

**To Analyze the level of IYCF Knowledge, Attitude and Practice
Survey in 7 Rural Blocks of Rajkot District, Gujarat**

**Internship Training
at
Integrated Child Development Services (ICDS) Government of
Gujarat (3rd February, 2014 – 30th April, 2014)**

**By
Rohan Gheewala**

**Under the guidance of
Dr. P.R. Sodani**

**Post Graduate Diploma in Hospital & Health Management
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Institute of Health Management Research
Jaipur
2014

**INSTITUTE OF HEALTH
MANAGEMENT RESEARCH**

1, Prabhu Dayal Marg

Sanganer Airport, JAIPUR - 302 011, INDIA

Tel. : 3924700, 2791431-32

Fax : 91-141-3924738

E-mail : iihmr@iihmr.org

URL : <http://www.iihmr.org>

Gram : HEALTHINST

TO WHOMSOEVER MAY CONCERN

This is to certify that Dr. Rohan Gheewala , student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone dissertation training at Integrated Child Development Services, Gujarat from 3rd February to 30th April 2014.

The candidate has successfully carried out the study designated to him "Assessment of the level of Knowledge, Attitude and Practices of Infant and Young Child Feeding Practices in Rajkot District, Gujarat" during dissertation training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirement.

I wish him all the success in all his future endeavors.



Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur



Dr. Prahlad R. Sodani
Professor, Dean(Training)
Guide,
IIHMR, Jaipur

DISTRICT PANCHAYAT
I.C.D.S. BRANCH,
RACE COURSE , RAJKOT
Phone no : 0281 2447775



નાં.આઈ.સી.ડી.એસ/એકા /૧૩૧/૨૨૦/૧૪
જિલ્લા પંચાયત કચેરી,
આઈ.સી.ડી.એસ. શાખા- રાજકોટ.
ફોન નં. ૦૨૮૧- ૨૪૪૭૭૭૫
તારીખ: ૧૦/૬/૨૦૧૪

This Certificate is awarded to

Dr. Rohan Gheewala

in recognition of having successfully completed his

internship at

ICDS Gujarat

and he has successfully completed his designated project
on

Assessment of level of IYCF (Infant and Young Child
Feeding) Knowledge Attitude and Practice survey in Rajkot
District, Gujarat.

He comes across as a Committed, Sincere & Hardworking
person who has a strong drive & zeal for learning.

We wish him all the best for future endeavours.

PR. Chauhan
Smt. Prafullaben Chauhan,

**INSTITUTE OF HEALTH
MANAGEMENT RESEARCH**

1, Prabhu Dayal Marg

Sanganer Airport, JAIPUR - 302 011, INDIA

Tel. : 3924700, 2791431-32

Fax : 91-141-3924738

E-mail : iihmr@iihmr.org

URL : <http://www.iihmr.org>

Gram : HEALTHINST

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled 'Knowledge, Attitude and Practices of Infant and young child feeding practices in Rajkot district, Gujarat' and submitted by Dr.

Rohan Gheewala. Enrolment No. IIHMR/PGDHM/2012-14/17-1365. Under the supervision of Dr. Prahlad R. Sodani for award of Postgraduate Diploma in Health and Hospital Management of the Institute carried out during the period from 3rd February 2014 to 30th April 2014 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.



Signature

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ACRONYMS and BREVATIONS

AWC	Aanganwadi Center
AWW	Aanganwadi Worker
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude and Practice
PO	Programme Officer
CDPO	Child Development Project Officer

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Dated:

Dr. Rohan Gheewala

Dissertation Report

Introduction

Infant and young child nutrition has engaged the attention of nutritionists and scientists and planners since long for the very simple reason that the growth rate in the life of human beings is maximum in the first year of life and infant feeding practices compromising of both the breastfeeding as well as complementary feeding have major role in determining the nutritional status of the child. The link between malnutrition and infant feeding is very well established.

Recent scientific evidence reveals that malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children under five years age. Over 2/3rd of these deaths are often associated with inappropriate feeding practices and occur during the first year of life. Only 35% of infants world-wide are exclusively breastfed during the first four 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.

Poor feeding practices are, therefore, a major threat to social and economic development as they are among the most serious obstacles to attaining and maintaining health of this important age group.

Optimal IYCF practices- especially early initiation and exclusive breastfeeding for the first six months of life- help ensure young children the best possible start to life. Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child. It provides development and learning opportunities to the infant, stimulating all five sense of the child. Breastfeeding also fosters emotional security and affection, with a lifelong impact on psychosocial development. Special fatty acids in breast milk lead to increased IQ and better visual acuity. A breastfed baby is likely to have an IQ of around 8 points higher than a non-breastfed baby.

Breastfeeding is not only important for young child survival,, health, nutrition, development of the baby's trust and sense of security- but it also enhances brain development and learning readiness as well.

The proper practice of breastfeeding suffered a huge setback because of aggressive media campaign of the MNCs producing baby milk powder and infant formula foods.

According to a UNICEF report on assessment of IYCF practices in India, India has a stunting prevalence rate of 48% among children under 5 years of age; while 43% and 20% are underweight and wasted, respectively. Recent reports on IYCF status indicate that the rate of early initiation of breastfeeding is currently at 41%, exclusive breastfeeding (< 6 months) at 46% and continued breastfeeding (20 - 23 months) at 77%. About 57% of children 6 to 9 months are breastfed with complementary food; the nutritional quality of complementary foods from most developing countries is usually poor or inadequate.

State Profile



Gujarat state, located in the western part of India, has an area of 196, 022 sq. km, representing about 6.19 percent of the total area of the country. The state has a population of 6.03 crore (2011 Census), which is nearly 5 percent of the total population of the country. About 43% of the State's population resides in urban areas, compared to the India average of 28 percent. The population density of the state is 258 as compared to the national average of 324. About 24 percent (1997-98) of Gujarat's population is estimated to be BPL, while 7 percent and 15 percent (2001) are classified as SC and ST respectively. Socio-economic indicators are, in general somewhat better than the India average: 70 percent and 59 percent

of its total and female population respectively are literate, the corresponding figures for India being 65.percent and 54.percent respectively. The state has a relatively large (40% of its population) work force.

The state of Gujarat is characterized by sea-coastal, tribal, desert and geographically hostile terrain having sparse and scattered population at the periphery. Communities living in the remote and disadvantaged areas especially BPL population, tribal and women, are generally unable to access reliable and cost effective health care services. The state has 12 districts having population of 89, 96,744 accommodate 70 percent of tribal population (Census 2001). Approximately 18% (89, 96,744) of the total population of the state is living in these Tribal districts. The coastline of the state is about 1600 Kms. About 4487752 persons live in 36 coastal talukas.

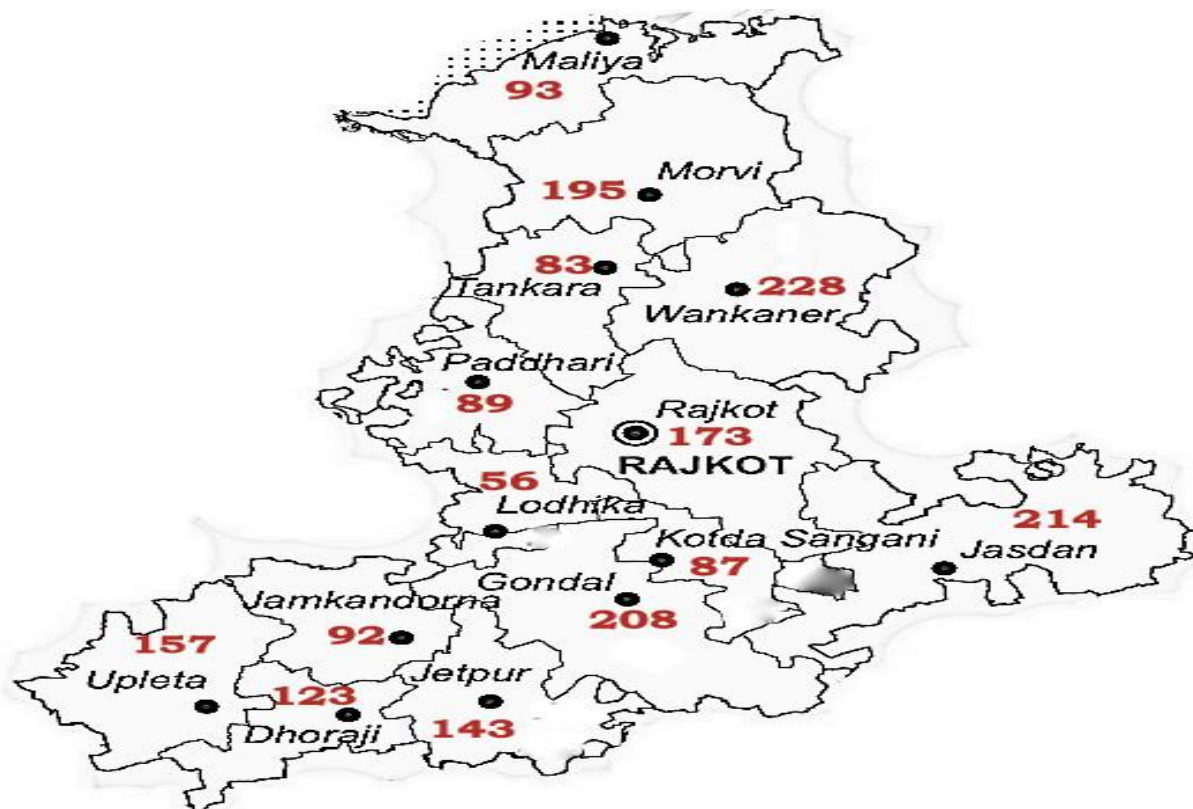
Administratively, the state has been divided into 26 districts, sub-divided into 225 Blocks, having 18,618 villages and 242 towns. It has a large three-tier health infrastructure comprising 24 district hospitals, 273 Community Health Centre (CHCs), 1158 Primary Health Centre (PHCs) and 7274 Sub-Centres (SCs). As per RHS 2006, 907 doctors at PHC's, 84 specialists at CHCs, 616 male and 862 female health (LHV) assistants are positioned in these facilities in addition to 2773 male and 6508 female health workers at sub-centres.

The word **Anganwadi** means "courtyard shelter" in Hindi. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical *Anganwadi centre* also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may also be used as depots for oral rehydration salts, basic medicines and contraceptives. As many as 13.3 lakh Anganwadi and mini-Anganwadi Centres (AWCs/ mini-AWCs) are operational out of 13.7 lakh sanctioned AWCs/ mini-AWCs, as on 31.01.2013. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services of which later three services are provided in convergence with public health systems.

Background of Rajkot

About the Study Area

Rajkot district is one of the 26 districts of the Indian state of Gujarat. Rajkot city is the administrative headquarters of the district. It is the third-most advanced district in Gujarat. This district is surrounded by Morbi district in North, Surendranagar and Botad districts in East, Amreli and Junagadh districts in south and Porbandar and Jamnagar district in West. The district occupies an area of 11,203 km². Rajkot District has 14 Talukas, 847 Villages. In Rajkot District 1940 Anganwadi + 5 Mini Anganwadi have been Sanctioned. Each Anganwadi Centre (AWC) covers a population of 1000 people. Also, the Rajkot City Area has 330 Anganwadi Centers. So Rajkot District consists of 2,270 AWCs in all.



Literature Review - Infant and young child nutrition has engaged the attention of nutritionists and scientists and planners since long for the very simple reason that the growth rate in the life of human beings is maximum in the first year of life and infant feeding practices compromising of both the breastfeeding as well as complementary feeding have major role in determining the nutritional status of the child. The link between malnutrition and infant feeding is very well established. Recent scientific evidence reveals that malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children under five years age. [1][3]

Over 2/3rd of these deaths is often associated with inappropriate feeding practices and occur during the first year of life. Only 35% of infants world-wide are exclusively breastfed during the first four 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. Poor feeding practices are, therefore, a major threat to social and economic development as they are among the most serious obstacles to attaining and maintaining health of this important age group. [2]

Optimal IYCF practices- especially early initiation and exclusive breastfeeding for the first six months of life- help ensure young children the best possible start to life. Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child. It provides development and learning opportunities to the infant, stimulating all five sense of the child. Breastfeeding also fosters emotional security and affection, with a lifelong impact on psychosocial development. Special fatty acids in breast milk lead to increased IQ and better visual acuity. A breastfed baby is likely to have an IQ of around 8 points higher than a non-breastfed baby. [4][5]

Rationale of the study –

According to current infant and young child feeding (IYCF) recommendations, infants should be exclusively breastfed for the first 6 months of life, and thereafter should receive appropriate complementary feeding with continued breastfeeding up to 2 years of age or beyond.

Despite the recommendation that babies should be exclusively breastfed for the first 6 months, according to National Family Health Survey (NFHS) 3 Report, in India, only 69% of children under 2 months of age are exclusively breastfed against the 10th Plan target of 80%. Exclusive breastfeeding drops to 51% at 2–3 months of age and 28% at 4–5 months of age.

The declining rate of exclusive breastfeeding with age could be attributed to supplementation with plain water in early months and milk other than breast milk in later months. Studies from different parts of the country shown that the practice of early introduction of top feeds in the form of dilute animal milk is widely prevalent. Animal milk used for “top feeding” is usually modified at home as per traditional wisdom and earlier recommendations from healthcare providers.

Breastfeeding is not only important for young child survival,, health, nutrition, development of the baby’s trust and sense of security- but it also enhances brain development and learning readiness as well.

The proper practice of breastfeeding suffered a huge setback because of aggressive media campaign of the MNCs producing baby milk powder and infant formula foods.

Research Question - What is the level of knowledge, practise and attitude of the mothers of children of 0-23 months about infant and young child feeding practices?

OBJECTIVES

General objective

The main objective of this survey was to determine knowledge, attitude, and practice of infant and young child feeding practices of population of Rajkot District of Gujarat State so as to establish a bench mark for the program implementation.

Specific Objectives

- To obtain quantitative data on infant and young child feeding practices using the WHO IYCF indicators.
- To assess the consumption of the different types of food for children aged from 6-23 months within the 24 hours prior to the survey, and hence estimate the food diversity within the last 24 hours.
- To assess the factors related to IYCF practices.
- To make recommendations based on findings.

Methodology

Study area

The survey was conducted in selected villages in 7 blocks of Rajkot District

Study period

The study was conducted from February 3rd - April 30th, 2014.

Study design

The survey was a cross sectional study with cluster sampling using 'WHO model for vaccination survey'. Villages are considered as the smallest geographical unit (clusters). Focus Group discussions (FGD) were conducted in every selected village with pregnant and lactating women and mothers who had children less than two years of age i.e. 23 months.

Study population

Mothers of children under two years of age: To estimate the infant and young child feeding practice relevant information was gathered from mothers of children who are under two years of age in all selected villages.

Sampling procedures

Total blocks in Rajkot District are 16, out of which 14 are rural blocks. The 7 blocks selected for the study have been selected randomly, using lottery method. In the 7 blocks there have been 983 anganwadis. Anganwadis are the basic units which have been used in the study. A list of children who have been delivered in past two years i.e. children of age group 0-23 months has been obtained from the Anganwadi workers. A sample of 210 children has been taken considering the non response rate of 18 percent using the EPI method of sampling which is 'WHO model for vaccination survey'.

Sample Size

The sample size was estimated at 180 children (mothers) but rounded up to 210 which included a 15% non- response rate. This can be further broken down as 30 clusters of 7 children each (WHO model used for Vaccination Surveys).

Data collection

The survey collected information regarding IYCF knowledge, attitude and practice (KAP) of mother of children less than two year of age.

Survey Tool

A scheduled questionnaire has been used to collect the data. Age of children was assessed using the birth registration system in sync with the local community. The data collection formats were adapted from WHO 2010 guideline for the assessment of infant and young child feeding. All the survey tools were translated to the local language, pretested and improved to strengthen the data collection.

Operational Definitions

Exclusive Breastfeeding:

Exclusive breastfeeding (EBF) is internationally recognized as the best nurture for infants during the first six months of life according to the WHO and EU recommendations.

Benefits: Breastfeeding eases digestions and provides all the nutrients, micronutrients, water, antibodies, hormones and antioxidants needed by babies. It also protects babies from diarrhea and acute respiratory infections, stimulates their immune systems and response to vaccination. Finally, according to some studies it confers cognitive benefits as well (1, 2, 3). Breastfeeding has also benefits for mothers since it protects against breast cancer (4), decreases the risks of hip fractures and contributes to the increase of birth spacing.

Breast-milk:

Complementary Feeding: As breastfeeding continues after six months, it is the time to introduce complementary foods, i.e. foods that are readily consumer and digested by the young child and that provide additional nutrition to meet all the growing child's needs. Although exclusive breastfeeding provides the best start, after six months, and as long as breastfeeding continues, the child needs more vitamins, minerals, and proteins and carbohydrates than are generally available from breast milk alone. Any non- breast milk foods or nutritive liquids that are given to young children during this period are defined as complementary food, and complementary feeding is the process of introducing these foods.

Infant Formula Foods:

Infant formula is a manufactured food designed and marketed for feeding to babies and infants under 12 months of age, usually prepared for bottle-feeding or cup-feeding from powder (mixed with water) or liquid (with or without additional water). The U.S. Federal Food, Drug, and Cosmetic Act (FFDCA) defines infant formula as "a food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk".

Manufacturers state that the composition of infant formula is designed to be roughly based on a human mother's milk at approximately one to three months postpartum; however, there are significant differences in the nutrient content of these products. The most commonly used infant formulas contain purified cow's milk whey and casein as a protein source, a blend of vegetable oils as a fat source, lactose as a carbohydrate source, a vitamin-mineral mix, and other ingredients depending on the manufacturer. In addition, there are infant formulas using soybean as a protein source in place of cow's milk and formulas using protein hydrolysed into its component amino acids for infants who are allergic to other proteins. An upswing in breastfeeding in many countries has been accompanied by a deferment in the average age of introduction of baby foods (including cow's milk), resulting in both increased breastfeeding and increased use of infant formula between the ages of 3- and 12-months.

Organization of the Survey

Meeting with PO, CDPOs, and supervisors-

The above mentioned authorities were briefed about the purpose, background, objectives and methods of the study. They were taken into confidence for the same. The CDPOs and supervisors were requested to officially inform the AWWs in the communities where the study took place.

Data Collection

The AWWs were provided with questionnaire in local language under my guidance and were trained to ask the required questions in the community.

Data Quality

Each filled Questionnaire copy was personally checked and verified before data entry.

Ethical considerations

The study objective being on a sensitive subject, all stakeholders were informed of the ethical considerations which could be faced by the data collectors. Verbal consent was sought from mothers of the children and household heads for voluntary participation in the survey. The identity of the participants was kept anonymous. Those who did not wish to participate in the survey were respected for their decisions. All the information collected was treated as strictly confidential.

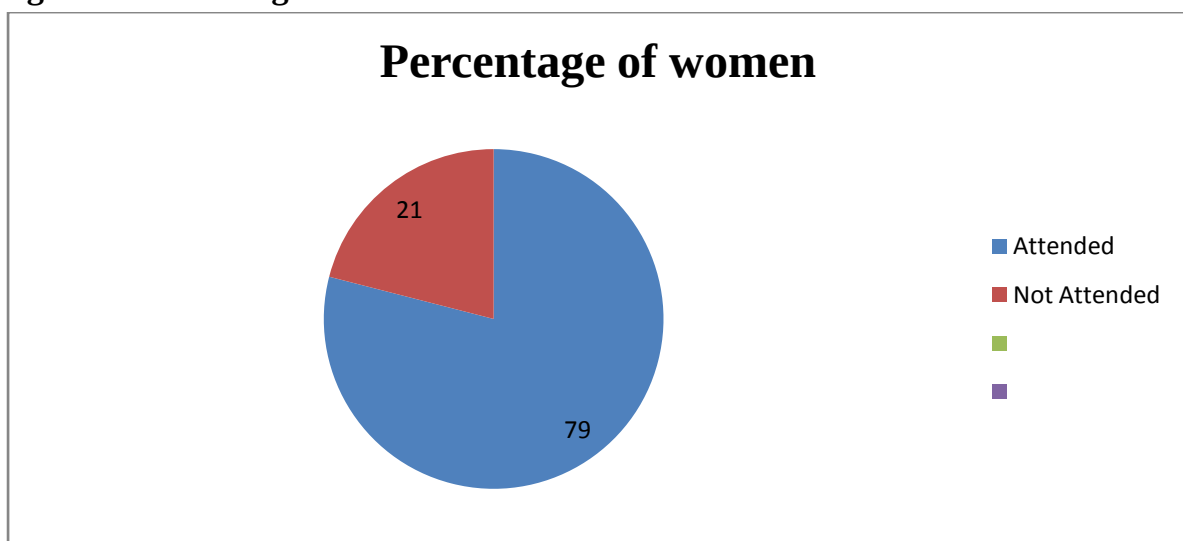
Results and Discussion

In this section of the report, we compile some results on the basis of the analysed data and have a discussion regarding the same. The IYCF practices in the surveyed community when compared with the national average and regional average is relatively poor with regards to breast feeding and better with regards to complimentary feeding practices.

The following are the findings of the study:

- 1) Number of women who have attended school i.e. had formal education.

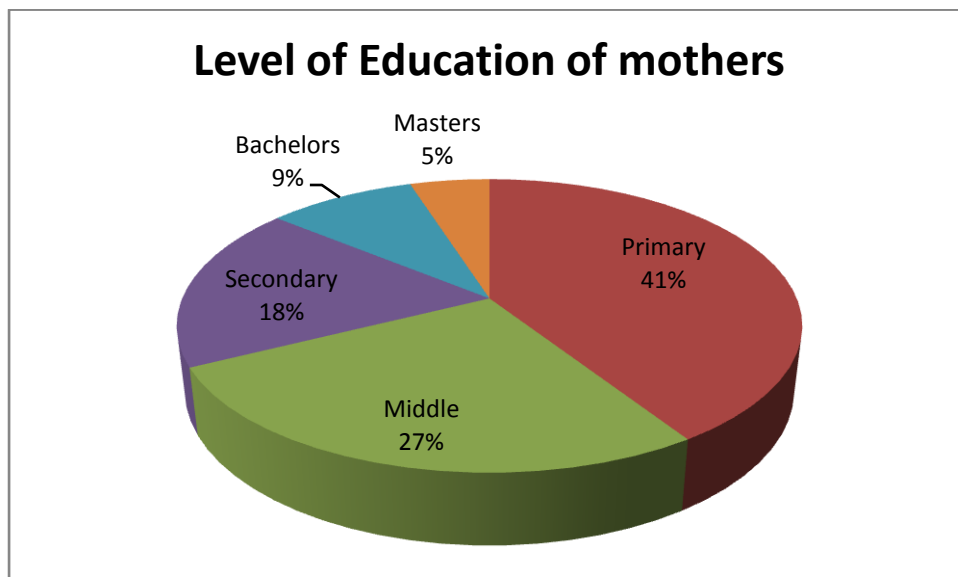
Figure 1: Percentage of women who have attended school



Around 79% of the mothers had attended school, while 82% of the mothers were able to read and write a simple sentence. The extra 3% of mothers able to read or write a simple sentence can be attributed to some of the mothers having had non-formal education, from spouse, neighbours, etc.

2) Level of education of mothers

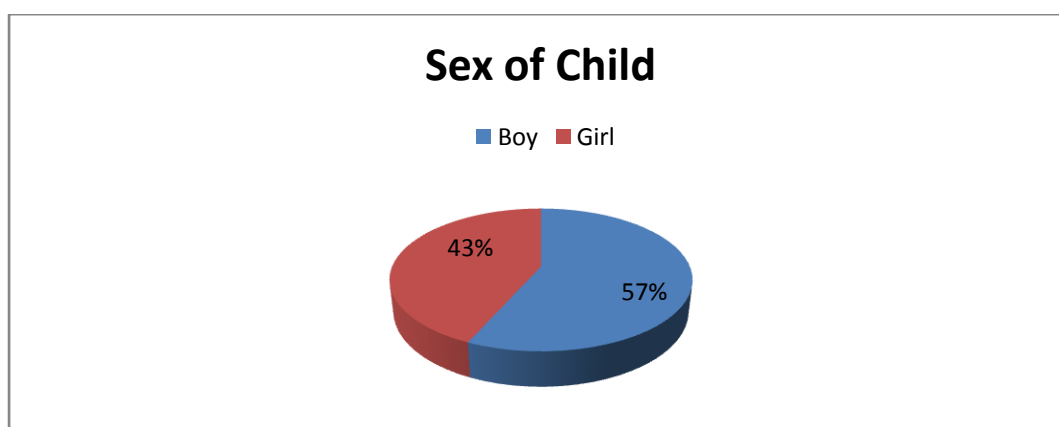
Figure 2: Percentage of sample women population of 7 blocks of Rajkot by level of education



Around 86% of the mothers had upto secondary level of education, out of which 41 % completed primary, 27% middle school, and 18% completed secondary level of education.

3) Sex of the children

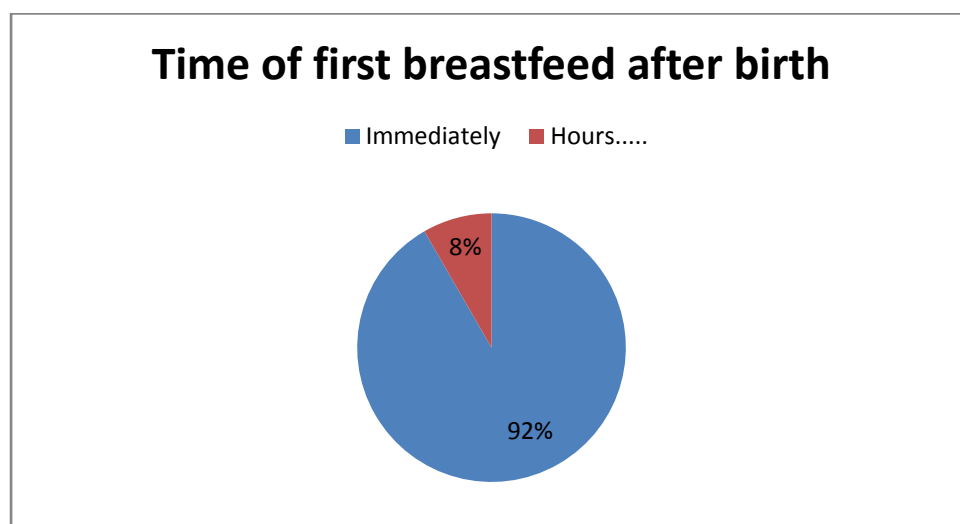
Figure 3: Percentage of children covered under study by their sex



According to the gender demography, 57% of the children were males compared to 43% who were girls.

4) Time of first breastfeeding after birth

Figure 4: Percentage of women under study by the time of first breastfeeding after birth



92% of the mothers immediately breastfed their children after birth i.e. within first 2 hours...

Information communities obtained about child feeding originated from the same sources and showed a similar trend of utilization. Health facility and home visit by the Anganwadi workers are the most common places where mothers get information about child feeding. However, community sensitization event is not common in the study area to pass information about child feeding.

Recommendations

Infant and Young Child Feeding (IYCF)

Most infant and young child feeding practices and hygiene practices are below the national average (early initiation of breast feeding, dietary diversity, minimum accessible diet, bottle feeding, timely initiation of complementary feeding and hand washing practices), hence behavioural change communication(BCC) should be designed to advocate and address the following issues in the study community:

- Early initiation of breast feeding, initiation of breast feeding within one hours of giving birth
- Continuation of breast feeding up to the age of two years
- Diversifying dietary diet.
- Consumption of iron rich foods, vitamin A rich foods and animal proteins to address the myths about child feeding.
- Hand washing during five points (before cooking food, before feeding children, before eating food, after going to toilet and after cleaning child's bottom).

Conclusion

The results suggest that the prevalence of exclusive (and predominant) breastfeeding was low. The results do not reveal differences between exclusively and non-exclusively breastfeed children. Even if the actual prevalence of exclusive and predominant breastfeeding in the population might be higher than this results indicates, it is likely that the under nutrition, disease and child mortality seen in the camps are at least partly explained by lack of exclusive breastfeeding and premature introduction of complimentary foods. The women and children are facing several nutritional and health challenges. This study shows that relatively many children were malnourished in some way, either stunted, wasted and/or underweight.

Knowing how effectively appropriate breastfeeding practice and especially exclusive breastfeeding during 6 first months of life improves the child's health and survival, there are without doubt much to gain in improving breastfeeding practices among the women.

At the same time, it is important to encourage to the continuation of the positive breastfeeding practices, especially the early initiation of breastfeeding, breastfeeding on demand and carrying the child to the breast most of the time.

It is unlikely that the mothers would willingly expose their children the dangers of non-exclusive breastfeeding. Whether these practices are due to lack of knowledge, inaccurate assumptions or simply resilient cultural customs and are yet to be determined, and calls for further research.

The next step now must be to identify the causes why some of the breastfeeding practices are so far from the recommendations. Then first, will it be possible pinpoint specific measures in order to improve the breastfeeding practices

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Annexure

Annex 1: The main IYCF indicators collected and the source of data.

S/N	Description	Definition	Sampling universe	Source of information (Respondent)
1	Early initiation of breastfeeding	Proportion of children born in the last 24 months who were put to the breast within one hour of birth	Children aged 0-23 months who are alive at the time of the study	Child's mother/caretaker
2	Children ever breastfed	Proportion of children born in the last 24 months who were ever breastfed		
3	Exclusive	Proportion of	Children aged 0-	Child's mother

	breastfeeding during the first 6 months	infants aged 0-5 months who are exclusively breastfed	23 months who are alive at the time of the study	
4	Continued breastfeeding at one year of age	Proportion of children aged 12 – 15 months who are breastfed		
5	Timely introduction of solid, semisolid or soft foods	Proportion of infants aged 6 – 8 months who receive solid, semi-solid or soft foods		
6	Minimum dietary diversity score	Proportion of children aged 6 – 23 months who receive foods from four or more food groups		
7	Minimum meal frequency	Proportion of breastfed and non-breastfed children aged 6 – 23 months who receive solid, semi-solid, or soft foods in accordance to the minimum number of prescribed times or more		
8	Minimum acceptable diet	Proportion of children aged 6 – 23 months who receive a minimum acceptable diet (apart from breast milk)		

QUESTIONNAIRE

Assessing the Knowledge Attitude Practices of Infant and young child feeding practices of Children 0-23 months

Serial Number _____ Result _____ (1=complete; 2= partially complete; 3=refused to take the survey)

Date of Interview ____/____/____ Household Number ____ ____ Child Number ____
____ DD MM YY

This questionnaire is designed for all children in the household who are less than 24 months of age – that is, the child has not yet reached his/her 2nd birthday. This includes other children from the same mother as well as children from other caregivers in the same household. Once you have completed the survey for one child, use a separate form for each and every other child less than 24 months of age who lives in the same household. You should complete a FULL questionnaire for EACH child less than 2 years of age.

Interview Schedule

(For Beneficiaries)

Informed Consent: We would like to thank you for taking the time to meet us. We would like to talk to you about your knowledge regarding IYCF practices. The interview should take about 15 minutes. The responses will be kept confidential. This means that the interview responses will be shared only with the research team and we will ensure that any information that we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Instruction for filling the Questionnaire

1. Please fill in the following questionnaire on the basis of your knowledge.
2. The Questionnaire contains different type of questions viz.:
 - (a) Some questions require specific information.
 - (b) Some questions are of Yes/No category, where only one option can be selected
 - o Yes
 - o **No**
3. Extra space provided for answering subjective questions.

Do you have any questions about what I just explained? Y / N

Are you willing to participate in the interview? Y / N

Interviewee Signature _____

Section 1: Background of the mother

1.	Are you able to read or write a simple sentence?	Yes.....1 No.....2
2.	Did you attend school?	Yes.....Go to next Question No.....Skip next Q
3.	What is your level of education?	1. primary 2. middle 3. 12th 4. bachelor 5. Masters

Section 2 : Background of the child

Are there any children in the household who have not had their 2nd birthday? If YES, identify the mother and continue:

What is your youngest child's name? _____

Please get his/her Mamta card.

If there is more than 1 child under 2 years of age in the household, identify each child's mother and arrange to interview her once the first interview is completed. After you have completed the questionnaire for the first child, repeat the entire interview for the 2nd child, substituting the correct NAME for this child.

4.	Date of birth of child (Taken from the Birth Certificate/ Mamta Card)	____/____/____ DD MM YY	
5.	How many years and months old was on his/her last birthday?	a. _____ age in completed years at last birthday YEARS b. ____ additional completed months beyond last completed year MONTHS	
6.	Sex of child	1 2	Boy Girl

Section 3: IYCF practice questions

#	Question			
		Tick in appropriate box.		Codes
7.	Have you ever breastfed.....?	Yes.....	Next Question	1
		No.....	Skip	2
8.	How long after birth did you first breastfeed If respondent reports she put the infant to the breast immediately after birth, circle IMMEDIATELY. If less than 1 hour, write '00' for hours. If 1-24 hours, record number of completed hours from 1 to 23. Otherwise, record number of completed days.	→ Immediately → OR Hours __ __ → OR Days __ __	1 2 3	
9.	Are you still breastfeeding	Yes.....	1	1
		No.....	2	2
10.	Why did you stop breastfeeding	Mother ill/weak.....	01	For all responses skip
		Child ill/weak.....	02	
		Nipple/breast problem.....	03	

			Not enough milk.....04 Mother working.....05 Child refused.....06 Weaning age/age to stop.....07 Became pregnant.....08 Started using contraception.....09 Other.....10 Other (Specify_____	
11.	Up to what age do you intend to breastfeed		Months _____ Don't Know.....98	
12.	How many times did you breastfeed between sunrise yesterday and sunrise today?		Number _____ Don't Know.....98	
Section 4 : Time of Initiation of Breast Feeding				
13.	How long after birth do you think a baby should start breastfeeding?		Immediately.....00 Hours..... Days..... Don't Know.....98	
		Circle numbers not responses		
14.	In the first 3 days after delivery, was..... given anything to drink other than or in		Plain water Sugar water or glucose water Powdered or fresh animal milk Infant formula (Eg. Nestle NAN, Lactogen, etc.)	

	addition to breastmilk? If yes, circle ALL items that are reported. Simply record all liquids mentioned. Do not read the list of possible responses.		Other (specify) _____	
15.	Yesterday during the day or at night did..... consume breastmilk from you, or did anyone give breastmilk using a spoon, cup or bottle?	1 0 8	Yes No Don't know	
16.	Are you aware of the feeding practices of children upto 6 months age?	1 0 8	Yes No Don't know	Explain to the mother.
17.	Do you know, except breast milk, what can be fed to children upto 6 months age?	1 0 8	Yes No Don't know	
18.	Are you aware of the safety of the so-called infant formula foods?	1 0 8	Yes No Don't know	
19.	Did drink anything from a	1 0	Yes No	

	bottle with a nipple yesterday or last night?	8	Don't know	
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Check to see if there is another child less than 24 months of age living in the household by asking: **Is there another child living in this house who is less than 24 months old?** This includes other children from the same mother as well as children from other caregivers in the same household. If so, repeat the entire interview using a separate form.

THANK YOU FOR YOUR CO-OPERATION.