

# **Evaluation of Project on Baby Friendly Health Initiative, Lalitpur District, Uttar Pradesh**

**By**

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## Executive Summary

### 1. Background

The project on ‘Promotion of Baby-Friendly Health Initiative’ (BFHI) was implemented by the Department of Paediatrics, BRD Medical College, Gorakpur, in Lalitpur district of Uttar Pradesh in collaboration with the state government and UNICEF. The project started in November 2006 and lasted up to December 2007 and covered all six blocks of the district. The final evaluation of the project was conducted by Y.G. Consultants & Services (P) Ltd., New Delhi during March–April, 2008.

#### i. Objectives of the Project Evaluation

The objectives of the evaluation study are as follow:

- To assess the initiation of breastfeeding practices within one hour of birth
- To assess exclusive breastfeeding rates from birth to six months
- To assess initiation of complementary feeding to all infants after six months of their birth
- To identify factors responsible for increase in exclusive breastfeeding
- To study the overall impact of the project on breastfeeding and complementary feeding practices
- To learn lessons for scale-up/extension of such projects to other districts in Uttar Pradesh as well as other states in the country

#### ii. Methodology

The methodology adopted for the project was desk review of the data available in the baseline survey and interaction with the project coordinator, *Anganwadi* workers, *dais* and *Ashas*, block and district level counsellors who are engaged in the promotion of BFHI, and focus group discussions (FGDs) with mother’s and mothers-in-law in select villages of the project area. For interaction/interviews of various personnel, semi-structured questionnaire/check list was used.

A total of 190 mothers with infants of 0-3 months and 190 mothers with infants of 7-9 months were interviewed in 20 villages. The actual sample size achieved and instruments used for data collection are given below:

<b>Sample Achieved</b>	
Number of villages	20
Number of mothers with infants of 0-3 months old	193
Number of mothers with infants of 7-9 months old	202
Family level counsellors (AWWs/Dais/Asha)	41
Block level counsellors	6
District level counsellors	2
FGD with mothers/mothers-in-law	9
Project coordinator/assistant project coordinator	1

## **Instrument for Data Collection**

The following instruments were used for quantitative and qualitative data collection:

- i. Checklist for project coordinator/asstt. project coordinator
- ii. Checklist for officer in-charge
- iii. Interview schedule for mothers with infants of 0-3 months
- iv. Interview schedule for mothers with infants of 7-9 months
- v. Interview schedule for family level counsellors (AWWs/Dais/Asha)
- vi. Interview schedule for block and district level counsellors
- vii. FGD guidelines

## **2. Findings of the Study**

The evaluation study shows a significant success of project interventions. Selected district/block level counsellors and frontline workers (AWWs, Dais and Asha) were trained on infant and young child feeding practices. All the counsellors interviewed at district (2) and block level (6) were found providing counselling to pregnant and lactating mothers at their respective places. Besides, they visited field area where they solved problems of frontline workers relating to initiation of breastfeeding, complementary feeding and exclusive breastfeeding. A lot of IEC material such as pamphlets, posters, flipcharts and wall writings were used during the project period to promote exclusive breastfeeding practices.

The family level counsellors interviewed at the community level (19 AWWs, 14 Ashas and 8 Dais) were found visiting homes of pregnant/lactating mothers and providing education for exclusive breastfeeding, supporting mothers with feeding difficulties and advising them for complementary feeding by holding meetings/personal contacts etc. Thus, the project has created a favourable atmosphere for continuation of such activities.

Since all counsellors and frontline workers worked for more than a year in the project, they were all supportive of such activities in the future and enjoyed better rapport with the community. It is hoped that these workers will continue to serve the community for promotion of breastfeeding practices in the area, though the project may come to end. It will further strengthen the activities if the state government could use this trained workers for improving breastfeeding practices in the area.

The project shows significant changes in various indicators related to breastfeeding practices. The key findings of the evaluation are presented below:

### **A) Breastfeeding practices among mothers of infants with 0-3 months**

- A total of 193 mothers were interviewed. Out of them nearly 19 percent had babies under one month old and 81 percent had babies of 1-3-months.
- About 72 percent of such mothers started breastfeeding within one hour of delivery and only 15 percent had started it within 1-3 hours after the birth of the child. The difference in the initiation of breastfeeding by sex was negligible because in the case of 69 percent of baby boys and 70 percent of baby girls, the breastfeeding was initiated within one hour of the delivery.

- FGDs with mothers and mothers-in-law support the findings of initiation of breastfeeding within an hour as majority stated that the mother's thick milk after the delivery is 'Amrit' which makes the child strong and able to fight against any disease.
- Nearly 45 percent of mothers reported seeking help during breastfeeding with 35 percent of them taking help from AWWs, 28 percent from ANMs and 23 percent from Asha. Dais and block level counsellors provided support to 10 percent of mothers.
- About 76 percent mothers were advised for proper attachment and good diet by family level counsellors, whereas 53 percent were advised for exclusive breastfeeding for six months. However, only 27 percent of mothers reported that they were advised to start breastfeeding within one/half an hour.
- Only 15 percent mothers gave pre-lacteal feed to the newborn within the first three days. The pre-lacteal feed given was milk other than breastmilk (72 percent) and plain water (34 percent). These findings were supported by FGDs as giving of "upri doodh i.e. cow's/ goat's milk diluted with water and also "mitha pani" to the child by a small proportion of the mothers.
- Majority of mothers (85 percent) reported that they were given advice about as to when to start breastfeeding by AWWs (63 percent), Ashas (21 percent), block level counsellors (15 percent) and Dais (11 percent).
- About 61 percent mothers reported that they breastfed their child for 2-3 years and began complementary feeding after 6-8 months. Nearly 30 percent said they started breastfeeding within half-an-hour to one hour. However, as many as 19 percent mothers reported no custom in this regard.
- Nearly 69 percent mothers said their babies ended breastfeeding on their own.
- Only 29 percent reported that their babies slept while being breastfed.
- Significantly, a large majority of 82 percent mothers did not report any problem in initiation and continuation of breastfeeding.
- However, as many as 60 percent mothers reported of having not enough quantity of milk during feeding, with 14 percent reporting proper attachment for feeding as a problem.
- Nearly 88 percent reported to have given only Breastmilk to child during last 24 hours.
- About 38 percent of mothers desired information on health of their babies and 26 percent on baby diet. On proper attachment, three percent mothers needed information. Majority of these mothers (51 percent) wanted information from AWWs followed by Ashas (29 percent) and dais (16 percent).

## **B) Breastfeeding practices among mothers of infants with 7-9 months**

- A total of 202 mothers were interviewed and about 55 percent of them had baby boys and 45 percent baby girls.
- Almost all (99 percent) mothers were still breastfeeding and nearly 62 percent of them had exclusively breastfed the child for six months (had not been giving even water or anything else with breastmilk). But during the FGD, only 21 out of 48 young mothers and four out of 19 mothers-in-law explained clearly that they were told by link woman, AWWs and ANMs that they should give only breastmilk for the first six months and this advice was strictly followed by them. However, only illiterate mothers and mothers-in-law had different views and did not appreciate this message at all.

The rate of exclusive breastfeeding was worked out between 50 percent and 74 percent with 95 percent level of confidence, but in view of the findings of the FGD, it is likely to be on the lower side of confidence interval, i.e., between 50 percent and 62 percent .

- Nearly 90 percent of the mothers were advised for exclusive breastfeeding for six months. Out of them, 65 percent were advised by AWWs, 16 percent by *Ashas* and six percent by *dais*. Block level counsellors gave advice to 10 percent mothers.
- Around 84 percent of mothers were told about complementary feeding, of which 67 percent were advised by AWWs, 18 percent by *Ashas* and only five percent by *dais*, while in the case of 18 percent mothers, the advice was imparted by the block level counsellors.
- Nearly 45 percent of mothers started complementary feeding at the seventh month, 35 percent at the eighth month and only four percent at the sixth month.
- During the FGD, most of the young mother participants said they were told (by AWW/link women) to give the child some semi-solid food from the sixth month onward.
- Twenty-four hours prior to the FGD, about 50 percent of the participating mothers had given milk products to the child. Further, about 46 percent fed the child three to four times and 17 percent more than four times.
- Nearly 45 percent mothers gave 50-150 gm of milk and milk products at a time and 31 percent gave 20-50 gm of fruits. Nearly 20-50 gm of *dal*, *khichri* and *daliya* were given by 29 percent, 24 percent and 21 percent mothers, respectively.
- Majority (87 percent) of mothers used to play with/smile at the child for feeding the child. Only a small proportion (three percent) used incentive as a method for feeding. But none adopted frightening as a method for feeding.
- Most of mothers (93 percent) perceived their child as healthy. Significantly, almost all (97 percent) mothers got their child vaccinated too.
- Significantly, nearly 86 percent mothers did not report any problem in continuation of breastfeeding as well.
- More than half (58 percent) of mothers said women in their community started complimentary feeding after six to eight months and breastfeed the child for two to three years.

### **C) Project Impact**

Initiation of breastfeeding within an hour of birth has shown significant increase over the project period (10.9 percent in the baseline to 72 percent in the final evaluation survey). Giving of pre-lacteal feed and initiation of breastfeeding within one to three hours have declined substantially, whereas significant improvement in the indicators of complimentary feeding (six to eight months, six to seven months and eight to nine months) were noticed over the project period. The rate of exclusive breastfeeding has also gone up from nearly 11 percent in the baseline survey to at least 50 percent (between 50 percent and 62 percent) at the time of the final evaluation. About 93 percent of mothers perceived their child as healthy during the final evaluation survey compared to 27 percent in the baseline survey.

### **3. Recommendations**

The project interventions have been effective in significantly increasing the initiation of breastfeeding within an hour of delivery, exclusive breastfeeding for six months, reduction in pre-lacteal feeds and early start of complementary feeding. However, the project objectives do

not reflect the ultimate aim of implementing such interventions in terms of health indicators. Therefore, it is recommend that:

- For long-term sustainability after the project is withdrawn as well as for replication/scale-up, it is necessary to create a nucleus of block and district level counsellors who are part of health system by training the willing ANMs, nurses at CHCs, MOs and staff of paediatrics department of district hospitals. The village level counsellors have already been trained by the project.
- Infant and young child feeding (IFCF) practices should be linked with health indicators in terms of reduction in neonatal and infant morbidity and mortality such as reduction in incidence of diarrhoea, reduction in incidence of pneumonia, reduction in neonatal mortality of low birth weight babies, etc. For that, a longitudinal study have to be conducted where monthly morbidity and mortality data is recorded by following up of all newborns up to six months in the intervention blocks and one control block where such interventions are not implemented.
- In this project also it will be desirable to fill the above gaps for long-term sustainability as well as to show the real impact of IYCF practices by implementing the above suggestions.

## **Evaluation of the Project on “Promotion of Baby-Friendly Health Initiative”**

### **1. Background**

The Department of Paediatrics, BRD Medical College, Gorakhpur, in collaboration with the government of Uttar Pradesh and UNICEF, was assigned the project titled ‘Promotion of Baby-Friendly Health Initiative’ for a period of six months (November 2006-April 2007) in three blocks of Lalitpur district, Uttar Pradesh. Later on, it was extended to the remaining three blocks of the district, thus all the six blocks were covered. The project was supported by the UP state chapter of the UNICEF. The main emphasis during the project period was to improve exclusive breastfeeding practices among mothers with infants and young children. In order to improve breastfeeding practices i.e. initiation of breastfeeding within an hour of birth, exclusive breastfeeding till six months, and timely introduction of adequate, safe and properly fed complementary feed, various activities were undertaken during the project period.

Local NGOs along with AWWs, *dais* and *Ashas* were trained in each village to promote and support optimal infant and young child feeding. The AWWs, *dais* and *Ashas* visited pregnant and lactating mothers in their homes. They provided education to mothers on infant and young child feeding and helped and supported them with feeding difficulties. They were supported by trained counsellors from district and block level in this.

Besides, counselling centres at district and block levels were set up to ensure that mothers with feeding difficulties were able to visit these centres and take necessary counselling. Demonstration sessions on feeding and encouraging good practices were carried out in these villages by these trained family-level counsellors. In addition, a low- cost complementary food production unit was set up in the district to make available affordable, easy-to-digest, locally procured and nutritionally adequate complementary food to babies.

### **2. Baseline Survey**

A baseline survey was conducted by the BRD Medical College to assess the status of infant and young child feeding practices in Lalitpur district at the time of the initiation of the project.

### **3. Evaluation of the Project**

The Y.G. Consultants & Services was assigned the task of conducting the final evaluation of the project in March–April, 2008.

#### **i. Objectives of the Evaluation**

The objectives of the evaluation study are the following:

- To assess the initiation of breastfeeding practices within an hour of the birth of the baby

- To assess exclusive breastfeeding rates from birth to six months
- To assess the initiation of complementary feeding to all infants after completion of six months
- To identify factors responsible for increase in exclusive breastfeeding
- To study the overall impact of the project on breastfeeding and complementary feeding practices
- To learn lessons for scale-up/extension of such projects to other districts in Uttar Pradesh as well as other states in the country

## **ii. Project Area**

The baby-friendly health initiative was implemented in all the six blocks of Lalitpur district -- Birdha, Jakhaura, Talbehat, Madawara, Mehrauni and Bar-- and the same was covered during the evaluation study.

## **iii. Scope of the Final Evaluation**

Since a good deal of work was reported to have been done in the project area by the implementing agency, changes compared to the baseline in the following parameters have been assessed:

- i. Breastfeeding practices within an hour of the birth of the baby
- ii. Exclusive breastfeeding from birth to six months
- iii. Initiation of complementary feeding to all infants after six months
- iv. Breastfeeding and complementary feeding practices

In addition to these, consultations with officials involved from the Department of Paediatrics, AWWs, *dais* and *Ashas* were held to understand the implementation process, their views about training received and the use of the training. Their suggestions were also sought in regard to bottlenecks/problems faced during implementation and how did they overcome the same. Focus group discussions were held with mothers and mothers-in-law in groups in each block. All this was done to assess the impact of the project.

## **iv. Methodology**

The final evaluation was conducted through a combination of processes, such as:

- i. A desk study to review all relevant project documents including baseline survey conducted during the project period
- ii. Consultation with
  - Project Coordinator

- Community
- AWWs/Dais/Ashas
- Block and district level counsellors for promotion of the project

iii. Focus group discussions with mothers and mothers-in-law groups

## v. Design of the Study

### Sample Size

According to the baseline survey conducted in three blocks of Lalitpur district at the beginning of the project interventions, the following rates were observed:

Initiation of breastfeeding within an hour=10.9 percent

Exclusive breastfeeding from zero to six months=6.6 percent

It is estimated that due to project interventions, these rates may have gone up to around 45 percent. Therefore, for estimating exclusive breastfeeding rate during the first six months, we required sample of about  $95 \times 2 = 190$  mothers (at 95 percent level of confidence and sampling error of 10 percent and design effect of 2 i.e. estimated value may be within range of 35 percent to 55 percent) with babies of seven to nine months so that both breastfeeding as well as complementary feeding practices could be assessed. In order to reduce the problem of recall regarding initiation of breastfeeding within an hour of birth, another group of 190 mothers (at 95 percent level of confidence and a sampling error of 10 percent and design effect of 2) with babies of the first three months were considered (in order to have sufficient sample in each village). For non-response or the houses found closed, additional sample of 10 percent was taken for consideration.

### Sampling Design

To assess the impact of the project on breastfeeding and complementary feeding practices, a multi-stage sampling design was adopted. At the first stage, *panchayats* were selected from each block using a PPS sampling technique. Thus, in all the 20 *panchayats* were selected for collecting information from mothers. The list of *panchayats* selected is given below:

Block	Village
Talbehat	Pawa, Terai, Nathikheda
Jakhora	Alapur, Kisalbas, Nagbas
Birdha	Jijyawan, Talgaon, Rajwara, Pura, Bant,
Madavara	Gora Kalan, Khutguan
Bar	Sunwaha, Gadora, Imlia
Mehrauni	Chayan, Pathrai, Sadkora,

At the second stage, mothers who have delivered a child within the past three months as well as mothers with seven to nine months old babies were selected from the sample villages. The information for such households was procured from AWWs/dais/Ashas. Thus, a total sample of 210 mothers with children between zero to three months and 210 mothers with seven to nine month old children were selected from the six blocks and interviewed to assess the initiation of breastfeeding and complementary feeding practices in the project area. The total sample was spread over 20 villages. In case sample was not achieved in any particular village, adjoining village was considered to achieve the required sample.

Besides, one AWW/dais/Ashas from each sample village were contacted and interviewed. In addition, one female block level counsellor from each block and two district level counsellors were also interviewed. Further, FGDs in each block among mothers/mothers-in-law groups were also carried out.

### **Sample Achieved**

Number of villages	20
Number of mothers with children of 0-3 months old	193
Number of mothers with children of 7-9 months old	202
Family Level Counsellors (AWWs/Dais/Ashas)	41
Block Level Counsellors	6
District Level Counsellors	2
FGDs with mothers/mothers-in-law groups	9
NGO	1
Project Coordinator/Asstt. Project Coordinator	1

### **vi. Instrument for Data Collection**

The following instruments were used for quantitative and qualitative data collection:

- i. Checklist for Project Coordinator/Asstt. Project Coordinator
- ii. Checklist for Officer in-charge, and the NGO Aadharshila Sewa Samiti
- iii. Interview schedule for mothers with children of 0-3 months
- iv. Interview schedule for mothers with children of 7-9 months
- v. Interview schedule for family level counsellors (AWWs/Dais/Ashas)
- vi. Interview schedule for block and district level counsellors
- vii. FGD guidelines

A copy of the interview schedule/check-list/FGD guidelines are given at Annexure-1.

### **vii. Data Collection**

Data collection was started in the last week of March, 2008 and was completed by the first week of April of the same year. Local female field investigators were recruited and trained for collecting information from mothers in selected villages and village level counsellors. The training was imported by the director of Y.G. Consultants. The other categories of persons were interviewed by the consultant working with the company. Data collected by female investigators was scrutinised by the consultant in the field to check consistency and completeness.

During the survey, information was collected from mothers of infants with zero to three months and seven to nine months old. The mothers with zero to three months old babies were asked a series of questions relating to initiation of breastfeeding, child behaviour during feeding, problems in initiation and continuation of breastfeeding and whether they wanted more information on appropriate breastfeeding and from whom?

The mothers of infants with seven to nine months old were enquired about breastfeeding practices, complementary feeding, health status of the children and type of breastfeeding and complementary feeding practices being followed by them.

Pattern of functioning of the project has also been discussed by collecting information from the project coordinator, district/block level counsellors and frontline workers (AWWs, dais, Ashas) engaged in providing counselling to pregnant and lactating mothers in the project area.

## **4. Survey Findings**

### **A) Breastfeeding Practices among Mothers with 0-3 Infants**

A total of 193 mothers with infants zero to three months were interviewed. Their responses are given in Annexure-1 (Tables 1-27A).

#### **Profile of Infants of 0-3 months**

Among the infants of the 193 mothers interviewed, both boys and girls were almost half. Nearly 19 percent were less than one month old, whereas 81 percent were of one to three months.

#### **Initiation of Breastfeeding**

About 72 percent of mothers started breastfeeding the infant within an hour and 15 percent within first 1-3 hours after the birth of the child. The responses were also cross tabulated by the sex of the child. It was noted that in case of 69 percent of boys and 70 percent of girls, breastfeeding was initiated within an hour of birth. Therefore it is significant to note that there is hardly any difference in the initiation of breastfeeding by the sex of the baby. In fact is a bit higher among the mothers with baby girls.

These mothers were further asked how many times the breastmilk was given to the child. About one-third of the mothers reported eight times, 30 percent reported six times and 24 percent of the mothers reported four times of feeding the baby. Only two percent reported giving breastfeeding more than ten times.

During FGDs with mothers and mothers-in-law, it has been found that customarily mothers takes bath after three days of delivery and only after that the child is allowed to start breastfeeding. However, a few mothers-in-law (7/19) reported that today young mothers, irrespective of hospital/home delivery, started breastfeeding within an hour of delivery. These responses of mothers-in-laws were echoed by a majority of young mothers (35/48).

Out of the total 48 young mothers who participated in FGDs, 29 reported that they started breastfeeding within an hour of the birth of the baby. Of them 21 said, “the mother’s thick milk after delivery is ‘Amrit’ for the baby as it helps the baby to develop natural immunity in the body. Child becomes strong and able to fight against any disease. “In our village several women (link women) are trained by ANMs who told us in this regard when we were pregnant. Even AWWs too advised us that we should not throw away the first milk, rather we should give it to the child with in an hour of birth. A few participants (8/29) further said, “we gave the first milk to our new born soon because we came to know about its good effect from TV; the AWWs also told as about this. We also verified this information from our neighbours who recently had babies and from the link woman/ASHA in the village”.

This supports the quantitative findings given above.

### **Type of help/support sought during breastfeeding**

Information was collected from mothers to know whether they felt any need for help/support during breastfeeding and if yes, from whom. In response 45 percent of the mothers reported in the affirmative and 35 percent of them had taken help from AWWs, 28 percent from ANMs and 23 percent from *Ashas*. Each of the *dais* and block level counsellors provided support to 10 percent of mothers.

On enquiring about the type of help/support provided by these workers, 76 percent mothers were advised for proper attachment and good diet, while 53 percent were told about exclusive breastfeeding for six months. However, 27 percent said that they were advised to start breastfeeding within one/half an hour after delivery.

The other advice given to the mothers was relating to (i) frequency of feeding, (ii) washing of the breasts before feeding, and (iii) massaging the breasts and back side of the body for better flow of milk.

### **Duration of Breastfeeding**

More than half of the mothers (59 percent) breastfed the child for 10 to 15 minutes and one-third of them for 20 minutes, and five percent of them even doing so more than 20

minutes. Significantly, only two percent mothers reported feeding less than 10 minutes of feeding.

### **Pre-lacteal Feeding**

Only 15 percent of the mothers reported giving pre-lacteal feed to the newborn within the first three days. Among them, a large 72 percent gave milk other than breastmilk and 34 percent gave plain water as pre-lacteal feed. About 52 percent mothers gave pre-lacteal feed by spoon and 34 percent by using cotton. Use of bottle was reported by only three percent of the respondent mothers. When asked about the amount of pre-lacteal feed given, 28 percent each mentioned two to three tea spoons, while 24 percent said one tea spoon. Four or more tea spoons were reported by 20 percent mothers.

During FGDs, 19 out of 48 mothers who didn't initiate breastfeeding within an hour of the birth of the baby reported that after the birth they gave the baby either diluted cow/goat milk for three to five days. Five women participants also indicated that in the village, the practice of borrowing milk of lactating mother (surrogate mother) in the neighbourhood was prevalent and they also borrowed milk of the surrogate mother for their youngest baby. According to these mothers, "borrowing milk from surrogate mother in remote villages is still a common practice. But the trend is declining and those who delay breastfeeding after the birth of the child, give "upri doodh i.e. cow/goat milk diluted with water and also "mitha pani" to the child."

### **Type of Advice given for Breastfeeding**

Nearly 85 percent of the mothers said that they were given advice when to start breastfeeding. Of these, about 63 percent of them were advised by AWWs, 21 percent by Ashas and 15 percent by block level counsellors. The *dais* gave advice to only 11 percent mothers. These mothers further reported that they were advised to start breastfeeding within an hour and did so for the first six months.

### **Type of Breastfeeding Practices**

More than 61 percent of the mothers reported that women in their community breastfed the child for two-three years and would start complementary feeding after six to eight months. However, 30 percent stated that women started breastfeeding within one/half an hour after the child birth. No specific custom in this regard was reported by 19 percent of the responding mothers. The other practices reported in order are (i) giving of immediate milk other than breastmilk (six percent), (ii) breastfeeding for three to five months and complementary feeding after six to eight months (six percent), and (iii) breastfeeding for one to two months and complementary feeding after six to eight months (four percent).

### **Feed Given to the Child the Previous Day –Exclusive Breastfeeding**

The mothers were asked about what did they give to the child previous 24 hours. About 88 percent reported giving only breastmilk whereas eight percent said that they gave plain water and two percent gave breastmilk with plain water. Animal milk was given by only two percent of the mothers.

### **Child Behaviour**

Almost all the mothers (98 percent) described their child as 'normal', while 94 percent described as 'healthy'.

### **Mother's Behaviour**

More than four-fifths of the mothers (81 percent) felt proud about breastfeeding. Only a small proportion (three percent each) felt tense and had pain during feeding. These mothers were further asked what they thought about the quantity of their milk. Majority (84 percent) stated having sufficient milk. Deficient milk was reported by only four percent of the mothers.

Further, 69 percent of mothers said that their children ended breastfeeding himself/herself whereas 29 percent reported that the children slept while feeding. These mothers were further asked about their feeling after breastfeeding. About 41 percent felt happy and 34 percent reported rest after breastfeeding. However, 21 percent felt nothing (no specific feeling) after breastfeeding.

### **Problems in Initiation and Continuation of Breastfeeding**

A large majority of 82 percent mothers did not face any problem in initiation and continuation of breastfeeding. Only 18 percent reported some sort of problems.

The major problem reported was less milk (60 percent). The other problems reported are (i) no proper attachment (14 percent), and (ii) child is not satisfied with breastmilk and continued to weep (three percent). However, 23 percent did not reply to this question at all.

## **B) Breastfeeding Practices among Mothers with 7-9 Infants**

In all 202 such mothers were interviewed. About 55 percent of them had male babies and 45 percent had female babies in the age group of seven to nine months (>6 months). Their responses are presented at Annexure-2 (Table 1-17B).

### **Exclusive Breastfeeding**

About 99 percent mothers were still breastfeeding the child. Only two percent (two mothers) were not feeding as they had stopped feeding after five months and six months respectively. The mothers who were feeding were further asked how many months did they exclusively breastfed. Nearly 62 percent of them did so for six months (not given water or anything else). Further, for exclusive breastfeeding, 90 percent mothers were advised by some worker or others. While the AWW advised 65 percent mothers, Ashas advised 16 percent and dais did so for six percent. Block level counsellors advised 10 percent of the mothers who delivered the child at the block PHC.

The type of advice given by family level counsellors was reported as (i) exclusive breastfeeding for six months and then complementary feeding (ii) initiation of breastfeeding within one/half an hour of delivery, and (iii) such feeding helps child in developing immunity.

Though 72 percent of mothers reported that they exclusively breastfed the child for six months not giving even water but during the FGD, only 21/48 young mothers and 4/19 mothers-in-law explained clearly that they were told by the link woman of the village, AWW and ANM that infants from birth to six months should be given only breastmilk and not even water and they strictly followed the advice. According to them, those who are educated understand this concept and follow it. Illiterate mothers and mothers-in-law possess different views in this regard and do not appreciate this message at all.

Based on the finding that 62 percent of the mothers reported exclusive breastfeeding to children, the rate of **exclusive breastfeeding for six months** was worked out between 50 percent and 74 percent with 95 percent level of confidence, but in view of the FGD findings, it is likely to be on the lower side of confidence interval i.e between **50** percent and **62** percent.

### **Complementary Feeding**

All the mothers were also asked whether anybody told them about complementary feeding. More than four-fifths (84 percent) reported in affirmative. Of these about 67 percent were advised by AWWs, 18 percent by Ashas and only five percent by the dais. Block level counsellors provided counselling to 18 percent of mothers. These field level workers/counsellors advised them to give dal, biscuits, animal milk, kheer etc. as complementary food to the child after six months.

All the mothers were further asked at what age of the child the complementary feeding was started. About 45 percent started it at the seventh month, 35 percent at the eighth month and only four percent at the sixth month of the child. Thus, the early complementary feeding (6-7 months) was reported by only 49 percent and delayed complementary feeding (8-9 months) by 40 percent mothers. However, 11 percent have not yet started complementary feeding i.e. by age of nine month.

The type of food being given was reported as fruits, daliya, khichri, rice, biscuit, cow milk, roti, mashed potato and kheer.

During the FGD, a few mothers-in-law (6/19) reported that until the child demanded any semi solid/solid food/as long as mother had enough milk and child was satisfied with that, and that they did not consider giving any solid food to the child. However, most of the young mothers stated that they were told by family level counsellors (AWW/link women) to give child some semi-solid food on completion of six months and they followed that advice (37/48). But 11 young mothers reported of starting complementary feeding in the seventh/eighth month.

### **Type of Food given to Child during last 24 hours**

During the previous 24 hours, about 50 percent of mothers gave milk products to the child. The other food given included (i) fruits (24 percent), (ii) dal (22 percent), (iii) roti (21 percent), khichri (19 percent), and (iv) daliya and mashed potato (15 percent each).

Further, 46 percent of mothers fed three to four times during the past 24 hours, whereas 17 percent fed more than four times. However, 16 percent did not specify any duration.

In response to the question on the amount of feed given to child at a time, 45 percent mothers reported the quantity at 50-150 gm of milk and milk products, whereas 31 percent gave 20-50 gm of fruits. Nearly 20-50gm of dal, khichri and daliya were reported by 29, 24 and 21 percent of mothers respectively. About 22 percent mothers started giving one-fourth of roti at a time too. Biscuit was given by four percent of mothers.

### **Method Adopted for Feeding**

All the mothers were asked about the method adopted for feeding and majority (87 percent) reported the methods as playing and smiling at the baby. Incentives as a method for feeding were reported by only three percent, whereas none adopted frightening as a method.

### **Child Behaviour**

Most of the mothers (93 percent) reported their child as healthy and almost all the mothers (97 percent) had got their child vaccinated.

### **Problems Faced in Continuation of Breastfeeding**

A large majority of mothers (86 percent) did not face any problem in continuing breastfeeding and only 14 percent reported some problems. The major problem reported was insufficient quantity of milk (55 percent). The other problems in order were: (i) child was not satisfied with breastmilk and continued to weep (17 percent), (ii) pain while feeding and fever (14 percent) and (iii) no proper attachment (seven percent).

To overcome such problems, the action taken were: (i) provision of milk other than Breastmilk (24 percent), (ii) proper attachment and good diet (24 percent), (iii) feeding the child number of times (seven percent), and (iv) massaging the breasts and back of the body (17 percent). However, 28 percent did not say anything.

### **Type of Breastfeeding and Complimentary Feeding Practices**

At the end of the interview, all the mothers with children aged seven to nine months were asked about the breastfeeding and complimentary feeding practices being followed in the community. Nearly 58 percent of mothers said that women in community start complimentary feeding after six to eight months and breastfeed the child for three to three years.

The other practices reported in order were: (i) giving milk other than breastmilk after delivery and breastfeeding after three days (14 percent), (ii) no custom (14 percent), (iii) complimentary feeding after six months (12 percent), (iv) breastfeeding for three to five years and complimentary feeding after six to years months (10 percent), (v) breastfeeding for six months along with water (six percent), (vi) breastfeeding for one to two years and complimentary feeding after six to months (three percent), and complimentary feeding after 10-12 months (two percent). The customs such as food sent by brother-in-law and

given to the child, washing of the breasts before feeding and giving bath to the child were reported by a very small proportion of mothers (one to two percent).

### **Information Desired on Appropriate Breastfeeding**

All the mothers during the survey were asked whether they wanted more information on appropriate breastfeeding. If so, what sort of information was needed and from whom they would like to have?

About 38 percent of the mothers desired information on health of child and 26 percent on diet of the child. However, seven percent wanted information to provide sufficient milk during feeding. On proper attachment, only three percent mothers desired more information.

However, 51 percent mothers wanted information on appropriate feeding from AWWs, 29 percent from *Ashas* and 16 percent from *dais*. Information from ANM and block level counsellors was desired by nine percent and eight percent mothers respectively. Seeking of such information from doctors, sister-in-law and mother-in-law was reported by a small proportion of the responding mothers.

### **C) Project Impact**

To assess the impact of the project, key baseline indicators were compared with those of the final evaluation. The comparison is shown below:

<b>Indicators</b>	<b>Baseline Survey</b>	<b>Final Evaluation Survey</b>
Percentage of mothers by initiation of breastfeeding within an hour	10.9	72.0
Percentage of mothers by initiation of breastfeeding within 1-3 hours	22.8	15.0
Percentage of mothers by pre-lacteal feed given	67.0	15.0
Percentage of mothers who exclusively breastfed the child for 6 months	7	62
Percentage of mothers by complimentary feeding (6-8 months)	53.8	85.0
Percentage of mothers by early complimentary feeding (6-7 months)	43.6	49.0
Percentage of mothers by delay in complimentary feeding (8-9 months)	10.1	40.0

The above table reveals that there is significant improvement in all the indicators. Initiation of breastfeeding within an hour has increased from 10.9 percent to 72 percent post the survey, whereas initiation of breastfeeding within one to three hours and giving of pre-lacteal feed has gone down substantially. The exclusively breastfeeding up to six months has increased from seven percent at the time of baseline survey to 62 percent on

the final evaluation. Also, the indicators of complimentary feeding practices (6-8 months, 6-7 months and 8-9 months) have shown significant improvement over the project period. Further, as many as 93 percent of mothers perceived their children to be healthy during the final evaluation survey as compared to 27 percent in the baseline survey. Thus, it can be concluded that strategy and project interventions have made significant impact on the knowledge and breastfeeding and complimentary feeding practices in the project area.

#### **D) Process Evaluation of the Project**

To assess the functioning of the project, project coordinator, two districts, and six block level counsellors, 14 Anganwadi Workers, 14 Ashas and eight dais were contacted and interviewed. The project coordinator was enquired about a series of questions relating to strategy adopted for implementation, capacity building, IEC activities, problems faced and suggestions for better for functioning of projects. District and block level counsellors and frontline workers were enquired about their role in the project, type of activities conducted, training undergone and suggestions for strengthening of the programme. All these aspects have been discussed in this section.

##### **i) Project Coordinator**

The project coordinator was interviewed to know his perception of the project implementation, problems faced, how they were overcome and suggestions for scaling up/replication etc. The responses are presented hereunder.

##### **Project Initiation**

It was informed by the project coordinator that before the implementation, a baseline survey was conducted and local NGOs were identified for smooth functioning. That apart, coordinators and middle level trainers were selected. The baseline findings were discussed at a meeting of the representatives from the UNICEF, BRD Medical College, and district officials.

##### **Capacity Building**

For capacity building, training of trainers for frontline workers (middle level trainers) was carried out at the BRD Medical College. The middle level trainers included social workers, private practitioners and retired teachers. These trainers were trained for a week using BPNI/IBFAN training module. It was also told that counsellors at district counselling centres were providing counselling to pregnant and lactating mothers.

At the community level, mother-support groups were formed. A three-day training was conducted for 30-35 participants (AWW, Ashas and dais) using BPNI training module. Al together 60 such training sessions were organised. A special training for health workers was also organised. That apart, a counselling centres were opened in each block where counselling to pregnant and lactating mothers was given by block level counsellors.

It was further informed that during the training, the role of frontline workers was decided to ensure their availability for optimal support and advice. A token of honorarium was also paid to these workers. In all 600 mother support groups were formed consisting of three members at the community level. About 100 mothers were honoured for practicing exclusive breastfeeding. Further, to promote exclusive breastfeeding and complementary feeding, monthly meetings were organised in each block.

### **Project Monitoring**

For monitoring the project activities, personal visits to field were made by block counsellors as well as by assistant project coordinator. For complimentary feeding, demonstration was carried out by frontline workers which were randomly checked by the assistant project coordinator and block level counsellors.

### **IEC**

To promote infant and young child feeding practice in the project area, posters, pamphlets, flipcharts and wall-writing were used. Besides these, folk groups and festivals were used as media for promotion of feeding practices. Also, baby-friendly health initiative cards were used for complimentary feeding and monitoring the growth of the child.

### **Problems Faced**

The project staff had to face local resistance which was overcome by involving community leaders, local NGO and district level officers. The myth about the use of first breastmilk for puja etc and benefits of early breastfeeding were sorted out through regular counselling by village level counsellors. Even the counselling of mothers-in-law and family members helped increase exclusive breastfeeding practices.

### **Suggestions**

The following suggestions were made to improve the functioning of such projects:

1. Increase the honorarium of APC/district/block level counsellors
2. Provision of IEC material and funds
3. Refresher training for the project staff
4. Training for the remaining ICDS centre workers
5. Organising meeting at village/*panchayat* /ICDS and sector level

### **ii) Support provided by Anganwadi workers, Dais and Ashas to the mothers**

To assess the working pattern of frontline workers (*Anganwadi*, *Dais* and *Ashas*) in villages, a sample of 19 *Anganwadi* workers, 14 *Ashas* and eight *dais* were interviewed. Their responses are presented below.

### **Training**

All the 19 *Anganwadi* workers (AWWs), 14 *Ashas* and eight *dais* had received three days of training at block PHCs. They were provided training by the district/block level counsellors. The training was about breastfeeding practices and the emphasis was on initiation of breastfeeding within an hour, exclusive breastfeeding up to six months and

complementary feeding after that. Type of diet to be given to a child after six months was also discussed. Information about problems of feeding and how to overcome were also discussed.

### **Role in the Project**

All the community level workers were asked about their role in the project. The major roles defined by these community level workers were: (i) education of pregnant and lactating mothers, (ii) counselling of pregnant mothers about exclusive breastfeeding, (iii) organising meetings of pregnant and lactating mothers, and (v) helping mothers with feeding difficulties.

### **Problem reported in counselling of mothers and actions taken**

All the village level workers were asked what did they do in case of any problem in counselling of mothers on exclusive breastfeeding and complementary feeding? Most of them reported that they discussed the issues with mothers a number of times and tried to motivate them. Sometimes they had to take the help of block level counsellors. However, the *dais* reported that in such cases they had taken the help of *Anganwadi* workers and *Ashas*.

### **Providing practical help to mothers in need**

All the frontline workers informed that for providing practical help to mothers in need, they made themselves available in the village at any time. It was found that most of these workers were residing in the village.

### **Number of meetings organised**

On an average two to three meetings have been organised by these workers in the village every month. At these meetings, the pregnant and lactating mothers were advised about breastfeeding and complimentary feeding practices. Sometimes even the ANM also participated in such meetings. However, these workers had daily interactions with the mothers.

### **Type of activities undertaken**

All the frontline workers interviewed reported the following activities undertaken by them:

- Home visiting of pregnant/lactating mothers and advise for use of iron folic acid tablets and good diet as well as maintaining health
- Counselling of mothers for exclusive breastfeeding
- Supporting mothers with difficulty in infant and young child feeding
- Demonstration of age-appropriate complimentary feeding by holding meetings/personal contacts
- Weighing of children and monitoring their growth
- Referring of cases with difficult in feeding to block PHCs, and
- Vaccination of children

### **Problems Faced**

Most of the workers did not report facing any problem during these activities. However, a few (15 percent) reported facing some problems. The problems reported are: (i) no flow of breastmilk, (ii) illiteracy, (iii) refused to get the child vaccinated, and (iv) not interested.

When these workers were asked about how did they overcome such situation, all of them reported that they (i) massaged the breasts of the mothers following which there was better flow of milk, and (ii) explained the importance of breastfeeding, complimentary feeding and vaccination. Thus the mothers got motivated.

### **Suggestions**

For continuing and implementation of such projects in future, as many as 71 percent of frontline workers made the following suggestions:

- 1). Refresher training at regular intervals
- 2). Increase in their honorarium
- 3). Regular meetings for upgrading knowledge
- 4). Meeting by district level officials at village level at least once in three months.
- 5). Training for left-out frontline workers
- 6). Vaccination facilities at the *Anganwadis*
- 7). More meetings with pregnant and lactating mothers
- 8). Continuation of such projects

### **iii) Views of District/Block Level Counsellors**

#### **Training**

The two district level counsellors and six block level counsellors interviewed reported to have received training for a week on infant and young child feeding practices at BRD Medical College. The other participants were NGOs, retired teachers and private practitioners.

#### **Their role in the Project**

All the district and block level counsellors told that their major role was (i) formation of mothers' group (ii) imparting training to frontline workers using BPNI training module, (iii) counselling pregnant and lactating mothers at district and block level, (iv) organising weekly meetings of mothers at Anganwadi's and discuss issues related to breastfeeding practices, (v) supervision of activities of frontline workers and solving their problems.

#### **Action taken in case of problems**

All the counsellors informed that whenever any mothers reported problems relating to initiation, exclusive breastfeeding and complimentary feeding to any frontline workers, it was resolved on the spot by educating/contacting mothers not only once but even two to three times.

### **Availability of frontline workers**

All counsellors reported that frontline workers (*Ashas, dais* and *Anganwadi* worker) were available 24 hours in the village for providing practical help to mothers in need.

### **Activities undertaken**

All counsellors interviewed at block and district level informed that the following activities promoting breastfeeding practices in the project area:

- i. Formation of mothers' groups
- ii. Training of frontline workers for three days at the block level
- iii. Regular counselling of pregnant and lactating mothers at the district hospital (PP Centre and delivery ward)/block PHCs
- iv. Field work-- visiting frontline workers every week in villages and resolving their problems relating to initiating of breastfeeding, complementary feeding and exclusive breastfeeding
- v. Education of frontline workers about the BFHI card with necessary details regarding feeding practices, checking growth of the child and providing necessary advise for complementary diet, and
- vi. Organising weekly meetings at Anganwadis for mothers

Two counsellors were found working on each day on all the six days of the week at the block PHC.

### **Problems Faced**

Only three out of eight counsellors reported having faced some problems in the field. The problems reported are: (i) some mothers don't feed for three days (ii) feeding difficulties (iii) giving water/animal milk during exclusive breastfeeding, and (iv) difficulty in discussing such issues in the public meeting. These problems were sorted out by involving local leaders, educating mothers about the side effects of not feeding child for three days and the effect of animal milk.

### **Suggestions**

The counsellors made the following suggestions for successful implementation of the project:

- i. Increase in salary
- ii. Regular involvement in projects
- iii. Continuity of the present project as public is benefited
- iv. Travelling allowance for the field work
- v. Refresher training at regular intervals
- vi. Provision of training modules, etc.
- vii. Holding such regular meetings in the villages

## E) Focus Group Discussions

Besides collection of quantitative information from the mothers with 0-3 and 7-9 months old babies, FGDs were held in villages with these mothers as well as with their mothers-in-law. FGDs with mothers-in-law were carried out considering the importance of their role on this aspect in the families. In fact, traditionally they are the 'kingpin' in handling the child birth and childcare aspects in rural families and they act as the 'gatekeeper' in case of any new practices are to be introduced in this area.

This report is based on the information gathered from nine FGDs conducted in the six villages in six blocks – (six FGDs for mothers with infants and young children and three FGDs for mothers-in-law) in the selected villages. The villages and blocks covered are:

Block	Village	FGDs
Talbehat	Pawa	Mothers and Mothers-in-law
Jakhora	Alapur	Mothers
Birdha	Rajwara	Mothers and Mothers-in-law
Madavara	Gora Kalan	Mothers and Mothers-in-law
Bar	Sunwaha	Mothers
Mehrauni	Chayan	Mothers

The discussions with mothers and mothers-in-law were held around the issues like pregnancy, antenatal care as well as the place of delivery and its preference, natal care, practices of rites and rituals after child birth, initiation of breastfeeding and its advantages, practice in respect of pre-lacteal feeding, practice of exclusive breastfeeding and its duration and related issues, initiation of complementary feeding including details like time, type of food, number of times given and continuation of breastfeeding along with complementary feeding and its duration, their sources of advice in regard to these practice and reasons for following traditional practices in respect to these issues.

The information given by mothers and mothers-in-law during FGDs has been transcribed hereunder.

### **Pregnancy & Delivery**

All the young mothers were asked about how did they confirm their pregnancy before starting antenatal care, who did they consult and what types of care/services they received and in case they did not avail of any such services, the reasons for the same. Almost all FDG participants shared that for first confirmation of pregnancy, they generally depend on the local dai. In case they missed their period they would become conscious and watch for two cycles at least. While all mothers-in-law explained that they watched their daughters-in-law carefully to check whether they avoided worshipping and cooking in a month for four to five days. In case the daughters-in-law were found doing normal routines without observing unclean days (which in rural areas is strictly followed during

the menstrual days) they would generally enquire from them and would then call in the *dai* for pregnancy confirmation. Once the *dai* confirms the pregnancy, most of the young mothers said that they contacted AWWs or sometimes AWWs themselves contacted them for antenatal care services.

When asked, majority of the young mothers informed that they got two TT injections from the ANM. According to the young mothers: “*Anganwadi* worker told us about TT injection which protects both the mother and the child from major diseases. The ANM visits the *Anganwadi* and gives TT shots to us one in the fourth and one in the seventh/eighth month of pregnancy. The ANM also gave us a red coloured *iron ki goli* with instruction to take one *goli* everyday for *taakat*. But we did not follow that.”

On further probing, majority of the young mothers (36/48) shared that they did not consume the ‘100 red golis’ given to them by the ANM/AWW because it created nauseating feeling, lack of appetite/taste and constipation. This was endorsed by mothers-in-law too. Almost all the mothers-in-law commented:

“Daughters-in-law of their own discontinued the red *golis*. We did not object to taking these *golis* although we feel very strongly that for *taakat* during pregnancy, mothers should eat properly whenever they feel hungry and take rest when they are tired. These *golis* are not that essential to give *taakat*’...”

Young mothers said that both the ANM and AWW, whenever met, advised them against carrying weight especially during the advance stage of pregnancy and in case they found any problem like headache or severe vomiting they must immediately consult the ANM at the SC or doctor at the PHC. However, most young mothers and almost all the mothers-in-law maintained that during pregnancy if the woman maintained her normal health they would not go to SC/PHC or even private practitioner for check-ups. In case of any alarming problem like spotting/bleeding or sometimes blurred vision they consulted the local private doctor. Sometimes they also consulted the ANM.

As regards delivery and the varieties of customs related to that, the discussions revealed that a significant number of young mothers (28 out of 48) went to hospital/PHC for delivery primarily because they wanted to avoid any problems/risk during delivery. However, several young mothers (20/48) responded in favour of home delivery because of convenience as *dai* was available at home who could do the job satisfactorily even several days after delivery (which is not feasible in hospital as hospital releases patient within 24 hours in case of normal delivery); family specially mother/sister-in-law can take care of the mother and new born well; does not cost much except payment to the *dai* (which is possible even in kind) and no time cost for the family members who generally accompany patient in case of hospital delivery. Similar views were shared by majority (15/19) of the mothers-in-law too. They added by saying:

“Now-a-days AWW/ANM – all say hospital delivery should be followed. But even if the daughter-in-law goes to the hospital, she comes back home within 24 hours. We then are to call the *dai* for attending the mother and the newborn at home like giving them oil

massage, *sekai* etc. We, at home are to attend them closely for at least three weeks. We do not see any advantage of a hospital delivery. We definitely prefer that delivery should be at home by *dai* – who does the job very well and keeps on coming to attend the mother and the baby for at least eight to ten days. In case of any complications during delivery *dai* tells beforehand and we then make arrangement for going to PHC/private hospital. They also expressed that '*hospital jaane me darr lagta hai. Pata nahi doctor log kya karenge*'.

Only four mothers-in-law supported hospital delivery by saying, "*Hospital me koi jaan pehchaan ho to jaane me faida hai. Nahi to sister log bahut boori tarah se pesh aati hai. Koi sunwai nahi hai...*"

Besides these, when asked several mothers-in-law (11/19) said that after the birth, child would be given bath at home by the *dai* who would clean the baby and keep it wrapped in soft cotton cloth, which generally kept ready for the purpose. On probing about the cleaning procedure in the hospital, a majority of them said that nurses too cleaned the baby in soap water. According to them practice of bathing is a pre-condition for observing cleanliness as delivery is considered as unclean stage/period. However, five mothers expressed by saying that they were told by the AWW, *Ashas*, link woman in the village that the child after birth should be given sponging because if bathed there was the possibility of the child falling sick, especially getting pneumonia, which is a dangerous disease for a newborn. They also reported that customarily mothers got bath after three days of delivery and only after that she was allowed to start breastfeeding. However, a few mothers-in-law (7/19) told that now-a-days young mothers irrespective of hospital/home delivery, starts breastfeeding within an hour of delivery. After 10 days of the child birth "*Ghar me puja path karwaati hai, gana bajaana bhi karte hai. Ye sab jaida ladka hone pe karte hai, ladki ke liye kewal puja-paath hi hota hai.*"

These responses of mothers-in-law were echoed by majority of young mothers (35/48) too.

### **Initiation of Breastfeeding**

The practice of breastfeeding is a universal phenomenon in India except the higher echelon of the urban society. So, it is not a new entity in behaviour practice domain for women in this country. However, several traditional norms are associated with these practices. As a result, the initiation of breastfeeding timing after the birth of a baby differs. Thus, in the FGDs of young mothers and mothers-in-law, a detailed discussion was held in this regard with special focus to unearth the reasons for delay in the initiation of breastfeeding to the newborn and the type of feeding these mothers would give to the baby till she starts breastfeeding i.e. the type of pre-lacteal feeding. Discussions were also held to find out the reasons or advantages of breastfeeding the baby within an hour of delivery and who conveyed this message to women in understanding its beneficial effect.

Out of the total member of 48 young mothers who participated in FGDs, 29 reflected that they started breastfeeding within an hour of delivery. Of them, 21 said, "mother's thick milk after delivery is 'Amrit' for the baby as it helps the child to develop natural

immunity. As a result, the child becomes strong and able to fight against any disease. In our village, several women (link women) are trained by the ANM who told us in this regard when we were pregnant. Even the AWW too advised us that we should not throw the first thick breastmilk away, but rather we should give it to the child within an hour of the birth of the baby.” A few participants (8/29) added by saying, “We gave the first breastmilk to our new born soon after delivery because we came to know about its good effect from TV; the AWW also told us about this. We also verified this information from our neighbours who delivered recently and from link woman/ASHA in the village.” However, of those eight participants, two admitted that they started breastfeeding after one day after the birth because they were not very sure whether they should follow this practice or not. They further said, “In the past, we used to begin breastfeeding only after three days considering that such thick milk stored for nine months in the mother’s body is bad milk and that’s why it is thick and yellowish. Even in our village, elderly people used to say ‘*jab hum bachre ko ye doodh nahi dete to apne bache ko kaise de.*’ However, all the 29 young mothers agreed that these days young women in their villages start breastfeeding within an hour of delivery. And they give credit to AWWs and trained link women for educating them about the advantages of early breastfeeding.

The remaining 19 participants stated that some of them started breastfeeding only after two to five days. They expressed that like their mothers-in-law, they also perceived that the first breastmilk was thick and yellowish and was definitely harmful to the baby. “There is high possibility that it will lead to diarrhoea– ‘*navjat ke liye ye gaara doodh thik nahi hai. Bacha isko pacha nahi pata. Humlog ye doodh ko phék dete hai*’”. However, majority of mothers initiated/have understood that breastfeeding should be initiated within one hour of delivery.

### **Giving of Colostrums and Pre-lacteal Feed**

On probing, 19 (19/48) mothers who didn’t initiate breastfeeding within an hour told that after birth they gave either diluted cow or goat milk to the baby for three to five days. Five women participants also indicated that in the village, the practice of borrowing milk of lactating mothers (surrogate mothers) in the neighbourhood was prevalent and they also borrowed milk of surrogate mothers for their new born. According to these mothers, “Borrowing milk in remote villages is still a common practice. Although, the trend is declining and those who delay in early breastfeeding give *upri doodh* i.e. cow/goat milk diluted with water and also *mitha pani*”

As noted, these young mothers started breastfeeding only after the purification bath after four five days, by which time, according to them, “the breastmilk became thinner and white in colour”.

An attempt was made to obtain the views of mothers-in-law also. Interestingly, a sizeable number of mothers-in-law (9/19) expressed that the early initiation of breastfeeding was acceptable to them and they never objected their daughters-in-law practicing this. They were found fairly convinced about the message communicated to them by AWW/link women/ANM in this regard. These mothers-in-law also admitted that they found their grandchildren possessing better health and not falling sick often. “Shayad yeh maa ka

pehela doodh ka hi karishma hai. Hume iske baare me pura viswas ho gaya hai. Aur hum sabko batate bhi hai”.

On the other hand, a majority of mothers-in-law imposed their decision on daughters-in-laws to initiate breastfeeding only after the cleaning bath when breastmilk too became thinner. They were found convinced that *‘maa ka pehela doodh ganda hai, usko phekna hi hai...’*

Such perceptions were found more prevalent among those mothers-in-law in distant villages than those who are in the villages nearer to PHCs or urban areas. Perhaps, frequent exposure to messages in respect of timely initiation of breastfeeding through AWW/link women/satisfied adopters of such practice in the village is the influencing factor in changing their perception/opinion about such practice.

### **Exclusive Breastfeeding**

The concept of exclusive breastfeeding is an important criterion in the whole realm of breastfeeding practice. Technically, it is explained that both timely initiation of breastfeeding and exclusive breastfeeding are equally important and people should practice exclusive breastfeeding without giving even plain water to the newborn. Because breastmilk contains requisite proportion of water needed for the infant. Circulation of the message that ‘if mothers breastfed the baby, they should avoid giving even water even’ has become a common practice by health workers and volunteers since long now.

Therefore an attempt was made to find out, through group discussions with mothers and mothers-in-law about their understanding of exclusive breastfeeding and its duration in the survey areas.

The findings reveal that a little above 50 percent of young mothers (28/49) practicing breastfeeding did not understand clearly the meaning of ‘exclusive breastfeeding’. Also, only four mothers-in-law understood this. According to these participants, exclusive breastfeeding means, “the infant should be on only breastmilk; they should not be given *upri doodh*. However, water should be given particularly during summer time.”

They commented, *“agar garmio me bache ko pani nahi diya to woh sookh jayega. Humlog itna pani pite hai, bacho ko bhi to pyaas lagti hai. Pani dena to bahoot jaroori hai”*.

While 21/48 young mothers and 4/19 mothers-in-law explained clearly that they were told by the link women/AWW/ANM that infants from birth to six months should be given only breastmilk and not even water. And they are strictly following such practice. According to them, those who are educated understand this concept and follow it. Illiterate mothers and mothers-in-law have different views in this regard and do not appreciate this message at all. Therefore, there is a need to create awareness – understanding about exclusive breastfeeding in the study area-- to overcome their wrong perceptions about this.

The study also probed both young mothers and mothers-in-law to understand if any of them had insufficient breastmilk, and if what would they do to feed the child?

Young mothers revealed that in case the mothers produced insufficient quantity of milk, then mothers-in-law would give them *saaboo dana* boiled in milk' as well as *laddoo* specially made with jaggery, *desi ghee* and dry fruits. However, six young mothers added that link women massaged such mothers for a few days which facilitated milk production. They also ate special diet, i.e. *laddoo* and *saaboo dana* with milk for about a month after delivery.

### **Complementary Feeding**

As regards the duration of exclusive breastfeeding, varied responses were given by young mothers and mothers-in-law. The range of answers in respect of exclusive breastfeeding varied from six months to nine/ten months. On probing, it was found that the child was not given any complementary food during this period. A few mothers-in-law (6/19) reported that until the child demanded any semi-solid/solid food and as long the mother had enough milk to feed the child, they did not consider giving any solid food to the child, while most of the young mothers stated that they were told by the AWWs/link women to give semi- solid food to the baby after six months and they followed that pattern (37/48). However, 11 young mothers reported of starting complementary food on seventh/eighth month.

The type of complementary food given to babies were mashed potato, banana, kichri, soft rice, dal ka pani, etc. They reported that they never made any effort to prepare complementary food separately. Whatever food items are cooked for the family would be given to the baby as well. The only effort they would make is to soften the food before giving to the baby. In the beginning, only about three-four teaspoons of complementary food would be given in a day, which would over time increase by two-three times a day. However, as reported, they continued breastfeeding along with complementary food for at least two years or even more. Some young mother and their mothers-in-law said, "*Jab tak ma ka doodh milta hai, bacha tab tak pita hai , chorwane ke liye ma kuch kosish nahi karti hai . Bacha jab doodh nahi milta apne aap chor deta hai.*"

Attempt was also made to assess the understanding of both mothers and mothers-in-laws regarding the necessity of starting complementary feeding after six month. Interestingly, it was noted that most of the young mothers (33/48) were aware about this. They said, "*Cheh mahine ke baad bacha ka jarurat bar jaati hai, Anganwadi didi ne bataya ki bache ko thora thora khaana dena chahiye, uska sehat thik raheta hai. Aur cheh mahine ke baad daant nikalna bhi shuru hote hai. To bacha kha sakta hai. Humlog jyadatar biscuit ka tukda ya roti ka tukra de dete hai.*"

While several young mothers and most mothers-in-law were found not very clear about the reason for initiating complementary food after six months, our probing found that they did not do so because they were not very sure about it. On the other hand, some mothers-in-law commented, "*Kam umar me maa ka doodh hi sahi hai , bacha ka cheh mahina umar bahut kam hai. Humlog to sebiya, doodh bache ko kooch bhi nahi diya. To*

*aaj kaise itne kum umar me bache ko khaana de woh pach nahi payega aur upar se bimar ho jayega, aath/nau mahine se pahle bache ko kooch khana khilane ki jaroorat nahi hai. Hamare jamane me humlog bache ko nau/das mahine me khana kilaya... Hamare sab bachache achcha aur tandrust hai...”*

The discussion also revealed that these days young mothers were starting complementary food on completion of six month in spite of the fact that in some families mothers-in-law were not accepting such practice. Most of the young mothers, who indicated their positive orientation and action in respect of timely initiation of complementary food, were educated. In other words, educated mothers had better appreciation for such information/message and acted accordingly.

Overall, it can be inferred that there is a changing trend in starting early breastfeeding, appreciation of the need for exclusive breastfeeding and timely initiation of complementary feeding after completion of six months. Moreover, young mothers are found to be quite accepting this message. However, this changing trend has been found to be a little less among young mothers living in remote villages as their mothers-in-law are strong supporters of the traditional pattern of breastfeeding. Perhaps, there is a need for more interpersonal interaction and counselling in this respect in future.

## **5. Recommendations**

The project interventions have been effective in significantly increasing the initiation of breastfeeding within an hour of birth of the baby, exclusive breastfeeding for six months, reduction in pre-lacteal feeds and early start of complementary feeding. However, the project objectives do not reflect the ultimate aim of implementing such interventions in terms of health indicators. Therefore, it is recommend that:

- For long-term sustainability after the project is withdrawn, it is necessary to create a nucleus of block and district level counsellors who are part of the healthcare system by training the willing ANMs, CHC nurses and MOs and the staff of the paediatrics department at the district hospital. The village level counsellors have already been trained by the project.
- Infant and young child feeding practices should be linked with health indicators in terms of reduction in neonatal and infant morbidity and mortality such as reduction in incidence of diarrhoea, pneumonia, neonatal mortality of low birth weight babies etc. For that, a longitudinal study may be conducted where monthly morbidity and mortality data is recorded by following up of all newborns up to six months in the intervention blocks, and one control block where such interventions are not implemented.
- In this project also, it will be desirable to fill the above gaps for long-term sustainability as well as to show the real impact of infant and young child feeding practices by implementing the above suggestions.

**Annexure 1****Tabulation of data for mothers of Infants 0-3 months old****Table 1A: Percent mothers by sex of the child**

<b>Sr. No.</b>	<b>Sex of the Child</b>	<b>No.</b>	<b>%</b>
1	Boy	97	50%
2	Girl	96	50%
	<b>Total (N)</b>	<b>193</b>	

**Table 2A: Percent mothers by age of child**

<b>Sr. No.</b>	<b>Age of child</b>	<b>No.</b>	<b>%</b>
1	Less than one month	36	19%
2	1-3 months	157	81%
	<b>Total (N)</b>	<b>193</b>	

**Table 3A: Percent mothers by how much time after birth of child started breastfeeding**

<b>Sr. No.</b>	<b>Time after birth</b>	<b>No.</b>	<b>%</b>
1	Immediately	4	2%
2	Within half an hour	63	33%
3	Within one hour	71	37%
4	1-3 hours	28	15%
5	Less than 24 hours	8	4%
6	1-3 days	14	7%
7	More than 3 days	5	3%
	<b>Total (N)</b>	<b>193</b>	

**Table 4A: Percent mothers by initiation of breastfeeding and sex of child**

<b>Sr. No.</b>	<b>Initiation of breastfeeding</b>	<b>Boy</b>	<b>Girl</b>
1	Immediately	2 (2%)	2 (2%)
2	Within half an hour	32 (33%)	31 (32%)
3	Within one hour	35 (36%)	36 (38%)
4	1-3 hours	12 (12%)	16 (17%)
5	Less than 24 hours	3 (3%)	5 (5%)
6	1-3 days	11 (11%)	3 (3%)
7	More than 3 days	2 (2%)	3 (3%)
	<b>Total (N)</b>	<b>97</b>	<b>96</b>

**Table 5A: Percent mothers by how many times the breastmilk was given to child**

<b>Sr. No.</b>	<b>Number of times</b>	<b>No.</b>	<b>%</b>
1	2 times	24	12%
2	4 times	46	24%
3	6 times	57	30%
4	8 times	63	33%
5	10 times	1	1%
6	10-12 times	1	1%
7	When the child was hungry	1	1%
	<b>Total (N)</b>	<b>193</b>	

**Table 6A: Percent mothers who felt need of any help/support during breastfeeding**

<b>Sr. No.</b>	<b>Felt need of any help</b>	<b>No.</b>	<b>%</b>
1	Yes	86	45%
2	No	107	55%
	<b>Total (N)</b>	<b>193</b>	

**Table 7A: Percent mothers by type of persons helped/supported during breastfeeding**

<b>Sr. No.</b>	<b>Type of person</b>	<b>No.</b>	<b>%</b>
1	Housewife	6	7%
2	Dai	9	10%
3	Doctor	1	1%
4	ANM	24	28%
5	AWW	30	35%
6	ASHA	20	23%
7	Block Level Counsellor	9	10%
8	Others (mother-in-law, sister-in-law, sister, nurse, TV)	11	13%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>86</b>	

**Table 8A: Percent mothers by type of information provided about breastfeeding**

<b>Sr. No.</b>	<b>Type of information</b>	<b>No.</b>	<b>%</b>
1	Advice for proper attachment and good diet	65	76%
2	Exclusive breastfeeding for 6 months	46	53%
3	Start breastfeeding the child within one/half an hour	23	27%
4	Advice to feed the child number of times	8	9%
5	Wash the breast before feeding	2	2%
6	Massaging the breast and back side of body for flow of milk	2	2%
7	Others (CF after 2 years, BF for 6 months along with water)	4	5%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>86</b>	

**Table 9A: Percent mothers by duration of breastfeeding the child**

<b>Sr. No.</b>	<b>Duration of feeding</b>	<b>No.</b>	<b>%</b>
1	Less than 10 minutes	4	2%
2	10 minutes	61	32%
3	15 minutes	52	27%
4	20 minutes	64	33%
5	More than 20 minutes	10	5%
6	No response	2	1%
	<b>Total (N)</b>	<b>193</b>	

**Table 10A: Percent mothers by whether the child was given anything to drink other than breastmilk in first three days after delivery**

Sr. No.	Given anything to drink	No.	%
1	Yes	29	15%
2	No	164	85%
	<b>Total (N)</b>	<b>193</b>	

**Table 11A: Percent mothers who gave pre-lacteal food by type of feed given**

Sr. No.	What was given to child	No.	%
1	Milk other than breastmilk	21	72%
2	Plain water	10	34%
3	Tea	1	3%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>29</b>	

**Table 12A: Percent mothers by how the pre-lacteal feed was given to child**

Sr. No.	Pre-lacteal feed given by	No.	%
1	Cotton	10	34%
2	Spoon	15	52%
3	Fingers	2	7%
4	Bottle	1	3%
5	Others	1	3%
	<b>Total (N)</b>	<b>29</b>	

**Table 13A: Percent mothers by number of times pre-lacteal feed was given to child**

Sr. No.	No. of times pre-lacteal feed given	No.	%
1	One time	4	14%
2	Two times	7	24%
3	Three times	10	34%
4	Four times	4	14%
5	More than four times	4	14%
	<b>Total (N)</b>	<b>29</b>	

**Table 14A: Percent mothers by amount of pre-lacteal feed was given**

<b>Sr. No.</b>	<b>Amount of pre-lacteal feed given</b>	<b>No.</b>	<b>%</b>
1	One tea spoon	7	24%
2	Two tea spoon	8	28%
3	Three tea spoon	8	28%
4	Four tea spoon	3	10%
5	More than four tea spoon	3	10%
	<b>Total (N)</b>	<b>29</b>	

**Table 15A: Percent mothers by whether they were given any advise by somebody when to start breastfeeding the child**

<b>Sr. No.</b>	<b>Advised</b>	<b>No.</b>	<b>%</b>
1	Yes	165	85%
2	No	28	15%
	<b>Total (N)</b>	<b>193</b>	

**Table 16A: Percent mothers by the person who advised when to start breastfeeding**

<b>Sr. No.</b>	<b>Type of person</b>	<b>No.</b>	<b>%</b>
1	AWW	104	63%
2	Dai	18	11%
3	ASHA	35	21%
4	Block Level Counsellor	24	15%
5	ANM	2	1%
6	Doctors	2	1%
7	Others (friends, sister-in-law, Mother-in-law, radio, TV etc.)	5	3%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>165</b>	

**Table 17A: Percent mothers by type of breastfeeding practices followed by other women in the community**

<b>Sr. No.</b>	<b>Breastfeeding practices in community</b>	<b>No.</b>	<b>%</b>
1	BF for 2-3 years and CF after 6-8 months	118	61%
2	Start breastfeeding the child within one/half an hour	58	30%
3	No custom	36	19%
4	Give immediately milk other than breastmilk after delivery and breastfeeding after 3 days	12	6%
5	BF for 3-5 years and CF after 6-8 months	12	6%
6	BF for 1-2 year and continue CF after 6-8 months	8	4%
7	Exclusive breastfeeding for 6 months	6	3%
8	CF after 7-8 months	5	3%
9	CF after 10-12 months	4	2%
10	Others (BF for 6 months alongwith water etc.)	2	1%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>193</b>	

**Table 18A: Percent mothers by type of feed given to child to drink yesterday during the day or at night**

<b>Sr. No.</b>	<b>Type of feed given to child</b>	<b>No.</b>	<b>%</b>
1	Only breastmilk	185	88%
2	Plain water	16	8%
3	Breastmilk and plain water	3	2%
4	Animal milk	3	2%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>193</b>	

**Table 19A: Percent mothers by the behaviour of child during breastfeeding**

<b>Sr. No.</b>	<b>Behaviour of child during BF</b>	<b>No.</b>	<b>%</b>
1	Normal	190	98%
2	Abnormal	3	2%
	<b>Total (N)</b>	<b>193</b>	

**Table 20A: Percent mothers by their opinion about the health of child**

<b>Sr. No.</b>	<b>Opinion about the health of child</b>	<b>No.</b>	<b>%</b>
1	Healthy	182	94%
2	Unhealthy	11	6%
	<b>Total (N)</b>	<b>193</b>	

**Table 21A: Percent mothers by their feeling during breastfeeding**

<b>Sr. No.</b>	<b>Mothers feeling during breastfeeding</b>	<b>No.</b>	<b>%</b>
1	Proud/happy	156	81%
2	Tense	5	3%
3	Pain	6	3%
4	Others	2	1%
5	Not specified	24	12%
	<b>Total (N)</b>	<b>193</b>	

**Table 22A: Percent mothers by what they think about their milk**

<b>Sr. No.</b>	<b>Mothers thinking about their milk</b>	<b>No.</b>	<b>%</b>
1	Sufficient	162	84%
2	Deficient	8	4%
3	Heavy breast	1	1%
4	Soft breast	16	8%
5	Not specified	6	3%
	<b>Total (N)</b>	<b>193</b>	

**Table 23A: Percent mothers by how does the child end the breastfeeding session**

<b>Sr. No.</b>	<b>How the child ends breastfeeding session</b>	<b>No.</b>	<b>%</b>
1	Self	133	69%
2	By You	17	9%
3	Sleeps while feeding	56	29%
4	Not specified	4	2%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>193</b>	

**Table 24A: Percent mothers by their feeling after breastfeeding**

<b>Sr. No.</b>	<b>Mother's feeling after breastfeeding</b>	<b>No.</b>	<b>%</b>
1	Rest	65	34%
2	Pain	6	3%
3	Happy	80	41%
4	Nothing	40	21%
5	Not specified	2	1%
	<b>Total (N)</b>	<b>193</b>	

**Table 25A: Percent mothers by problems faced in initiation and continuation of breastfeeding (BF)**

<b>Sr. No.</b>	<b>Problems faced in initiation and continuation of BF</b>	<b>No.</b>	<b>%</b>
1	Yes	35	18%
2	No	158	82%
	<b>Total (N)</b>	<b>193</b>	
	<b>Nature of problems faced</b>		
1	Less milk during feeding after birth of child and therefore advised to massage the breast and back side of body	21	60%
2	Less milk during feeding after birth of child and therefore advised for proper attachment	5	14%
3	Child was not satisfied with breastmilk and continued to weep	1	3%
4	Not specified	8	23%
	<b>Total (N)</b>	<b>35</b>	

**Table 26A: Percent mothers by type of information desired on appropriate breastfeeding**

<b>Sr. No.</b>	<b>Type of information desired on appropriate breastfeeding</b>	<b>No.</b>	<b>%</b>
1	For sufficient breastmilk for feeding	13	7%
2	Proper health of child	74	38%
3	Proper diet of child	51	26%
4	Proper attachment	5	3%
5	Benefits of mother's milk	2	1%
6	Others	5	3%
7	Non response	43	22%
	<b>Total (N)</b>	<b>193</b>	

**Table 27A: Percent mothers from whom information was desired on breastfeeding**

<b>Sr. No.</b>	<b>From whom information was desired</b>	<b>No.</b>	<b>%</b>
1	AWW	98	51%
2	Asha	56	29%
3	Dai	31	16%
4	ANM	17	9%
5	Block level counsellor	15	8%
6	Doctor	4	2%
7	Sister-in-law	3	2%
8	Mother-in-law	1	1%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>193</b>	

**Tabulation of data for mothers of Infants 7-9 months old**

**Table 1B: Percent mothers by sex of the child**

<b>Sr. No.</b>	<b>Sex of the Child</b>	<b>No.</b>	<b>%</b>
1	Boy	112	55%
2	Girl	90	45%
	<b>Total (N)</b>	<b>202</b>	

**Table 2B: Percent mothers still breastfeeding the child**

<b>Sr. No.</b>	<b>Breastfeeding the child</b>	<b>No.</b>	<b>%</b>
1	Yes	200	99%
2	No	2	1%
	<b>Total (N)</b>	<b>202</b>	

**Table 3B: Percent mothers who were currently breastfeeding by number of months exclusively breastfed the child**

<b>Sr. No.</b>	<b>No. of months exclusively breastfed</b>	<b>No.</b>	<b>%</b>
1	Upto 6 months	125	62%
2	7 months	37	18%
3	8 months	13	6%
4	9 months	6	3%
5	Not exclusively breastfed	21	10%
	<b>Total (N)</b>	<b>202</b>	

**Table 4B: Percent mothers who were currently breastfeeding by sex of child and number of months exclusively breastfed**

<b>Sr. No.</b>	<b>No. of months exclusively breastfed</b>	<b>Boy</b>	<b>Girl</b>
1	Upto 6 months	73 (65%)	52 (58%)
2	7 months	18 (16%)	19 (21%)
3	8 months	7 (6%)	6 (7%)
4	9 months	2 (2%)	4 (4%)
5	Not exclusively breastfed	12(11%)	9 (10%)
	<b>Total (N)</b>	<b>112</b>	<b>90</b>

**Table 5B: Percent mothers advised how long the infant should be exclusively breastfed**

<b>Sr. No.</b>	<b>Advised</b>	<b>No.</b>	<b>%</b>
1	Yes	181	90%
2	No	21	10%
	<b>Total (N)</b>	<b>202</b>	

**Table 6B: Percent mothers by persons who advised for exclusive breastfeeding**

<b>Sr. No.</b>	<b>Type of person</b>	<b>No.</b>	<b>%</b>
1	AWW	117	65%
2	Dai	11	6%
3	ASHA	29	16%
4	Block Level Counsellor	18	10%
5	ANM	1	1%
6	Doctors	5	3%
7	Others	4	2%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>181</b>	

**Table 7B: Percent mothers told about complementary feeding (CF)**

<b>Sr. No.</b>	<b>Mothers told about CF</b>	<b>No.</b>	<b>%</b>
1	Yes	169	84%
2	No	33	16%
	<b>Total (N)</b>	<b>202</b>	

**Table 8B: Percent mothers by persons who advised for complementary feeding**

<b>Sr. No.</b>	<b>Type of person</b>	<b>No.</b>	<b>%</b>
1	AWW	113	67%
2	Dai	9	5%
3	ASHA	30	18%
4	Block Level Counsellor	15	9%
5	ANM	3	2%
6	Others (mother-in-law, friends, sister-in-law)	9	5%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>169</b>	

**Table 9B: Percent mothers by age of starting the complementary feeding to child**

<b>Sr. No.</b>	<b>Age of starting CF</b>	<b>No.</b>	<b>%</b>
1	6 months	9	4%
2	7 months	91	45%
3	8 months	70	35%
4	9 months	10	5%
5	Not started CF	22	11%
	<b>Total (N)</b>	<b>202</b>	

**Table 10B: Percent mothers by type of food given to child for drinking/eating during last 24 hours**

<b>Sr. No.</b>	<b>Type of food</b>	<b>No.</b>	<b>%</b>
1	Fruits	49	24%
2	Milk product	101	50%
3	Daliya	30	15%
4	Khichri	38	19%
5	Roti	42	21%
6	Dal	45	22%
7	Mashed potato	30	15%
8	Others (biscuit, water etc.)	70	35%
9	Nothing	3	1%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>202</b>	

**Table 11B: Percent mothers by number of times child was fed from morning to night yesterday**

<b>Sr. No.</b>	<b>No. of times child was fed</b>	<b>No.</b>	<b>%</b>
1	One time	10	5%
2	Two times	30	15%
3	Three times	49	24%
4	Four times	45	22%
5	More than four times	35	17%
6	Not specified	33	16%
	<b>Total (N)</b>	<b>202</b>	

**Table 12B: Percent mothers by quantity of feed given to child at a time**

<b>Sr. No.</b>	<b>Type of feed</b>	<b>Quantity</b>	<b>No. (N=202)</b>	<b>%</b>
1	Fruits	20-50 gms	63	31%
2	Milk and milk products	50-150 gms	91	45%
3	Daliya	20-50 gms	42	21%
4	Khichri	20-50 gms	49	24%
5	Roti	1/4 piece	45	22%
6	Dal	20-50 gms	58	29%
7	Mashed potato	10-20 gms	35	17%
8	Biscuit	1-2	82	41%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>		<b>202</b>	

**Table 13B: Percent mothers by method adopted for feeding the child**

<b>Sr. No.</b>	<b>Type of method adopted</b>	<b>No.</b>	<b>%</b>
1	Frightening the child	1	0%
2	Incentive	7	3%
3	Playing	95	47%
4	With a smile	81	40%
5	Others	12	6%
6	Not specified	6	3%
	<b>Total (N)</b>	<b>202</b>	

**Table 14B: Percent mothers by their opinion about the health of child**

<b>Sr. No.</b>	<b>Opinion about the health of child</b>	<b>No.</b>	<b>%</b>
1	Healthy	187	93%
2	Unhealthy	15	7%
	<b>Total (N)</b>	<b>202</b>	

**Table 15B: Percent mothers by vaccination status of child**

<b>Sr. No.</b>	<b>Vaccinated</b>	<b>No.</b>	<b>%</b>
1	Yes	195	97%
2	No	7	3%
	<b>Total (N)</b>	<b>202</b>	

**Table 16B: Percent mothers by problems faced in continuation of breastfeeding (BF)**

<b>Sr. No.</b>	<b>Problems faced in continuation of BF</b>	<b>No.</b>	<b>%</b>
1	Yes	29	14%
2	No	173	86%
	<b>Total (N)</b>	<b>202</b>	
	<b>Nature of problems faced</b>		
1	No proper attachment and therefore less milk during feeding after birth of child	2	7%
2	Child was not satisfied with breastmilk and continued to weep	5	17%
3	Less milk	16	55%
4	Others (pain while BF, Fever etc.)	4	14%
5	Not specified	2	7%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>29</b>	
	<b>Solution of the problems</b>		
1	Milk other than breastmilk	7	24%
2	Advice for proper attachment and good diet	7	24%
3	Advice to feed the child number of times	2	7%
4	Massaging the breast and back side of body	5	17%
5	Not specified	8	28%
	<b>Percentage Exceed 100 due to Multiple Responses (N)</b>	<b>29</b>	

**Table 17B: Percent mothers by type of breastfeeding and complementary feeding practices followed by other women in the community**

<b>Sr. No.</b>	<b>Breastfeeding and complementary feeding practices in community</b>	<b>No.</b>	<b>%</b>
1	BF for 2-3 years and CF after 6-8 months	118	58%
2	Start breastfeeding the child within one/half an hour	43	21%
3	Immediately milk other than breastmilk after delivery and breastfeeding after 3 days	28	14%
4	No custom	28	14%
5	CF after 6 months	25	12%
6	BF for 3-5 years and CF after 6-8 months	20	10%
7	Exclusive breastfeeding for 6 months	17	8%
8	Breastfeeding for 6 months alongwith water	12	6%
9	BF for 1-2 year and continue CF after 6-8 months	7	3%
10	CF after 10-12 months	5	2%
11	Food sent by brother-in-law was given to child	4	2%
12	Wash the breast before feeding after birth of child	3	1%
13	Clean and bath the child and wash the nipple before feeding	2	1%



2. How many times the breastmilk was given to child?

- a. 2 times
- b. 4 times
- c. 6 times
- d. 8 times
- e. 10 times
- f. Others (specify).....

3. Did you feel need of any help/support during breastfeeding?

Yes/No

4. If yes, who provided help/support?

- a. Housewife
- b. Dai
- c. Doctor
- d. ANM
- e. AWW
- f. Link mother
- g. Block/District Level Counsellor
- h. Others (specify).....

5. What information (help) was provided about breastfeeding? (Record Verbatim)

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6. How long the child is breastfed?

- a. 10 minutes
- b. 15 minutes
- c. 20 minutes
- d. More than 20 minutes
- e. Others (specify).....

7. In the first three days after delivery, was the child given anything to drink other than breastmilk?

Yes/No

If yes, what was given to drink other than breastmilk (pre-lacteal feed)?

- a. Milk other than breastmilk
- b. Plain water
- c. Sugar or glucose water
- d. Gripe water

- e. Sugar-salt water solution
- f. Fruit juice
- g. Infant formula
- h. Tea
- i. Honey
- j. Janam ghutti
- k. Others (specify).....

How was it given to the infant?

- a. Cotton
- b. Spoon
- c. Fingers
- d. Bottle
- e. Others (specify).....

How many times given?

- a. One time
- b. Two times
- c. Three times
- d. Four times
- e. Others (specify).....

What amount was given?

- a. One tea spoon
- b. Two tea spoon
- c. Three tea spoon
- d. Four tea spoon
- e. Others (specify).....

8. Did anybody advise you when to start breastfeeding to the infant? Yes/No

9. If yes, who advised you and type of advice given by each one of them?

<b>Name of person</b>	<b>Type of advice given</b>
a. AWW	.....
b. Dai	.....
c. Link mother	.....
d. Block/District Level Counsellor	.....
e. Others (specify).....	.....

10. What type of breastfeeding practices are followed by other women in your community/ neighbourhood? (Probe also how did she came to know about practices followed by other women)

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**III. Child Behaviour**

11. What all things did you give to the child to drink yesterday during the day or at night?

	Yes	No	DK
a. Only breastmilk	1	2	8
b. Plain water	1	2	8
c. Breastmilk and plain water	1	2	8
d. Commercially produced infant formula	1	2	8
e. Honey	1	2	8
f. Animal Milk	1	2	8
g. Others (specify).....	1	2	8

12. What is the behaviour of child during breastfeeding?

- a. Normal
- b. Abnormal

13. How is the health of the child?

- a. Healthy
- b. Unhealthy

**IV. Mother's Behaviour**

14. How do you feel during breastfeeding?

- a. Proud
- b. Tense
- c. Pain
- d. Others (specify).....

15. What do you think about your milk?

- a. Sufficient
- b. Deficient
- c. Falling milk
- d. Heavy breast
- e. Soft breast
- f. Others (specify).....

16. How does the child end breastfeeding session?

- a. Self
- b. By You
- c. Sleeps while feeding
- d. Others (specify).....

17. What is your feeling after breastfeeding?

- a. Rest
- b. Pain
- c. Nothing
- d. Happy
- e. Others (specify).....

18. Did you face any problems in initiation and continuation of breastfeeding? Yes/No

If yes, whom did you approach and why?

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19. Do you want to receive any more information on appropriate breastfeeding? What sort of information may be helpful?

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20. From whom would you like to receive information on breastfeeding?

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5. If yes, who advised you and type of advice given by each one of them?

<b>Name of person</b>	<b>Type of advice given</b>
a. AWW	.....
b. Dai	.....
c. Link mother	.....
d. Block/District Level Counsellor	.....
e. Others (specify).....	.....

**Complementary Feeding**

6. Did anybody tell you about complementary feeding? Yes/No

7. If yes, who told you about it and what does it consist of?

<b>Name of person</b>	<b>Type of advice given about complementary feeding</b>
a. AWW	.....
b. Dai	.....
c. Link mother	.....
d. Block/District Level Counsellor	.....
e. Others (specify).....	.....

8. At what age of your child, complementary feeding was started and what type of food given?

Age in months.....

Type of food given .....

9. What all have you given to the child for drinking/eating during last 24 hours?

- a. Fruits
- b. Milk product
- c. Daliya
- d. Khichri
- e. Roti
- f. Dal
- g. Mashed potato
- h. Others (specify).....

10. How many times did you feed your child morning to night yesterday?

- a. One time
- b. Two times
- c. Three times
- d. Four times
- e. More than four times

11. How much quantity did you feed at a time to your child?

<b>Item</b>	<b>Quantity (in spoons)</b>
a. Fruits	.....
b. Milk product	.....
c. Daliya	.....
d. Khichri	.....
e. Roti	.....
f. Dal	.....
g. Mashed potato	.....
h. Others (specify) .....	.....

12. What method was adopted for feeding the child?

- a. Frightening the child
- b. Incentive
- c. Playing
- d. With a smile
- e. Others (specify) .....

13. How is the health of your child?

- a. Healthy
- b. Unhealthy

14. Did your child receive vaccination? Yes/No

15. Whether faced any problems in continuation of breastfeeding? Yes/No

16. If yes, please enumerate?

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17. How did you overcome such problems? (Record Verbatim)

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18. What type of breastfeeding and complementary feeding practices are followed by other women in your community/neighbourhood?

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**Evaluation of Project on Baby Friendly Health/Community Initiative in District Lalitpur,  
Uttar Pradesh**

**Questionnaire for conducting in-depth interviews of Village level Counsellor  
(AWWs/Dais/Link mothers)**

**I. Identification**

Village/Locality: .....

Block.....

District: .....

Name of AWW/Dai/Link mother: .....

Age (in years) .....

Religion: Hindu/Muslim/Christian/Others.....

Education: .....

Date of interview: ..... Signature of Interviewer.....

**Introduction and consent**

Good -----/Namaste. My name is \_\_\_\_\_. I have come from Y.G.Consultants & Services (P) Ltd., New Delhi who have been given the assignment by Breastfeeding Promotion Network of India (BPNI) for assessment of Infant and Young Child Feeding (IYCF) practices being implemented by Medical College, Gorkhpur. Your contribution to the study is valuable and highly appreciated. Kindly co-operate with us. The information given by you will be kept strictly confidential and will be only used for research purpose. If you agree, I would like to ask you few questions.

If the respondent didn't agree, record reason for declining\_\_\_\_\_

\_\_\_\_\_

1. Did you receive any training under the project? If so, please give the details of training received as under:

Name of training	Duration	Venue	Participants	Contents of training	Trainers

2. What was your role in the project?

- a. Enrolment of all pregnant and lactating mothers and organisation of their meeting at Anganwadi Centre
- b. Education of pregnant and lactating mothers about infant and young child feeding practices
- c. Supporting mothers with feeding difficulties
- d. Holding meeting of mother's group and orienting mother's about exclusive breastfeeding and complementary feeding
- e. Counselling pregnant mothers about exclusive breastfeeding
- f. Others (specify) .....

3. In case of any problem in counselling of mothers on exclusive breastfeeding and complementary feeding, what did you do?

- a. Take mothers to the block level counselling centre/district level centre
- b. Others (specify)) .....

4. For provision of practical help to mothers in need, whether anybody was available for 24 hours? If yes who was available and where?

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5. On an average, how many meetings did you organise for mothers in a month and who chaired these meetings?

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6. What activities were undertaken by you during the project period? Please enumerate.

<b>Type of activities</b>	<b>No.</b>
a. Home visiting of pregnant/lactating women	.....
b. Support for ANC counselling of mothers for exclusive breastfeeding	.....
c. Referred/helped mothers with difficulty in infant and young child feeding	.....
d. Demonstration of age appropriate complementary feeding in mother support centre in the village	.....
e. Others (specify.....)	.....

7. Type of problems faced during the project period and how they were solved?

a. Problems faced: \_\_\_\_\_  
\_\_\_\_\_

b. How overcome: \_\_\_\_\_  
\_\_\_\_\_

8. Suggestions for successful implementation of such projects in future.

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**Evaluation of Project on Baby Friendly Health/Community Initiative in District Lalitpur,  
Uttar Pradesh**

**Questionnaire for conducting in-depth interviews of Block/District level Counsellor**

**I. Identification**

Village/Locality: .....

Block.....

District: .....

Name of Block/District Level Counsellor: .....

Age (in years) .....

Religion: Hindu/Muslim/Christian/Others.....

Education: .....

Date of interview: ..... Signature of Interviewer.....

Introduction and consent

Good -----/Namaste. My name is \_\_\_\_\_. I have come from Y.G.Consultants & Services (P) Ltd., New Delhi who have been given the assignment by Breastfeeding Promotion Network of India (BPNI) for assessment of Infant and Young Child Feeding (IYCF) practices being implemented by Medical College, Gorkhpur. Your contribution to the study is valuable and highly appreciated. Kindly co-operate with us. The information given by you will be kept strictly confidential and will be only used for research purpose. If you agree, I would like to ask you few questions.

If the respondent didn't agree, record reason for declining \_\_\_\_\_

\_\_\_\_\_

1. Did you receive any training under the project? If so, please give the details of training received as under:

Name of training	Duration	Venue	Other Participants	Contents of training	Trainers

2. What was your role in the project?

- a. Training of village level counsellors
- b. Supporting village level counsellors in :
  - a. Problems relating to infant and young child feeding
  - b. Breastfeeding and Complementary feeding
- c. Supporting village level counsellors during meeting of mother's group in orienting them about exclusive breastfeeding and complementary feeding
- d. Counselling pregnant mothers about exclusive breastfeeding
- e. Others  
(specify).....

3. In case of any problem in counselling of mothers on exclusive breastfeeding and complementary feeding by village level counsellor, what did you do?

- a. Solved the problem on the spot
- b. Took mothers to the block/district level counselling centre and referred to medical officer/paediatrician
- c. Others (specify).....

4. For provision of practical help to mothers in need, whether anybody was available for 24 hours? If yes who was available and where?

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5. What activities were undertaken by you during the project period? Please enumerate.

**Type of activities**

**No.**

- 
- 
- 
- 
- 
- 
-

6. Type of problems faced during the project period and how they were solved?

a. Problems faced: \_\_\_\_\_

\_\_\_\_\_

b. How overcome: \_\_\_\_\_

\_\_\_\_\_

7. Suggestions for successful implementation of such projects in future?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FGD Check-list for mothers/mother-in-laws

### Introduction and consent

Good -----/Namaste. My name is \_\_\_\_\_ My colleague's name is\_\_\_\_\_. We have come from Y.G.Consultants & Services (P) Ltd., New Delhi who have been given the assignment by Breastfeeding Promotion Network of India (BPNI) for assessment of Infant and Young Child Feeding (IYCF) practices being implemented by Medical College, Gorkhpur. Your contribution to the study is valuable and highly appreciated. Kindly co-operate with us. The information given by you will be kept strictly confidential and will be only used for research purpose. If you all agree, I would like to discuss few issues with you.

Those who don't agree are free to walkout from the group discussion.

If one or more of respondents didn't agree, record reason for declining\_\_\_\_\_

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#### **1. Social customs after the child is born**

Discuss in detail what all they observe for the mother and child after the child is born

#### **2. Initiation of breastfeeding**

When

After how much time the birth of child

#### **3. Pre-lacteal feed**

What all is given before start of breastfeeding?

What is given along with breastfeeding?

#### **4. Exclusive breastfeeding**

How long exclusive breastfeeding (not even water)

Any problems in exclusive breastfeeding

Support required, support provided and by whom

Satisfaction with support provided

#### **5. Initiation of complementary feeding**

Time of initiation (which month)

What is given to eat

Which form, how much, how many times  
Breastmilk also given with complementary feeding  
How long breastmilk given along with CF

**6. Pregnancy and delivery**

Any check-up during pregnancy, by whom, type of advice given  
Advice given regarding breastfeeding and complementary feeding to child, by whom  
Place of delivery  
Any advice given for feeding of child after delivery (breastfeeding, CF etc),  
by whom

**7. Role of AWW, Dai, link mother/ASHA in relation to IYCF practices**

**Evaluation of Project on Baby Friendly Health/Community Initiative in District Lalitpur,  
Uttar Pradesh**

**Questionnaire for conducting in-depth interviews of Project Coordinator/Asstt. Project  
Coordinator**

**I. Identification**

District: .....

Name of Project Coordinator/Asstt. Project Coordinator: .....

Qualification: .....

Address: .....

.....

Date of interview: ..... Signature of Interviewer.....

Introduction and consent

Good -----/Namaste. My name is \_\_\_\_\_. I have come from Y.G.Consultants & Services (P) Ltd., New Delhi who have been given the assignment by Breastfeeding Promotion Network of India (BPNI) for assessment of Infant and Young Child Feeding (IYCF) practices being implemented by Medical College, Gorkhpur. Your contribution to the study is valuable and highly appreciated. Kindly co-operate with us. The information given by you will be kept strictly confidential and will be only used for research purpose. If you agree, I would like to ask you few questions.

If the respondent didn't agree, record reason for declining \_\_\_\_\_

\_\_\_\_\_

**II. Strategy and Activities Conducted**

1. What strategy was adopted for implementation of project?
2. For capacity building, what activities were carried out at various levels (please give details)

a. At district level

\_\_\_\_\_  
\_\_\_\_\_

b. At community level

\_\_\_\_\_  
\_\_\_\_\_

3. How did you ensure availability of trained workers at community level for optimal infant and young child feeding?

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4. Please provide details about setting up of community resources as under:

**No.**

- |   |       |
|---|-------|
| a. Mothers support groups in villages formed  | ..... |
| b. Counselling centres in blocks formed   | ..... |
| c. Demonstration sessions organised in villages   | ..... |
| d. Healthy baby show organised in villages  | ..... |
| e. Mothers honoured at Panchayat level who practiced exclusive breastfeeding during project period                            | ..... |
| f. Meetings organised with local leaders, Panchayat members etc. to promote exclusive breastfeeding and complementary feeding | ..... |

**III. Monitoring**

5. How did you monitor the activities of the project to assess its impact on the rates of exclusive breastfeeding, complementary feeding and improved care of infants and children?

a. On exclusive breastfeeding

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b. On complementary feeding practices

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c. Care of infants and children

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(Procure month-wise data collected during monitoring)

**IV. IEC**

6. To promote infant and young child feeding, what IEC activities were undertaken during the project period at community level?

a. Type of IEC material used and their number

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b. No. of video films screened during village meetings

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c. No. of folk groups and festivals used with the help of local NGOs

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d. Others (specify)

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7. What were the problems faced in implementing the project and how did you overcome?

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8. What do you think were the factors responsible for early initiation of breastfeeding and increase in exclusive breastfeeding practices in the community?

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