

# Knowledge and Attitude towards Infant and Young Child Feeding (IYCF) practices among Anganawadi Workers in Rural Field Practice Area of Kaladgi, Bagalkot

Ashok Dorle<sup>1</sup>, Manjula R<sup>2</sup>, Basavaraj Mannapur<sup>3</sup>,  
Lalitha D. Hiremath<sup>1</sup>, Chandrashekar Ghattargi<sup>4</sup>

<sup>1</sup>Professor, <sup>2</sup>Assistant Professor, <sup>3</sup>Associate Professor, <sup>4</sup>Professor and Head, Department of Community Medicine, S. Nijalingappa Medical College, Bagalkot - 587102, Karnataka, India.

## Abstract

**Background :** Anganawadi workers (AWW) are female workers under Integrated Child Development Scheme (ICDS). Her work includes health and nutrition education on various aspects of health of the mother and the child. Hence, it is important for the anganawadi worker to have adequate scientific knowledge about Infant and young child feeding (IYCF) practices.

**Objectives :** 1. To assess the knowledge and attitude about the aspects of Infant and young child feeding (IYCF) practices. 2. To find the gap in the knowledge and fill it by educational intervention.

**Materials and Methods :** This is an educational intervention study conducted in Kaladgi, a rural health training centre of S. N. Medical College, Bagalkot, in the year 2011. A predesigned proforma was used to obtain the information about the breast feeding practices after obtaining consent to participate in the study. This proforma consisted of 12 questions which were close-ended type, covering the issues of entire IYCF. After obtaining the data, it was tabulated in Microsoft excel. Scoring was done to quantify the knowledge, classified as good if they had scored 10-12, satisfactory (8-10) and poor if it was  $\leq 7$ . Later, education was given regarding the facts of breast feeding to them, and post test was conducted using the same proforma, then tabulated and analysed.

**Results :** 76 anganawadi workers participated in our study. Pre-test score was good (10-12) among 12 participants. The score was good in 58 participants after education intervention. The change in knowledge about IYCF was found to be statistically highly significant ( $p < 0.0001$ ).

**Conclusion :** Even though the breast feeding practices are universal, the early weaning and faulty feeding practices will lead to malnutrition in young children. Anganawadi workers are the key persons who will promote the good practices in her area, hence they should be equipped with knowledge by regular training programmes.

**Key words :** IYCF, anganawadi workers, educational intervention.

## Introduction

Breast feeding is one of the most important determinants of child survival, birth spacing and prevention of childhood infections. The importance of exclusive breast feeding and the immunological and nutrition values of breast milk have been demonstrated [1]. The beneficial effects of breast feeding depends on breast feeding initiation, its duration and the age at which the breast fed child is weaned [2].

Breast feeding practices vary among different regions and communities. In India, breast feeding in rural areas appears to be shaped by the beliefs of a community [3]. These practices are further influenced by social, cultural and economic factors. In rural areas, auxiliary nurse midwives, anganawadi workers, health workers, traditional and trained birth attendants also

influence the breast feeding practices. To achieve optimal growth and development, WHO provides guidelines under IYCF recommends that infants should be exclusively breast fed for the first six months of life. Thereafter to meet their nutritional requirements, infant should receive adequate and safe complementary foods while breastfeeding continues up to two years of age and beyond.

Anganawadi workers (AWW) are workers under ICDS scheme. Her work includes health and nutrition education on various aspects of the health of the mother and child. Thus it is important for the anganawadi worker to have adequate scientific knowledge about breast feeding practices. Hence this study was conducted to assess the knowledge and attitude of AWW with regard to breast feeding practices and identify the

## Address for correspondence

**Dr. Manjula R.** Assistant Professor, Department of Community Medicine, S. N. Medical College, Navanagar, Bagalkot-587102, Karnataka India **E-mail :** manjupushya2000@yahoo.com

gaps in their knowledge and make an effort to reduce the gap by providing health education.

### Material and methods

This is an education intervention study conducted in Kaladgi, a rural health and training centre of S.Nijalingappa Medical College, Bagalkot in the year 2011. After obtaining the approval from institutional ethical clearance, this study was conducted to assess the knowledge and attitude towards breast feeding practices among anganawadi workers.

A predesigned proforma was used to obtain the information about the knowledge of breast feeding practices after obtaining consent to participate in the study. This proforma consisted of 12 questions which are closed ended type of questionnaire covering the issues of entire IYCF. After obtaining the data, it is tabulated in the Microsoft excel. Scoring was done to quantify the knowledge, classified as good if they had scored ( $\geq 10$ ), satisfactory (8-10) and poor if it is ( $\leq 7$ ).

Later, educational intervention was given using flip charts, and blackboard regarding the facts of breast feeding to them, and post test was conducted using the same proforma immediately after intervention, then tabulated and analysed using OPEN EPI software.

### Results

In our study, the knowledge and attitude towards breast feeding was not adequate and it improved with educational intervention. 76 anganawadi workers participated in our study. Knowledge about pre-lacteal feeds as should not be given was present in 62 of them

which increased to 74 among the study participants after educational intervention. Only 16 of them knew the time of initiation of breast feeding after normal delivery and caesarean section, whereas it was 58 after education intervention (Table 1). The change in knowledge about each aspects of IYCF was found to be statistically highly significant ( $p < 0.0001$ ). Hence it is very important to reinforce their knowledge with regular training programme is essential to bring changes in the community.

Pre-test score was good (10-12) among 12 participants. The score was good in 58 participants after education intervention (Table 2). The change in knowledge about IYCF was found to be statistically highly significant ( $p < 0.0001$ ). None of them had heard about IYCF (Infant and Young Child Feeding) and IMS (Infant Milk Substitute) act.

### Discussion

Anganawadi workers are the key functionaries for effective implementation of Integrated Child Development Services Schemes (ICDS) in India. They are formally trained for the non-formal, pre-school education of children between 3 and 6 years of age, primary health care and first-aid to children under 6 years, health education to pregnant and lactating mothers, supplementary feeding of children of ages 0-6 years, referral services for severely malnourished children and assisting health staff in immunization [4-6].

**Table 1. Knowledge about IYCF Practices among Anganawadi workers before and after education intervention (n=76)**

Sl No	Characteristics	Pretest		Post test	
		No	%	No	%
1	Knowledge about prelacteal feeds*	62	81.5	74	97.3
2	Knowledge about duration of exclusive breast feeding*	23	30.3	70	92.1
3	Knowledge about time of initiation of BF after normal delivery and caesarean section*	16	21	58	76.3
4.	Knowledge about advantages of BF for baby (atleast 3)*	15	19.7	60	78.9
5.	Knowledge about advantages of BF for mother (atleast 3)*	6	7.8	50	65.8
6.	Knowledge about complementary breast feeding*	70	92.1	72	94.7
7.	Knowledge about continuous breast feeding*	61	80.2	70	92.1
8.	Knowledge about extra nutrition for lactating mother*	0	0	50	65.8

\*  $p < 0.0001$  Highly significant

**Table 2. Knowledge about IYCF after Education Intervention**

Sl. No	Score	Pretest		Post test		p
		No	%	No	%	
1.	Good	12	15.8	58	76.3	<0.0001
2.	Satisfactory	18	23.6	9	11.8	
3.	Poor	46	60.5	9	11.8	

In the present study only 15% of them had good score in the pretest. Similar study was conducted among Anganawadi supervisors by Taksande A et al. [7] observed that 19% of them had a good score. After education intervention 76% of the anganawadi workers got good scores. Hence it is very important to reinforce them with regular training programme, so that it would bring acceptable changes in the community.

In a study conducted by Satpathy [8] among anganawadi workers, 20% had very high score, 74% had Average score and remaining 6% had a very low score in the pretest, however in our study 15% had good score, 24% had satisfactory score and 61% of them had low score, which changed to 73% after education intervention which was statistically highly significant ( $p < 0.0001$ ). Similar findings have been reported in the studies conducted among nursing staff [9], who are the key personnel to educate the breast feeding initiation among the mothers who are delivered in hospital.

Even though the breast feeding practices are universal, the early weaning and faulty feeding practices will lead to malnutrition in young children. Anganawadi workers are the key person who will promote the good practices in her area, hence they should be equipped with the knowledge by regular training programmes.

#### References

1. Arifeen S, Black RE, Antelman G, Baqui A, Caulfield L, Becker S. Exclusive breast feeding reduces acute respiratory infection and diarrhoea deaths among infants in Dhaka slums. *Paediatrics* 2001;108:E67

2. Victora CG, Smith PG, Vaughan JP, Nobre LC, Lombardi C, Teixeira Am, et al. Evidence for protection against infant deaths from infectious diseases in Brazil. *Lancet* 1987;(2):319-322.
3. Iskandar MB, Costello C, Nasution Y. Initiation and Duration of Breast feeding in Indonesia. *Asia Pac Popul J* 1990;5:89-112.
4. Wynne G. Training and retention of skills. *British Medical Journal* 1986;293:29-31.
5. Laurence RA. Human milk as the gold standard for infant feeding. *J ObstetGynaecol India* 1999;49:30-34.
6. Phatak A. Economic and ecological effects of breast feeding. *J ObstetGynaecol India* 1999;49:35-38.
7. Taksande A, Tiwari S, Kuthe A. Knowledge and attitude of Anganawadi supervisor workers about Infant (Breast feeding and complementary) feeding in Gondia District. *IJCM* 2009 ;34(3):249-251.
8. Satpathy R, Das DB, Nanda NC. Knowledge of Anganawadi workers about breast feeding. *Indian pediatr* 1995;932:933.
9. Mullick DN. Attitudes of medical and nursing personnel to breastfeeding practices. *Indian Pediatr* 1987;24:911-916.

Source of funding - Nil Conflict of interest - None declared
---