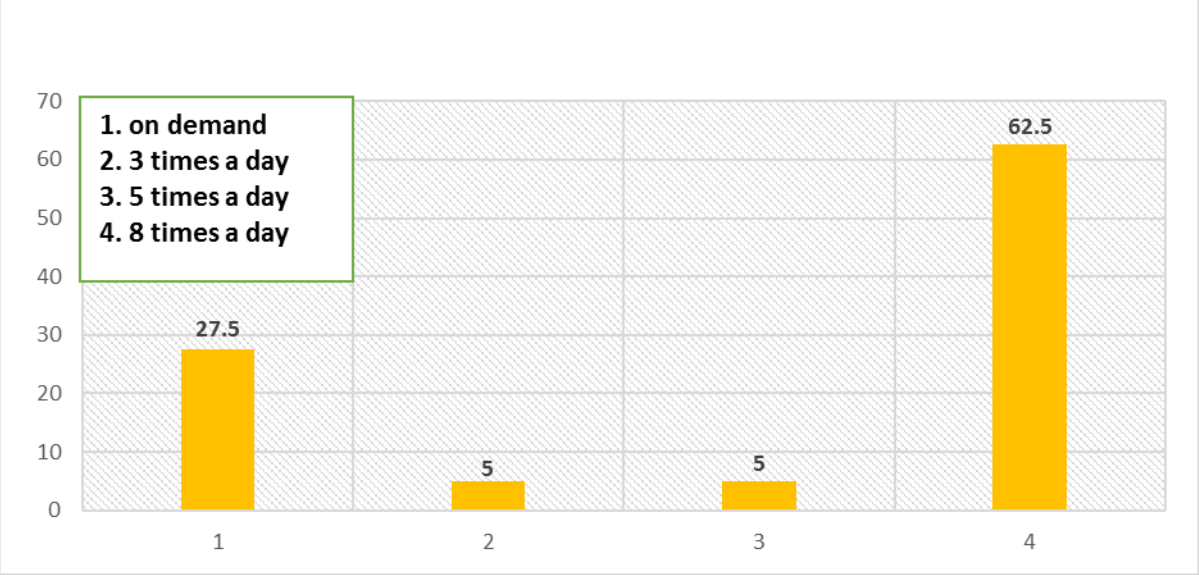
Figure 1: percent distribution of response of ASHAs who know correct age up to which child should be exclusively
breastfed



4.2: frequency of breastfeeding

Only 28 percent of ASHAs were able to answer the correct frequency of breastfeeding

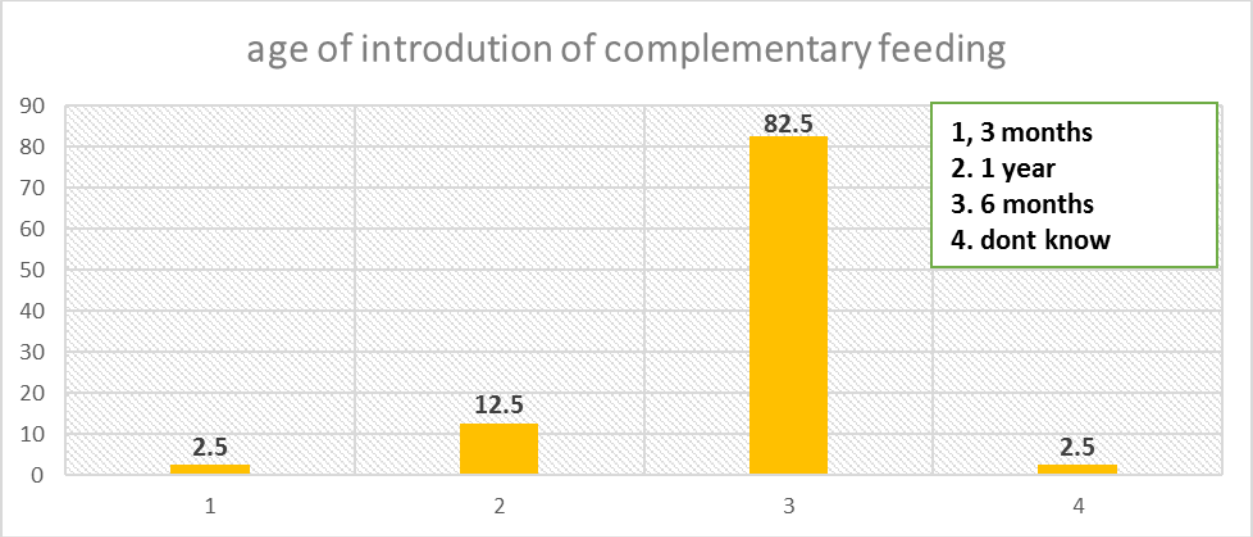
Figure 2: percent distribution of response of ASHAs who know the correct frequency of breastfeeding



4.3: age of introduction of complementary feeding

Eighty three percent of ASHAs said complementary feeding should be started at the age of six months.

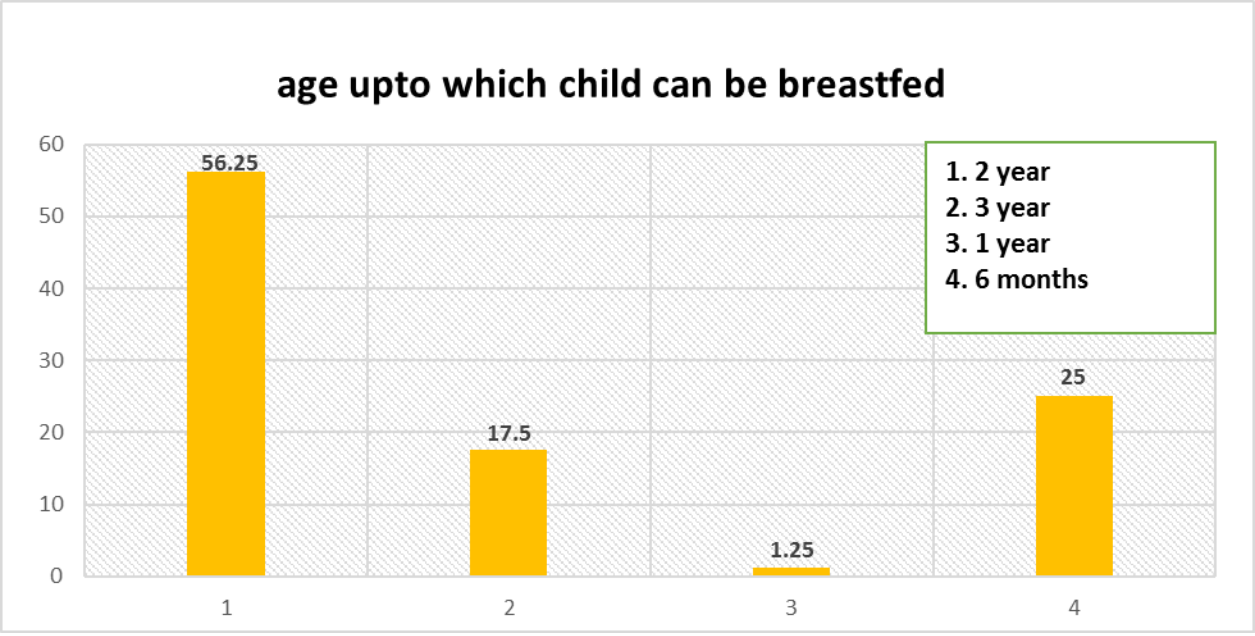
Figure 3: Percent distribution of response of ASHAs on the basis of introduction of complementary feeding.



4.4: Age up to which child should receive breast milk even if the complementary feeding is started.

Fifty six percent of ASHAs said a child can receive breast milk up till two years even if complementary feeding is started.

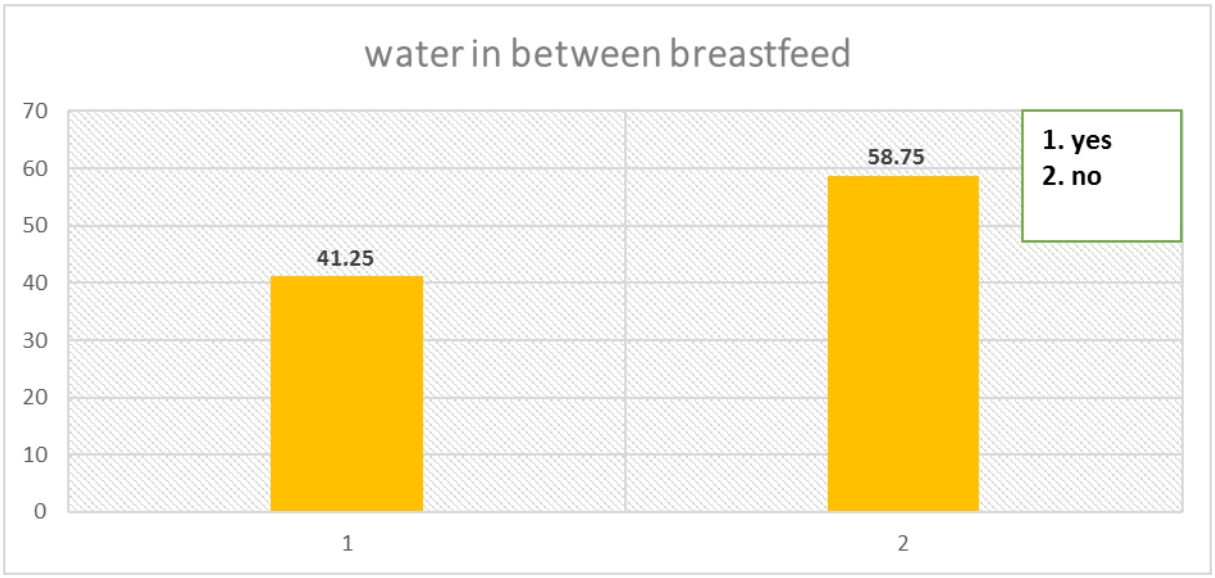
Figure 4: percent distribution of response of ASHAs who know the age up to which a child can be breastfed even after complementary feeding is started



4.5: water should be given in between breastfeeds

Forty one percent of ASHAs said water should be given in between breastfeeds.

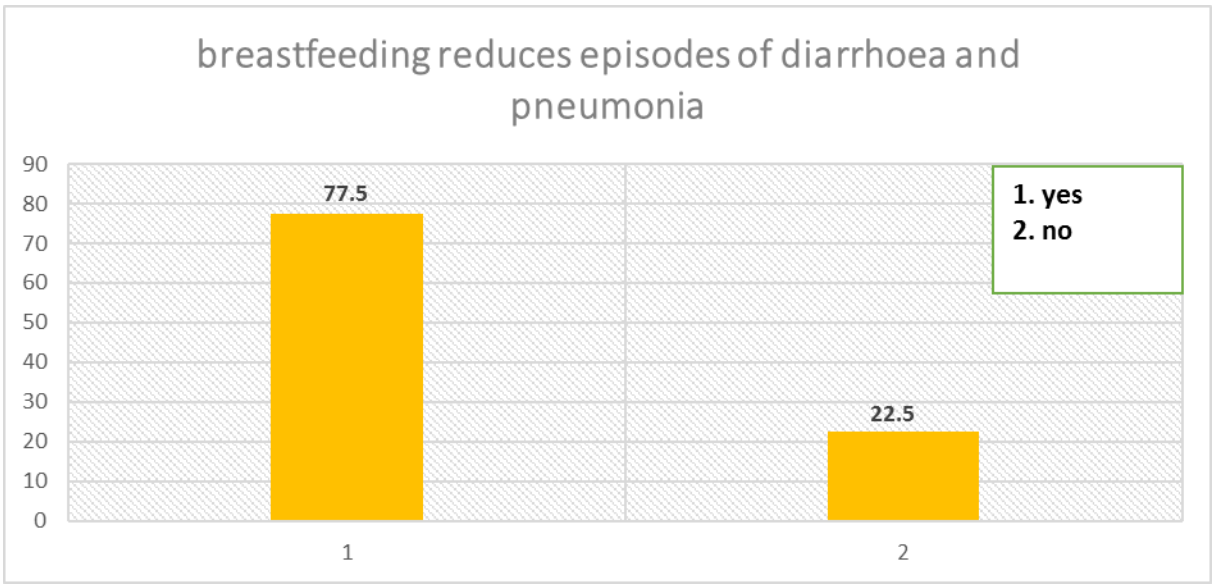
Figure5: percent distribution of response of ASHAs who know whether water should be given or not in between breastfeeds.



4.6: breastfeeding reduces episodes of diarrhoea and pneumonia.

Almost 78 percent of ASHAs knew that breastfeeding reduces episodes of diarrhoea and pneumonia.

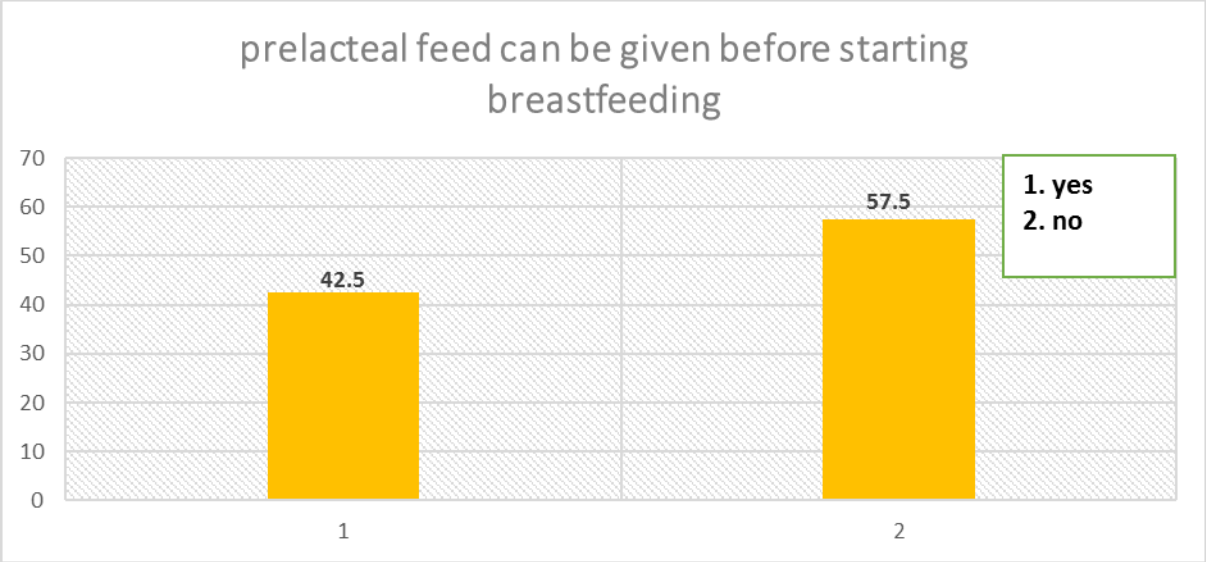
Figure 6: percent distribution of response of ASHAs who knew breastfeeding reduces episodes of diarrhoea and pneumonia.



4.7: Pre lacteal feeds should be given to baby before initiating breastfeeding

Forty three percent of ASHAs said pre lacteal feeds should be given to baby before initiation of breastfeeding.

Figure 7: percent distribution of response of ASHAs who knew whether pre lacteal feed should be given before initiation of breastfeeding.



4.8: breastfeeding should be continued when child is having fever or diarrhoea

Fifty three percent of ASHAs said breastfeeding should not be continued when child is having fever or diarrhoea.

Figure 8: percent distribution of response of ASHAs who knew breastfeeding should be done when child is having fever or diarrhoea.

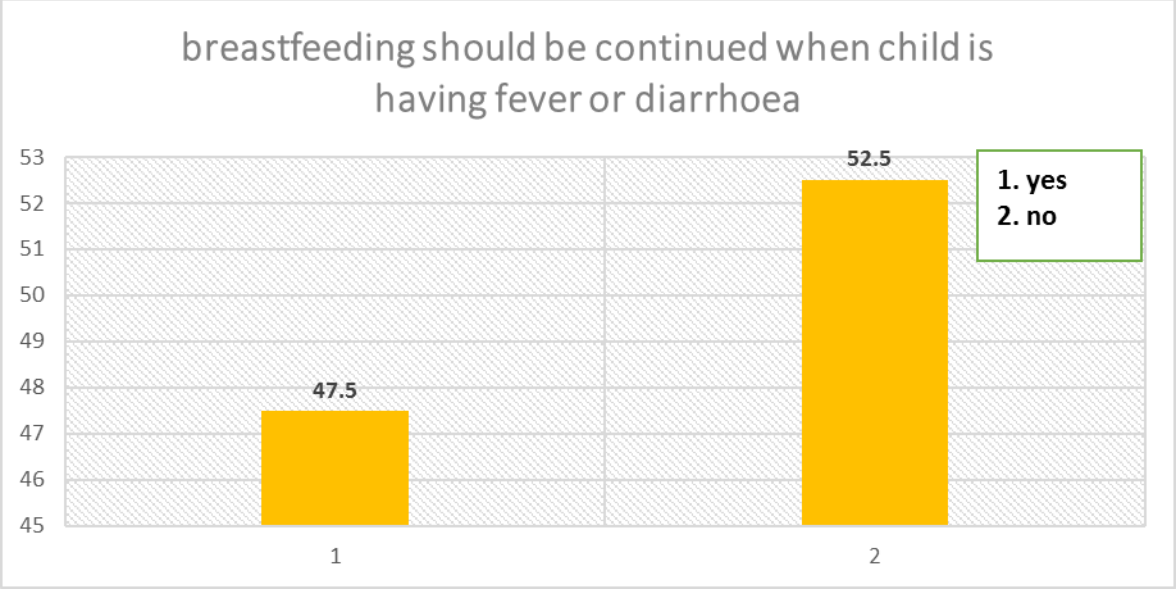
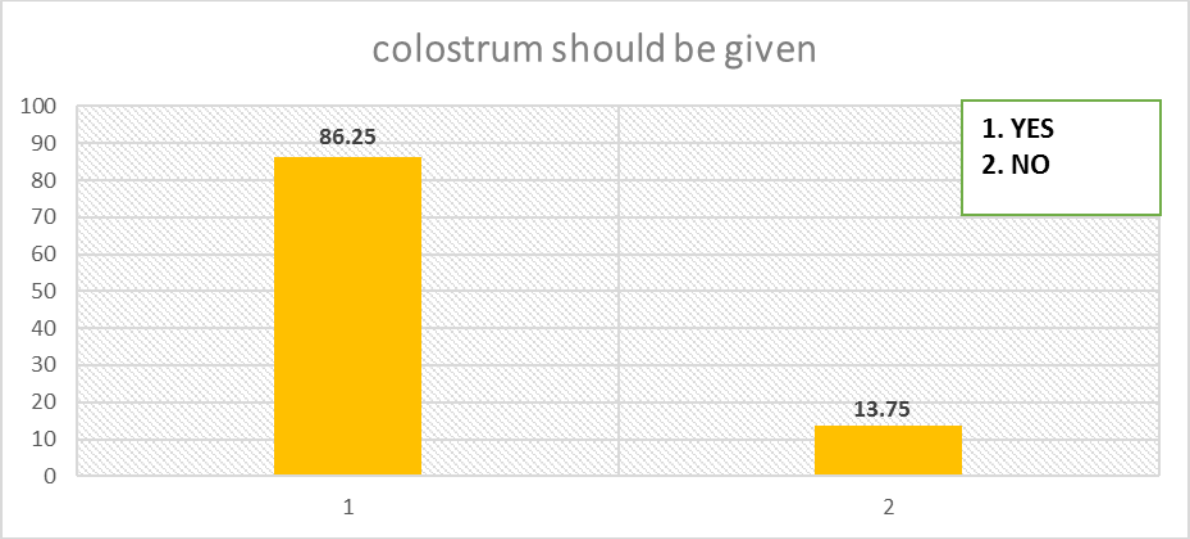


TABLE 2: ATTITUDES & BELIEFS REGARDING IYCF PRACTICES

4.9: Colostrum should be given to baby

Almost 86 percent of ASHAs know that colostrum should be given to baby.

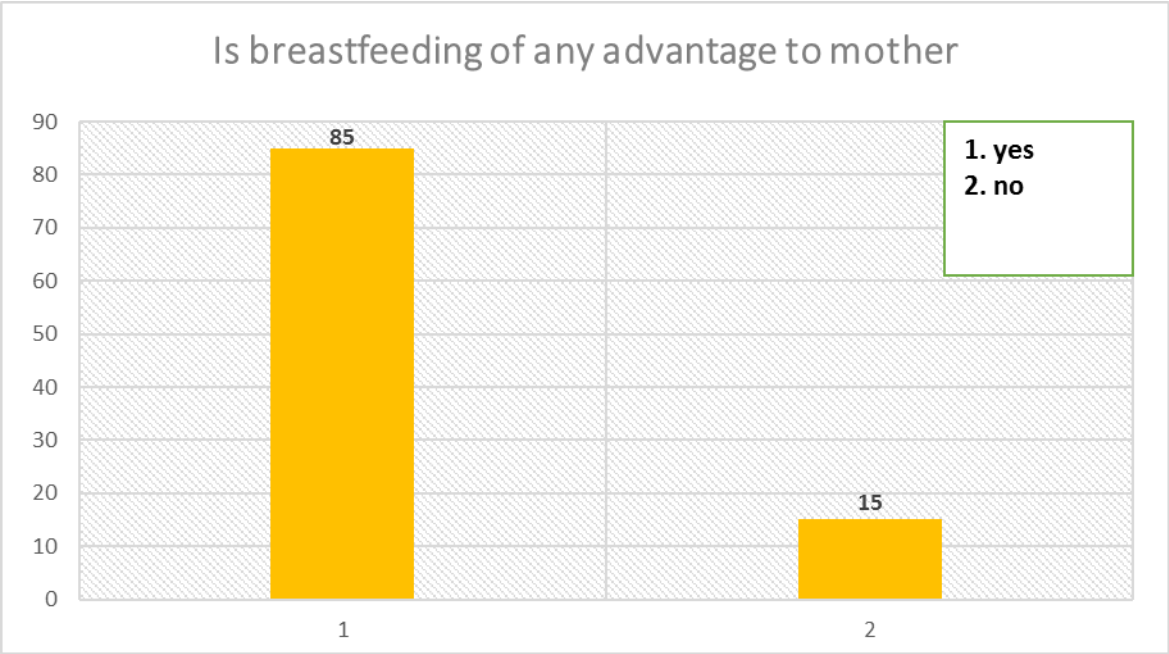
Figure 9: percent distribution of response of ASHAs who knew whether colostrum should be given or not.



4.10: breastfeeding is of advantage to the mother as well

Eighty five percent of ASHAs knew breastfeeding is of advantage to mother.

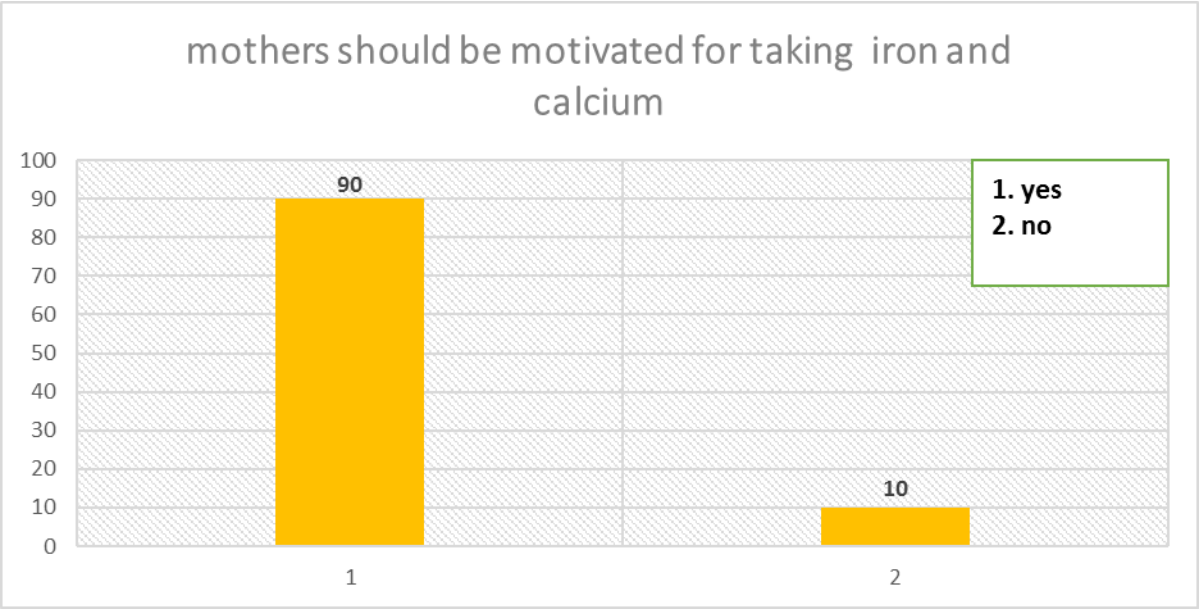
Figure 10: percent distribution of response of ASHAs who said breastfeeding is of advantage to mother as well.



4.11: should you motivate the lactating mothers to take iron and calcium tablets

Ninety percent of ASHAs said they should motivate the lactating mothers to take iron and calcium tablets.

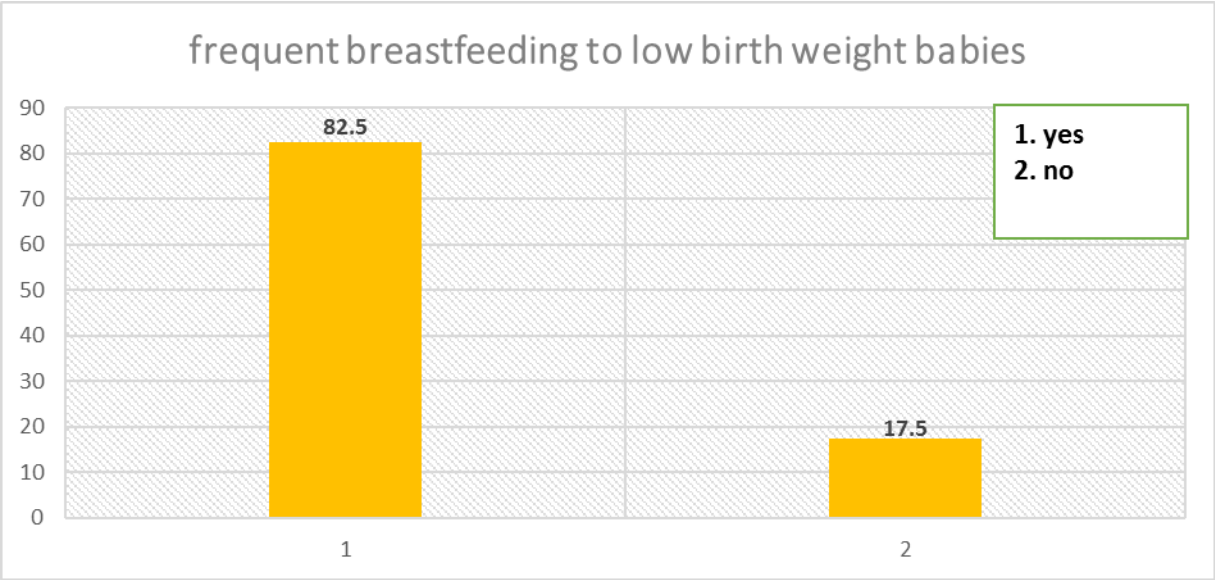
Figure 11: percentage distribution of response of ASHAs based on response, do they motivate lactating mothers to take iron and calcium tablets



4.12: low birth weight babies should be breastfed more frequently

Almost 83 percent of ASHAs said low birth weight babies should be breastfed more frequently.

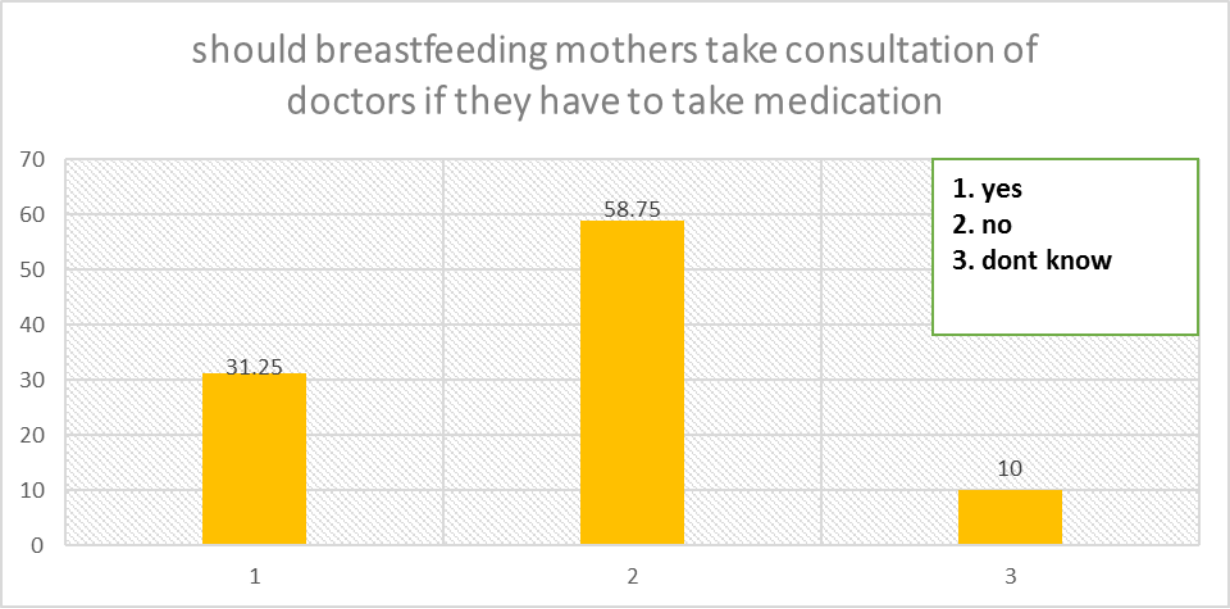
Figure 12: percent distribution of response of ASHAs those said LBW babies should be frequently breastfed.



4.13: breastfeeding mothers should take consultation from the doctors before taking medicines as they get secreted in milk

Fifty nine percent of ASHAs said it is not necessary to take consultation from doctor before taking medicines if they were breastfeeding.

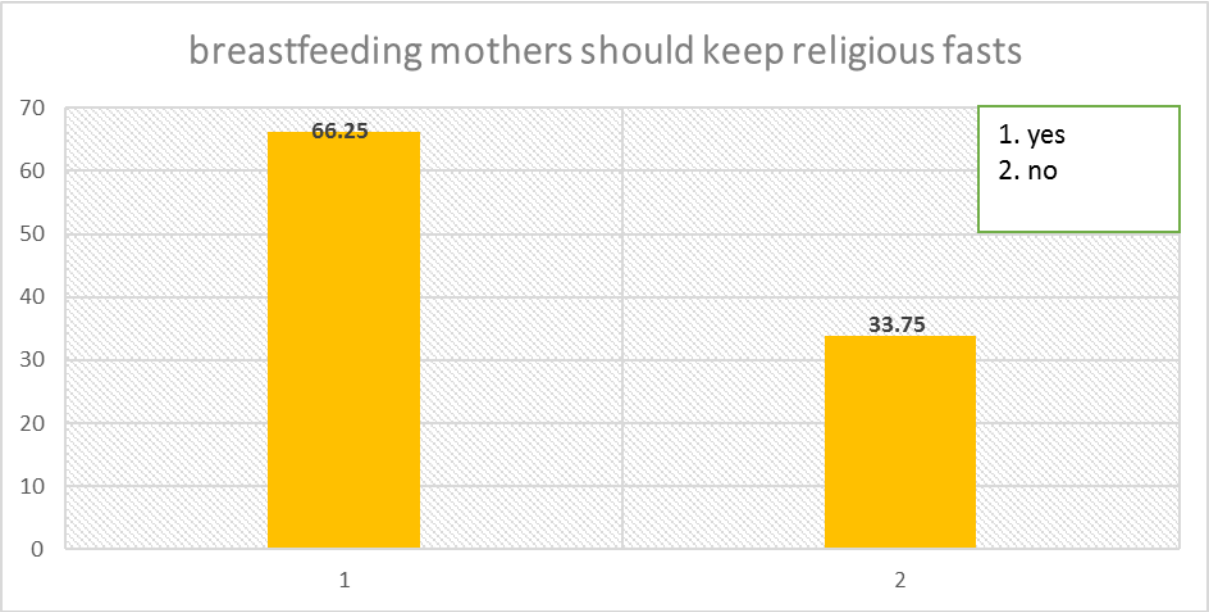
Figure 13: percent distribution of response of ASHAs on taking consultation with doctor for taking medication.



4.14: breastfeeding mothers should keep religious fasts

Sixty six percent of ASHAs said breastfeeding mothers should keep religious fasts.

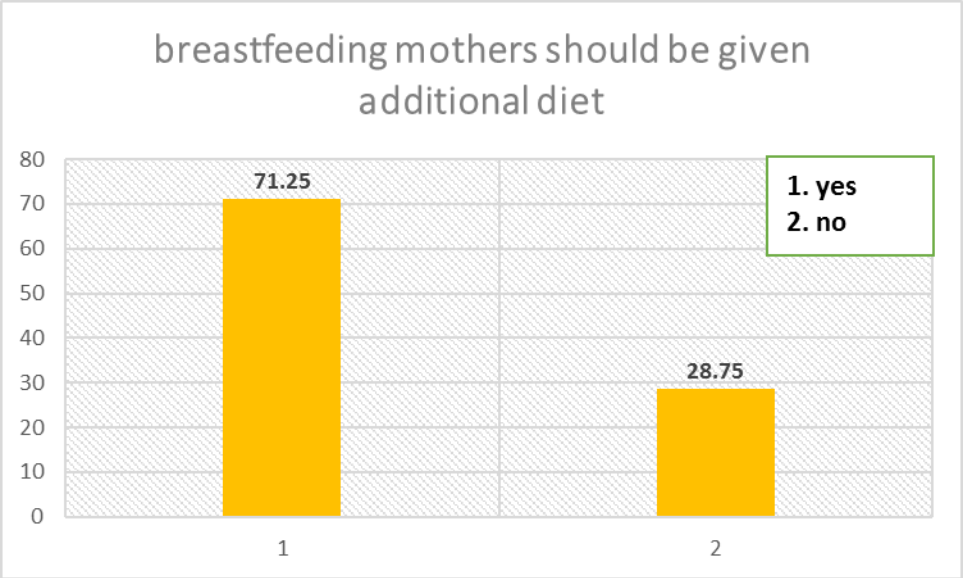
Figure 14: percent distribution of response of ASHAs those who said breastfeeding mothers should keep religious fast.



4.15: breastfeeding mother should be given additional diet as compared to other family member

Seventy one percent of ASHAs said additional diet should be given to breastfeeding mothers.

Figure 15: percent distribution of response of ASHAs who said additional diet should be given to breastfeeding mothers.



Assessment of knowledge and practices of Educational Status

Table 1:educational status of ASHAs Crosstabulation

			educational status of ASHAs			Total
			less than 12	Up to 12th	BA	
age of introduction of complementary feeding	3 months	Count	0	2	0	2
		% within age of introduction of complementary feeding	0.0%	100.0%	0.0%	100.0%
		% within educational status of ASHAs	0.0%	7.1%	0.0%	2.5%
	1 year	Count	5	1	4	10
		% within age of introduction of complementary feeding	50.0%	10.0%	40.0%	100.0%
		% within educational status of ASHAs	25.0%	3.6%	12.5%	12.5%
	6 months	Count	14	25	27	66
		% within age of introduction of complementary feeding	21.2%	37.9%	40.9%	100.0%
		% within educational status of ASHAs	70.0%	89.3%	84.4%	82.5%
	donot know	Count	1	0	1	2
		% within age of introduction of complementary feeding	50.0%	0.0%	50.0%	100.0%
		% within educational status of ASHAs	5.0%	0.0%	3.1%	2.5%
Total		Count	20	28	32	80
		% within age of introduction of complementary feeding	25.0%	35.0%	40.0%	100.0%
		% within educational status of ASHAs	100.0%	100.0%	100.0%	100.0%

Table 1 reveals that about 36 percent of ASHAs whose educational level was below higher secondary responded correctly the frequency of breastfeeding in infants should be on demand whereas only 29 percent ASHAs whose educational level was graduation were able to responded correctly the frequency of breastfeeding in infants should be on demand. This means despite higher educational level ASHAs were not able to answer it correctly.

frequency of breastfeeding * educational statis of ASHAs

			educational statis of ASHAs			Total
			less than 12	upto 12th	BA	
frequency of breastfeeding	on demand	Count	10	4	8	22
		% within frequency of breastfeeding	45.5%	18.2%	36.4%	100.0%
		% within educational statis of ASHAs	50.0%	14.3%	25.0%	27.5%
	3 times a day	Count	2	0	2	4
		% within frequency of breastfeeding	50.0%	0.0%	50.0%	100.0%
		% within educational statis of ASHAs	10.0%	0.0%	6.2%	5.0%
	5 times a day	Count	2	1	1	4
		% within frequency of breastfeeding	50.0%	25.0%	25.0%	100.0%
		% within educational statis of ASHAs	10.0%	3.6%	3.1%	5.0%
	8 times a day	Count	6	23	21	50
		% within frequency of breastfeeding	12.0%	46.0%	42.0%	100.0%
		% within educational statis of ASHAs	30.0%	82.1%	65.6%	62.5%
Total		Count	20	28	32	80
		% within frequency of breastfeeding	25.0%	35.0%	40.0%	100.0%
		% within educational statis of ASHAs	100.0%	100.0%	100.0%	100.0%

Table 2 predicts that 64 percent of ASHAs whose educational status was less than twelfth standard said that pre lacteals should not be given to the baby before initiation of breastfeeding whereas 65 percent of ASHAs had educational level of graduation said pre lacteals should be given to the baby before initiation of breastfeeding.

breastfeeding should be continued when child is having fever or diarrhoea * educational statis of ASHAs Crosstabulation

			educational statis of ASHAs			Total
			less than 12	upto 12th	BA	
breastfeeding should be continued when child is having fever or diarrhoea	yes	Count	19	24	27	70
		% within breastfeeding should be continued when child is having fever or diarrhoea	27.1%	34.3%	38.6%	100.0%
		% within educational statis of ASHAs	95.0%	85.7%	84.4%	87.5%
	no	Count	1	4	5	10
		% within breastfeeding should be continued when child is having fever or diarrhoea	10.0%	40.0%	50.0%	100.0%
		% within educational statis of ASHAs	5.0%	14.3%	15.6%	12.5%
Total		Count	20	28	32	80
		% within breastfeeding should be continued when child is having fever or diarrhoea	25.0%	35.0%	40.0%	100.0%
		% within educational statis of ASHAs	100.0%	100.0%	100.0%	100.0%

Table 3 depicts that more than half of the ASHAs whose educational status was graduation responded correctly that breastfeeding should be continued when child is having fever or diarrhoea which means ASHAs with higher educational level had higher knowledge about importance of breastfeeding when child is sick.

breastfeeding mothers should take consultation from doctors if they are taking any medication * educational statis of ASHAs Crosstabulation

			educational statis of ASHAs			Total
			less than 12	upto 12th	BA	
breastfeeding mothers should take consultation from doctors if they are taking any medication	yes	Count	16	19	18	53
		% within breastfeeding mothers should take consultation from doctors if they are taking any medication	30.2%	35.8%	34.0%	100.0%
		% within educational statis of ASHAs	80.0%	67.9%	56.2%	66.2%
	no	Count	0	7	11	18
		% within breastfeeding mothers should take consultation from doctors if they are taking any medication	0.0%	38.9%	61.1%	100.0%
		% within educational statis of ASHAs	0.0%	25.0%	34.4%	22.5%
	do not know	Count	4	2	3	9
		% within breastfeeding mothers should take consultation from doctors if they are taking any medication	44.4%	22.2%	33.3%	100.0%
		% within educational statis of ASHAs	20.0%	7.1%	9.4%	11.2%
Total		Count	20	28	32	80
		% within breastfeeding mothers should take consultation from doctors if they are taking any medication	25.0%	35.0%	40.0%	100.0%
		% within educational statis of ASHAs	100.0%	100.0%	100.0%	100.0%

Table 4 implicates that almost 52 percent ASHAs with education status graduation responded that lactating mothers should take consultation from doctors before taking any medication. This table shows the impact of education on ASHAs. ASHAs with higher education status responded correctly as compared to ASHAs with lesser educational status.

breastfeeding mothers should keep religious fasts * educational statis of ASHAs Crosstabulation

			educational statis of ASHAs			Total
			less than 12	upto 12th	BA	
breastfeeding mothers should keep religious fasts	yes	Count	7	9	18	34
		% within breastfeeding mothers should keep religious fasts	20.6%	26.5%	52.9%	100.0%
		% within educational statis of ASHAs	35.0%	32.1%	56.2%	42.5%
	no	Count	13	19	14	46
		% within breastfeeding mothers should keep religious fasts	28.3%	41.3%	30.4%	100.0%
		% within educational statis of ASHAs	65.0%	67.9%	43.8%	57.5%
Total		Count	20	28	32	80
		% within breastfeeding mothers should keep religious fasts	25.0%	35.0%	40.0%	100.0%
		% within educational statis of ASHAs	100.0%	100.0%	100.0%	100.0%

Table 5 reveals that around 71 percent of ASHAs who were graduates believed lactating mothers should keep religious fasts whereas 64 percent of ASHAs who educational status was less than higher secondary responded that lactating mothers should keep religious fasts which was less than the ASHAs with higher educational status. Thus higher education has no impact on the attitude and beliefs of ASHAs in promoting IYCF

4.0: RESULTS AND DISCUSSION:

The questionnaire of Infant and Young Child Feeding Practices was analysed in Microsoft excel.

Eighty one percent of the ASHAs knows the age up to which child should be exclusively breastfed

Only 28 percent of ASHAs were able to answer the correct frequency of breastfeeding which means rest of the ASHAs didn't have knowledge about how many times a child should be breastfed.

Eighty three percent of ASHAs said complementary feeding should be started at the age of six months.

Fifty six percent of ASHAs said a child can receive breast milk up till two years even if complementary feeding is started

Forty one percent of ASHAs said water should be given in between breastfeeds which means they were following incorrect feeding practices.

Almost 78 percent of ASHAs knew that breastfeeding reduces episodes of diarrhoea and pneumonia.

Forty three percent of ASHAs said pre lacteal feeds should be given to baby before initiation of breastfeeding.

Fifty three percent of ASHAs said breastfeeding should not be continued when child is having fever or diarrhoea. Majority of ASHAs don't know the importance of breastfeeding when child is sick.

Almost 86 percent of ASHAs know that colostrum should be given to baby.

Ninety percent of ASHAs said they should motivate the lactating mothers to take iron and calcium tablets.

Almost 83 percent of ASHAs said low birth weight babies should be breastfed more frequently.

Fifty nine percent of ASHAs said it is not necessary to take consultation from doctor before taking medicines if they were breastfeeding. As there are certain drugs that get secreted through milk and are further consumed by infant while breastfeeding which is a wrong practice

Sixty six percent of ASHAs said breastfeeding mothers should keep religious fasts.

Seventy one percent of ASHAs said additional diet should be given to breastfeeding mothers.

Table 1 reveals that about 36 percent of ASHAs whose educational level was below higher secondary responded correctly the frequency of breastfeeding in infants should be on demand whereas only 29 percent ASHAs whose educational level was graduation were able to responded correctly the frequency of breastfeeding in infants should be on demand. This means despite higher educational level ASHAs were not able to answer it correctly.

Table 2 predicts that 64 percent of ASHAs whose educational status was less than twelfth standard said that pre lacteals should not be given to the baby before initiation of breastfeeding whereas 65 percent of ASHAs had educational level of graduation said pre lacteals should be given to the baby before initiation of breastfeeding.

Table 3 depicts that more than half of the ASHAs whose educational status was graduation responded correctly that breastfeeding should be continued when child is having fever or diarrhoea which means ASHAs with higher educational level had higher knowledge about importance of breastfeeding when child is sick.

Table 4 implicates that almost 52 percent ASHAs with education status graduation responded that lactating mothers should take consultation from doctors before taking any medication. This table shows the impact of education on ASHAs. ASHAs with higher education status responded correctly as compared to ASHAs with lesser educational status.

Table 5 reveals that around 71 percent of ASHAs who were graduates believed lactating mothers should keep religious fasts whereas 64 percent of ASHAs who educational status was less than higher secondary responded that lactating mothers should keep religious fasts which was less than the ASHAs with higher educational status. Thus higher education has no impact on the attitude and beliefs of ASHAs in promoting IYCF

5.0: Conclusion:

Malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children less than 5 years of age in India annually [11].Many of these deaths are possibly associated with inappropriate feeding practices during early years of life.

. Only 35% of infants world-wide are exclusively breastfed during the 1st 4 months of life and complementary feeding begins either too early or too late with foods, which are often nutritionally inadequate and unsafe. Poor feeding practices in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance and reduced productivity in later life. Breastfeeding is beneficial to mother as well because due to this mother is less likely to become pregnant in early months, it also leads to faster maternal recovery and lowers down the risk of maternal cancers i.e. ovarian and breast cancer.

As per our findings 53 percent of the ASHAs don't have knowledge about the importance of breastfeeding when child is sick. 28 percent of did not know how many times a child should be breastfed.59 percent of ASHAs said it is not necessary for lactating mothers to take consultation from doctors if they have to take any medication. 66 percent of ASHAs said lactating mothers should keep religious fasts. Also according to the study ASHAs with higher educational status were able to answer that breastfeeding reduces the episodes of diarrhoea and pneumonia and also majority of them responded that lactating mothers should take consultation from the doctor before taking any medication. But some ASHAs, despite of having higher education status were not able to answer correctly that lactating mothers should not keep religious fast. In order to enhance the knowledge of ASHAs on Infant and Young Child Feeding Practices below mentioned measures can be taken:

1. Orientation programs or refresher trainings should be conducted in order to enhance the knowledge of ASHAs to promote correct practices.
2. Capacity building of frontline workers by on the job mentoring and by providing them hand holding support.
3. Workshops related to IYCF should be conducted.
4. Behaviour change in ASHAs regarding IYCF by effective IEC methods and development of job aids.
5. Incorporation role plays to make them better understand the importance of breastfeeding for infants as well as mothers.
6. Supervisory visits should be planned

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ANNEXURE

Name of ASHA: BLOCK NAME:
CLUSTER NAME: RELIGION:

TABLE 1 KNOWLEDGE AND PRACTICES ABOUT IYCF PRACTICES AMONG ASHAs

1) Age up to which the child should be exclusively breastfed
a) 1 year b) 6 months c) 2 years d) don't know

2) Frequency of breastfeeding
a) On demand b) 3 times a day c) 5 times a day d) 8 times a day

3) Age of introduction of complementary feeding
a) 3 months b) 1 year c) 6 months d) don't know

4) Age up to which the child should receive breast milk even if complementary feeding is started
a) 2 years b) 3 years c) 1 year d) 6 months

5) Water should be given in between the breast feeds
a) Yes b) No

6) Breastfeeding reduce episodes of diarrhoea & pneumonia

a) Yes b) No
7) Pre lacteal feeds should be given to the baby before initiating breastfeeding
a) Yes b) No

8) Breastfeeding should be continued when the child is having fever or diarrhoea
a) Yes b) no

TABLE 2 ATTITUDES & BELIEFS REGARDING IYCF PRACTICES

1) Colostrum should be given to the baby:

a) Yes b) no

2) Breastfeeding is of advantage to the mother as well:
a) Yes b) no

3) Should you motivate the lactating mothers to take iron and calcium tablets:
a) Yes b) no

4) Low birth baby should be breastfed more frequently
a) Yes b) no

5) Breastfeeding mothers should take consultation from the doctor before taking any medicines as they get secreted in the milk
a) Yes b) no c) don't know

6) Breastfeeding mother should keep religious fasts
a) Yes b) no c) don't know

7) Breastfeeding mother should be given additional diet as compared to the other family members
a) Yes b) no