IIHMR UNIVERSITY

Study To Assess Socio-Economic And Demographic factors along with Knowledge, Attitude, and Practices among Mothers of Dungarpur district of Rajasthan related to IYCF Practices

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INTRODUCTION

Optimal feeding methods for infants and young children are essential for their nutritional status, growth, development, health, and ultimately survival. More than 1.7 million children [WHO Factsheet] under the age of five still die each year as a result of inadequate breastfeeding worldwide. Nearly 8% of these deaths can be avoided by timely initiation of supplemental feeding and 6-month breastfeeding exclusivity. Nearly one-fifth of all under-5 mortality might be avoided, according to estimates, if a package of interventions to protect, promote, and support the best IYCF practises is provided to 90% of new-borns. Numerous children continue to be susceptible to permanent effects of stunting, delayed cognitive development, and significantly increased risk of infectious illnesses such diarrhoea and pneumonia.

Regarding infant nutrition and health in India, the practise of giving supplementary meals early or late, as well as how frequently, in what variety, and in what quantity, is a big problem. After reaching the age of six months, a new-born needs more calories, protein, and micronutrients like iron, zinc, and vitamins than what can be obtained through breastmilk alone. Adding these nutrients via the introduction of semi-solid and solid meals, combined with ongoing nursing, constitutes good complementary feeding. If the energy gap filled by breastfeeding after six months is not filled, the child's growth ceases or is slowed, which causes malnutrition. These nutritional deficiencies must be filled by complementary meals in order for the baby's growth and development to proceed as normally as possible and to prevent malnutrition.

LITERATURE REVIEW

- Worldwide, child fatalities accounted for 45% of all deaths, with an estimated 3.1% of those deaths attributed to malnutrition, inadequate breastfeeding, and delayed cognitive growth. According to a survey from the Food and Agriculture Organization, children's nutritional status improves the most between the ages of six months and two years, and it also declines throughout this time. The reduction in nutritional status can be linked to factors such as inadequate information, improper resource usage, a shortage of nutrient-rich foods, and a lack of food and water storage. Food that is kept in the storage area becomes contaminated as a result of this. The staff nurse is the greatest person to encourage moms to breastfeed because she can inspire them and approximately in 58 percent of the cases it was found that staff nurses actually influenced the decision of the mothers. (Report by Union of Myanmar- A KAP study on IYCF practices- 2014).

- In a research by Kumari.V and Sharma. A. (2018) on breastfeeding knowledge, attitude, and behaviours among post-natal moms in the Patna district, it was found that while the majority of the mothers knew the value of colostrum feeding, they were not really doing it. Unwanted cultural customs included pre-lacteal feeding, early or delayed nursing after delivery, discarding colostrum, delaying the introduction of weaning foods, and refraining from exclusive breastfeeding.

Research question

- What are the socio-economic and demographic factors leading to poor breastfeeding and complementary feeding practices in females of Dungarpur district of Rajasthan?
- What is the knowledge, attitude, and practice of breastfeeding and complementary feeding in females of Dungarpur district of Rajasthan?

Research Objectives

- To identify different socio-economic and demographic factors impacting breastfeeding and complementary feeding practices in females of Dungarpur district of Rajasthan.
- To identify the existing practices of breastfeeding and complementary feeding in females of Dungarpur district of Rajasthan.
- To identify the knowledge level and attitude associated with breastfeeding and complementary feeding in females of Dungarpur district of Rajasthan.
- To make recommendations based on the finding to improve the breastfeeding and complementary feeding practices.

Methodology

- **Study Design:** Descriptive Cross-sectional study
- **Exposure variable-** Breastfeeding and complementary feeding.
- **Outcome variable-** Affected or not by different socio-economic and demographic factors and by knowledge, attitude and practice of feeding mothers.
- **Study duration:** 1 Months
- **Study area:** Dungarpur district of Rajasthan.
- **Study participants:** 1250 mothers of children aged 0 to 23 months [95% CI, 0.05% Degree of Error]
- **Study Population-**
- **Inclusion Criteria-** All married females of Dungarpur district whose last children age is less than or equal to 2 years.
- **Exclusion Criteria-** All unmarried females, married females having no child, married females whose last child age is more than 2 years.
- **Data collection tool and techniques:** Using Structured Questionnaire for face-to-face interview with mother.
- **Sampling :** Simple Random Sampling
- **Response received: 1250**
- **Data analysis:** Microsoft Excel and SPSS

Type of data- Unit level Primary data collected during CCM-3 Survey conducted by IPE Global Limited in the months of April to May 2022.

Data Collection Procedure- The data would be collected using structured questionnaire administered during the time of interview to the respondent and data would be recorded by the Interviewer.

- A local female of the community would be present with the Interviewer to ease the process, any language translation if needed and to comfort the females to the questions asked during the interview.

Data Analysis Plan- Data was recorded, cleaned and compiled using MS Excel software (Version 2202) and was analysed by using SPSS software (Version 22).

ANALYSIS

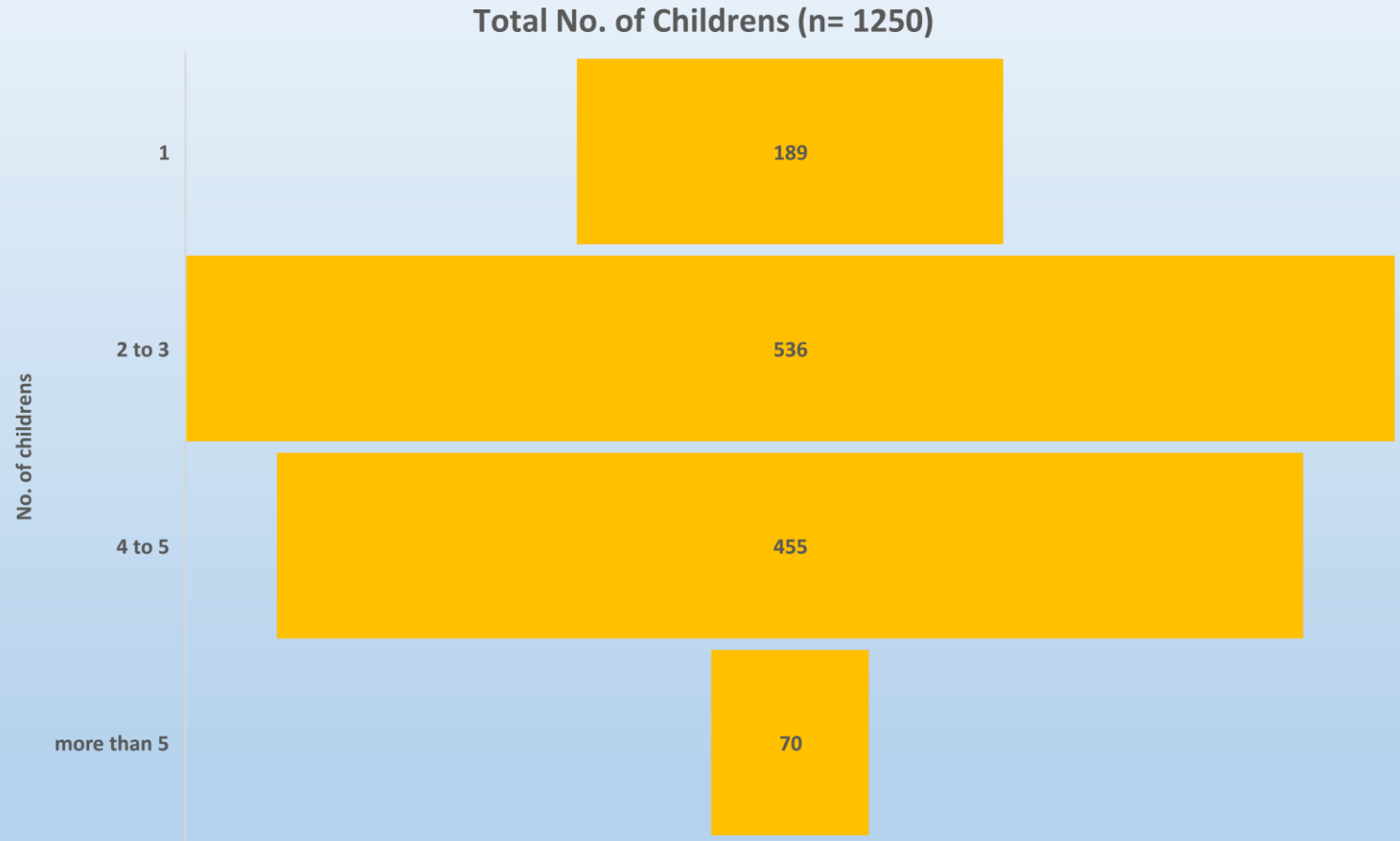
ANALYSIS OF SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Sr. No.	Characteristics	Frequency (n= 1250)	Percentage (%)
1	**No. of children's**		
	1	189	15.12%
	2 to 3	536	44.66%
	4 to 5	455	36.44%
	More than 5	70	5.60%
2	**Religion**		
	Hindu	1234	98.70%
	Muslim	13	1%
	Christian	0	0%
	Others	3	0.20%
3	**Caste**		
	Schedule caste	76	6.10%
	Schedule Tribe	954	76.30%
	OBC	63	12.60%
	General	157	5.00%
4	**Mother Education Level**		
	Illiterate	143	11.40%
	Primary	177	14.20%
	Middle	287	23%
	Secondary	297	23.80%
	Higher Secondary	225	18.00%
	Graduate and above	121	9.70%
5	**Age at Marriage**		
	Less than 18 years	635	50.80%
	More than 18 Years	615	49.20%
6	**Age at First Child Birth**		
	Less than 15 years	132	10.56%
	15 to 18 years	296	23.68%
	19 to 25 years	524	41.92%
	26 to 30 years	186	14.88%
	30 + years	112	8.96%

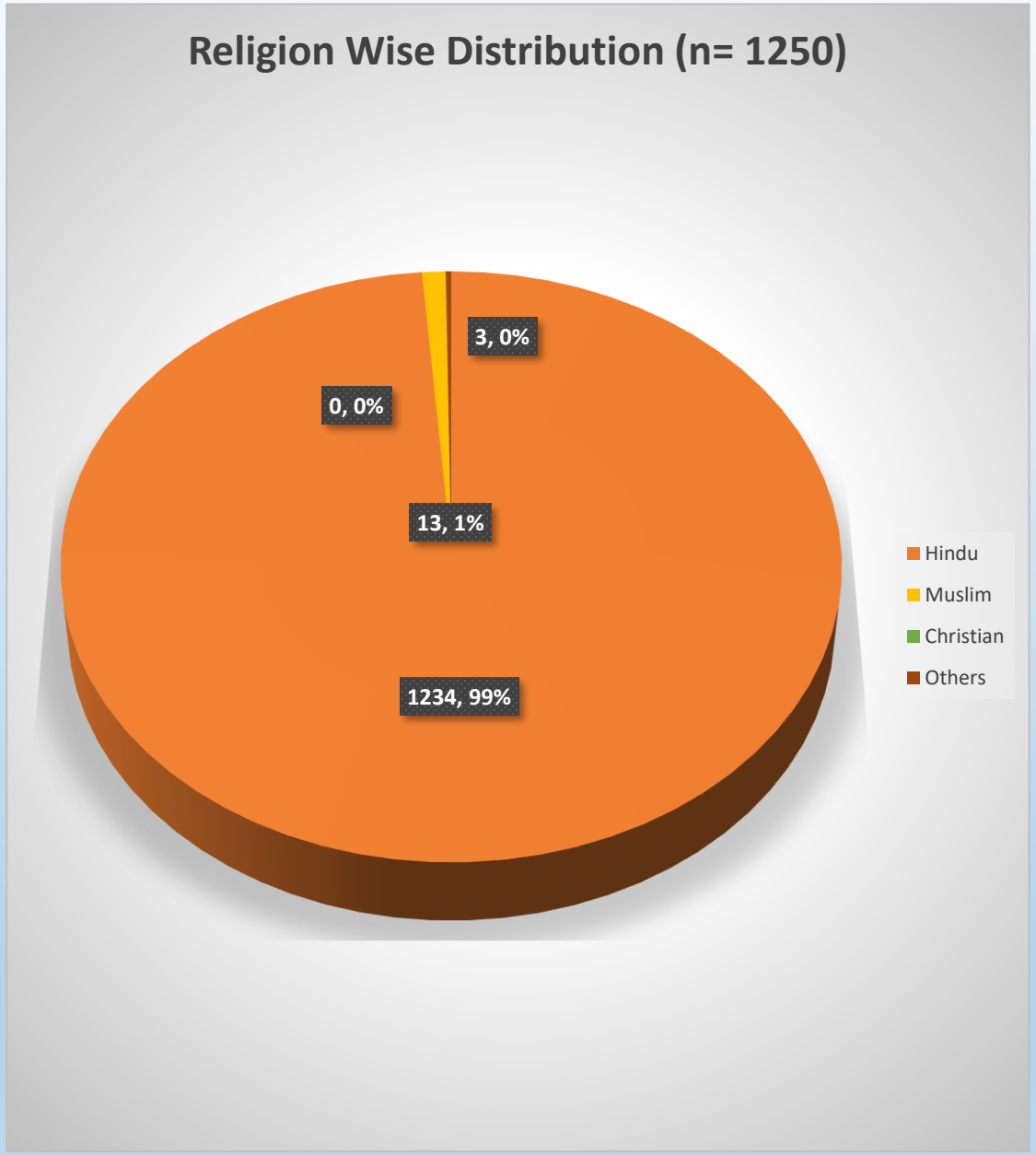
ANALYSIS

ANALYSIS OF SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

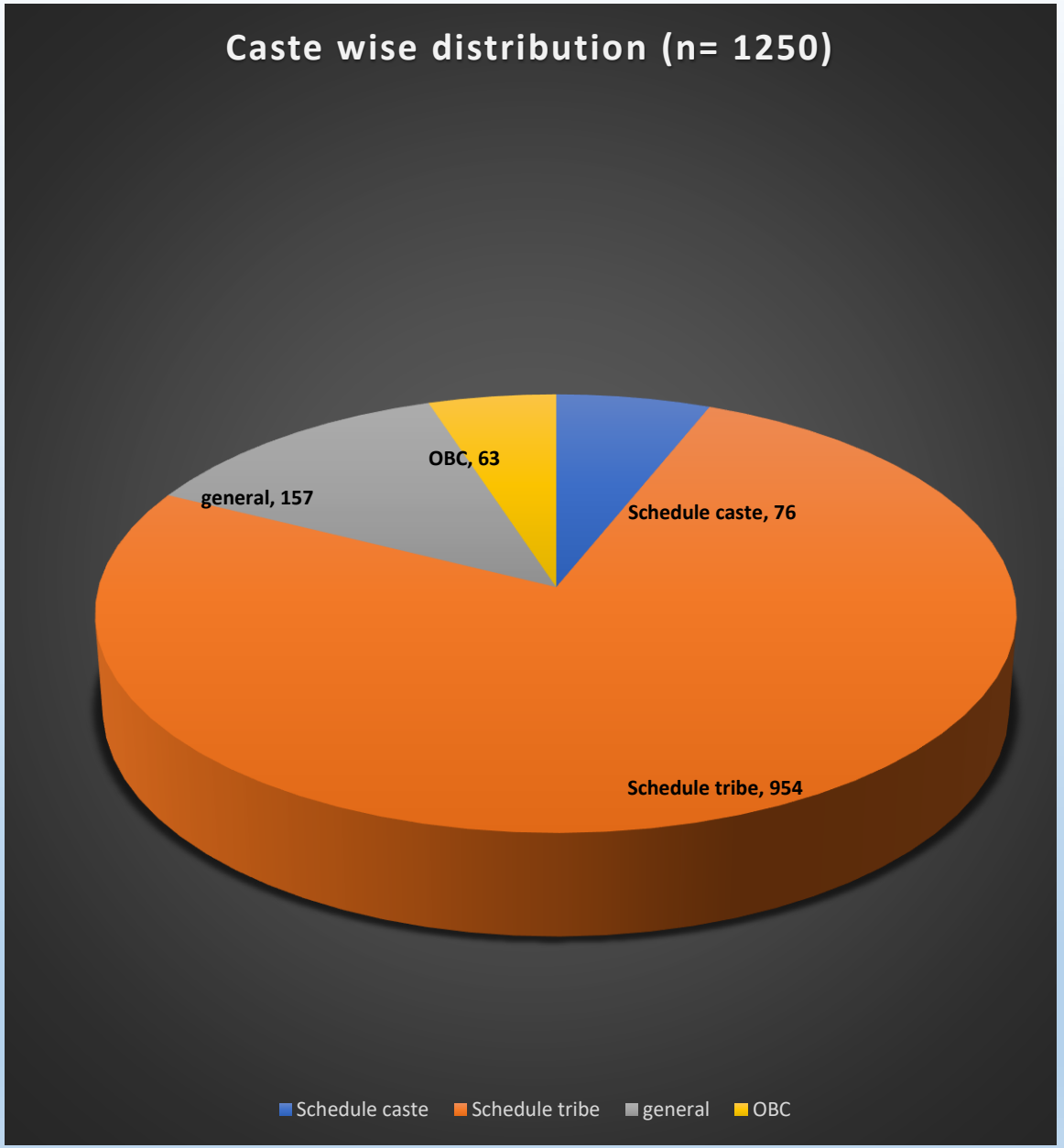
7	**Current status of marriage**		
	Living with husband	1010	80.80%
	Divorced	56	4.48%
	Widowed	184	14.72%
8	**Economic Dependence of Mother**		
	Government Job	112	8.96%
	Private Job	205	16.40%
	Self-employed/ Business	263	21.04%
	Unemployed/Housewife	670	53.60%
9	**Monthly Income of family from all sources**		
	Less than 5000	312	24.96%
	5000-10000	476	38.08%
	11000-25000	283	22.64%
	More than 25000	179	14.32%



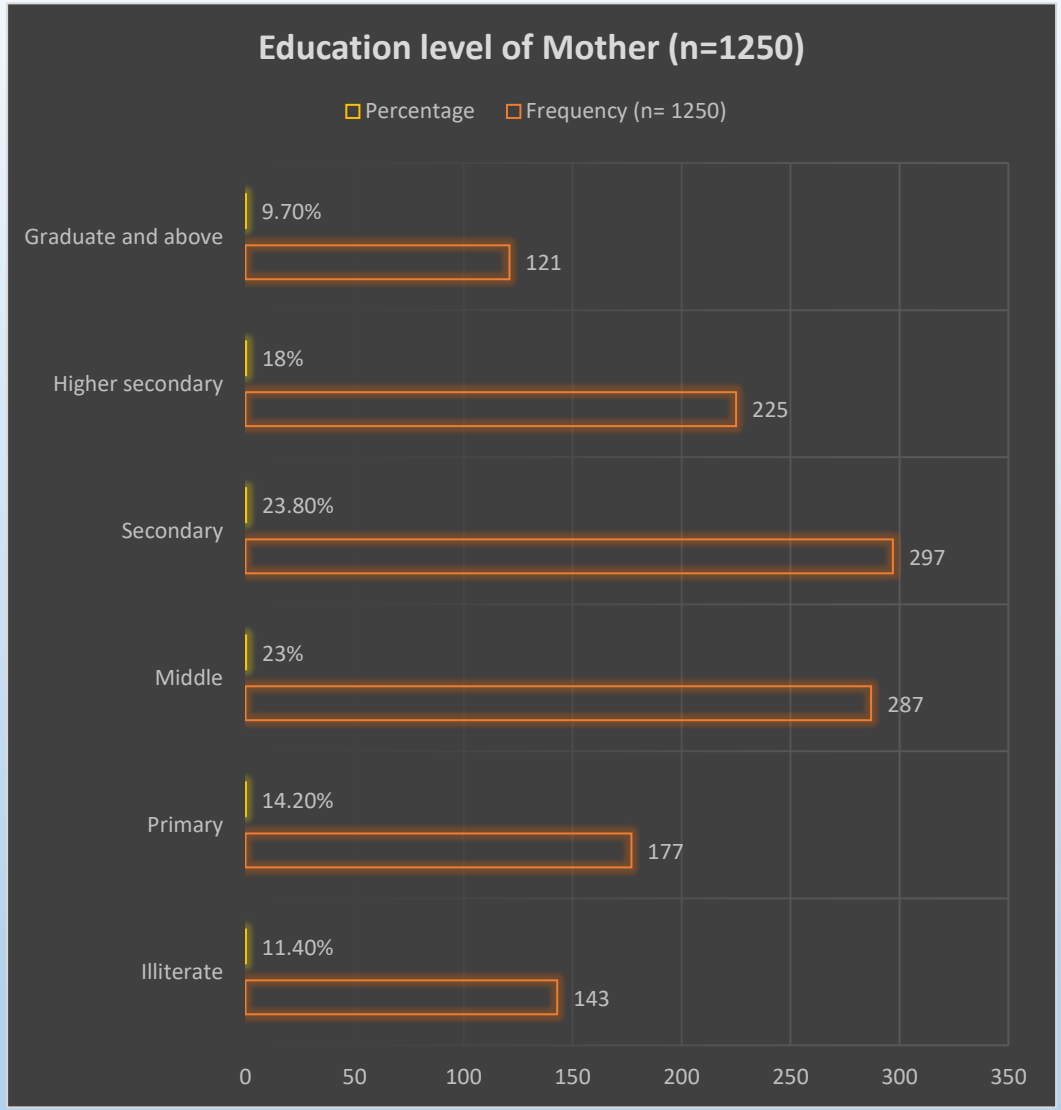
Total no. of living children to a female



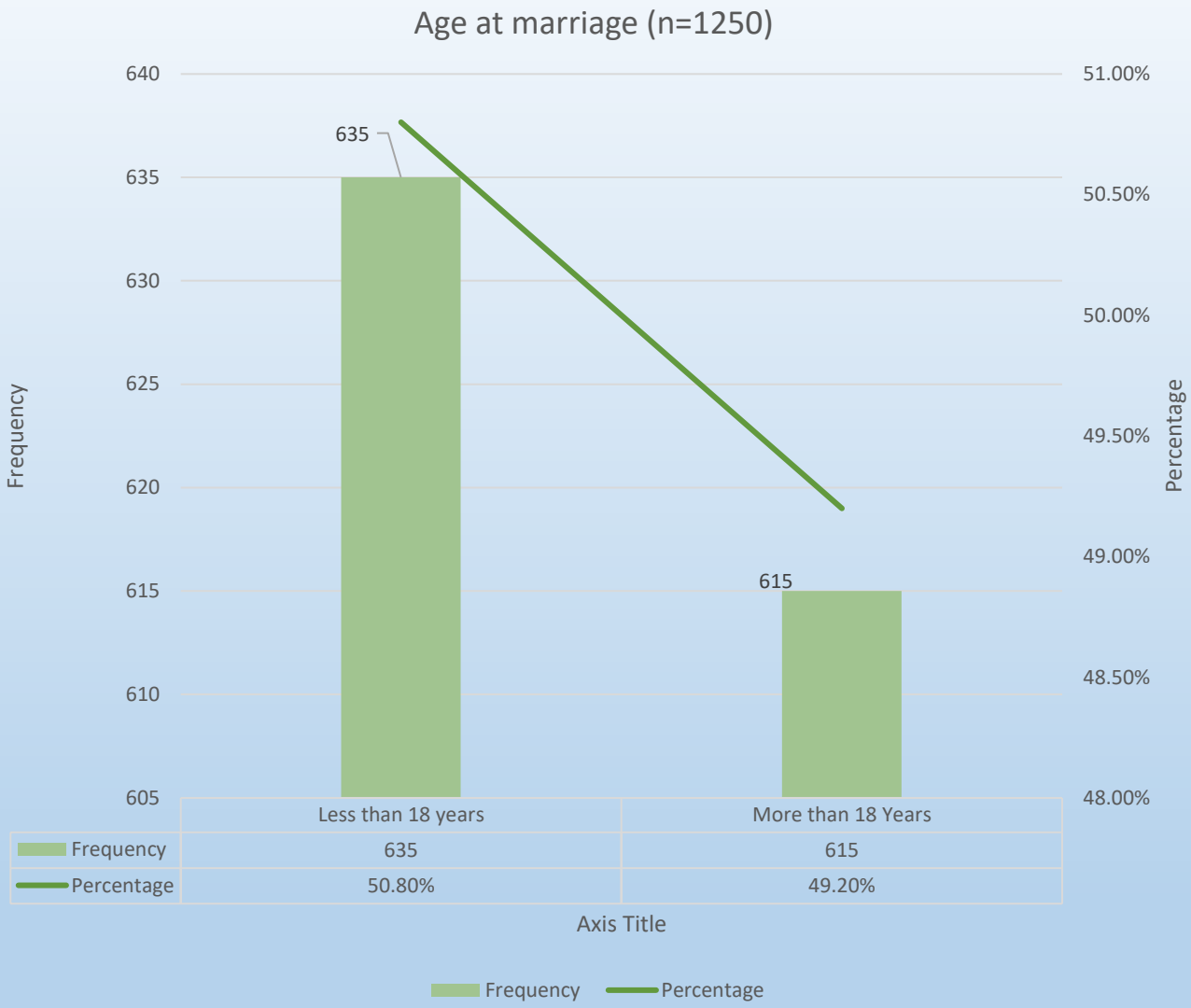
Religion wise distribution of respondents



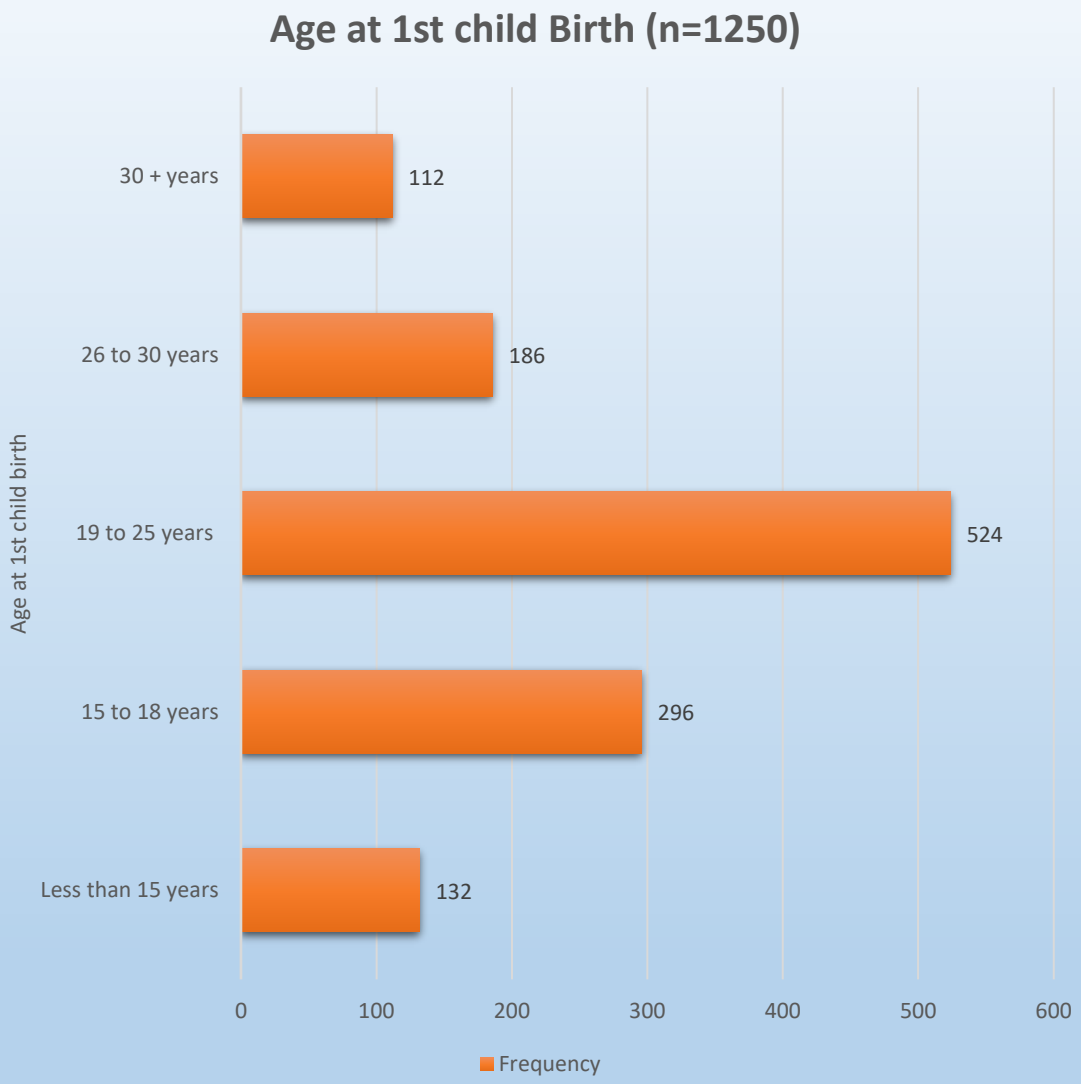
Caste-wise distribution of respondents



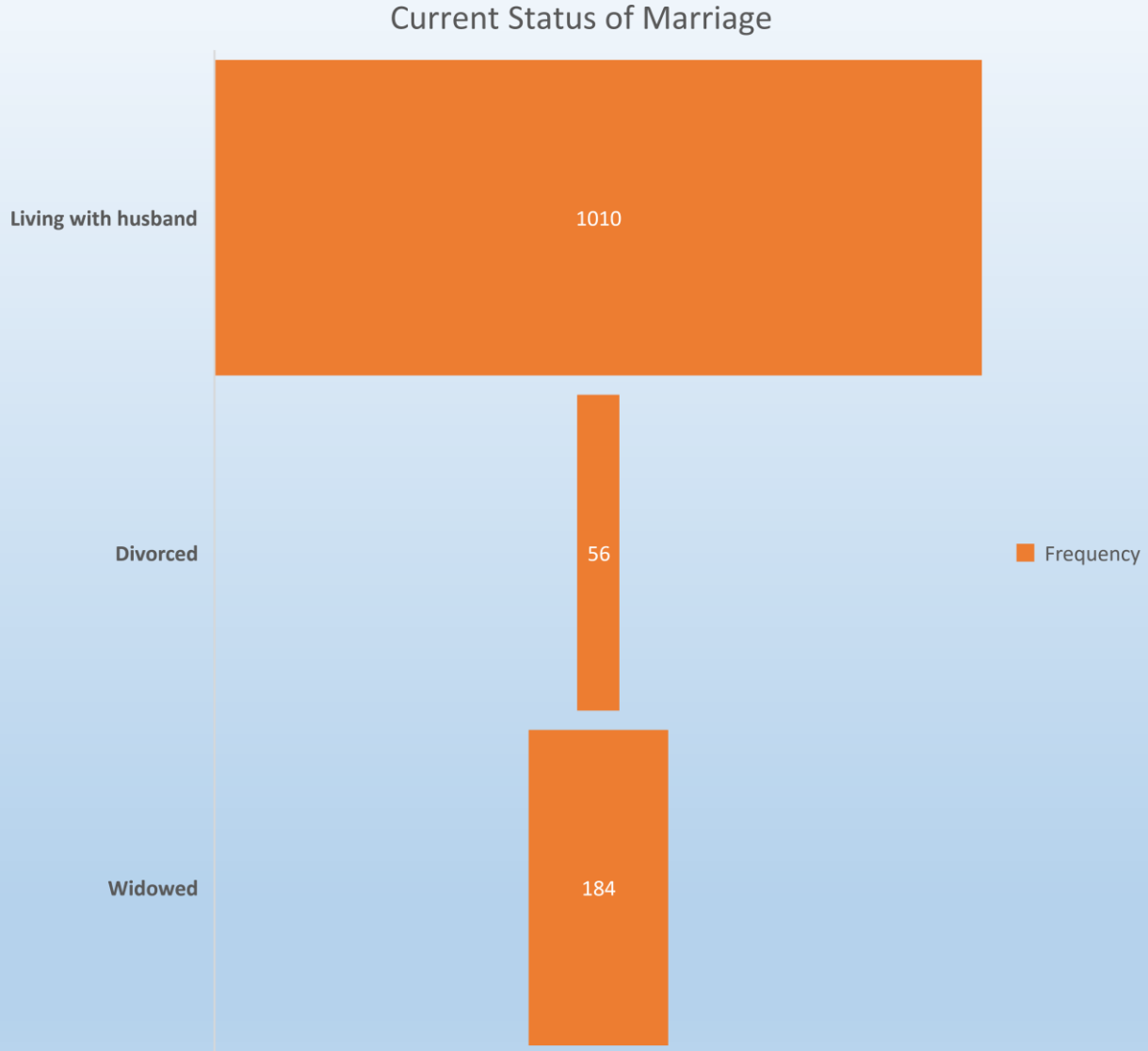
Distribution of mother's education level



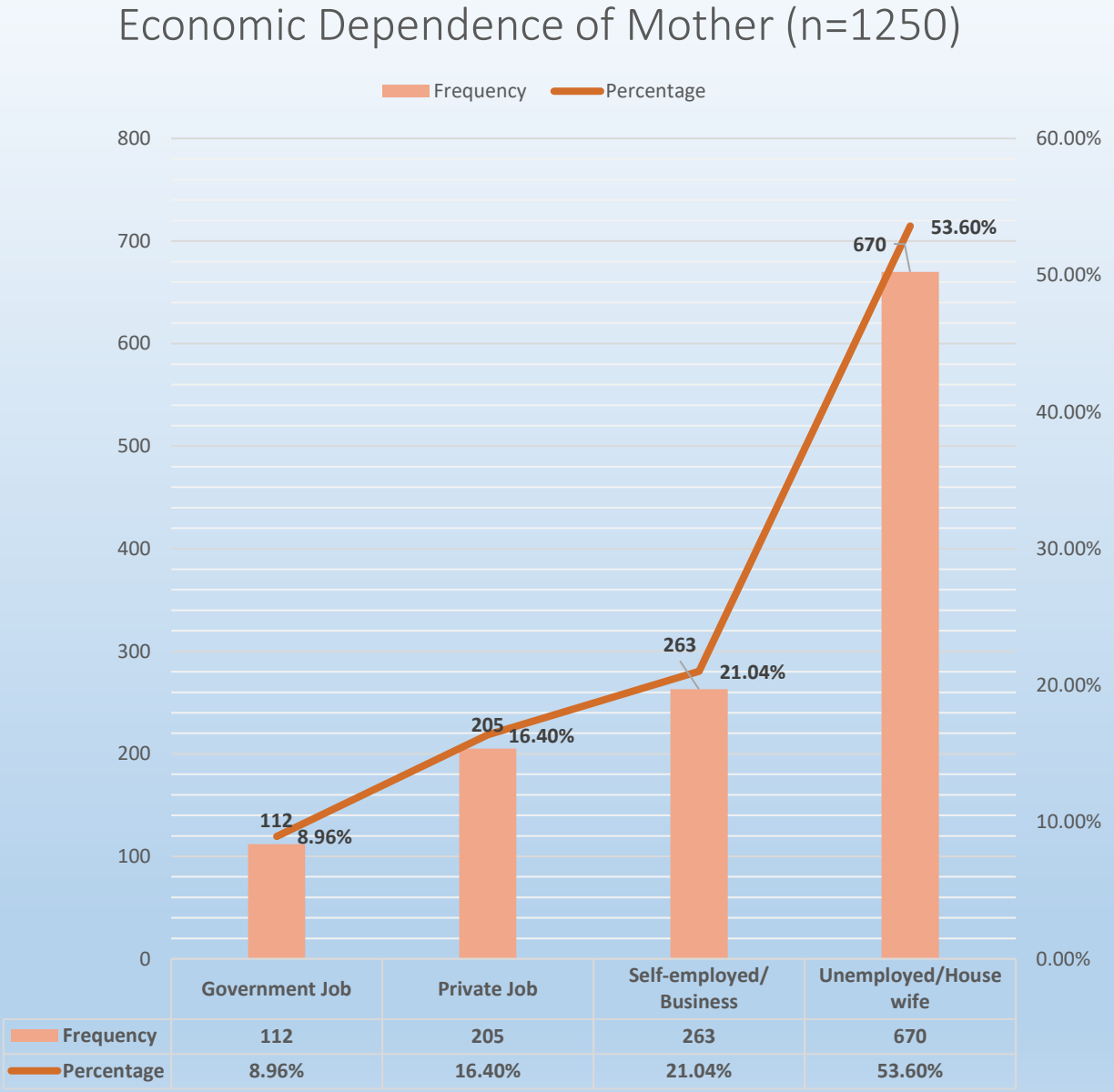
Age at Marriage of the respondents



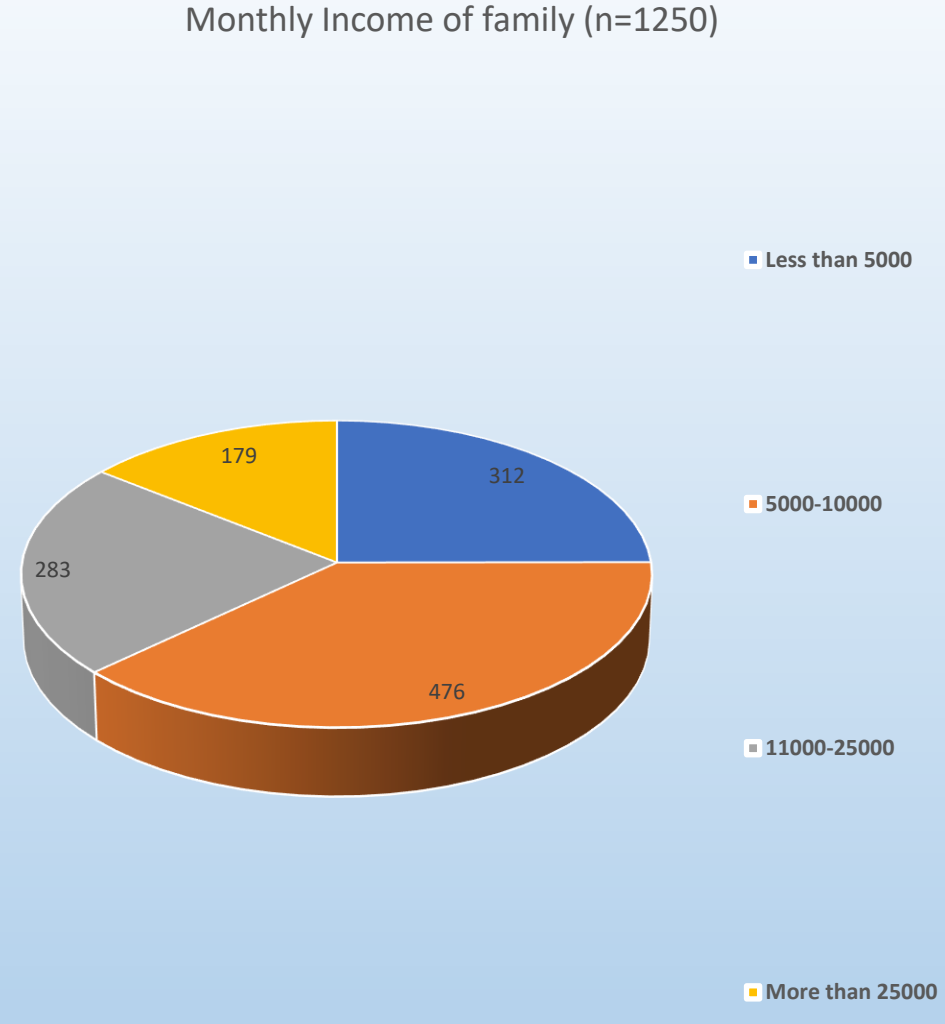
Age at 1st Childbirth



Current status of marriage



Economic dependence of mothers



Monthly family income of respondents from all sources

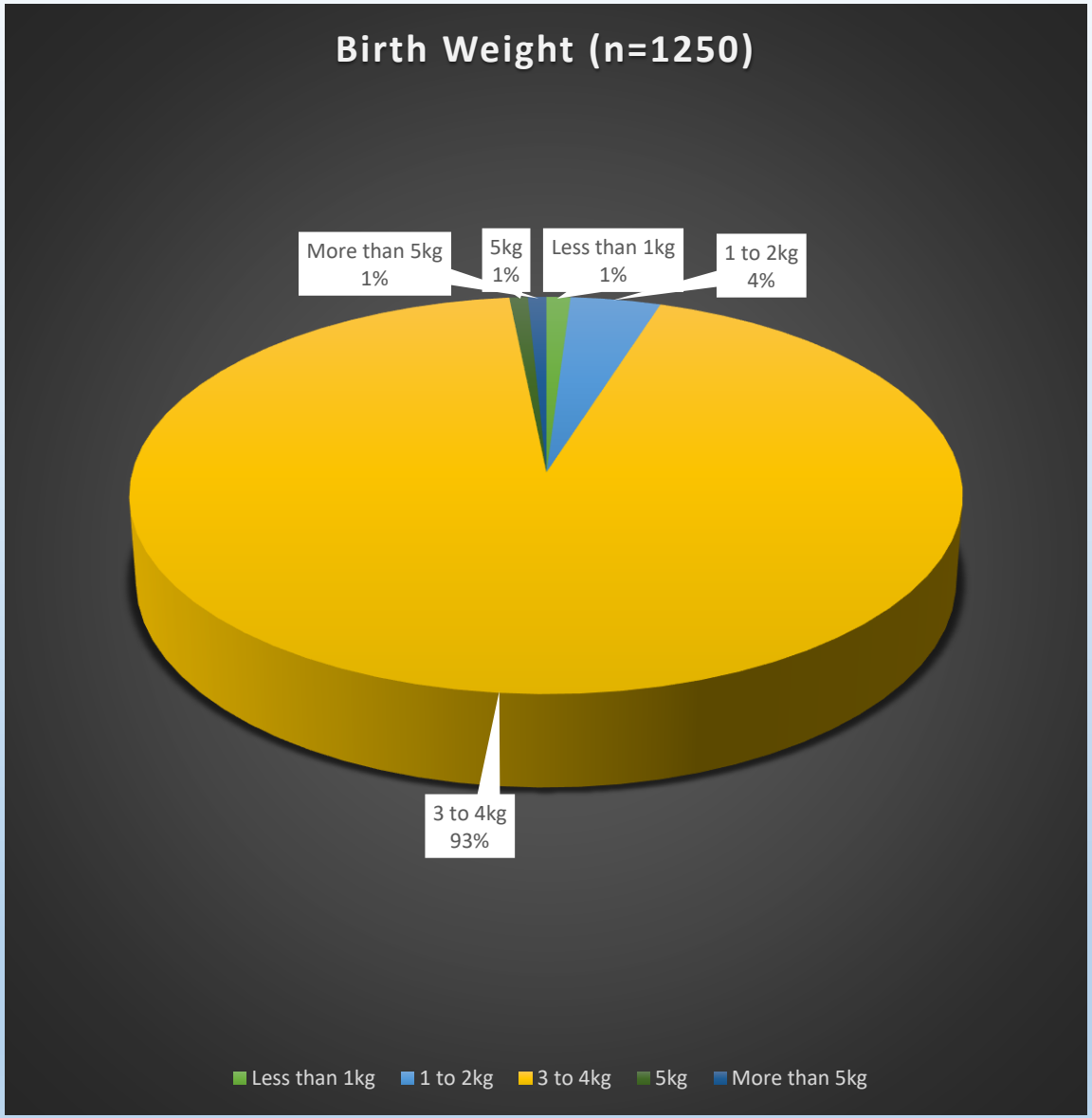
Analysis of Knowledge, attitude, and practices of Exclusive breastfeeding and complementary feeding

Sr. No.	Characteristics	Frequency (n= 1250)	Percentage (%)
1	**Birth Weight of Child**		
	Less than 1kg	13.0	1.00%
	1 to 2kg	49.0	3.90%
	3 to 4kg	1168.0	93.40%
	5kg	10.0	0.80%
	More than 5kg	10.0	0.80%
2	**Initiation of Breastfeeding**		
	Immediately after birth within 30 minutes	776.0	62.10%
	Within the first hour after delivery	424.0	33.90%
	Within 24 hours	31.0	2.50%
	A day or more after delivery	17.0	1.40%
	Don't know	2.0	0.20%
3	**Feeding the colostrum/first milk**		
	Yes	1157	92.60%
	No	93	7.40%
4	**Any supplementary feeding other than breastmilk in first 3 days after delivery**		
	Yes	53	4.20%
	No	1178	94.20%
	Don't know	19	1.60%
5	**Duration for exclusive breastfeeding**		
	1 month	7	0.60%
	2month	2	0.20%
	3month	2	0.20%
	4month	2	0.20%
	5month	2	0.20%
	6month	1001	80.10%
	7month	186	14.90%
	8month	32	2.60%
	9month	2	0.20%
	10month	2	0.20%
	12month	12	1%

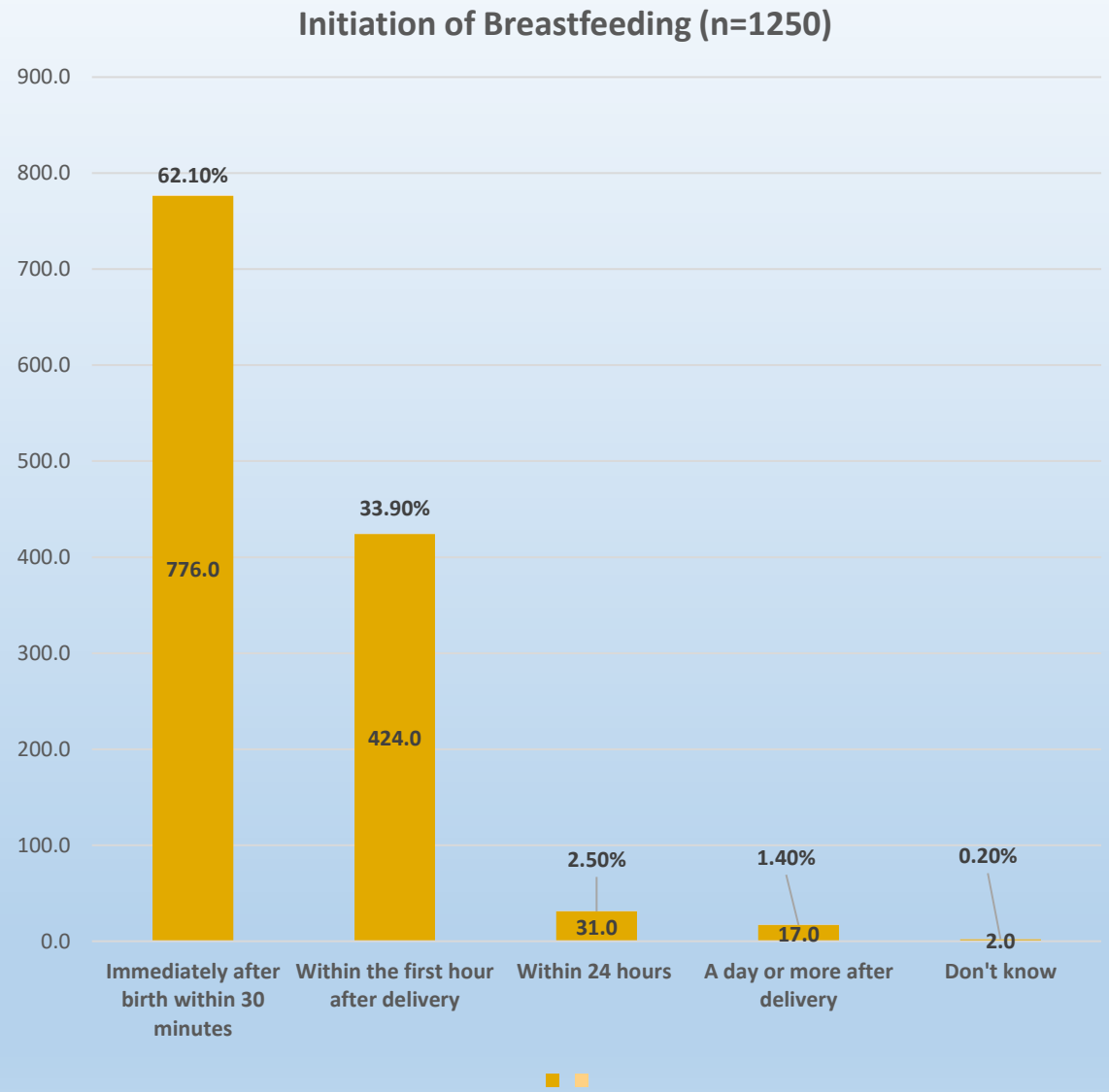
Analysis of Knowledge, attitude, and practices of Exclusive breastfeeding and complementary feeding

	Cow (animal) milk	6	0.50%
	Janm Ghutti	2	0.20%
	Formula milk for babies	3	0.20%
	Only colostrum/mother's milk/breast milk	1205	96.40%
7	**Age to introduce complementary feeding**		
	0 to 6 months	47	3.76%
	7th month	776	62.10%
	8 to 12 months	420	33.60%
	13 to 24 months	7	0.56%
8	**Was the child breastfed yesterday during day or night**		
	Yes	1080	93.60%
	No	74	6.40%
	Don't know		
9	**Frequency of complementary feeding (solid, semi-solid or soft food)**		
	2 to 3 meals per day	995	79.60%
	4 to 5 meals per day	244.0	19.50%
	Don't know	11.0	0.90%
10	**Age (in months) to start giving water to child**		
	1 to 3months	13	1%
	3 to 6 months	142	11.40%
	7th month	925	74%
	8 to 15 months	170	13.60%

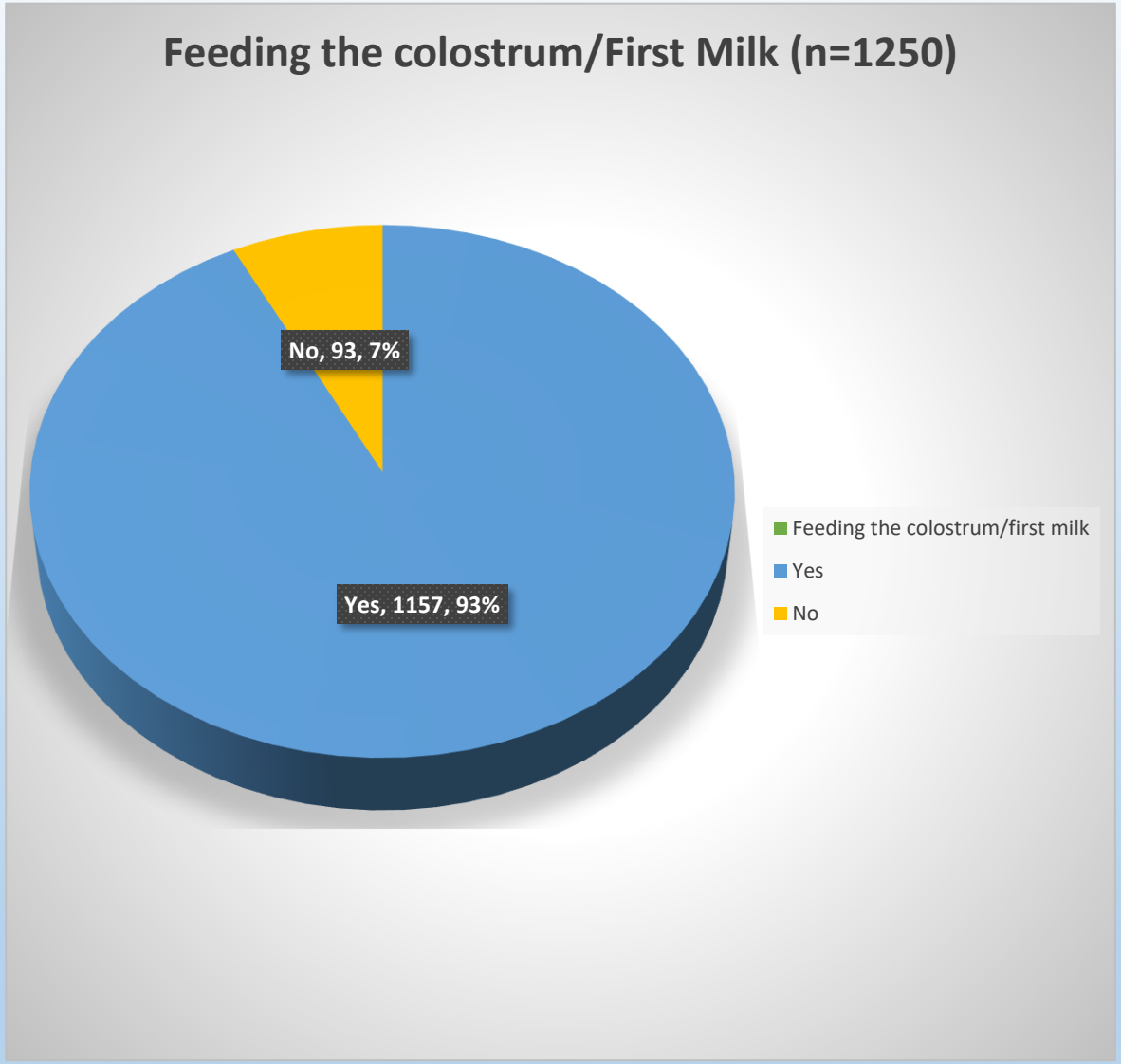
11	**Understanding about complementary feeding**		
	Food given in addition to breastmilk	346	27.68%
	Semi-solid or liquid food given	670	53.60%
	Various types of foods given for meeting the child's nutritional requirement	114	9.12%
	Don't know	120	9.60%
12	**Do you know the disadvantage of formula feeding**		
	Yes	970	77.60%
	No	203	16.24%
	Don't know	77	6.16%
13	**Difficulties faced while feeding the child**		
	Baby cries	205	16.40%
	Baby don't want to eat	226	18.08%
	Eats only when hungry	115	9.20%
	Doesn't eat sufficient amount of food	202	16.16%
	No difficulty	390	31.20%
	Not specified	112	8.96%
14	**Do you maintain hand hygiene and utensil hygiene while feeding**		
	Yes	1007	80.56%



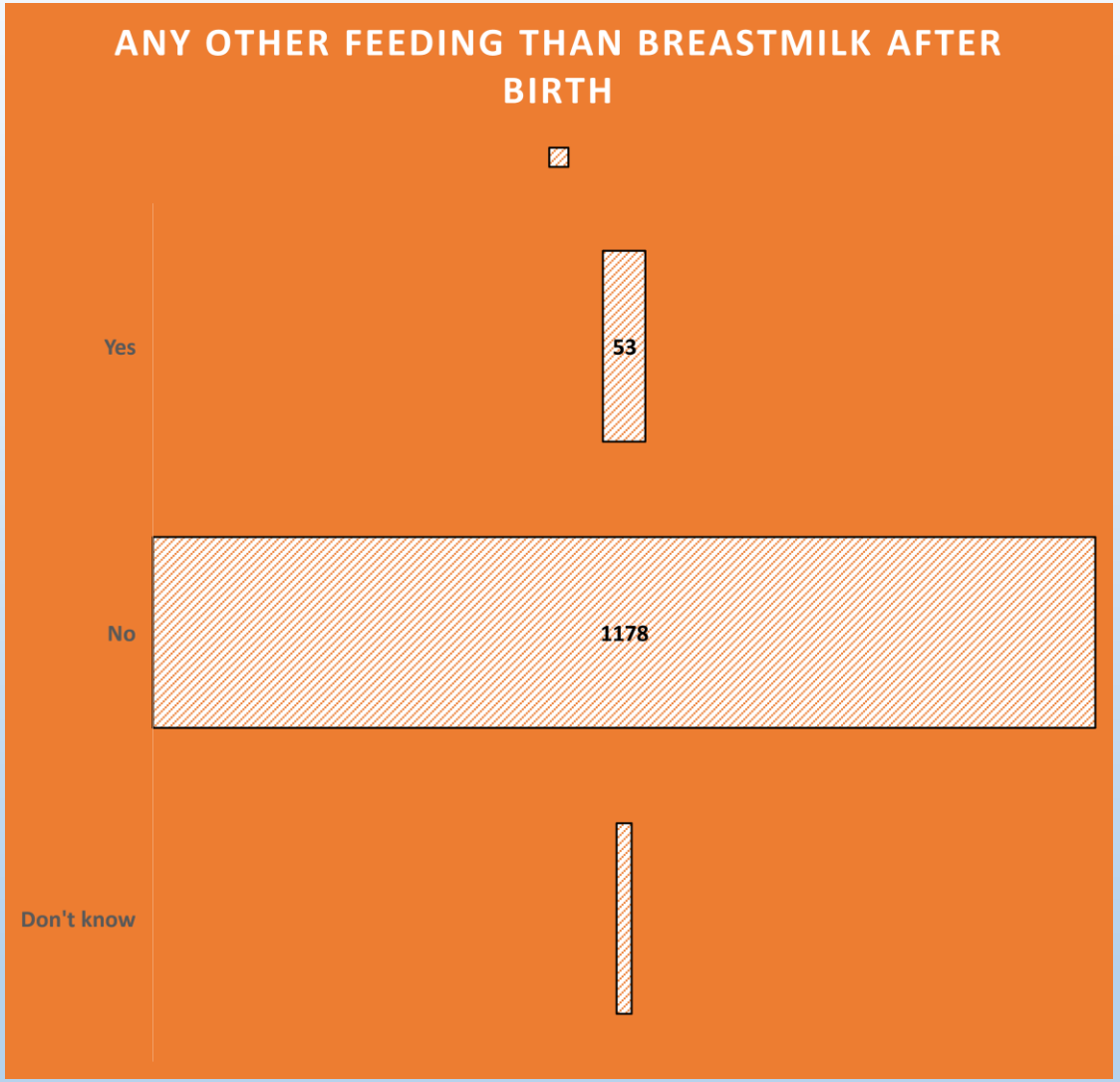
Birth weight of the children of the respondent



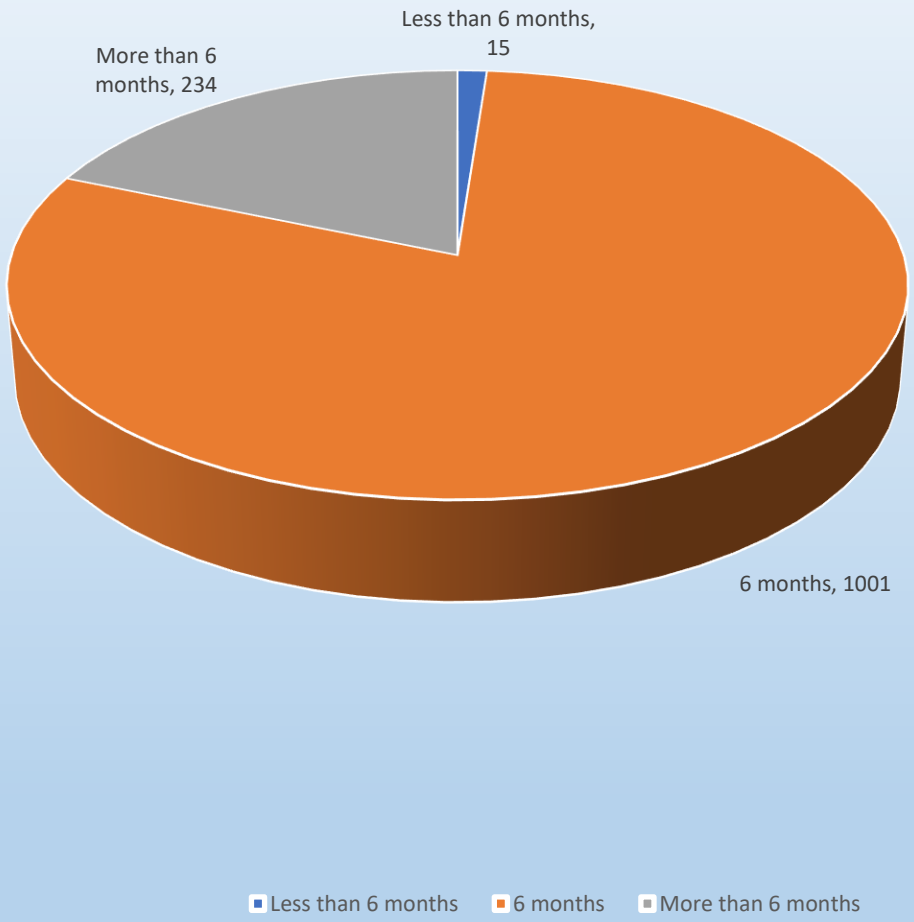
Timing of initiation of breastfeeding



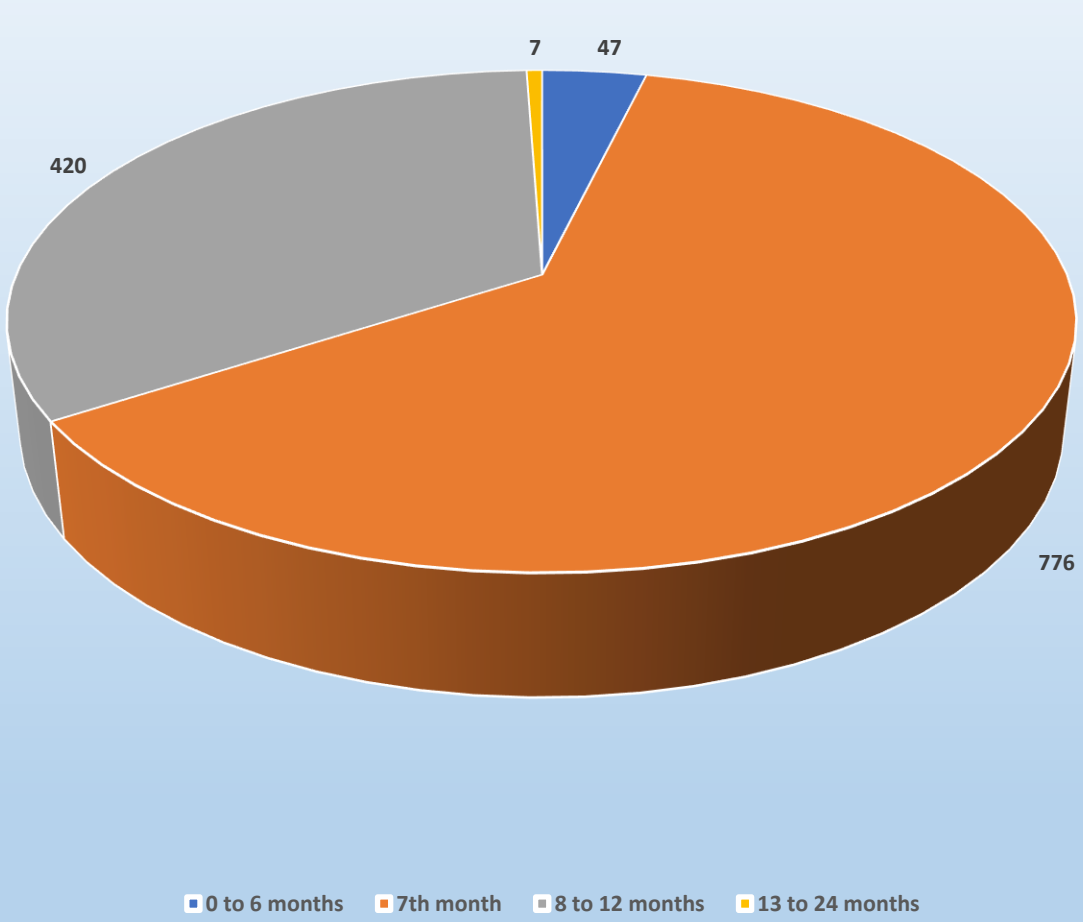
Feeding the colostrum/ First milk



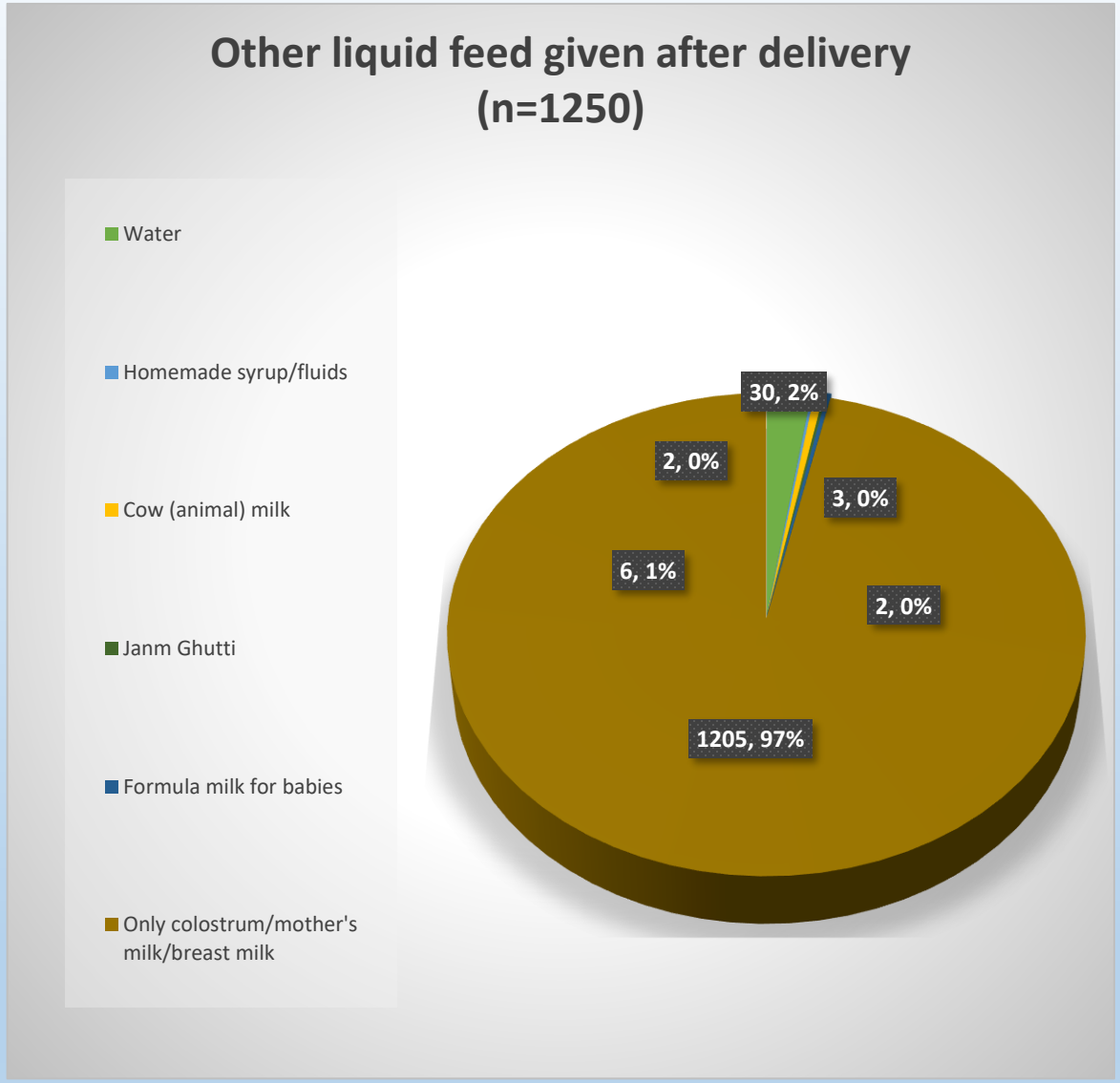
Gave anything other than breastmilk to their child after birth



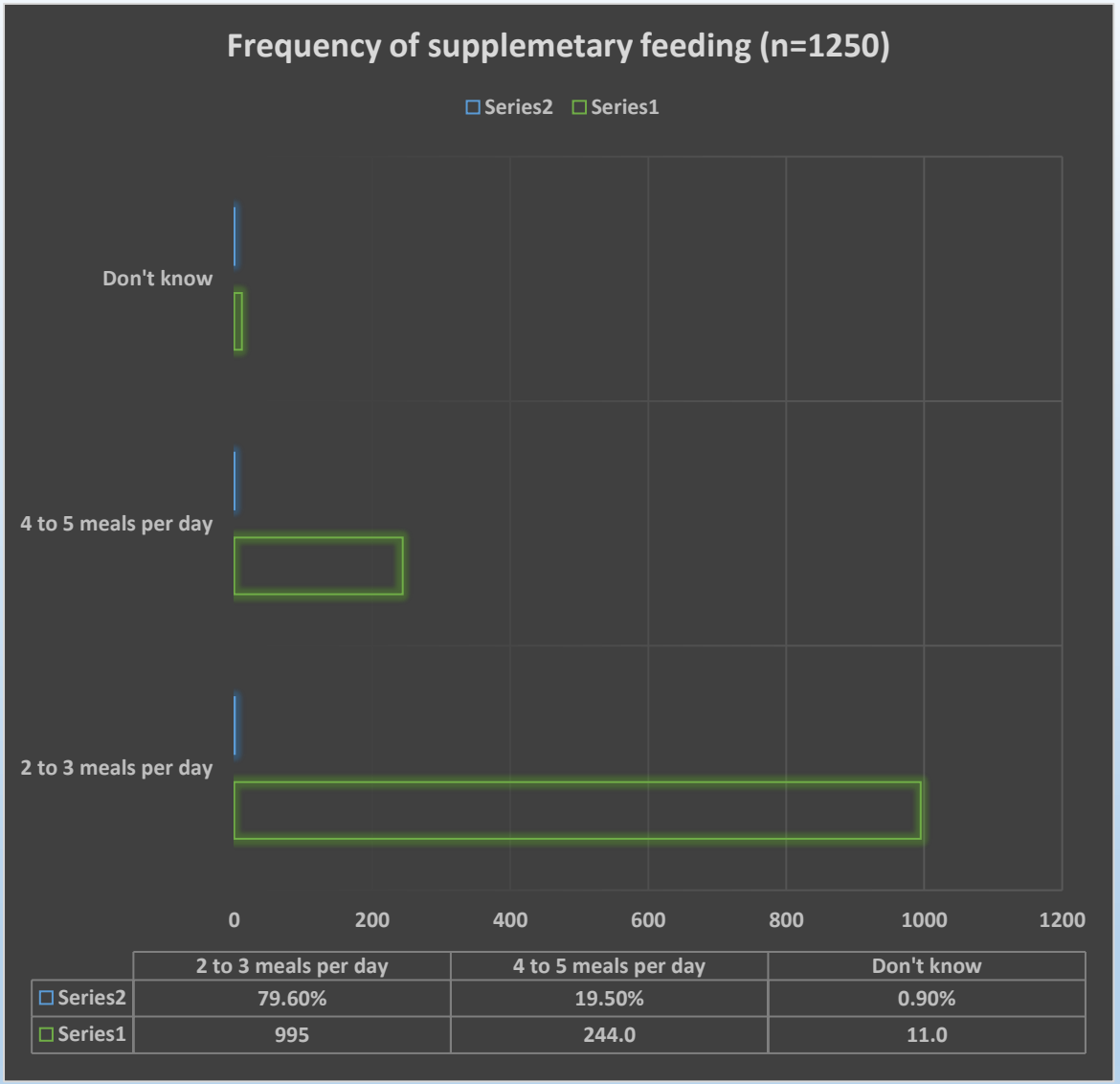
Duration of Exclusive Breastfeeding



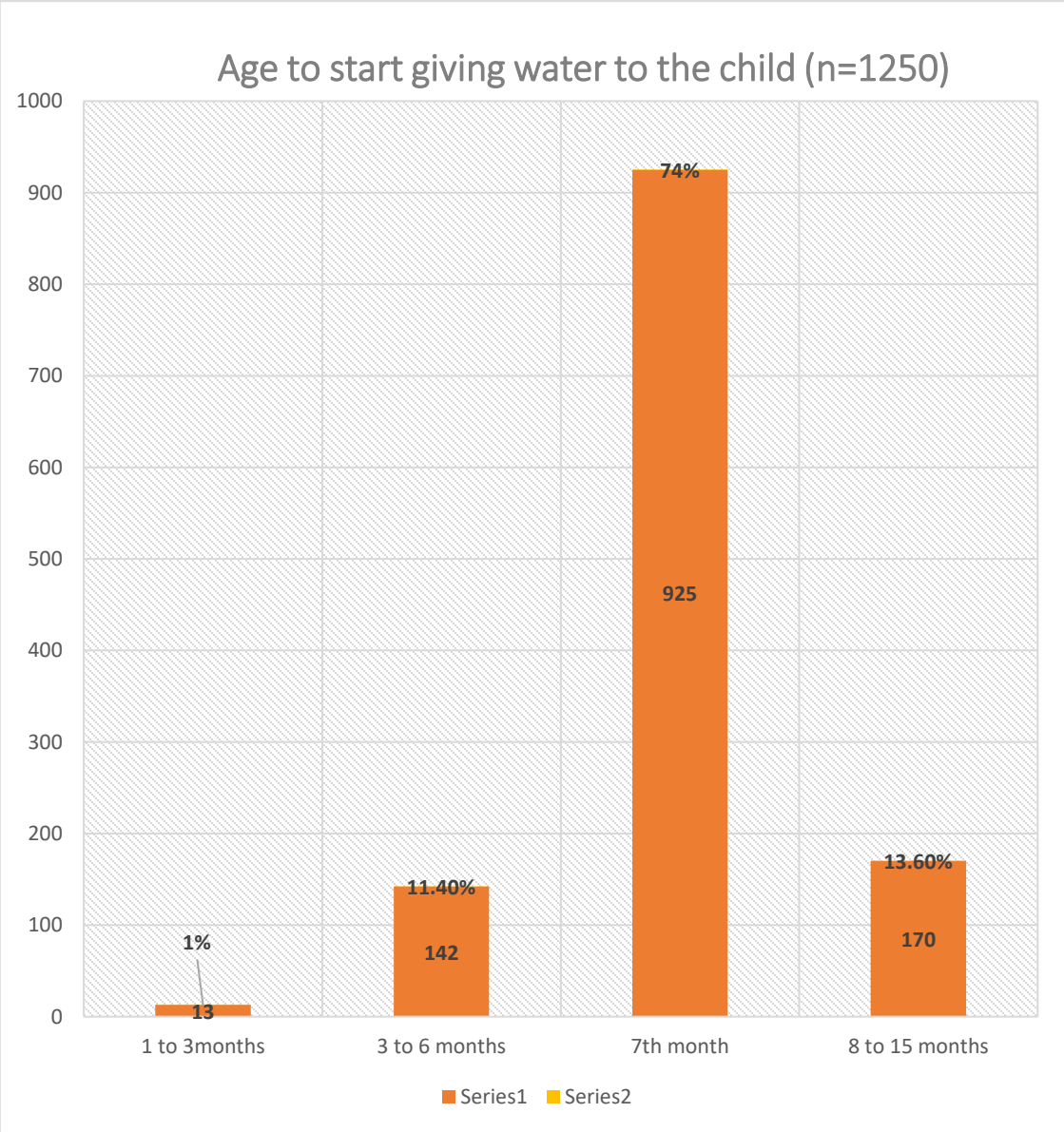
Initiation of complementary feeding



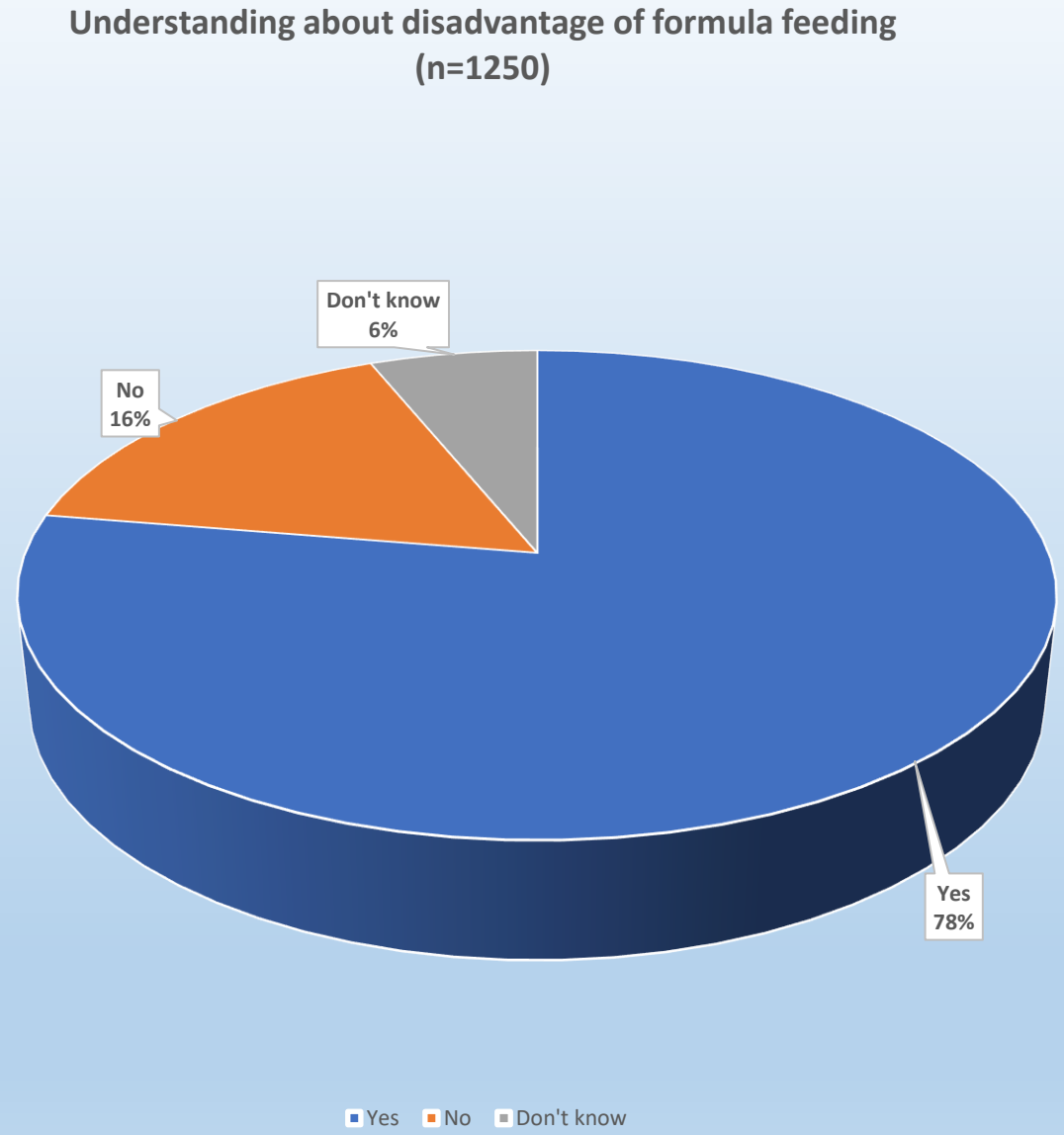
Feeding any other liquid to the child other than mother milk after birth



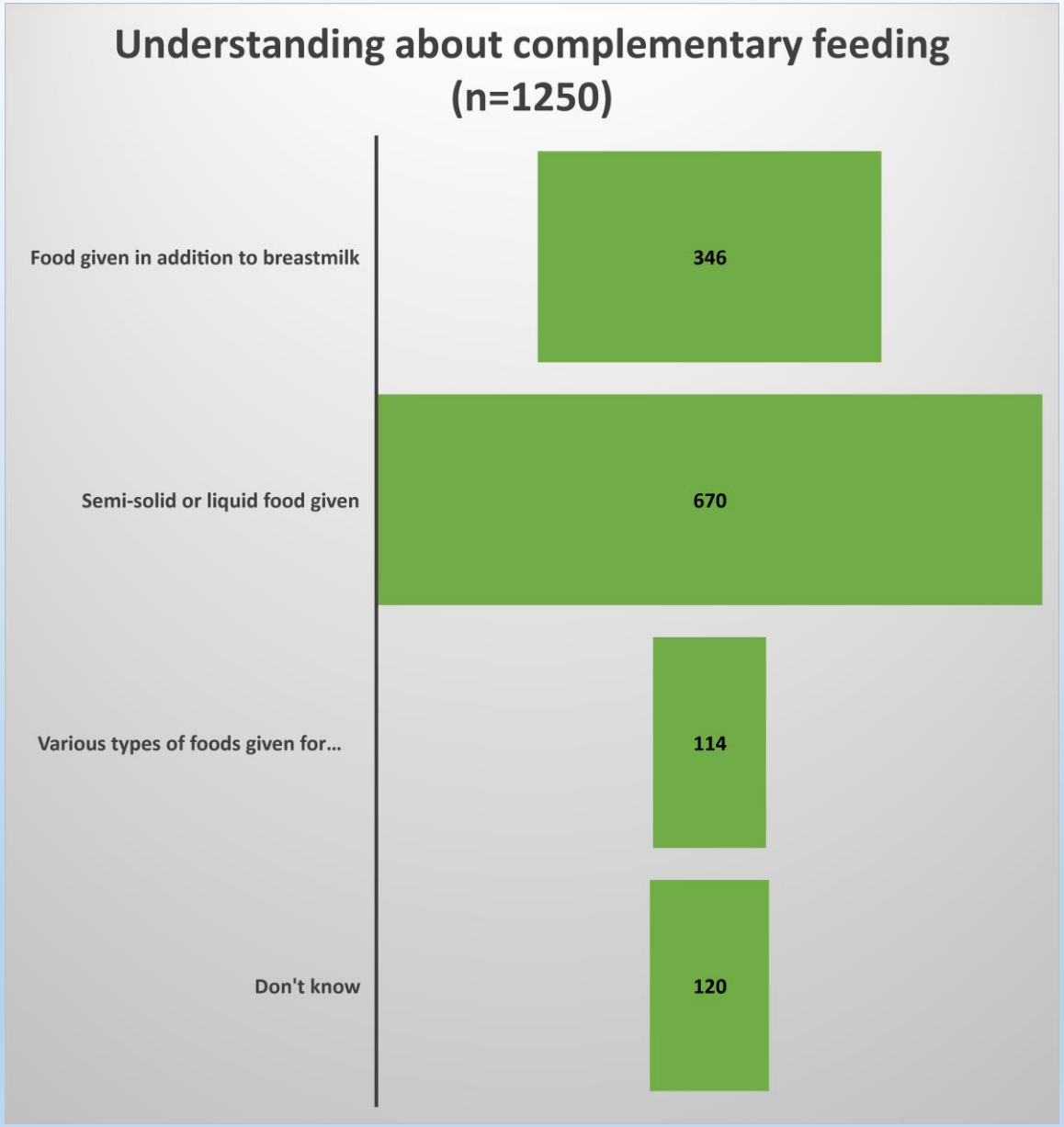
Frequency of complementary feeding



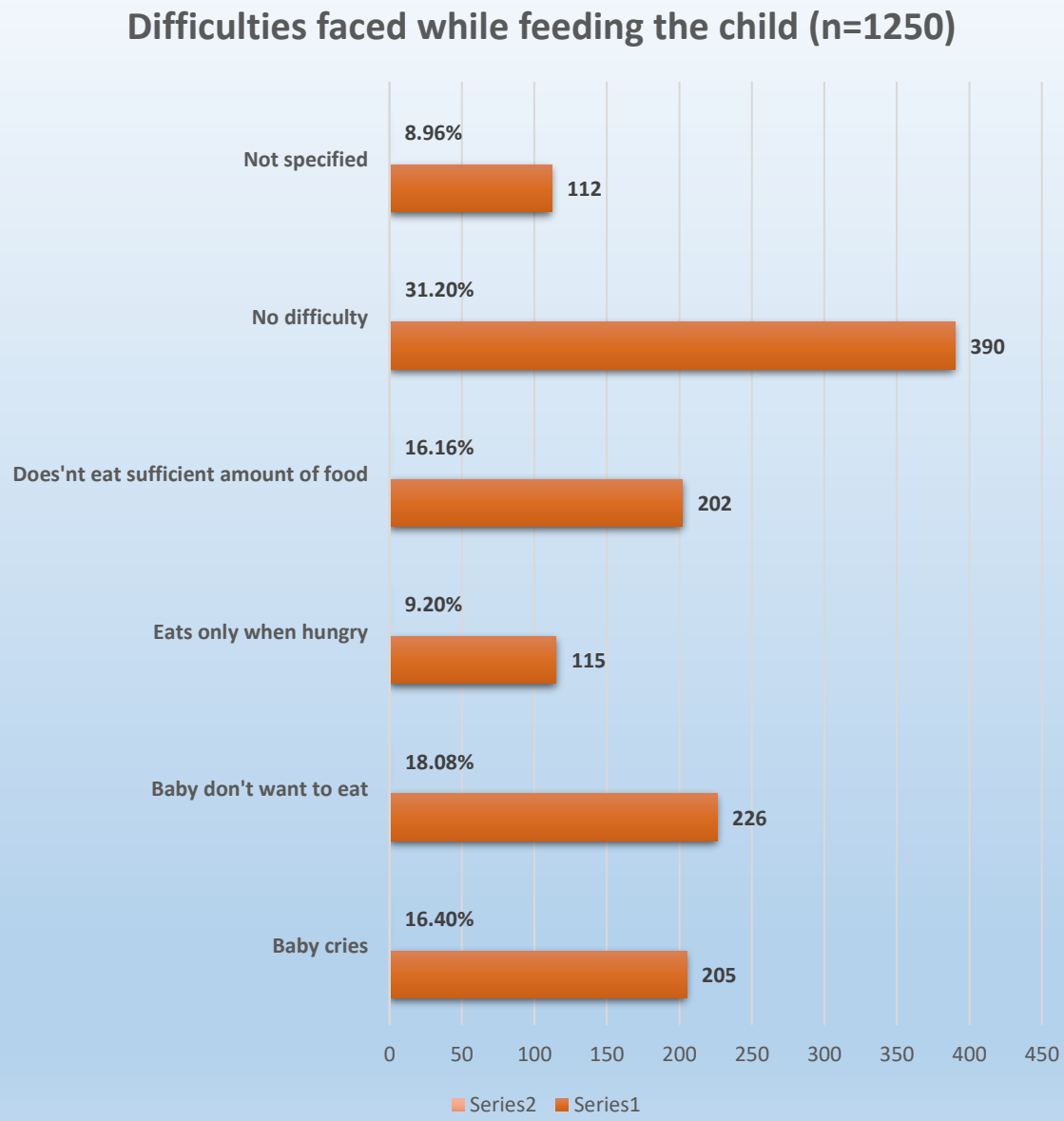
Age to start giving water to the child



Disadvantage of Formula feeding

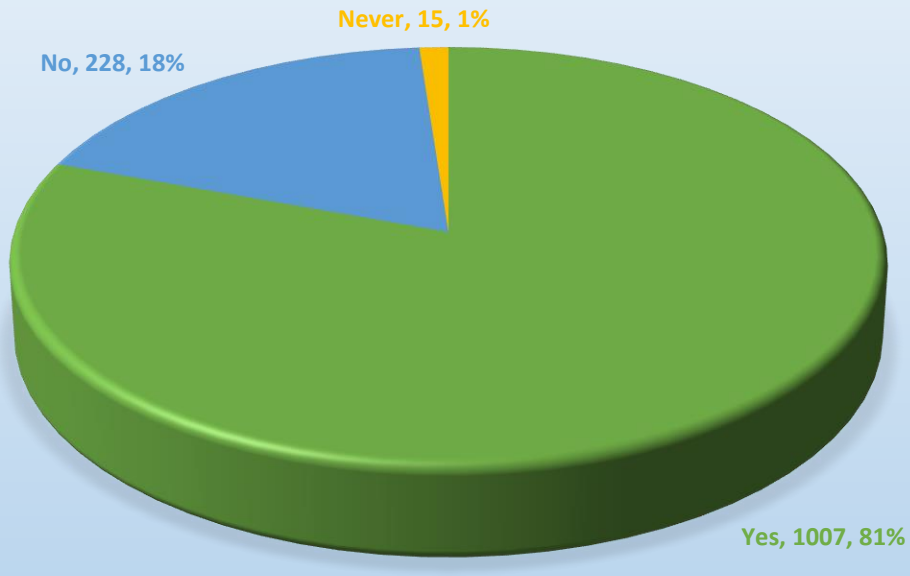


Understanding about complementary Feeding



Difficulties faced while feeding the child

- **Maintaining hygiene while feeding the child**



CONCLUSION-

- In India, undernutrition continues to be a serious public health issue. Millions of children continue to suffer from malnutrition in any form, including stunting, wasting, being underweight, or being fat. It has been shown that poor socioeconomic position, maternal illiteracy, early marriage and pregnancy, inadequate and unbalanced nutrition for women during pregnancy and after delivery, low birth weight of the kid, and dietary variety are all factors contributing to India's malnutrition problem. The issue of low birth weight can be resolved by improving the mother's socioeconomic and literate level, which can also aid in boosting maternal nutrition throughout pregnancy. Additionally, increasing mothers' understanding of IYCF procedures will aid in increasing mothers' knowledge of IYCF practises and hence improve the children's nutritional status.
- Overall mothers have good knowledge and a positive attitude about IYCF practices, but it needs some more interventions to bridge the gaps still existing in Initiation of exclusive breastfeeding and complementary feeding practices. To support IYCF practices, more rigorous behaviour change communication intervention strategies should be implemented and the Front-line workers like ASHA, ANMs and AWWs need to be educated and counselled so that they can further communicate with the mother, husbands and other family members about the importance and benefits of IYCF practices for the child.

GAPS IDENTIFICATION

- Lack of literacy and awareness among females is one of the most crucial reason for improper practices associated with exclusive breastfeeding and complementary feeding.
- The only aspect of CF that is known about and performed is initiation.
- Because of poverty, women must work, which reduces their time with their children feeding and caring.
- Mothers are unable to prepare meals due to lack of time and resources separately for each child based on his nutritional and age-specific requirements.
- Improper production of milk due to health and other issues also plays a crucial role in abstaining the mother from exclusive breastfeeding.
- Social and cultural beliefs, misconceptions, and myths are also prominent factors.
- The role of husband, Mother-in- Law and other family members also plays a crucial role especially in case of girl child.
- Due to early marriage and early pregnancy the mother body is not able to handle the pregnancy and this leads either to the death of the mother or the child, non-production of milk and other health complications both to the child and the mother.

RECOMMENDATIONS

- Strengthening the community's health workers' (AWW, ASHA, ANM) capabilities.
- Instruction in expert IYCF counselling for all healthcare professionals.
- All mothers should have access to counselling so they may increase their understanding and adhere to optimum feeding practises.
- Health personnel should receive refresher training to upgrade and update their expertise.
- To provide for food availability in communities or populations who face food insecurity.
- Public relations efforts in the community and the media to promote complementary feeding and breastfeeding practices.
- Counselling and awareness campaigns for husbands and Mother-in-Laws related to pregnancy care, post-partum care, and IYCF practices.
- Introducing income-generating programmes and educating moms.
- The spread of breastfeeding and the prompt introduction of supplemental feeding in the community.
- Mothers should be urged to visit doctors if they are having any health issues.
- Home visits should include more counselling.
- Mothers' day-care facilities at work.
- Strengthening the utilization of MCHN days, VHSN and VHSND days, Gram Sabha Meetings and celebration of Poshan Pakwara once in 3 month on large scale in the community.
- More prompt advertisement using posters, print media, social media and other digital media platforms about the IYCF practices.

Thank you