



IJFANS

International Journal of Food
And Nutritional Sciences

Volume 3, Issue 1, Jan-Mar-2014,

www.ijfans.com

e-ISSN: 2320-7876



Official Journal of IIFANS

ADVOCACY AND SOCIAL MOBILIZATION REGARDING IYCN PRACTICES

Sirimavo Nair* , Hemangini Gandhi, Huma Vora, Riddhi Pathak, Sunanda Maity, Shrela Meghani, Pooja Panchal and Qudshiya Motiwala

The Maharaja Sayajirao University of Baroda, Vadodara.

*Corresponding Author: sirinair@yahoo.com

ABSTRACT

Breastfeeding promotion is one of the most cost effective interventions to advance mother-child health arena. Super food Breast-milk is capable of improving infant immunity and possibly reducing future healthcare spending. Interplay of culture, social support and socio economic status intensely affect feeding practices. This ongoing study, is aimed at understanding knowledge and perceptions, and creating social mobility through advocacy among mothers of 2-year aged regarding IYCF practices in tribal area of Vadodara District (Gujarat, India), Sankheda block, ten villages (randomly selected) named Kandeval, Kavitha, Timba, Dharoli, Nakni, Tandalja, Ghelapur, Ghaneshwar, Vasna and Suryaghoda in which mothers (N=200), were enrolled and interviewed using pre-tested questionnaires. The study focused on traditional customs and rituals behind feeding practices of three main tribes. Common beliefs observed were, first feed only given by child's aunt, feeding prelacteals in the form of 'jaggery', 'gripe water' and 'patasha' existed. The knowledge and perceptions observed (71.5% and 58.3%) on initiation of first feed, for colostrum feeding (66.1% and 44.5%), exclusive breastfeeding (54.2% and 76.4%) and on introducing complementary feeding (41% and 51%) after six months. We observed that tribal & social customs overpower community. Advocacy is being planned on improving the social constructs using a positive deviance approach to shift the social stigma to adopt optimal practices.

Key Words: tribal community, IYCF practices, social mobilization.

INTRODUCTION

Child malnutrition has become a crucial public health problem. Every year, 2.6 million children die due to malnutrition and more than 170 million children lack potential to grow in earliest months of life. Malnutrition in early stages of life increases mortality, morbidity, hinders cognitive development and physical growth (Nutrition in first 1,000 days- state of the world's mothers, 2012). Adequate nutrition during first 1000-days is critical and have profound impact on child's ability to grow, learn and rise.

Millions of mothers in developing countries struggle to give optimal nutrition to their child, but wide prevalence of complex social and cultural beliefs put mothers in confusion or disadvantage. Two major reasons are early marriage and lack of women empowerment. This results in poor decision making of mother thereby leading to poor nutritional status of child. Worldwide, 20 million babies born with either pre-term or low birth weight. However, full term babies are also found to be small because of poor growth during infancy. Moreover, inadequate breastfeeding practices by mother's causes normal birth weight babies to be undernourished in infancy as many women delay initiation of breastfeeding, respite knowing the benefits of early breastfeeding. Research

reveals that, there are 43% newborns put to the breast within one hour of birth in developing regions (UNICEF, 2012).

MATERIALS AND METHODS

Cluster based multi-stage random sampling framework was opted to select Districts, Block, and Villages (n=10), for house hold circular systematic sampling was carried out. Mothers of child below 2 years were enrolled for the study(n=200). From the selected district Vadodara, one Block- Sankheda was randomly selected. Seven villages were randomly selected (3 extra villages were selected randomly to complete the sampling plan-in case if target population would be less). In each village, 20 households were selected for the survey. Total number of households in the village, based on 2011 population census was divided by 20 to give the sampling interval. The selection of the household for the survey comprised of selecting a household randomly from the first five households on the north east corner of the village. The next household was selected for the survey was (s+interval) always keeping the left till 20 households are selected. This procedure ensured the households selected for the survey are distributed equally throughout the village. Information from the households was collected on

the basis of a pre-designed checklist and pretested questionnaire.

RESULTS AND DISCUSSION

More than 3 out of every 10 stunted children in the world belong to India. Moreover, India's 43% children under five years of age are underweight and 48 per cent are stunted because of chronic under nutrition. Optimal infant and young child feeding practices can contribute a lot to prevent and reduce this and can help India achieve the Millennium Development Goal 4 (World Breastfeeding Trends Initiative (WBTi), 2012). Data shows that worldwide, only 38% infants (0-6 months old) are exclusively breastfed. Only a third of infants aged 6-23 months of age met the criteria of dietary diversity and feeding frequency (WHO, 2013). In India, 24.5% newborns are initiated breast milk within an hour of birth and 46.4% are exclusively breastfed for 6 months (National Family and Health Survey; 2007-08). As per the Lancet series on new born survival, nearly 13% to 15% deaths of children below five years could be prevented if 90% global coverage of exclusive breastfeeding is achieved. Additionally, nearly 6% of under-five mortality can be prevented through appropriate complementary feeding. [9] Interestingly, in Gujarat the ratio is about 47.4% and 29.6%, respectively in rural areas (District Level Health Survey; 2007-08).

The current study investigated some challenges and obstacles behind poor feeding practices and perception in spite of having correct knowledge about the feeding practices. Mothers who had lack of family support in handling household along with child and also pressurized from extended family members and society are those who fail to implement their knowledge to practice. Common beliefs observed behind immediate feeding after birth were, the child should be 'fed jaggery water and gripe water or janamghutti' by aunt or someone else from the family. Apart from culture and misbelief the study also revealed mothers knowledge and perception about infant and young child feeding practices.

The query regarding knowledge about first immediate food after birth revealed that 71.5% mothers had correct knowledge, almost 7.5% replied jaggery and 5% replied gripe water and 3% top-milk. (Table 1.1)

Table 1.1- First feed to be given immediately after birth

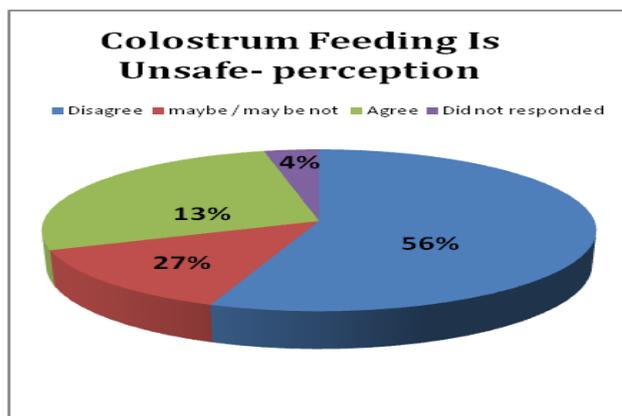
First feed to be given immediately after birth	No.	Percentage (%)
Breast milk	143	71.5
Jaggery	15	7.5
Sugar water	4	2
Top milk	6	3
Gripe water	10	5
Did not responded	2	1
Drop outs	20	10
Total	200	100

Responses for timely initiation of breast milk revealed that, 50% had knowledge that it should be initiated within an hour of birth, 28% replied after 2-4 hours birth and 11.5% answered after 4 hours (Table 1.2).

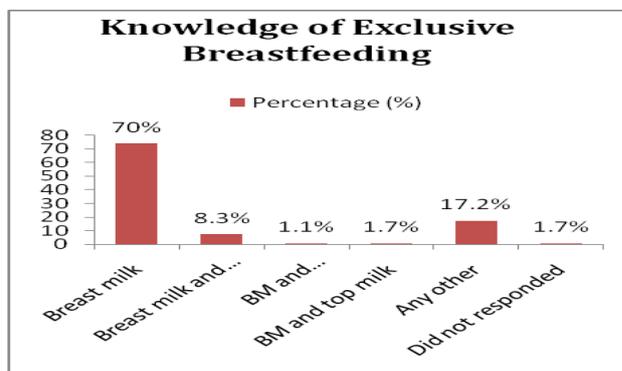
Table 1.2 - Time of initiation of breast milk

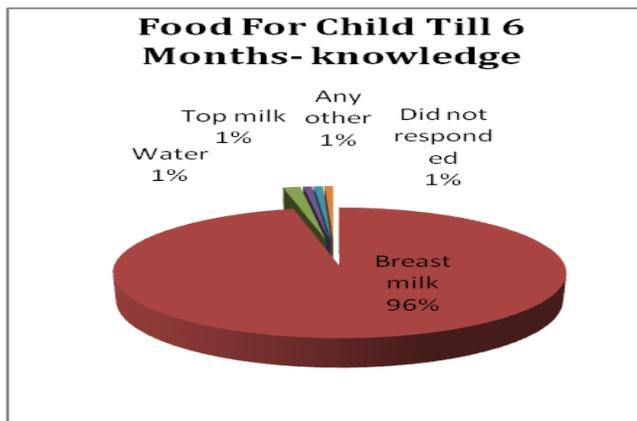
Time of initiation of breast milk	No.	Percentage (%)
Within 1 hour of the birth	100	50
Within 2-4 hours of the birth	56	28
More than 4 hours	23	11.5
Did not responded	1	0.5
Drop outs	20	10
Total	200	100

Graph 4 refers that almost 66.1% mothers believed colostrum- the first thick milk should be given to child, 10.7% were not aware about colostrum. On the contrary, 56% mothers believed that first secretion- colostrum is not safe to be fed to the new born. (Graph 1).



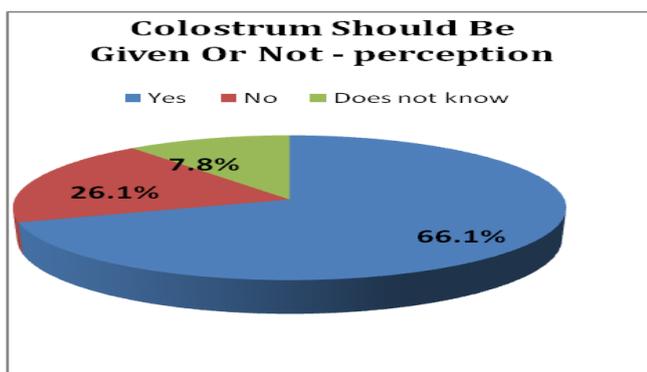
Knowledge of mothers on exclusive breastfeeding was 70%; whereas 96% mothers believed only breast milk to be given till 6 months of age (Graph 2 & 3). It is surprising to know that in spite of appropriate knowledge, 54.2% perceived that till 6 months only breast milk should be given exclusively. Rest (45.8%) had started some food before completion of six months. Mothers who believed that exclusive breastfeeding prevents child from common illnesses were 66%.





Initiation of complementary feeding should be essentially followed for adequate growth and development of child, as recommended by WHO guidelines on Infant and Young Child feeding practices. Pondering on mother's knowledge about complementary feeding, 41% had correct knowledge about of complementary feeding, 51% believed that complementary feeding should be initiated after completion of six months.

The report 'Super food for Babies how to overcome the barriers to breastfeeding'-2013, examined the reasons behind the lack of progress in improving breastfeeding rates and especially some major barriers that prevent mothers from breastfeeding their babies such as, community and cultural pressures, shortage of health workers, lack of maternity legislations (Super food for Babies, 2013). Mobilisation of community should be done through social and traditional media for promoting and improving IYCF practices (WABA annual result based report to Sida, 2012). National guidelines should be reviewed and given a shape of a national policy with plans and budgets, implementation and operational guidelines for capacity building on indicators to implement all IYCF indicators (World Breastfeeding Trends Initiative (WBTi) India report, 2012).



CONCLUSION

There is a need to bring changes among the mothers and other family members about prevalent social beliefs and misconceptions regarding breastfeeding. Advocacy is being planned to improve social approaches

of all family members and decision makers so as to develop constructive thoughts and approaches to adopt optimal IYCF practices.

ACKNOWLEDGEMENT

We gratefully acknowledge the support extended to us by officers and workers of ICDS department, Govt. of Gujarat for permitting to work in tribal area of Sankheda. We would like to thank Ms. Jigisha Pathak, Programme Officer- ICDS, Ms. Vaishakhi- CDPO of Sankheda for giving support in field wherever needed, Supervisor Ms. Meena- for providing all the information about villages of the block and village based Aanganwadi Worker, Aanganwadi helper and ASHA of all ten villages for taking pains and providing all possible information, support and facilities for successful field work. We heartily express gratitude to all the mothers for giving their precious time for answering long list of questions. Also we are thankful to the community members for their support. We express our gratitude to Dr.Sharma .K, Nutrition specialist; Ms.Pant .M, Communication specialist, UNICEF –Gujarat-for partial fundings, UGC-DSA- SAP-II, Dept.of Foods and Nutrition, for providing departmental facilities and fund to conduct this study.

ETHICAL APPROVAL - IECHR/2013/16

Approval from Institutional ethical committee based on ICMR guidelines has been obtained. The draft proposal along with study design was discussed in the committee. Further inputs have been modified as per suggestions. Written informed consent was availed from the subjects included in the study. The approval number is: **IECHR/2013/16**.

REFERENCES

- District Level Health Survey; 2007-08
- Infant and Young Child Feeding, Fact Sheet, Updated September 2013; WHO.
- "Nourishing our Future- Tackling Child Malnutrition in urban slums"- Dasra foundation, available on link: <http://www.dasra.org/sites/default/files/NOURISHING%20OUR%20FUTURE.pdf>
- National Family and Health Survey; 2007-08
- World Breastfeeding Trends Initiative (WBTi) India report, 2012; pg.4 and pg. 15.
- Nutrition in first 1,000 days- state of the world's mothers, 2012- "Save the Children"
- Calculation by 'Save the Children', UNICEF. The state of the world's children, 2012 tables 1 and 2.
- Calculation by save the children. Data sources: Black, Robert E., Lindsay Allen, Zulfiqar Bhutta, Laura Calfield, Mercedes de Onis, Majid Ezzati, Colin Mathers and Juan Rivera, "Maternal and Child Under

nutrition: Global and Regional Exposures and Health consequences". The Lancet, Vol.371, Issue 9608, January 19, 2008, pg. 243-260, and UNICEF, The State of the World's children 2012 (New York: 2012) Table 1. pg 91.

- The Lancet: Child Survival Series, 2003.
- Super food for Babies- How overcoming barriers to breastfeeding will save children's lives; report; Save the children; 2013.
- WABA annual result based report to Sida; Protecting, promoting and supporting breastfeeding through Human rights and gender equality; a global project for coordinated action to achieve MDGs 4 and 5 (2008-2012); 2012
- Consolidated report of six country review of breast feeding programmes (Bangladesh, Benin, The Philippines, Sri Lanka, Uganda, Uzbekistan). Joint report of AED&UNICEF, April 2010.
- Breastfeeding and maternal and infant health outcomes in developed countries, Ip S; Chung M; Raman G, et al; 2007.
- Breastfeeding prevents deaths of 200000 Indian children-news save the children 201.
- The importance of breastfeeding, India.com Health; Aug 2012.
- Thin Lei Win More-Sharp fall in breastfeeding figures-Asia pacific report; Feb 2013. Thomas Reuters Foundation.
- Neeraj Tripathi Breastfeeding in first hour saves 16% kids in India. Sunday news, Aug 2013 <http://www.dnaIndia.com/India/report-breastfeeding-in-first-hour-after-birth-can-save-16-outof-100-kids-1869817>.