ASSESSMENT OF KNOWLEDGE AND PRACTICES OF ASHA WORKERS ON "INFANT AND YOUNG CHILD FEEDING" OF DISRICT BARABANKI IN UTTAR PRADESH
(BANKI, SIDDHAUR, SIRAULLI GAUSPUR, NINDURA BLOCK OF DISTRICT BARABANKI, UTTAR PRADESH)

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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. 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
- 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.
- . 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

3.1: RESEARCH QUESTION

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

3.2: OBJECTIVES

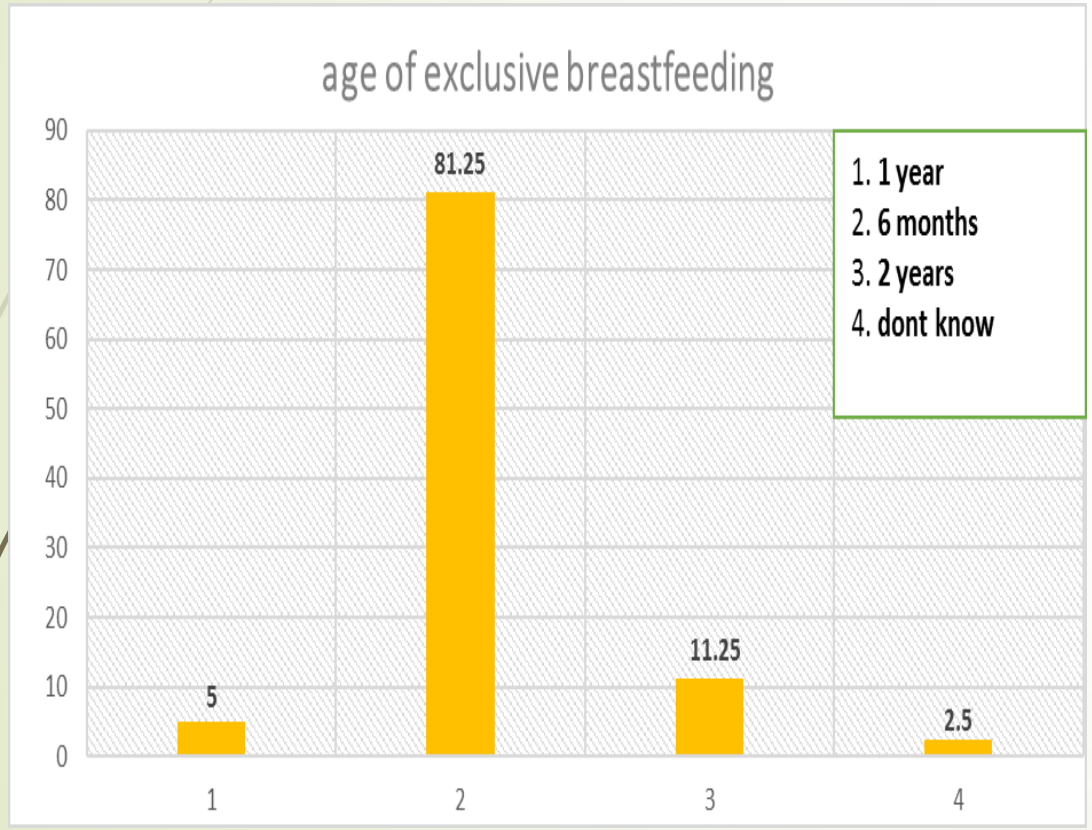
- To study the knowledge, attitude and practices of ASHAs regarding Infant & Young Child Feeding Practices.
- To assess the impact of education status on knowledge, awareness and practices of ASHA.

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 SPSS and Microsoft excel.

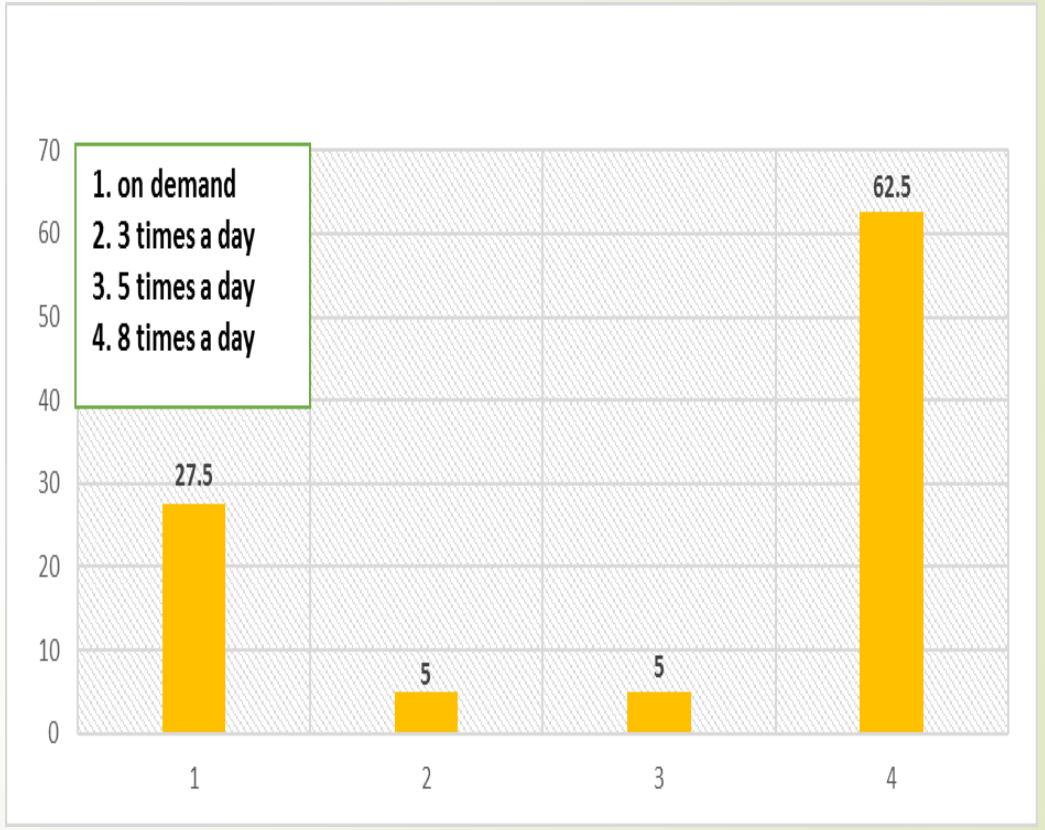
4.1: Age up to which the child should be exclusively breastfed

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

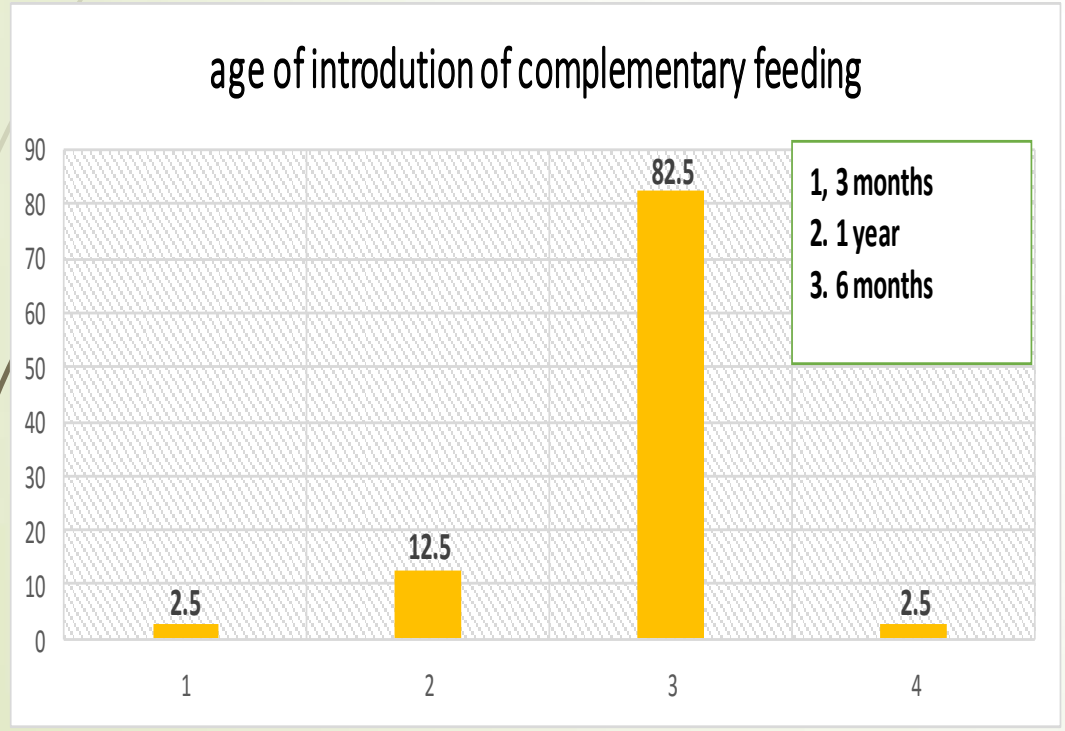


4.2: frequency of breastfeeding

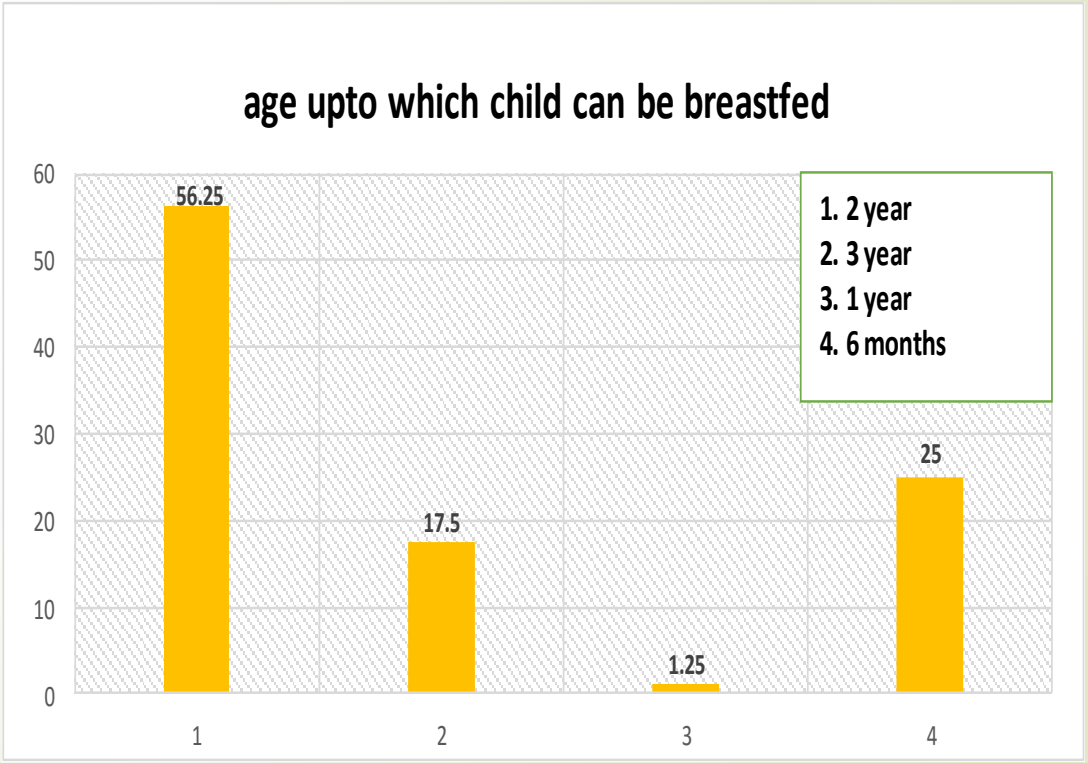
Figure 2: percent distribution of response of ASHAs who know the correct frequency of breastfeeding



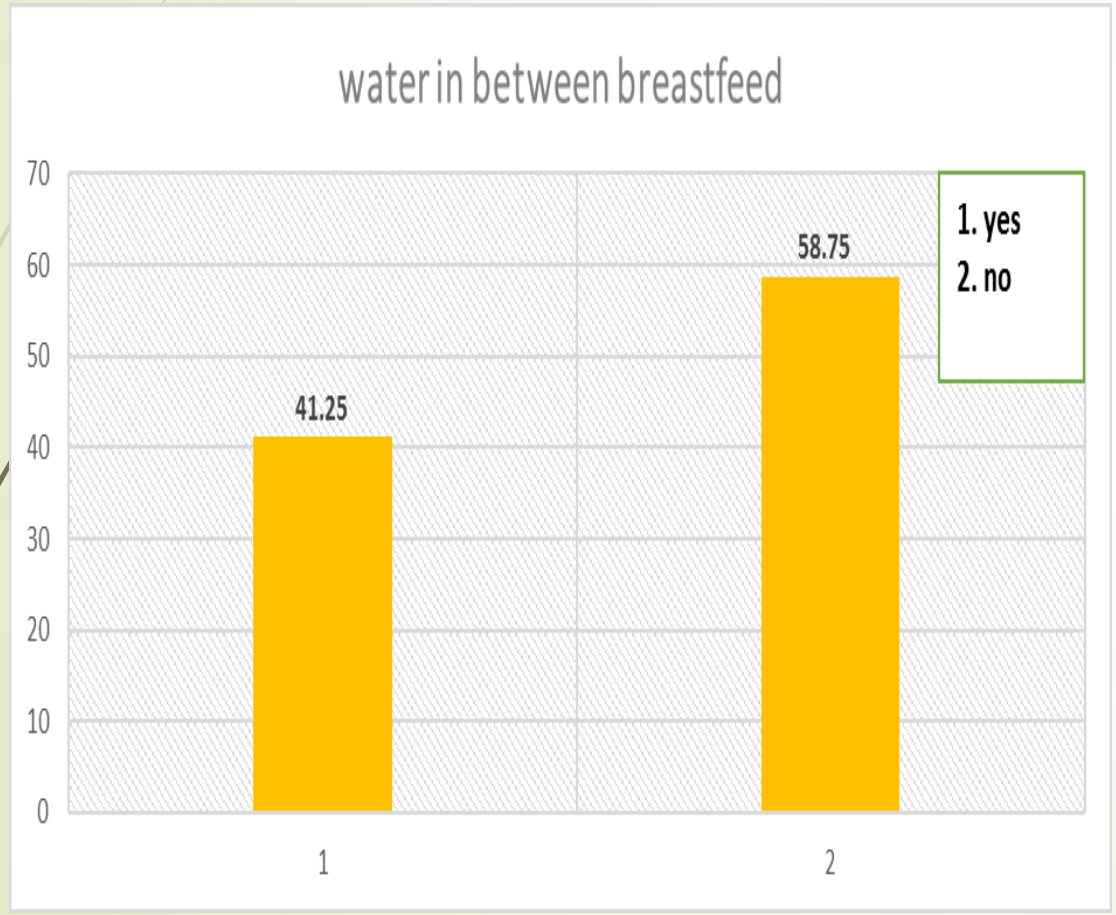
- **4.3: age of introduction of complementary feeding**
- Figure 3: Percent distribution of response of ASHAs on the basis of introduction of complementary feeding.



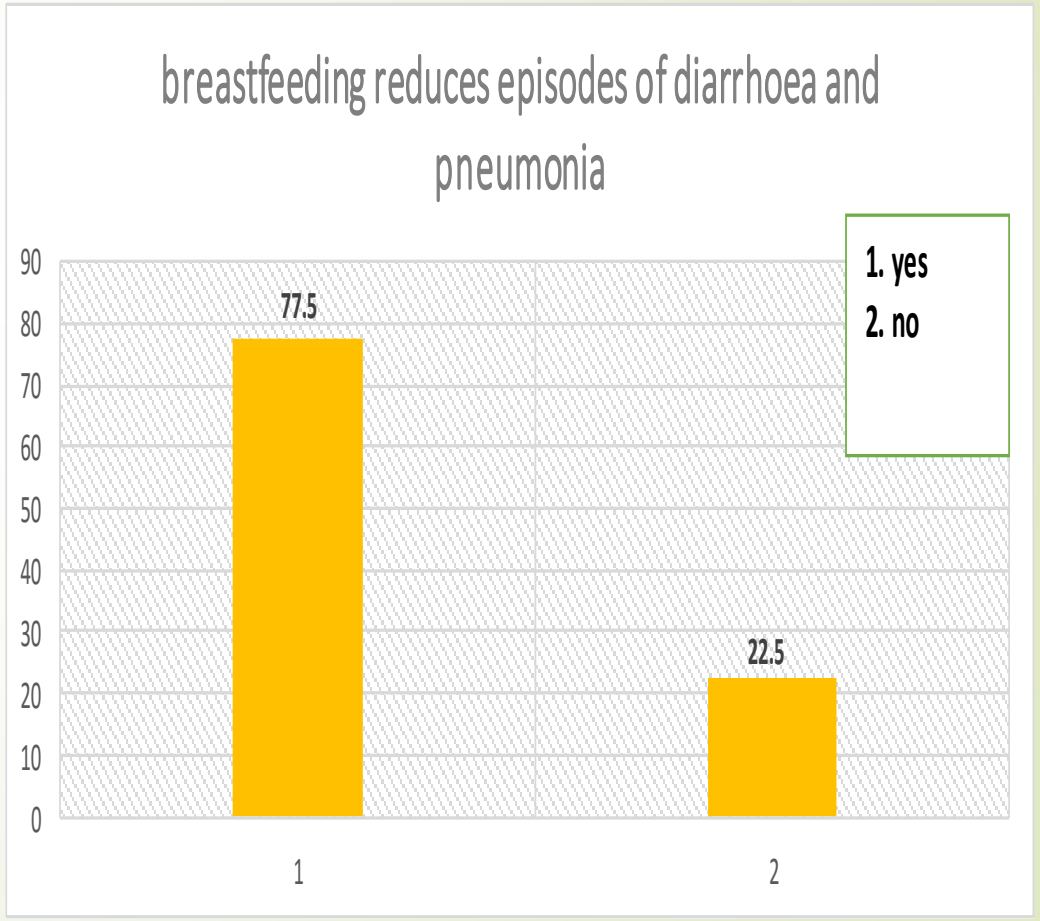
- **4.4: Age up to which child should receive breast milk even if the complementary feeding is started.**
- Figure 4: percent distribution of response of ASHAs who know the age up to which a child can be breastfed even after complementary feeding is started



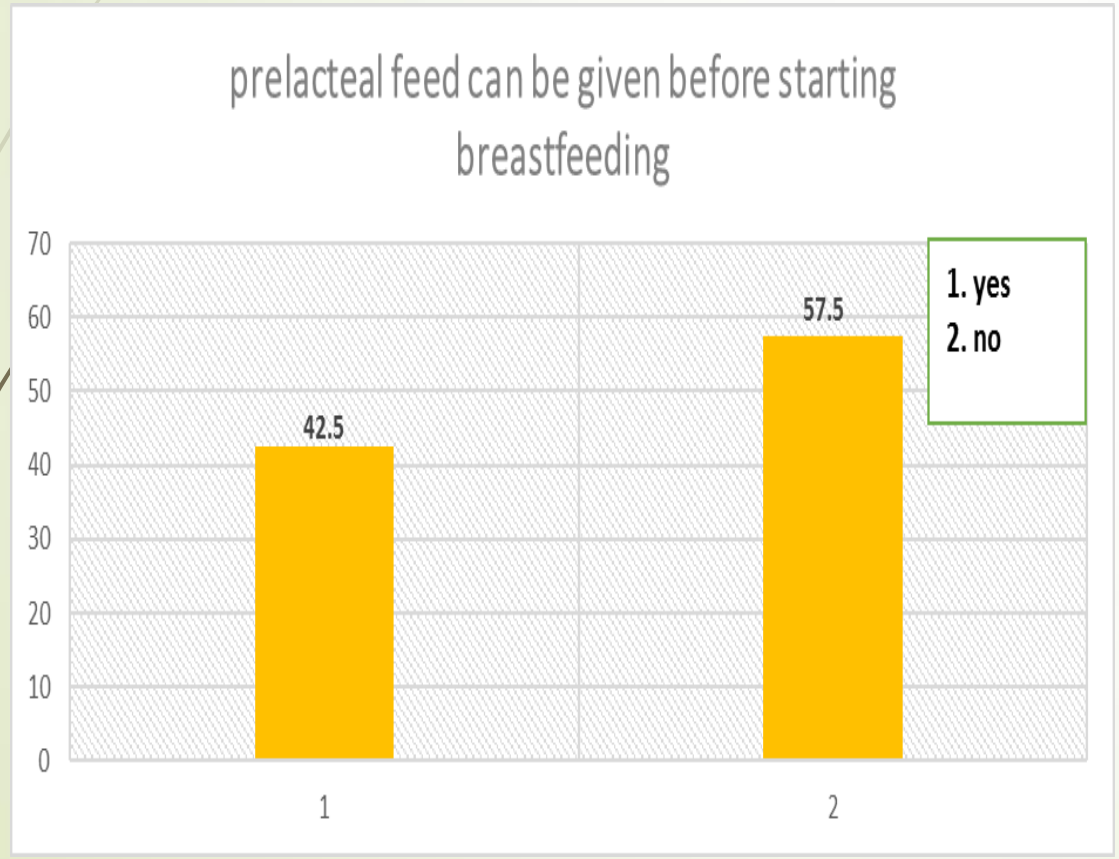
- **4.5: water should be given in between breastfeeds**
- Figure5: percent distribution of response of ASHAs who know whether water should be given or not in between breastfeeds.



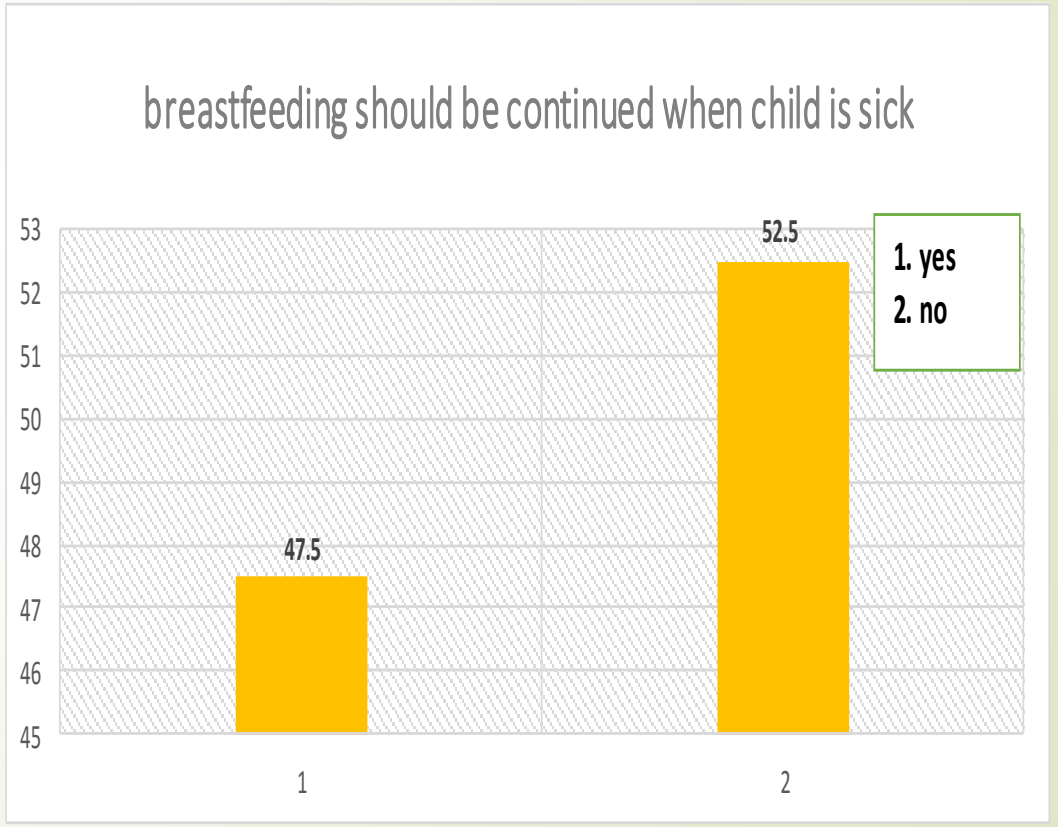
- **4.6: breastfeeding reduces episodes of diarrhoea and pneumonia.**
- Figure 6: percent distribution of response of ASHAs who knew breastfeeding reduces episodes of diarrhoea and pneumonia



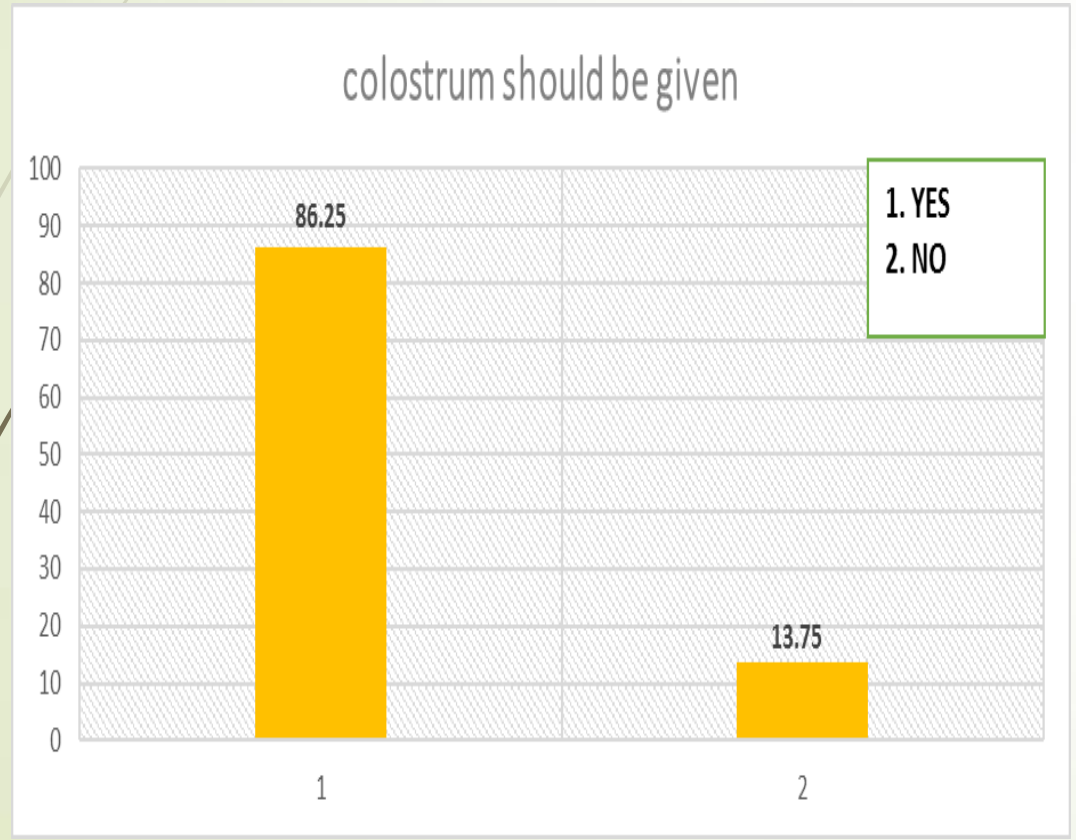
- **4.7: Pre lacteal feeds should be given to baby before initiating breastfeeding**.
- Figure 7: percent distribution of response of ASHAs who knew whether pre lacteal feed should be given before initiation of breastfeeding



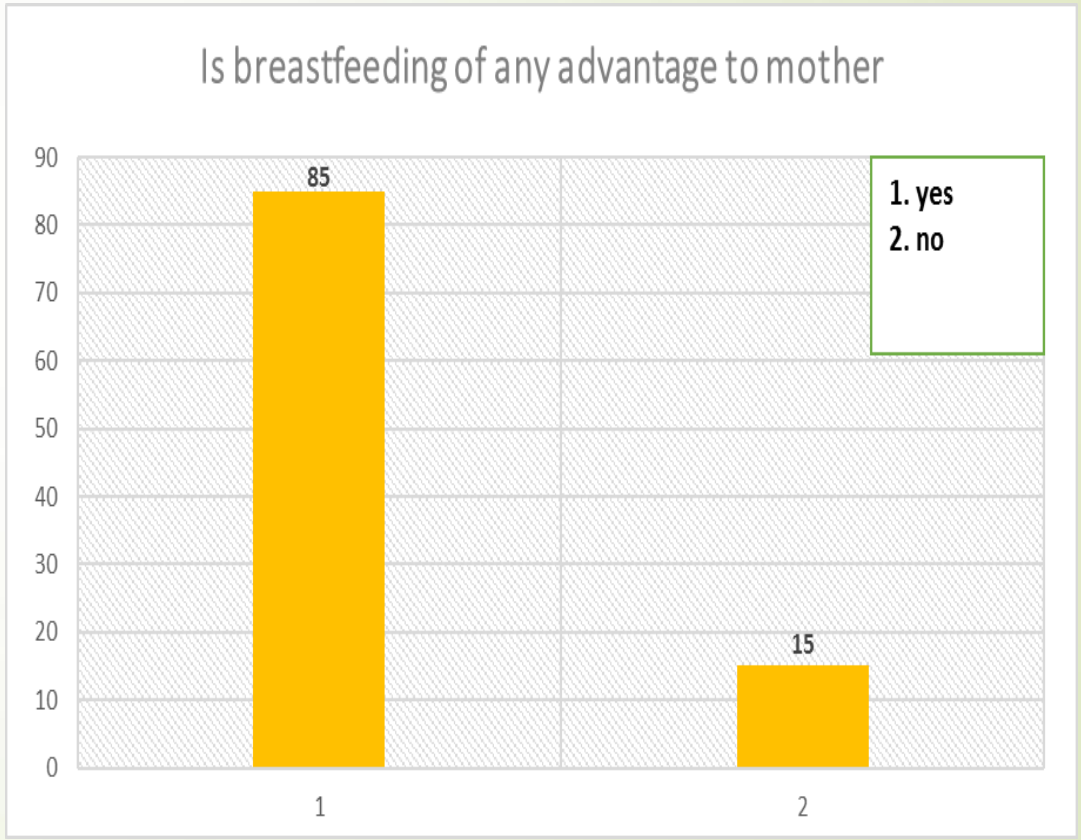
- **4.8: breastfeeding should be continued when child is sick**.
- Figure 8: percent distribution of response of ASHAs who knew breastfeeding should be done when child is sick



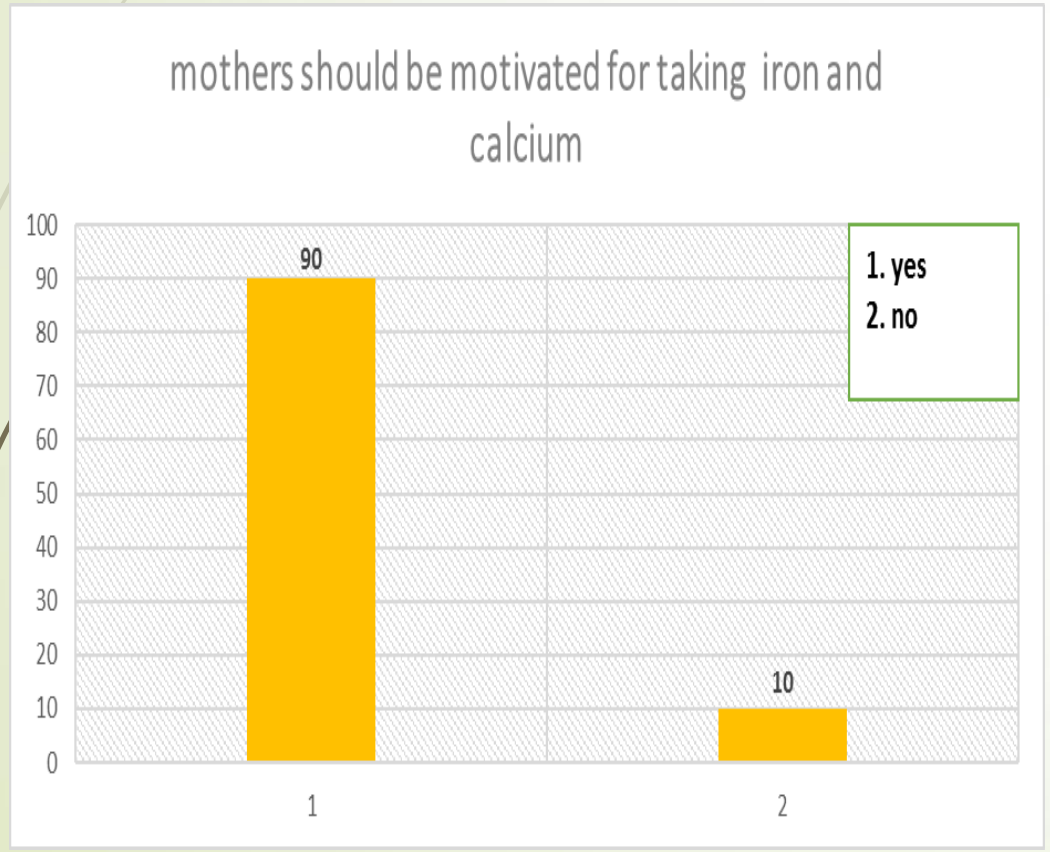
- **4.9: Colostrum should be given to baby**
- Figure 9: percent distribution of response of ASHAs who knew whether colostrum should be given or not.



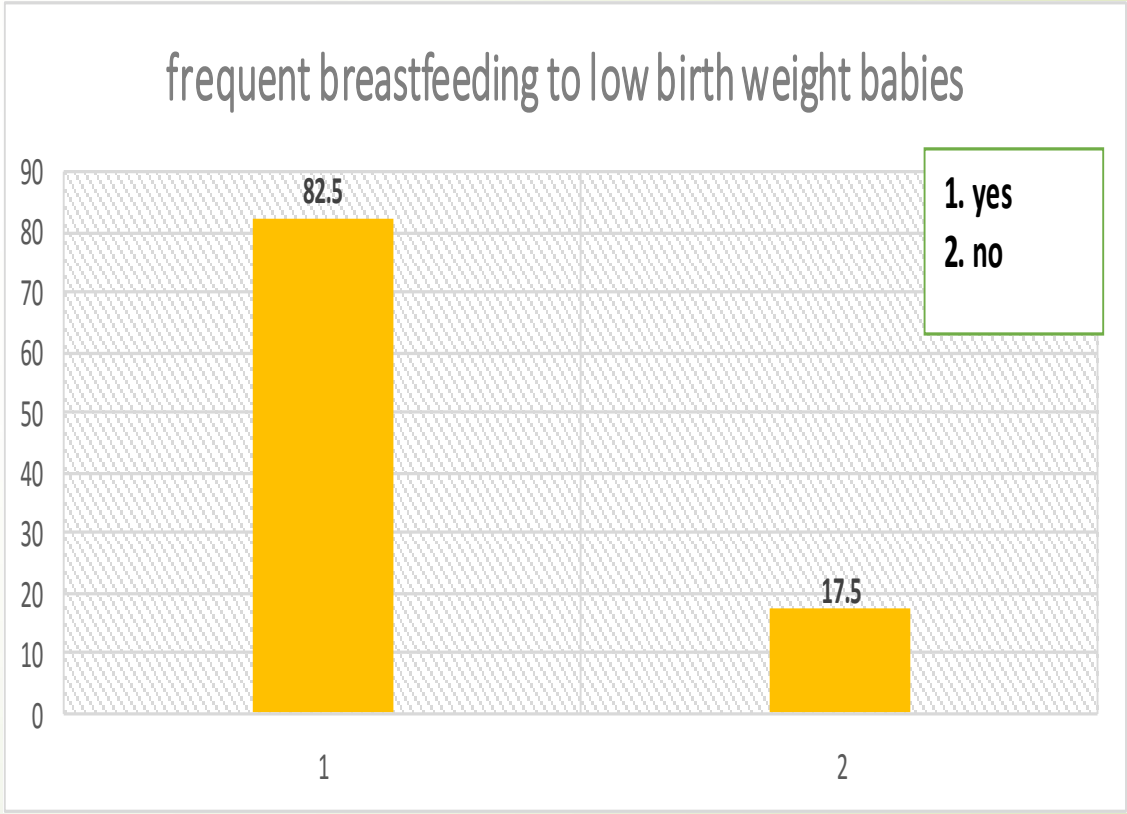
- **4.10: breastfeeding is of advantage to the mother as well**
- Figure 10: percent distribution of response of ASHAs who said breastfeeding is of advantage to mother as well.



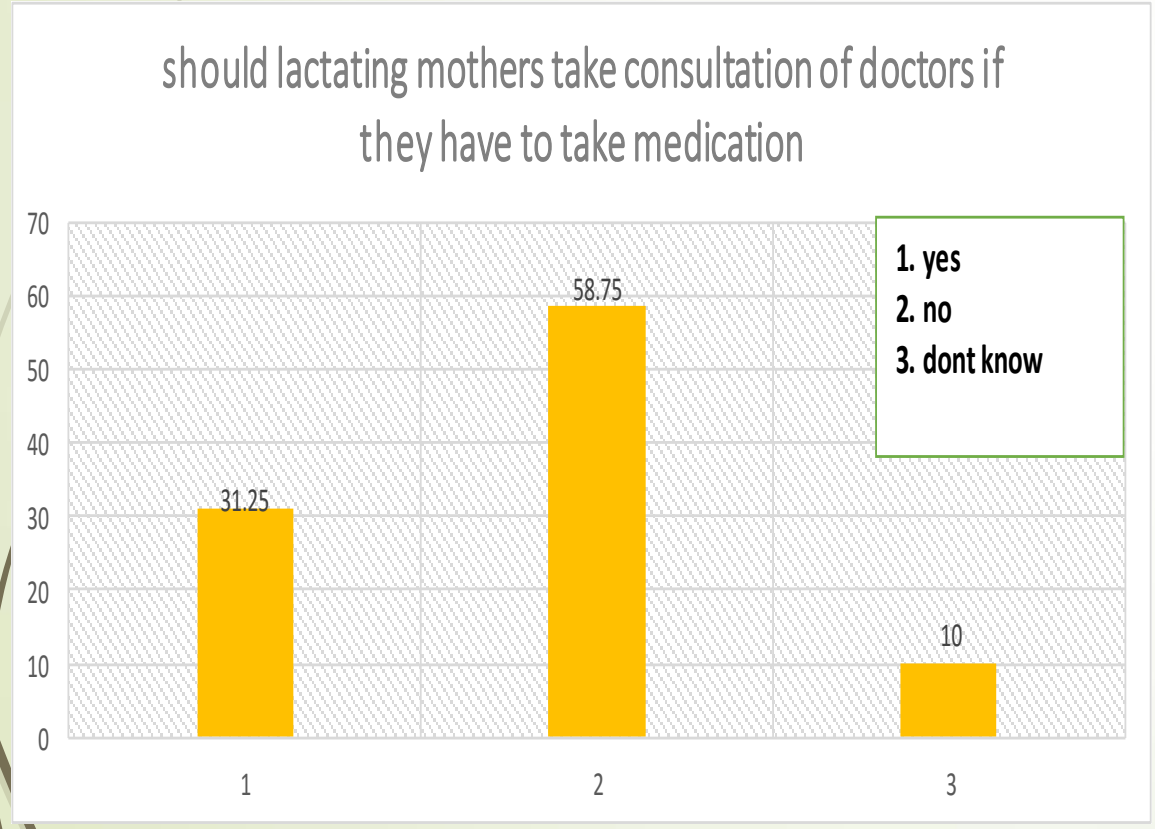
- **4.11: should you motivate the lactating mothers to take iron and calcium tablets**
- Figure 11: percentage distribution of response of ASHAs based on response, do they motivate lactating mothers to take iron and calcium tablets



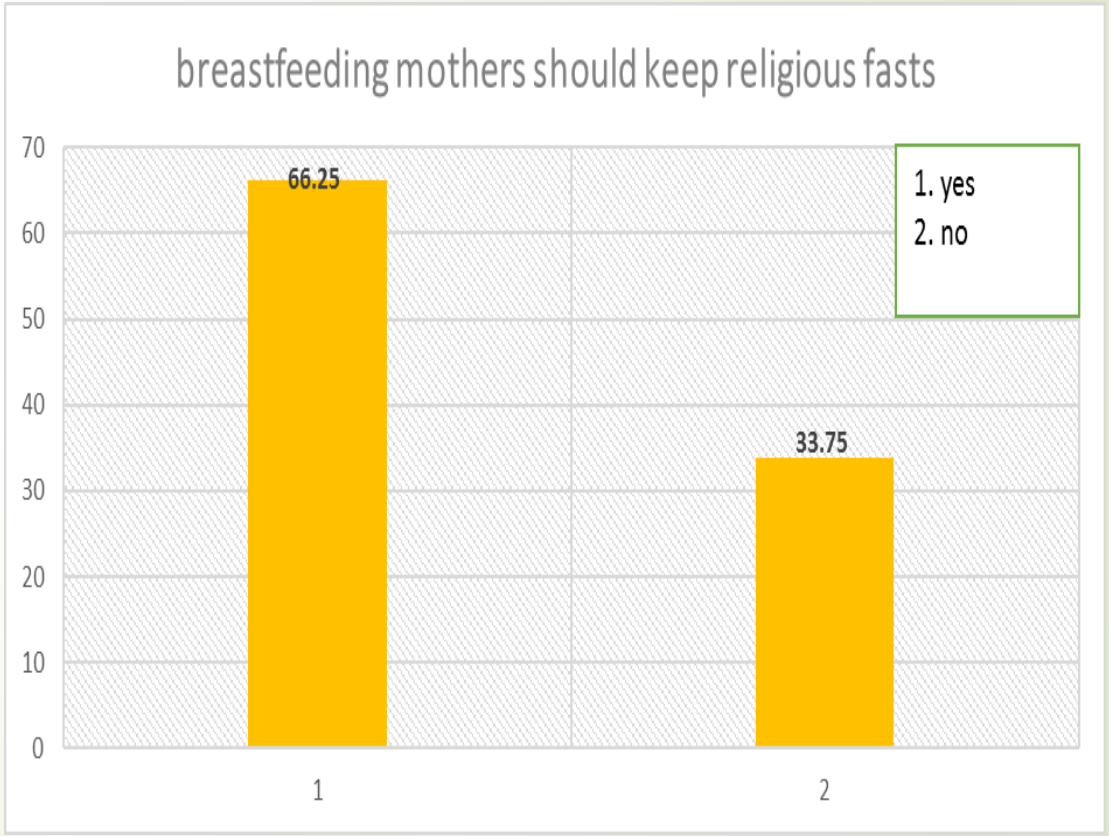
- **4.12: low birth weight babies should be breastfed more frequently**
- Figure 12: percent distribution of response of ASHAs those said LBW babies should be frequently breastfed.



- **4.13: lactating mothers should take consultation from the doctors before taking medicines as they get secreted in milk**
- Figure 13: percent distribution of response of ASHAs on taking consultation with doctor for taking medication.

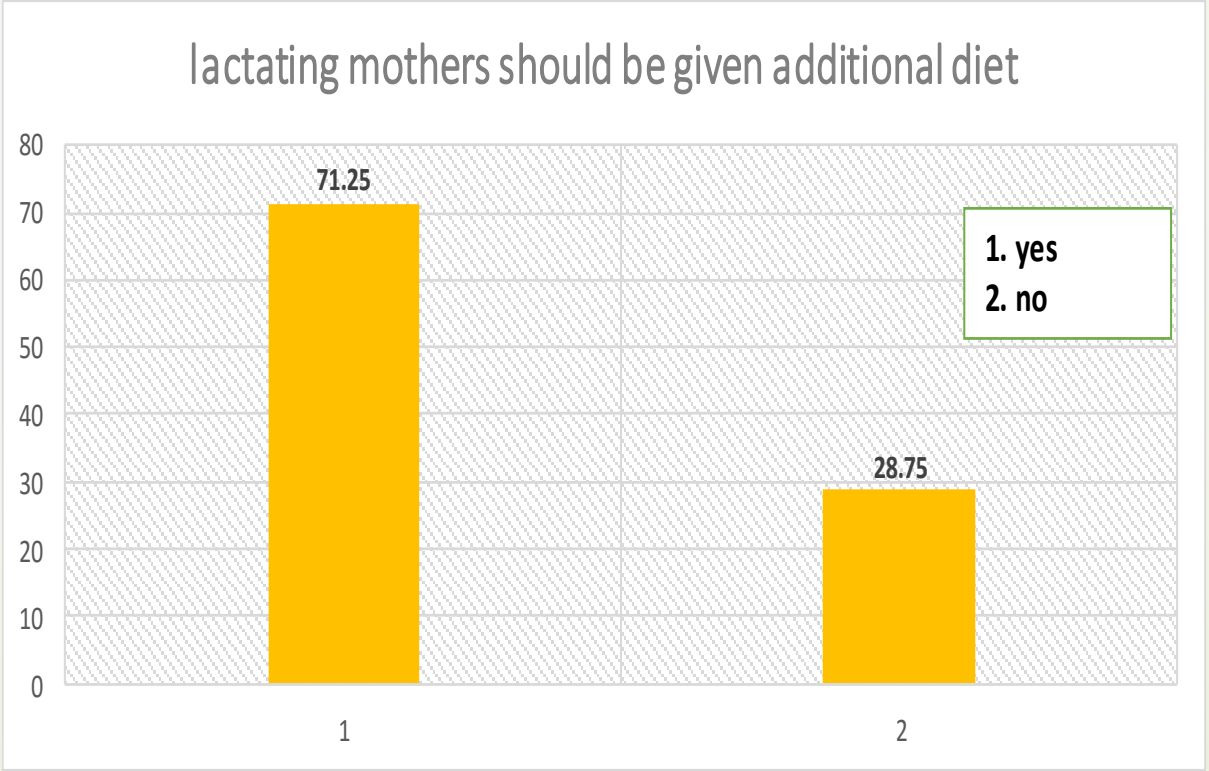


- **4.14: lactating mothers should keep religious fasts**
- Figure 14: percent distribution of response of ASHAs those who said lactating mothers should keep religious fast.



- **4.15: lactating mother should be given additional diet as compared to other family member**

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



CONCLUSION

As per our findings ASHAs have good knowledge about exclusive breastfeeding, complementary feeding, importance of colostrum and frequency of breastfeeding in low birth weight babies and advantage of breastfeeding to mothers whereas 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

- **RESULTS**

- 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.

THANK YOU