

An assessment of current practice of complementary feeding, barriers and facilitators to optimal complementary feeding in infant and young children in Lalitpur district, Uttar Pradesh

Report Submitted by

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List of Content	Page
Abbreviations	2
Executive Summary	3
Chapter One: Project Introduction	8
Chapter Two: Study Methodology	11
Chapter Three: Study Findings	14
Chapter Five: Conclusions and Recommendations	56
Annexure 1: List of villages for IDI of mothers with children 6-24 months	60
Annexure 2: IDI checklist and FGD guide	61
Annexure 3: Tabulation of responses of mothers	77
Annexure 4: Transcription of the FGDs	85

Abbreviations

ANM	Auxiliary Nurse Mid-wife
AWW	Anganwadi Worker
PHC	Primary Health Centre
CF	Complementary Feeding
BF	Breastfeeding
IYCF	Infant and Young Child Feeding
CHC	Community Health Centre
ASHA	Accredited Social Health Activist
SC	Sub-Health Centre
NRC	Nutrition Rehabilitation Centre

Executive Summary

Background

Breastfeeding Promotion Network of India (BPNI) has been working in Lalitpur for past decade under project titled 'Baby Friendly Community Health Initiative' implemented in the whole district. The project is led by the Department of Pediatrics, B.R.D Medical College, Gorakhpur in collaboration with the district administration, Lalitpur, Government of Uttar Pradesh and UNICEF (UP) and is still continuing. An evaluation of Baby Friendly Community Health Initiative in the district has found that the breastfeeding practices in the families are good; however the complementary feeding though introduced timely but is weak as regards to dietary diversity and adequacy. This is well reflected in the growth pattern of the children registered at the Anganwadi centre, which was observed during our field visit to Lalitpur. Thus improving complementary feeding may require more research as complementary feeding is an important intervention for addressing stunting, the most prevalent form of malnutrition. The present qualitative study intends to explore positive and negative determinants of complementary feeding in a community setting.

Key Objective

The objective of the study is to understand the barriers and facilitating factors in adopting optimal complementary feeding practices among infant and young children in Lalitpur district, Uttar Pradesh.

Methodology and Study Design

The study was conducted in Lalitpur district, Uttar Pradesh in 4 randomly selected blocks from a total of 7 of which 3 were rural blocks and one was urban block. In each block, eight villages were randomly selected from the list. In 4 villages in each block, 4 FGD were done-3 with mothers group and one with mother-in-law group. In these villages, in-depth interview of ASHA and AWW were done. In the other 4 villages in each block, in-depth interview (IDI) of 80 mothers each with children 6-24 months was

done. In addition, 2 ANMs in each block were interviewed in order to know the support services provided by village level workers for promotion of complementary feeding practices. The total sample covered included IDI of 320 mothers, 12 FGDs with mothers, 4 FGDs with mother-in-law groups, 12 ASHA (there is no ASHA in urban block), 16 AWWs and ANMs.

The IDIs with mothers and ANM was done by a team of 4 female investigators and one Supervisor who had wide experience of doing such surveys. They were given 2 day training before starting data collection. The FGDs were done by another team of 2 female staff (one moderator and one documenter) who also did IDIs with AWWs and ASHA.

For in-depth interviews a check-list was used to facilitate the interviews; whereas for FGDs an FDG guide was developed and used.

Findings

1. **Majority of mothers have correct knowledge of starting complementary feeding.** Nearly three-fourth (77%) mothers said that mothers should start complementary feeding when the child is 6-7 months old and 19% said 8th month. Only 3% were to start after 8 months and 2 were for starting at 5 months. .
2. **There is gap in knowledge and practice of nearly 22% which is a concern.** When mothers asked about practice of complementary feeding, nearly 94% mothers reported that they had started complementary feeding to their child. However only 77% mothers had started CF between 6-8 months. .
3. **Lack of knowledge on importance of complementary feeding.** The mothers of urban area didn't understand about importance of complementary food and give junk food to children without knowing its harmful effects.
4. **Lack of knowledge of mothers on frequency & quality of complementary feeding.** The knowledge of frequency and quality of CF to be fed to the child is less than adequate among mothers specially on the following issues – how many food groups they should feed the child, how to prepare CF, feeding during illness, the fact that they should try and feed the child even if it does not show visible signs like crying etc...

5. **Lack of knowledge of mothers on disadvantages of formula feeding.** Most of the mothers lack the knowledge on disadvantages of formula feeding (tinned milk and formula food like Cerelac etc.) and some of them are giving readymade food due to convenience.
6. **Mothers lack knowledge on the food groups.** All mothers were not aware of the type of foods to be given to their child and expressed poverty as a reason to be able to afford milk or meat products.
7. **Poverty and work pressure was expressed by mothers as main barriers to complementary feeding.** Mothers expressed concern and felt poverty, work pressure and lack of support from family as main barriers to feeding their child.
8. **Majority of health workers lack knowledge on frequency & quantity of complementary feeding.** Field workers are also not fully aware about the frequency and quantity of food to be given to the different age groups. They are not aware of the food groups.
9. **Traditional practice and socio-cultural norms still exist on initiation of CF to children.** Traditional practice exist, however there are practical reasons of resource and time constraint available with mothers that is the more critical to adequate and appropriate CF. The practice of waiting for the child's aunt or ritual of Pashini/ Anna Prashan to initiate CF. Regarding socio-cultural barriers, the community lacks knowledge and awareness and has false belief as to feeding the child with solid food will cause ill health.
10. **Hygiene during feeding is not an issue.** Mothers are aware and follow hand washing and hygienic practice for feeding children.
11. **Counselling on IYCF needs improvement.** IYCF counselling services are provided to mothers, however they need to be improved. Currently, counselling is provided only at specific time points such as at the time of ANC and VHND. Continuous support and counselling through home visits and food demonstrations is minimal. There seems to be little effort to link growth monitoring with feeding, to provide mothers with a tangible linkages between their feeding practices and the child's growth.

Reasons for poor complementary feeding practices

1. Illiteracy and lack of awareness among mothers.
2. Knowledge about CF is limited to initiation of CF, which is also not being practiced.
3. Women need to go for work due to poverty, and therefore have less time for child care and feeding.
4. Lack of time and resource constraint prevents mothers from being able to cook food separately for child.

Training on IYCF

All ASHAs, AWWs (except one) and ANM (except 2) had attended training on Infant and Young Child Feeding(IYCF).conducted by UNICEF project on IYCF implemented by Gorakhpur Medical College for 3 days. The training was given during 2008-2011 with refresher training every year.

Recommendations

1. Need to strengthen the capacity of the health workers (AWW, ASHA, ANM) in the community
2. Training of all health workers on skilled IYCF counseling
3. Refresher training of health workers to upgrade & update their knowledge
4. All mothers to have access to counseling so as to improve awareness and follow optimal feeding practice
5. To make provision for availability of food, in food insecure community/population
6. Communication campaigns (community and mass media campaigns) on complementary feeding
7. Maternity benefits/CCTs to enable mothers to practice appropriate CF
8. More and repeated counseling during home visits is needed.
9. Creches at the work place of mothers both in rural & urban areas so as to enable mother to feed the child
10. Organization of meeting in village by the counselor and educating parents, family and caretaker on IYCF
11. Suggestions from AWW's for improving complementary feeding are as follows:
 - Education of mothers and introducing income generating schemes.

- Propagation of breastfeeding and timely initiation of complementary feeding in the community.
- Mothers need to be advised to consult doctors in case of problems.
- More counseling during home visits is needed.
- Provision of Panjiri mix with milk can be given if nothing is available.
- Creches at the place of work for mothers
- Capacity building of primary caretakers (not just mothers)

12. Suggestions from ASHA's for improving complementary feeding are as follows:

- Repeated counseling on optimal complementary feeding practices is needed to be given to mothers and family members.
- If possible then provision of health foods like dalia, khichri and poha could be distributed from AWC for benefit of poor children.

13. Suggestions from ANMs for improving complementary feeding are as follows:'

- Organization of meeting in village by trained counselor to generate awareness among community.
- Capacity building/education of parents and family members on feeding and care of child.
- Counseling and correct information to be provided through AWW and ASHA as they are the direct contact in the community.

14. The following suggestions came up during IDI of AWW, ASHAs and ANMs:

- a. Education of mothers and introducing income generating schemes to increase the income.
- b. Propagation of breastfeeding and timely initiation of complementary feeding in the community.
- c. More counseling during home visits is needed.
- d. Provision of Panjiri mix with milk can be given if nothing is available.

Chapter One: Project Introduction

1. Introduction

The practice of introducing early or late complementary foods and its frequency, diversity and quantity, is a major concern in terms of infant nutrition and health in India¹. After completing six months of age, the infant requires more energy, more protein, and more micronutrients like iron, zinc, and vitamin than is provided by breastmilk alone. Good complementary feeding means addition of these nutrients through introducing semi-solid and solid foods, along with continued breastfeeding. If the energy gap supplied by breastmilk from six months onwards is not met, the child stops growing or grows slowly, leading to malnutrition. Complementary foods need to fill these gaps, so that the infant's growth and development takes place optimally, and it does not become malnourished.

Complementary feeding is poorly understood in some communities leading to poor complementary feeding practices both in terms of quality and quantity as well as early or delayed introduction. There is a need to reach out to people with accurate and unbiased information, enabling access to skilled 'one-to-one' counseling, and support for all women to promote optimal complementary feeding. Nutrition related education and counseling for mothers coupled with complementary food has significantly shown to impact growth in children. There would be a need to provide food to 'food insecure' populations to ensure good timely and appropriate complementary feeding after six months along with continued breastfeeding. Various studies suggest the socio cultural and traditional practices that influence the initiation of complementary feeding and practice of introducing early complementary feeding are a major concern to infant health.

Research studies have revealed that gap in knowledge about appropriate complementary feeding and poor education status of mothers had a higher risk for not

¹National Family Health Survey 2005-06, Government of India.

introducing timely complementary, not meeting the minimum dietary diversity and minimum meal frequency.^{2,3} On the other hand intensive nutrition education and knowledge have been found to be highly effective towards implementing improved feeding practices.^{4,5}

Ensuring adequate and optimal complementary feeding in terms of quality (dietary diversity) and quantity along with continued breastfeeding is one of the biggest challenges to improving child growth and reducing undernutrition. This trend is likely to be universal, and understanding the “why” of it is important, if improvements in IYCF outcomes are to be seen.

The proposed qualitative study intends to explore positive and negative determinants of complementary feeding in a community setting, where an intervention utilizing community based as well as facility based strategy for promotion of optimal IYCF practices through skilled counseling was initiated in 2006 by Department of Pediatrics, BRD Medical College, Gorakhpur, Uttar Pradesh. The intervention utilized community-based as well as facility based strategy for promotion of optimal IYCF practices through skilled counseling, better supervision and monitoring with the aim of reaching out to all pregnant and lactating women, to contribute to the nutrition and health status of their children under 2. A baseline pre-intervention evaluation was done to document practices. The implementation mechanisms included building the capacity of whole

²Kabir I, Khanum M, Agho KE et al. Determinants of inappropriate complementary feeding practices in infant and young children in Bangladesh: secondary data analysis of Demographic Health Survey 2007. *Matern Child Nutr* 2012, 1: 11-27

³Rasheed S, Haider R, Hassan N et al. Why does nutrition deteriorate rapidly among children under 2 years of age? Using qualitative method to understand community perspectives on complementary feeding practices in Bangladesh. *Food Nutr Bull* 2011, 32: 192-200.

⁴Kruger R, Gericke GJ. A qualitative exploration of rural feeding and weaning practices, knowledge and attitudes on nutrition. *Public Health Nutr* 2003, 6: 217-23.

⁵Roy SK, Fuchs GJ, Mahmud Z et al. Intensive nutrition education with or without supplementary feeding improves the nutritional status of moderately-malnourished children in Bangladesh. *J Health Popul Nutr* 2005, 23: 320-30.

district in providing infant feeding counseling at family level with a support system at block and district level. This was achieved through training having in place additional human resources, local women mentors trained using a 7 day training course, the 3 in 1 infant and young child feeding counseling: A training programme developed by BPNI. The mentors trained a team of 3-4 village level counselors from among AWW, ASHA, Dai (Traditional Birth Attendant), or a link mother from the same village. This was followed by a post-intervention evaluation of practices. Despite this intervention, limited improvements in IYCF practices were seen and a need to better understand the barriers and existing CF practices was felt in order to improve IYCF interventions and outcomes going forward.

2. Objective of the study: To understand the barriers and facilitating factors in adopting optimal complementary feeding practices among infant and young children in Lalitpur district, Uttar Pradesh.

Chapter Two: Study Methodology

Study Design

This is a community based observational qualitative study that seeks to explore the current complementary feeding practices and understand the barriers and facilitating factors to optimal complementary feeding practices among children 6-24 months of age in district Lalitpur, Uttar Pradesh

Participants and settings

The target respondents for the study were mothers with infants 6-24 months of age, mother-in-law and community health workers.

Study Area: The study was conducted in the district Lalitpur, Uttar Pradesh. There are six rural and one urban block in district Lalitpur. The study was conducted in 3 rural blocks selected randomly and 1 urban block.

Sample Selection: From the randomly selected 4 blocks, 8 villages each were selected randomly. In 4 villages, FGDs were done and in other 4 villages, in-depth interview of mothers with children 6-24 months were conducted. In each of the selected blocks, 3 FGDs with mother group (comprising 8-10 mothers in each group with children 6-24 months), 1 FGD with mother-in-law group (8-10 mother-in-law), in-depth interviews with AWW and ASHA in each village, in-depth interviews with 1 ANM from Sub-Centre (there are no ANMs in CHC) and PHC each in each block were done. Further, in-depth interviews of 20 mothers of children aged 6-24 months in each of the 4 selected villages, was done using semi-structured check-list. The total sample achieved is given below:

Block	FGD Mother group with 6-24 months infant	In-depth interviews with mother with 6-24 month infant	FGD with mother- in-law group	In-depth interview AWW	In-depth interview ASHA	In-depth interview ANM Sub- Centre/PHC
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Mahrauni,	3	80	1	4	4	2
Madawara	3	80	1	4	4	2
Jakhkora	3	80	1	4	4	2
Urban	3	80	1	4	4	2

List of villages covered for in-depth interviews is given at Annexure-1.

Instruments for Data Collection:

The following instruments were used for data collection:

1. In-depth interview check-list for mothers with child 6-24 months
2. FGD guide for mothers/ mother-in-law groups
3. In-depth interview check-list for AWW/ASHA/ANM

A copy of the data collection instruments is given at Annexure-2.

Data Collection: The research team consisted of 4 female investigators and one supervisor, with wide experience of data collection. They were given thorough training about the instruments to be used for data collection from November 1-2, 2014 (one day class room training and one day field practice).

There were 2 other teams of 2 persons each of which one was a moderator and the other a documenter. They were also oriented on using the FGD guide with mother and mother-in-law group. Each team did 8 FGDs in 2 blocks each.

Quality Assurance Plan

The following steps were followed for assurance of the quality of data

- The field teams went to the field along with the Coordinator and Supervisor for the first few days of the field work. After that, teams were accompanied by Supervisors. The Supervisor was to do the in-depth interviews of ANM whereas in-depth interviews of ASHA and AWW were done by the FGD team in the villages where FGDs were done.

- The supervisor did the scrutiny of filled questionnaires to ensure quality of data collection on daily basis. If any discrepancies were noted, they were corrected the next day.
- The in-depth interview of mothers was carefully scrutinized at data collection centre before data entry was done.
- Cleaning of data – After data entry, the data file was cleaned to correct for any inconsistencies in the data.

Data entry and tabulation

Data entry of in-depth interview checklist for mothers was done in software package developed in Microsoft Access. After data entry, it was converted to excel for cleaning. This data file was used for tabulation of data using SPSS software package.

The in-depth interview check-lists of ASHA, AWW and ANM were manually analyzed since their number was small. The FGD reports were written based on the notes taken during group and audio recording of discussion.

Chapter Three: Study Findings

Socio-economic and Demographic Profile of Mothers

A total of 320 mothers were interviewed. Majority of mothers(87%) had 1-3 children, 12% had 4-6 and only 1% had more than 6 children. More than half of mother(53%) had the youngest child more than 12 months old and 28% in the age group 10-12 months. Only 2% mothers had the youngest child 6 months old.

Table 1 presents the socio-economic and demographic profile of mothers.

Education: Nearly 38% mothers were illiterate and 62% were literate having education upto primary (14%), middle (27%), secondary/senior secondary (14%) and graduate and higher education (6%).

Occupation: More than three-fifth mothers (74%) interviewed were homemaker. Among the remaining 14% were doing agriculture work and 9% were working as daily wages/labourer and 1% were doing other jobs. .

Religion: Majority of mothers (94%) were Hindu and 6% were Muslim. Only 2 mothers were Sikh.

Social group: More than half of mothers(54%) belonged to OBC category, 29% to SC category and 3% to ST category. The remaining 14% were from general category.

Total Monthly income: About 17% mothers reported monthly income of family from all sources between Rs 500- to Rs 2000, 30% reported between Rs. 2001-3000, 20% had monthly income between Rs. 3001-4000 and 25% had income of more than Rs. 4000. Only 2 women had monthly income of less than Rs. 500. However, 7% mothers didn't know the monthly income of the family.

Table 1: Socio-economic and demographic profile of mothers

Sr. No.	Particulars	No=320	%
1	No. of children		
	1-3	279	87.2
	4-6	39	12.2
	>6 years	2	0.6
2	Age of youngest child (in months)		
	6	5	1.6
	7	15	4.7
	8	21	6.6
	9	18	5.6
	10-12	90	28.1
	>12 months	171	53.4
3	Education of mother		
	Illiterate	123	38.4
	Upto Primary	45	14.1
	Middle	87	27.2
	High School	28	8.8
	Intermediate	18	5.6
	Graduate and higher	18	5.6
	Not specified	1	0.3
4	Occupation of mother		
	Housewife	237	74.1
	Agriculture	46	14.4
	Govt. Service	3	0.9
	Private Service	1	0.3
	Shop Owner	1	0.3
	Shop Employee	0	0.0
	Business	0	0.0

	Daily wages/Labourer	28	8.8
	Unskilled Worker	0	0.0
	Skilled worker	1	0.3
	Self employed	2	0.6
	Others (BTC training)	1	0.3
5	Religion		
	Hindu	300	93.8
	Muslim	18	5.6
	Sikh	2	0.6
6	Social Group		
	SC	94	29.4
	ST	9	2.8
	OBC	172	53.8
	Higher caste/General	45	14.1
7	Monthly income of family from all sources		
	Up to Rs. 500	2	0.6
	Rs. 500 to Rs. 2000	55	17.2
	Rs. 2001 to Rs. 3000	96	30.0
	Rs 3001 to Rs 4000	63	19.7
	Rs 4001 to Rs 6000	49	15.3
	Rs. 6001 +	32	10.0
	Don't Know/Can't Say	23	7.2

Knowledge and Practice of Complementary Feeding

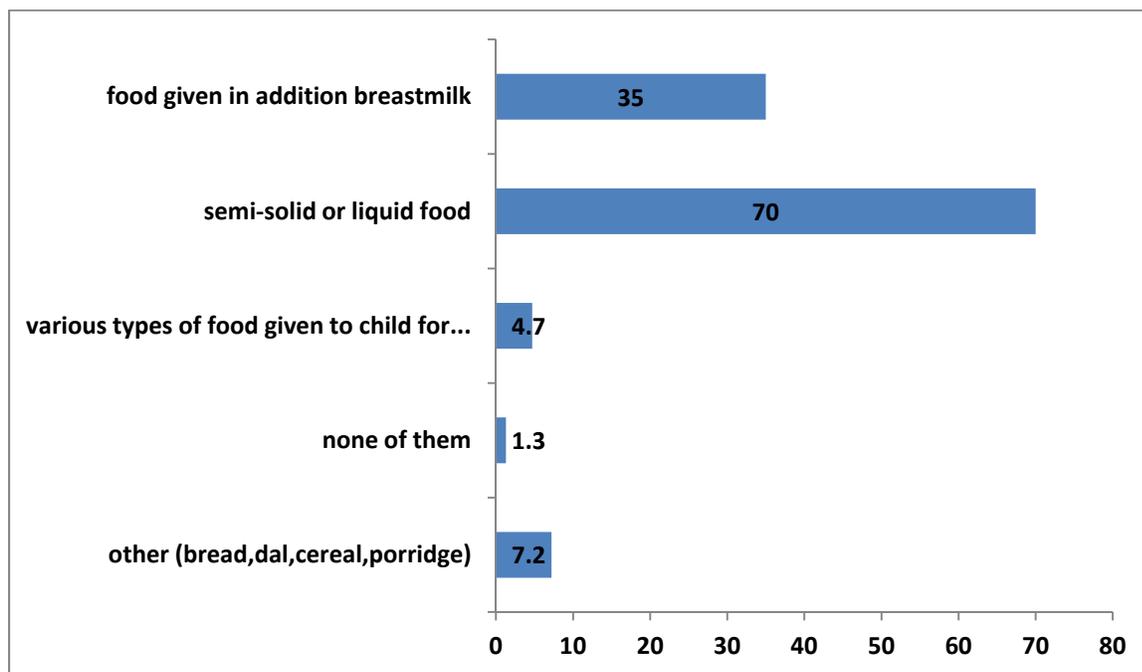
All the mothers were asked what their understanding of complimentary feeding, importance of complementary feeding , when they should start complementary feeding to their child and what should be the consistency/frequency and quantity of feed to be given according to different age groups of infants. Besides, disadvantages of formula

feeding were inquired. In addition, information was also collected from mothers about their actual complementary feeding practices.

3.1 Knowledge and importance about complementary feeding practices

While mothers understood CF in different ways, mostly pertaining to start or initiation of CF. They lacked the knowledge on aspects of CF on adequacy, frequency, diversity and had no idea on food groups. Majority of mothers (70%) understood complementary feeding as semi-solid or liquid food given to child and 35% said that it is food given to child in addition to breast milk. Only 5% stated that complementary feeding includes various types of food given to child for meeting nutritional needs (not fulfilled by milk alone). Besides, 7% mothers informed that it includes bread, pulses, cereal and porridge (figure 1).

Figure 1: Knowledge about complementary feeding practices



The relevance or importance of CF was less clearly understood by mothers. They were not aware about the importance of complementary feeding for adequate growth and development of the child and how inadequate CF can lead to malnutrition. More than half of mothers (56%) informed that complementary feeding is given for infant growth

and development, 19% said that it provides energy and essential nutrients to the child and 10% felt it was important as they had seen it on TV or were advised by the health worker or their Mother in law. Only 6% mothers each were advised by the AWW and ASHA and 5% by mother/mother-in-law to give complementary food. The other reasons reported for giving complementary food were not enough breast milk (7%) and child was hungry (5%). (Table 2)

Table 2: Percent distribution of mothers by importance of giving of complementary food

Importance of giving complementary food		
Important for infant growth & development	180	56.3
It is provide energy and essential nutrients	61	19.1
We have seen in TV it is important for infant health	33	10.3
Advised by the health workers	15	4.7
Advised by the mother/ mother in law	18	5.6
Other:		
Not enough breast milk	23	7.2
Advised AWW and ASHA	19	5.9
Child was hungry	16	5.0
Don't know/not specified	33	10.3

3.2 Knowledge about timing of starting complementary feeding

Almost all (96%) mothers said that mothers should start complementary feeding when the child is 6-8 months. Only 3% were to start after 8 months and less than 1% was for

starting at 5 months. This shows that majority of mothers have correct knowledge of starting complementary feeding. (Figure 2)

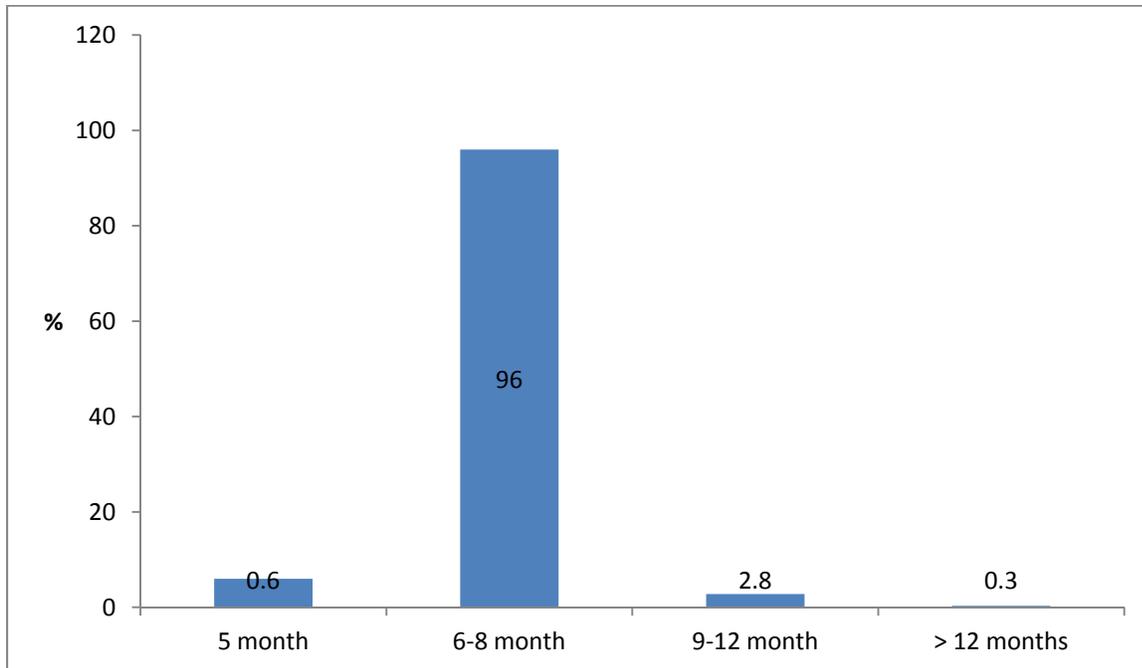


Figure 2: Knowledge about timing of starting of complementary feeding

3.3 Knowledge about Consistency of feed to be given

The CF given to the child needs to be age appropriate. For infants 6 months it is suggested to give food which are soft, well mashed along with frequent breastmilk. For 7-8 months mashed foods plus frequent breastfeeds. For 9-11 months finely chopped or mashed foods and foods that baby can pick up and eat, and for 12-24 months family foods, chopped or mashed if necessary.

It shows that 25% of mothers reported the consistency of feed to be given to infants was semi-liquid food (higher proportion in 12-24 months-28%), 16 % mothers were for liquid food (higher proportion in 6-8 months-40%) and 10% were for solid food (higher proportion in 6-8 months -20%). Only 7 % mothers recommended semi-solid food for infants. Table 3 presents the data on knowledge about consistency of feed to be given.

3.4 Knowledge about frequency of feed to be given

The recommended frequency as appropriate to age are: 6 months is 2 times per day, 7-8 months 3 times per day, 9-11 months 3 meals plus 1 snack between meals plus breastfeeds, 12-24 months 3 meals plus 2 snacks between meals plus breastfeeds. Nearly 48 % mothers said that the child should be fed 4 times, 36% said 3 times and 11% said 2 times. Only 2 % mothers informed one time. The proportion of mothers, who reported feeding the infant 4 times, was comparatively higher in age group 12-24 months (52%) than in other age groups (44% in 6-8 months and 34% in 9-11 months). Similarly, mothers who reported feeding 3 times, their proportion was higher in 9-11 months (47%) than in age groups 12-24 months(37%) and 6-8 months(20%). This shows that most of the mothers don't know the frequency of feeding the child in the age group of 6-8 months because feeding the child once, twice or 3 times in a day is insufficient. Table 3 presents the data on knowledge about frequency of feed to be given.

3.5 Knowledge about quantity of feed to be given

The amount of food recommended at each meal for 6 months infant is 2-3 tablespoonfuls, 7-11 months increasing gradually to 2/3 of a bowl, 9-11 months $\frac{3}{4}$ of a 250 ml bowl, and 12-24 months a full 250 ml bowl or more. Majority of mothers (63%) said that half cup of feed should be given to the infant (slightly higher proportion in 9-11 months and 12-24 months-more than 60% than in 6-8 months-44%), 19 % were for one cup and 14 % for 3/4 cup of feed at each meal. Table 3 presents the data on knowledge about quantity of feed to be given.

Table 3: Knowledge about consistency, frequency and quantity of complementary feeding

.	Particulars	Age group (in months)						Total	
		6-8 Months		9-11 Months		12-24 Months		N	%
		No.	%	No.	%	No.	%		
	Consistency/ frequency and quantity of feed to be given to infants and children								
a)	Consistency								
	Solid	9	20.0	7	13.2	15	6.8	31	9.7
	Semi Solid	1	2.2	6	11.3	14	6.3	21	6.6
	Liquid	18	40.0	15	28.3	19	8.6	52	16.3
	Semi liquid	8	17.8	9	17.0	62	27.9	79	24.7
	All types of food	8	17.8	16	30.2	111	50.0	135	42.2
	Don't know/not specified	1	2.2	0	0.0	1	0.5	2	0.6
	N=	45		53		222		320	
b)	Frequency								
	1 time	2	4.4	4	7.5	1	0.5	7	2.2
	2 times	11	24.4	5	9.4	20	9.0	33	11.3

								6	
	3 times	9	20.0	25	47.2	82	36.9	1 1 6	36.3
	4 times	20	44.4	18	34.0	115	51.8	1 5 3	47.8
	Don't know/not specified	3	6.7	1	1.9	4	1.8	8	2.5
	N= All respondents	45		53		222		3 2 0	
c)	Quantity (in cup)								
	1/2 cup	20	44.4	33	62.3	147	66.2	2 0 0	62.5
	1 cup	11	24.4	7	13.2	43	19.4	6 1	19.1
	3/4 cup	9	20.0	10	18.9	27	12.2	4 6	14.4
	Don't know/not specified	5	11.1	3	5.7	5	2.3	1 3	4.1
	N= All respondents	45		53		222		3 2 0	

3.6 Knowledge about disadvantage of formula feeding

Only 18 % mothers knew the disadvantage of formula feeding. The main disadvantages reported were the child become sick (78%) and child gets diarrhea (16%). However, 16% mothers did not give any reason for not giving formula feed.

Practice by mothers on complementary feeding

During survey, all the mothers with children 6-24months were asked whether they have started complementary feeding, age of starting complementary feeding and reasons for not introducing complementary feeding. Besides, they were enquired about type of food given during last 24 hours, consistency of meal given, frequency and quantity of feeding during last 24 hours and method of feeding adopted. All these aspects are discussed hereunder.

3.7 Age of starting complementary feeding

Nearly 94% mothers reported that they had started complementary feeding to their child. Among these mothers, 77% started complementary feeding during 6-8th month, 19% between 9-12 months, 3% after 12 months and 1% before 6 months (4-5month).The results indicate that 22% started CF after 9 months, which is a concern.(Figure 3)

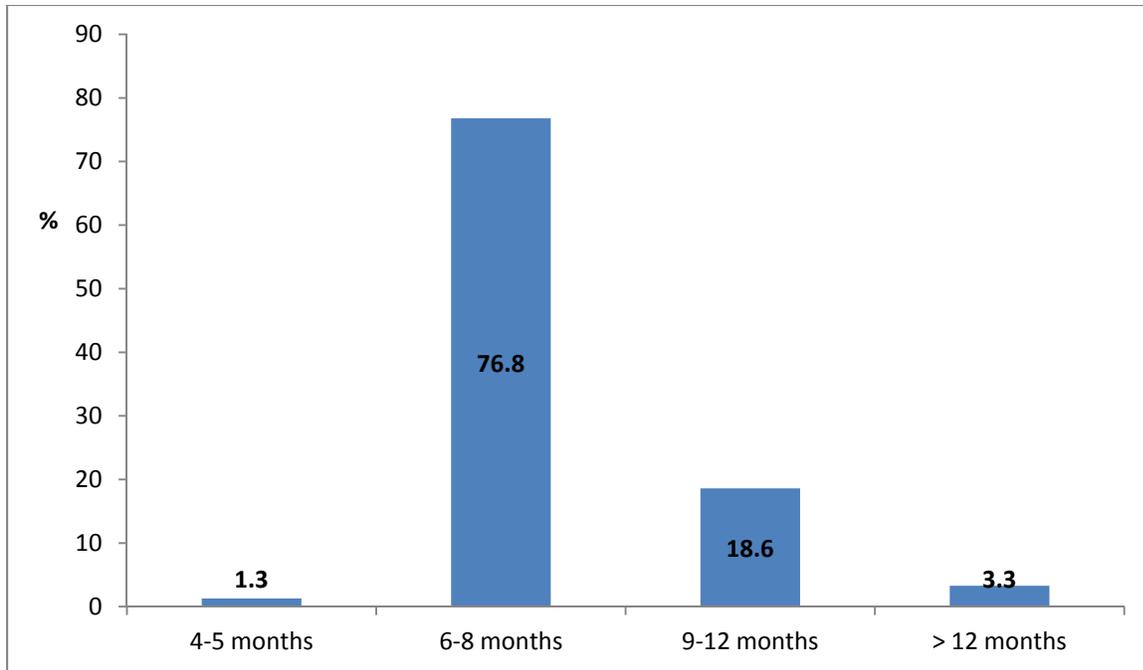


Figure 3: Age of starting complementary feeding by mothers

Those mothers (6%) who did not start the complimentary feeding were asked the reasons for not doing so. The reasons were that child did not want to eat, the child was given biscuits along with breastfeeding, was 6 months or less than that and did breastfeeding as the child was sick.

There is no marked difference noticed during FGD regarding behavior on complementary feeding (CF). Almost all the participants said that before starting solid food, *Pashini* or *annaprashan* (first rice ceremony) is celebrated during 6 to 7 month. In most of the places, *Pashini* is celebrated at the AWC on a regular basis. Some participants mentioned that earlier elderly people did not allow solid food to children unless they start walking. According to them, food other than breast milk is deposited in the feet of the child and increased the size of the stomach, but now things have changed. At present, elderly people provide full support in giving complementary feeding to the children.

During FGD the participants reported the time of initiation of CF as 6 month to 8 month. Only few of them said that they initiated complementary feeding at the age of 8 to 9

month and after one year as well. This shows that even now, many mothers don't know the correct age of starting complementary feeding.

3.8 Type of food given during last last 24 hours

Nearly 92 % mothers gave bread, roti, chapati, rice, noodles, biscuits etc to their child during last 24 hours., 45% gave food made from beans, peas or lentils and 38 % each gave white potatoes, white yams etc. and food made with oil, fat, ghee or butter. Another 26 % mothers each gave ripe mangoes, papayas etc and cheese, yogurt or other milk products. Porridge or gruel as a food was given by only 19 % mothers. (Table 4)

Table 4 Food given to child to eat yesterday during the day or at night

Food given to child to eat yesterday during the day or at night, either separately or combined with other foods	No.	%
Any porridge or gruel?	60	18.8
Any commercially fortified baby food such as Cerelac or Farex?	6	1.9
Any bread, roti, chapatti, rice, noodles, biscuits, idli or any other foods made from grains?	294	91.9
Any pumpkin, carrots or sweet potatoes that are yellow or orange inside	27	8.4
Any white potatoes, white yams, cassava, or any other foods made from roots?	120	37.5
Any dark green, leafy vegetables?	25	7.8
Any ripe mangoes, papayas, cantaloupe, or jackfruit?	27	8.4
Any other fruits or vegetables	84	26.3
Any non-vegetarian food	26	8.1
Any foods made from beans, peas, or lentils?	145	45.3
Any nuts?	54	16.9
Any cheese, yogurt or other milk products?	82	25.6

Any food made with oil, fat, ghee or butter?	123	38.4
Any other solid or semi-solid food?	192	60.0
Consistency of meal given to child		
Solid	133	41.6
Semi-solid	162	50.6
Liquid	93	29.1
Semi-liquid	120	37.5

The food groups have been categorized as per National Family Health Survey 2005-06, Government of India. The percentage of children who are fed with appropriate feeding practices is calculated on the basis of the number of food groups and the number of times the children were fed during the day or night preceding the survey. The results indicate only 13 percent of children are fed at least the minimum number of times recommended from three or more food groups, very few children (8 percent) are fed from four or more food groups.

During FGDs, most of the participants reported that all homemade food was given to child which included dal, dalia, rice, Khichri, chapatti, green vegetable, fruit, potato, biscuit along with breast milk. However, among urban participants fried food items like samosa, gathiya, tikia (chat), paratha, namkin(snacks) Maggie, punga and Oyes (Rs 1 packet shows ingredients rice meal, refined and palmolein oil, pulse, spices, edible oil, salt, turmeric, amchur powder, black salt, and citric acid) , kukure (snacks) were listed as CF. Only very few participants from rural listed samosa, toast, punga, rice fired in oil etc as CF. Readymade food is easily available in urban areas where as in rural areas, it is not easy to buy. Few participants replied dal ka pani(lentil soup), rice water as complementary food. Around 5 participants mentioned Cerelac as CF. Half milk and half water was mentioned by some participants as complementary food.

There is no marked difference in the opinions of mothers and mother-in-laws. As far as knowledge of complementary feeding is concerned, most of the participants of both

rural and urban areas are quite knowledgeable. But practices of complementary feeding, needs some improvements especially among the participants of urban areas because 25% mothers in urban areas (some in rural area also) don't understand about complementary food correctly and give junk food to children.

3.9 Consistency of the food given during last last 24 hours

All the mothers were further asked about the consistency of meal given to child. Nearly half of mothers (51%) gave semi-solid food, 42% gave solid food and 38% gave semi-liquid food. Liquid food was given by only 29 % mothers.

During FGDs, majority of mothers and grandmothers said that semi liquid, paste like food was given to children.

3.10 Frequency, quantity and method of feeding the child during last 24 hours

The figure 4 below shows that more than one-third mothers (34%) fed their child 4 times, 31% fed 3 times and 16% fed 2 times during the last 24 hours. Only 4 % mothers fed one time and 15 % more than 4 times.

The mothers and mother-in-laws in FGDs reported that in addition to breast milk, the child is fed 3 to 4 times or even 5 to 6 times. Some participants reported that food was given as per the demand of the child. Earlier the child used to eat whole day but, now food given 3 times a day. Most of the participants also remarked that along with complementary feeding, the child is breastfed from seven month to three years. Some of them added that breastfeeding is continued as long as mother's breast milk is available or till the next pregnancy.

About the quantity of feed given, 58 % mothers gave half cup at each meal and 18 % one cup (**1 cup measures = 80-100 gm**) and 13 % three-fourth cup during last 24 hours. Full cup at each meal was given by only 5 % mothers.

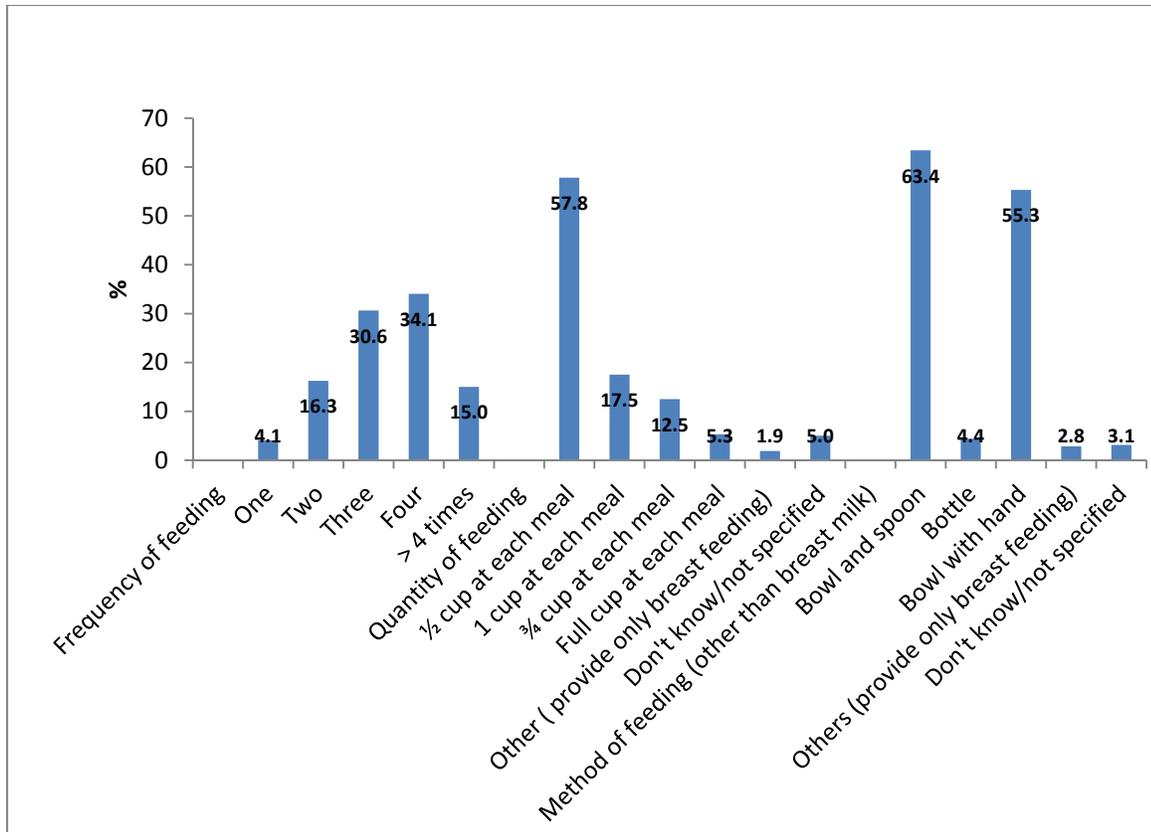


Figure 4: Frequency, quantity and method of feeding the child during last 24 hours

Mixed responses were received regarding quantity of food given to child during FGDs. They range from small bowl, medium sized bowl to large sized bowl. Some participants also mentioned that children used to eat with mothers or other family members in the family plate. In this, they did not have any idea about the quantity of food to be eaten. Moreover, very few of the families have separate bowls for the children.

Regarding the method of feeding, 63% mothers used bowl and spoon and 55 % used bowl and hand. Use of bottle for feeding was reported by only 4 % mothers.

3.11 Prepare separate food for child and modification of family food to make it appropriate for their child

More than four-fifth mothers (85%) said that they don't prepare separate food for their child. These mothers were further asked how they modify the family food to make it appropriate for their child. In response, 41% said they did not modify, 17% added extra

ghee/sugar/oil/salt, 7% reduced consistency and 5% gave simple food. The remaining 26% did not reply. (Table 5)

Table 5: Distribution of mothers by whether they prepare separate food for child and modify the family food to make it appropriate for their child

Particulars	No.	%
Prepare separate food for child		
Yes	49	15.3
No	271	84.7
If no, how do you modify the family food to make it appropriate for your child?		
Reduce consistency	19	7.0
Add extra ghee / sugar/ oil /salt	46	17.0
Others (give simple food)	13	4.8
Don't modify	112	41.3
Don't know	81	29.9
N= No in 4.8	271	

3.12 Whether child eat in a separate bowl/plate and how mothers come to know that the child is hungry and eaten to full satisfaction

The idea of giving food to child in separate bowl/plate is to get an idea how much the child has eaten as if child eats along with siblings or parents it gets difficult to assess. About 67% of mothers said that the child ate in a separate bowl/plate. They were further asked how they assess that the child is hungry. In response, 76% mothers said that they knew/felt the child was hungry when s/he cried , 20% said when child tries to take

food from other's plate and 8%informed that child tries to eat whatever comes in his/her hand.(Figure 5)

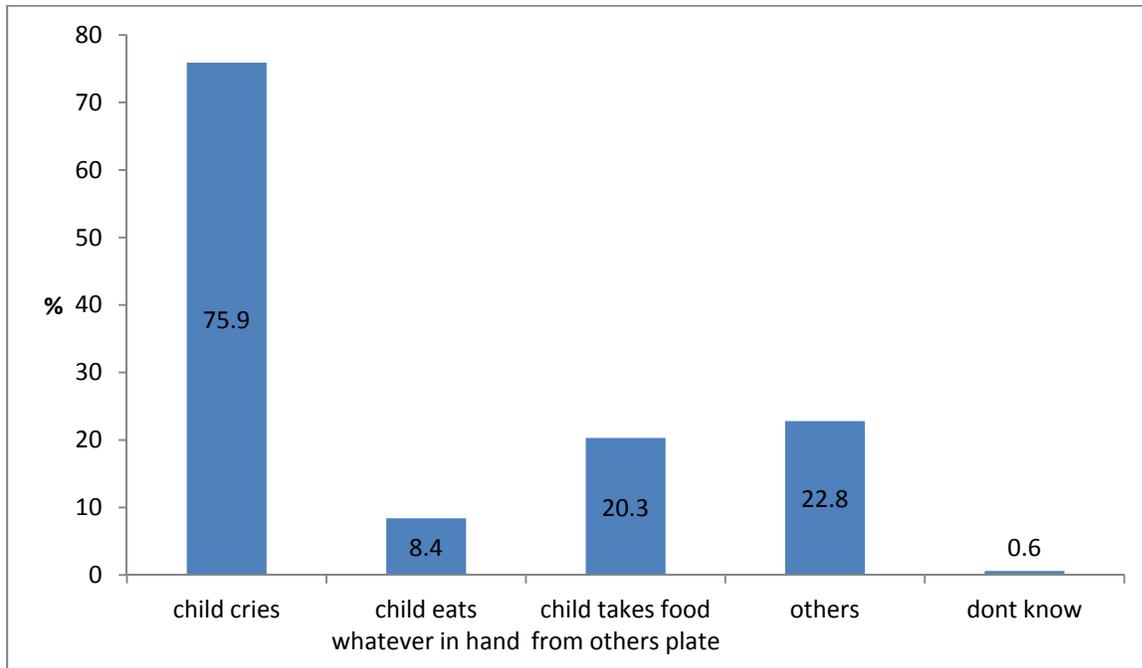


Figure 5: Distribution of mothers by how they know child is hungry

All the women were further asked how they come know that their child has eaten to full satisfaction. In response, 75% mothers replied that in this situation the child leaves the food, 31% said he starts playing and 8% said when the child goes to sleep.

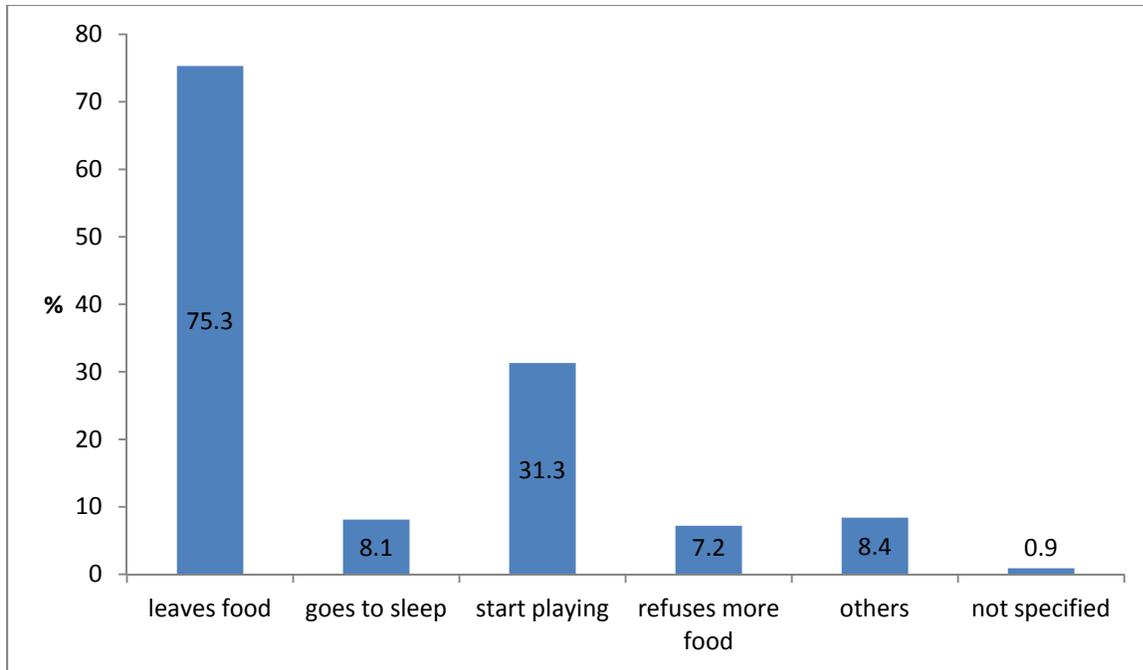


Figure 6: Distribution of mothers by how they come to know child has eaten to full satisfaction

3.13 Difficulties faced in feeding the child and how do they overcome these difficulties.

Majority of mothers (82%) reported that they did not face any difficulty in feeding their child. The difficulties faced by the 16% mothers were baby did not want to eat (11%), eats when hungry (4%) and baby cries sometimes (1%). The remaining 3% did not specify the difficulties faced (Table 6).

To overcome these difficulties, 5% mothers feed the child by running around with him, don't give anything (4%) and do only breastfeeding (2%).(Table 6)

Table 6: Difficulties faced by mothers in feeding the child and how do they Overcome them

Particulars	No.	%
What difficulties you face in the feeding?		

Baby cries sometimes	2	0.6
Baby Don't want to Eat	35	10.9
Eats when hungry	12	3.8
not much eat food	1	0.3
No difficulty	261	81.6
not specified	9	2.8
How do you overcome those difficulties?		
Do not give anything	12	3.8
Eats when hungry	1	0.3
Feeds him by fooling him	3	0.9
feeds him by running with him	16	5.0
Provide only Breast feeding	5	1.6
NA	2	0.6
not specified	13	4.1

3.14 Maintenance of hygiene while feeding the child

To maintenance hygiene, most of the mothers (88%) informed that they wash hands before and after feeding the child and 50 % wash/clean feeding utensil. Only 3% did nothing or didn't know as shown in figure 7.

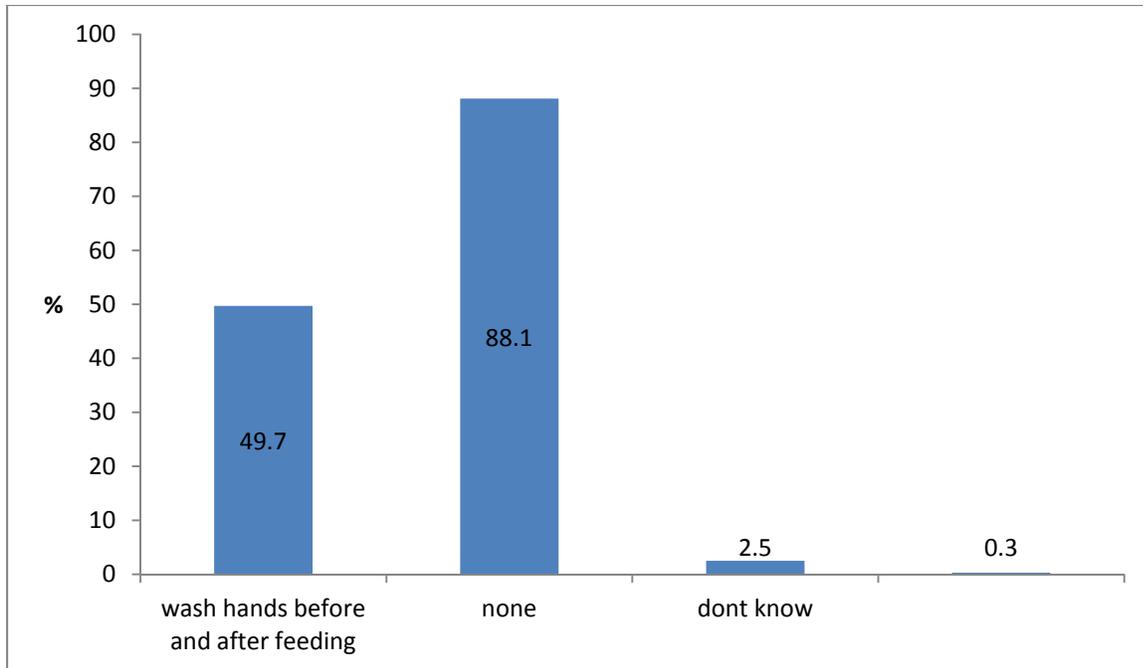


Figure 7: Maintenance of hygiene while feeding the child

3.15 Avoid giving any specific/ particular food to child and reasons for avoiding

Only 45% mothers reported that they avoid giving specific/particular food to their child primarily because (i) the child becomes sick due to eating rice and salty items (35%) (ii) too cold to eat (33%) and (iii) foods which contain lot of spices (specially chili) and child cries (26%). Diarrhea as the reason was reported by 4% mothers.

3.16 Type of food given to child during illness

During illness of the child, 45% mothers prepare special/separate food for the child and 27% each give normal home cooked food but 27% give only breastfeeding and stop other food. However, 5% mothers give food recommended by the doctor and 1% modified the food (Table 7).

Table 7: Distribution of mothers according to type of food given to child during illness

Particulars	No.	%
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Do you avoid giving any specific/particular food to your child?		
Yes	143	44.7
No	175	54.7
Don't know	2	0.6
N=All respondents	320	
What are the reasons for avoiding these foods?		
Become sick due to eating rice, salty items	50	35.0
child is of less age	1	0.7
Do not give spicy food because baby cries	37	25.9
Too cold to eat	47	32.9
Get diarrhea	6	4.2
Don't know /not specified	2	1.4
N= Yes in 4.15	143	
What do you feed to your child during his/ her illness?		
Normal home cooked food	85	26.6
Prepare special/separate food	144	45.0
Modified the home food	3	0.9
Others :		
Provide only Breast feeding	88	27.5
Which food recommended by doctor	17	5.3
None	2	0.6
Don't know/not specified	7	2.2
N=All respondents	320	

During FGDs, most of the mothers said that during illness and poor appetite, child is given light food like khichri, dalia, banana, puffed rice, mung ki dal etc along with breastfeeding as most of the participants uttered. Moreover, doctors and AWW were consulted as expressed by the majority of the participants

3.17 Counselling and support services about complementary feeding

Information was collected from mothers regarding counseling for complementary feeding and support services available to them.

Table 8 presents the responses of mothers regarding counseling on complementary feeding received by them. Nearly 71 % mothers were counseled about complementary feeding. Among these mothers, 70% were counseled by AWW, 32% by ANM and 24% by ASHA. The others sources were TV and village meetings (12%), doctor/ nurse (10%) and mother-in-law (7%).

Approx 51% mothers received counseling after delivery, 40% during antenatal visits and 10% each during home visits by health worker and during health and nutrition day.

Regarding information or education provided about complementary feeding, 47% mothers said that they were advised to give homemade food after 6 months and 39% were advised to give pulse (dal) soup and porridge, after 6 months. A very small proportion (7%) of mothers was informed to give dal, rice and cereal after 6 months and 4% were advised to maintain hygiene.

Poverty, work pressure, negligence, lack of support of family members were the main reasons of poor complementary feeding practices in some of the areas reported by mothers during FGDs. To improve complementary feeding, majority of the participants in FGDs reported that both mothers and mother-in-laws were in favour of distribution of khichri, poha, Dalia, medicines from the AWC. They were of opinion that people do not like Panjiri and it should be replaced with some other food. Moreover, most of them said that children should be kept clean, given food in clean utensils, massage and bathe the child and immunize them on timely basis.

Table 8: Counseling and support services on complementary feeding received by mothers

Sr. No.	Particulars	No.	%
5.1	Anybody tell/counsel you about complementary feeding		
	Yes	226	70.6
	No	93	29.1
	Don't know	1	0.3
	N=All respondents	320	
5.1.1	If yes, who told you about complementary feeding?		
	ANM	72	31.9
	ASHA	54	23.9
	AWW	157	69.5
	Doctors/ nurses	23	10.2
	Mother support groups	4	1.8
	Mother-in-law	16	7.1
	Others :		
	Husband	3	1.3
	Through TV and Village meeting	26	11.5
	Don't know/not specified	5	2.2
5.2	When did you receive counseling for complementary feeding?		
	During antenatal visit	91	40.3
	After delivery	116	51.3
	Postnatal visit	4	1.8
	Home visit by health worker	23	10.2
	During health and nutrition day	23	10.2
	Others :		
	During visits to AWW, ASHA	3	1.3
	In village meeting	5	2.2
	Vaccination	28	12.4
	Don't know/not specified	11	4.9

5.3	What information or education they provided you regarding complementary feeding?		
	After 6 months Dal soup and porridge	89	39.4
	Child is of less weight. So have to check food	1	0.4
	Dal, rice and cereal after six month	16	7.1
	Homemade food after six month	106	46.9
	To maintain hygiene	9	4.0
	Don't know/not specified	7	3.1
	N=Yes in 5.1	226	

Counselling and support services about complementary feeding provided by community health workers

Information was collected from anganwadi worker, ASHA and ANM regarding counseling and support services on complementary feeding provided to mothers. Their responses are discussed in this chapter.

3.18 Knowledge of Complementary Feeding

Almost all the AWWs were of opinion that Complementary Feeding is homemade food given to children after 6 month of age which include Dalia, dal, rice, chapatti, vegetables, soup, fruits like banana, milk and smashed potato. Since mother`s milk is not sufficient, child should be given all the above item as complementary food after 6 month. One of them said complementary food as *poshaha*(supplementary nutrition)provided by AWC.It is for the nutrition of the child. Another AWW said that biscuit is also given with smashed chapatti and milk.

They also said that as the child grows, more quantity is needed. If the child urinate less it means he/she needs more food.

All the ASHA were quite knowledgeable regarding complementary feeding. Some of them said that homemade food was given to child after 6 month of age which included

Khichri, smashed potato and banana, urad dal, mung dal etc. This made the child healthy. In their language Bachha *tandurast hota hain*. Others informed that other than milk, homemade food given to child after 6 month e.g. Khichri, smashed potato, rice, Dalia, dal, fruit, green vegetable and half teaspoonful ghee or oil could be added in the food.

All the 8 ANMs had knowledge of complimentary feeding and informed that complimentary feeding involves food given to child after 6 months such as dal, rice, roti, yellow fruit, vegetables, boiled potatoes etc. along with breast milk.

3.19 How often child should be fed other foods in addition to breastmilk

Anganwadi Worker

The views of AWWs about types of food to be given, quantity and frequency of feeding to child from 6-24 month of age, are given in table below:

Their responses suggest that while some knowledge of CF exists the AWWs aren't sure about frequency and quantity of feeding 12-24 month old child.

6-8 months	9-12 months	13-24 months
Type of food to be given		

<p>Almost all the AWWs expressed that child should be given dal, dalia, rice, smashed potato, and banana, khichri, liquid suji, and smashed chapatti. Only one AWW said that dalia, khichri, mung ki dal, suji mix with mother's milk to retain the taste.</p>	<p>Most of the AWWs said that child should be given homemade dal, dalia, rice , khichri, smashed chapatti, potato and banana, green vegetable, suji ka halwa and cow's milk .Only one AWW talked of giving non veg food like egg, meat, and fish to children of 9 to 12 month age.</p>	<p>Full diet along with breastfeeding and all types of homemade food were recommended by most AWWs.</p> <p>One AWW each said that children be given chapatti vegetables, dal rice, apple, banana and homemade food. No market food should be given but Panjiri can be given. Another AWW said that solid food added with ghee or oil can also be given to child.</p>
<p>Quantity of food to be given</p>		
<p>One small bowl, medium bowl, half bowl were stated by the most of the AWW. Only 2 said that 100 gm to 250 gm food can also be given to 6 to 9 month old child.</p>	<p>Most of the AWWs informed that medium sized bowl to large sized bowl food can be given . However, the AWWs of Silvan added that 100 gm to 250 gm food can be given. Two AWWs said that 50 gm to 100gm food can be given</p>	<p>Most of the AWWs stated that one full bowl food is enough for the 1 to 2 yr old child .Two AWWs of urban block were of the opinion that 5 to 6 bowls or even more than 6 bowls food are required for the child. One AWW of slum of urban block laid emphasis on full stomach food.</p>
<p>Frequency of feeding</p>		

3 to 6 times food should be given to the child	3 to 6 times food should be given to the child	Most of them said that 3 to 7 times food needs to given to the child
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Accredited Social Health Activist

The information given by ASHAs about types of food to be given, quantity and frequency of feeding to child from 6-24 month of age, are given in table below:

The responses show that all ASHAs didn't have the same understanding regarding quantity and frequency of feeding children of different age groups (6-9, 9-12, 12-24 months).The responses seemed more or less consistent with the appropriate quantity and frequency to be fed to the child.

6-9 months	9-12 months	13-24 months
Type of food to be given		
Almost all ASHAs informed that homemade food like Khichri, dalia, smashed potato, smashed chapatti, green vegetable, rice, dal, banana, cow milk etc should be given.	All homemade food meat, fish, egg, chapatti, vegetable, Dalia, khichri, banana, potato rice, dal, suji ka halwa, mixed vegetables were the responses of all the ASHAs..	All ASHAs stated that all homemade food such as rice dal, chapatti vegetable, khichri, fruit etc. should be given to child. One ASHA said that supplementary (Panjiri) nutrition of AWC should also be given.
Quantity of food to be given		

Half bowl, 50 gm, one small bowl, 20 to 25 gm, one small bowl, were the responses of different ASHAs of 3 blocks.	More than half bowl, 100 gm , large bowl, 200 gm, half of medium size bowl once in a day etc.	Full bowl, as much as the child wants to eat,1 to 2 chapattis, full stomach, 1 large bowl, 250 gm once in a day should be given to the child of 12 to 24 old child
Frequency of feeding		
Mixed responses were received from the ASHA ranging from 3 to 4 times to 4 to 5 times. Some of them stated 5 to 6 time's food should be given to child.	3 to 4 times, 5 to 6 times, 8 to 10 times	4 to 5 times,5 to 6 times, 7 to 8 times, were the responses of most of the ASHA workers. One ASHA said that child should be fed as per the demand

Auxiliary Nurse Midwife

All the ANMs said that children in addition to breast milk should be given foods like dal, porridge, khichri, boiled rice, smashed potatoes, banana, papaya, rice, meat, fish, egg, green vegetables, cured etc. About the quantity and frequency of food, 7 ANMs said that during 6-9 months, ½ katori food should be given 2-3 times to child. Only one said 5-6 times. During 9-12 months, 4 ANMs said that ¾th katori of food should be given 3-4 times, 3 said 4-5 times and one said every 2 hours. When the child is 12-24 months old, 4 ANMs were for giving full katori of food 4 times, 3 were for 5-6 times and only one said that food should be given 6-7 times. This shows that there is no uniformity in understanding of ANMs about quantity of food to be given.

3.20 Consistency of meal given

Most of the workers were aware of the consistency of the meal to be given to infants.

Anganwadi Worker

AWWs informed that semi solid meal such as, watery dal, vegetables can be given to small kids of 6 to 9 month old whereas for 9 to 12 months old child, solid and semi solid food can be given. For 12-24 months old child, solid food is recommended.

Accredited Social Health Activist

Most of the ASHAs informed that children of 6 to 9 month old could be given semi solid by spoon and which can be swallowed easily- paste like and smashed food; 9 to 12 month old child also should be given semi solid and little bit thick food whereas 12 to 24 month old children could be given solid food like chapati.

Auxiliary Nurse Midwife

Regarding the consistency of meal to be given to child, all ANMs were for solid and semi-solid food. Only one ANM said that liquid food should be given.

3.21 Understanding by food groups

Anganwadi Worker

Almost all the AWWs did not have any knowledge regarding food groups. Only 1 AWW responded food group as Vitamin and protein, while other AWWs named the food groups as Fruit and veg, dal, rice, bajra, millet, wheat, milk, ghee, oil and honey.

Accredited Social Health Activist

None of the ASHAs have any knowledge about food group.

Auxiliary Nurse Midwife

All ANMs had knowledge of food groups. They said that food groups should contain carbohydrates, vitamin, iron, mineral and calcium.

3.22 Knowledge of disadvantages of formula feeding

Anganwadi Worker

Almost all the AWWs were aware of disadvantages of formula feeding (tinned milk & formula food like cerlac etc). Most of the AWW reported disadvantages of formula feeding as it does not suit many children, not easily digestible, causing diarrhea, vomiting, pneumonia, fever etc.

Accredited Social Health Activist

All the ASHAs were aware of harmful effects of formula feeding. They said that formula feeding is harmful, no nutrition, not used by villager, diarrhea, cause vomiting and less development of the child. They also said that Cerelac is used in the city only and not in villages. Few of them also mentioned that by taking formula feed, child becomes weak and his/her development hinders, not pure, cannot be digested by the child.

Auxiliary Nurse Midwife

Similarly, all the ANMs were aware of the disadvantages of formula feeding, The main disadvantages reported was that it causes diarrhea, pneumonia, malnourishment and expensive, and not good for the child and reduces weight. Allergy and does not suit the child, were the other disadvantages reported by ANM.

3.23 Traditional Belief associated with Complementary Feeding

Anganwadi Worker

Mixed responses were received from AWWs with regard to traditional beliefs. Most of the AWWs said that after 6 months, child is given sweet kheer and wear new cloth. In some areas, child goes to maternal place otherwise any elderly person feed the child after 6 months.

Earlier there was no practice of CF to 6 month and above child, people use to feed milk and biscuit or chapatti to the child. Now, due to the awareness generated from a previous intervention in the community, people started giving CF to 6 months and above child. Earlier Pashini was celebrated like marriage in the family but now every Saturday, Pashini of one or the other child is celebrated in the AWC.

AWW said that according to elderly people solid food should be given when the child starts walking. Now child is given solid food along with BF at 7 month onwards. Pasni is celebrated, maternal uncle comes who brings five utensils and sweet kheer is given to child in silver spoon, and if not affordable, stainless steel spoon is used.

Some AWWs informed that some people feed before 6 months where as some people do not feed even after 6 months. Some people do not give food up to one year. "They do not have time to feed the child but some elderly people feed the child with solid food.

Accredited Social Health Activist

Responses of ASHAs were similar to AWWs; Pashini is celebrated in which sis-in-law feeds the child kheer, khichri or dalia between 6-7 months using new bowl and spoon (village ritual). However poor people don't celebrate Pashini. They just give biscuit to the child to eat.

Auxiliary Nurse Midwife

All the ANMs also said that before starting complimentary feeding, maternal uncle/aunty/mother should feed the child with silver spoon/coin and this tradition is known as Pashini.

3.24 Factors/ barriers that hinder appropriate complementary feeding

Anganwadi Worker

Some of AWWs pointed out that the main cause that hinders complementary feeding is poverty, lack of awareness, work pressure; lack of support from family members and

negligence on the part of the mother. However, one AWW reported that earlier MIL did not permit for solid food.

Lack of cooperation from family members was also reported as one of the barriers of complementary feeding. Mothers go to work and no one in the home to look after the proper eating of child. On the contrary, some AWWs talked about family support in implementing complementary feeding. If mother goes for work, the family members feed the baby.

Another AWW said that mothers do not want to spend time with the child as it takes time to feed the child.

Accredited Social Health Activist

The ASHAs also mentioned similar barriers that hinder complementary feeding as AWWs like negligence by mothers, false belief by MIL as to not give solid food to child as it hinders child's development.

Auxiliary Nurse Midwife

About the barriers that hinder complimentary feeding, the main factors reported by ANMs were refusal by grandparents due to fear of growing stomach and lack of time due to daily wages work. The other reasons were poverty, illiteracy and child does not eat.

3.25 Counseling and support to mothers on complementary feeding

Anganwadi Worker

All the 16 AWWs are doing the counseling for complementary feeding. Almost all the AWWs counseled mothers in antenatal and postnatal period and also many times when the child becomes 6 months old. All AWWs were in favour of local homemade food as complementary food.

As far as food groups, quantity and frequency are concerned, all the AWWs informed that dal, dalia, khichri added with ghee or oil, rice, chapatti, vegetable, smashed potato, banana, other fruit are given as per age of the child.

AWWs provide packets of Panjiri to mothers and demonstrate how to prepare and feed to child.

Accredited Social Health Activist

Almost all the ASHAs reported that they counsel the mothers about complementary feeding both in antenatal period and postnatal period and many a times when the child becomes 6 month old.

All ASHAs were in favour of local homemade food as complementary food. They informed milk, dalia, dal, rice, chapati should be given but in less quantity to small children and large amount to bigger children.

Auxiliary Nurse Midwife

All the ANMs said that they do counseling to mothers for complimentary feeding. They were doing counseling after 6 months of delivery and on immunization day whereas, one each reported before and after delivery.

Further, all the ANMs said that they counsel mothers to use local available food for feeding. However, 2 ANMs advised for commercial food and one for food available at Anganwadi centre. The local available food like khichri, Dalia, mashed potatoes; dal, green vegetables, banana, roti etc. should be given according to age of the child. However two ANMs said that child should be given as much food as the child wants to eat.

3.26 Food intake of the child

Anganwadi Worker

Out of 16 AWWs, 14 said that they know the food intake by weight monitoring in the AWC. If the weight is normal, it implies that child has taken proper complementary food. But only two AWWs monitored the growth of the child by asking mothers during home visits.

Accredited Social Health Activist

Out of 12 ASHAs, 8 informed that they know the food intake by weight monitoring in the AWC. If the weight was normal, showed that child had taken proper complementary food. Four ASHAs monitored the growth of the child by asking mothers during home visits or observing the child.

Auxiliary Nurse Midwife

Majority of ANMs informed that they come to know of the food intake of the child by giving separate food in katori. However, one ANM said by weighing the child once in a month they get to know about child food intake.

3.27 Demonstration of complementary food, place and day

Anganwadi Worker

All the AWWs are doing demonstration of preparation of complementary food. Most of them demonstrate preparation of dalia, khichri at AWC on Saturday whereas some of them demonstrate during counseling and sometimes during home visit where they demonstrate simple preparation like chapatti smashed in milk.

Accredited Social Health Activist

Almost all ASHAs demonstrated preparation of complementary food both at AWC on Saturday and during home visits.

Auxiliary Nurse Midwife

Further, all ANMs informed that on vaccination day, they do demonstration for mothers on preparation of complimentary food, use flip charts and also sometime feed the child the food cooked. They do it along with AWW at Anganwadi Centre on Saturday and at sub-centre on Wednesday.

3.28 Opinion about cooking of separate food or food from the family pot

Anganwadi Worker

Mixed responses were received from the AWWs on the issue of cooking of child food separately or with the family members. Out of 16 AWWs, eight were in favor of food prepared for family members but desired that it should be without spices and oily. Only one AWW said that family food should be prepared according to child`s need which is less spicy and oily. It will save energy and time. Separate food should be prepared in case family food is spicy and oily.

Accredited Social Health Activist

Two of the ASHA suggested that food should be prepared in family pot whereas other ASHAs remarked that child should be given separate food. As the villagers did not cook separately, they should manage time for the child. According to ASHAs, food can be prepared with family food without spices and less oil and another response was that family food should be made according to child`s need which is less spicy and oily.

Auxiliary Nurse Midwife

About their opinion of cooking food separately for child or be given from family pot, majority of ANMs were for giving homemade food cooked by the family but it should be less spicy. Only 2 ANMs said that separate cooked food should be provided to the child as it will not be spicy.

3.29 Growth monitoring of child and counseling if child is faltering in growth

Anganwadi Worker

Monthly weighing of normal child and bi monthly weighing of weak child was reported by AWWs. First Saturday of every month was reported for weight monitoring and maintaining of growth chart by most of the AWWs.

Almost all the AWWs were of opinions that if child is severely malnourished, refer him/her to Nutrition Resource Centre (NRC). If a child who comes under yellow grade, counsel for proper feeding and weight monitoring. Very weak child needs to be referred to NRC, sub center. One AWW reported giving of double poshahar (supplementary nutrition) and to counsel mothers for special care and repeated home visits for monitoring the progress.

Accredited Social Health Activist

Weight monitoring was done every month on first Saturday by all ASHAs at AWC. If weight is less, counsel the mother for proper feeding.

Almost all the ASHAs were of the opinions that if child was severely malnourished refer him/her to Nutrition Resource Centre (NRC).

Auxiliary Nurse Midwife

Regarding growth monitoring of the child, all the ANMs informed that they weigh the child on vaccination day and use growth chart for the purpose. In regards to counseling of mothers on growth of child, most of ANMs tell mothers to provide nutritious food to their child after weighing. Even some advised mothers to take supplementary nutrition from Anganwadi Centre.

In case a child is faltering in growth, majority of ANMs advised mothers for breastfeeding, giving nutritious food and maintenance of cleanliness. However, few ANMs said that if there is no growth, they advise mothers to consult doctor.

3.30 Training on Infant and Young child feeding and key messages

Anganwadi Worker

Except one AWW, all the AWWs had attended training on Infant and Young Child Feeding(IYCF).conducted by UNICEF project of IYCF implemented by Gorakhpur Medical College, for 3 days. The training was given during 2008-2011 followed by refresher training every year.

Most of the AWWs received bowl, books, posters, breast model, growth charts, flip charts, diary, pen etc.

The key messages of the materials received during training were proper method of BF, proper attachment to breast, initiation of BF within one hour of delivery, breast feeding up to 6 month , after 6 month initiation of complementary feeding along with BF, complementary feeding chart of children above 6 yrs, development of malnourished children, weighting of child and nutrition chart, food according to child`s age, breastfeeding, attention towards malnourished children and ANC mothers, complementary feeding of sick children, about weight monitoring etc. Only two AWWs did not remember the messages.

Accredited Social Health Activist

All ASHAs, have received training on IYCF for 3 days and refresher training every year for one day. Training was organized in Lalitpur.

Two ASHAs reported to have received books and pen in the training and the key messages were breastfeeding, attention towards malnourished children and ANC mother.

Auxiliary Nurse Midwife

All except 2 ANMs had undergone training on IYCF. They had training in 2008 at Vikas Bhawan, Lalitpur.

During the training ANMs got materials such as flip chart and book on IYCF. This material had the message, “the best food for infants”.

3.31 Utilization of skills acquired during training to improve the complementary feeding

Anganwadi Worker

All AWWs are utilizing the skills acquired during training to improve complementary feeding in their area. One of the AWW tells mothers who come to the AWC, about proper breastfeeding (positioning and attachment). Another does regular counseling to those women who do not want to understand and home visit for those women who are not visiting AWC. Some AWWs utilized the skill by giving supplementary nutrition (Panjiri) to women and talk about complementary feeding during home visit.

One AWW informed that 1st Saturday is fixed for celebration of birth day in which one year old child is given cake prepared of supplementary food (Panjiri) along with dance and song, 2nd Saturday is allotted for ANC mother`s registration, immunization, weighing, 3 ANC check ups and counseling for taking extra food during pregnancy, 3rd Saturday is fixed for meeting of mahila mandal and 4th Saturday is for adolescent girl. In addition Annaprashan (first rice ceremony) is being celebrated for 6 month old child and preparation of semi solid food is being demonstrated at AWC and given to child.

Accredited Social Health Activist

After the training, the ASHAs were doing counseling on BF, immunization, nutrition, complementary feeding, giving of supplementary nutrition of AWC.

Auxiliary Nurse Midwife

All ANMs use flip chart to provide information to mothers about complimentary feeding.

3.32 Reasons for poor complementary feeding practices and suggestions to improve

Anganwadi Worker

The following reasons for poor complementary feeding practices were given by AWWs:

1. Illiteracy and lack of awareness are major barriers for poor complementary feeding practices.

2. Working mother does not get time for preparing complementary food for the child.
3. Due to poverty mothers are doing labour work. They do not have time to pay attention towards child.
4. Mothers do not want to pay extra attention and spend time in cooking separately for child...*"Kaun chulhe par 1 ghanta baithega...bajar se biscuit mil raha hain ...lakar dete hain"*

The following are the suggestions for improving complementary feeding as given by AWWs:

1. Education of mothers and introducing income generating schemes.
2. Propagation of breastfeeding and timely initiation of complementary feeding in the community.
3. Mothers need to be advised to consult doctors in case of problems.
4. More counseling during home visits is needed.
5. Provision of Panjiri mix with milk can be given if nothing is available.
6. Creches at the place of work for mothers
7. Capacity building of primary caretakers (not just mothers)

Accredited Social Health Activist

ASHAs said that in rural areas, work pressure was more. They have to work in the field and there was no time for the child. Though they prepared food but they are unable to feed the child being away for work. Also they did not pay attention, as they have other kids to look after as well.

The following reasons for poor complementary feeding practices were reported by ASHAs:

1. Parents are working so do not have time for child
2. Illiteracy and lack of awareness is a major factor for poor complementary feeding
3. Lack of support from other family members in feeding the child
4. Child refusal to eat due to varied reasons

The following are the suggestions for improving complementary feeding as given by ASHAs:

1. Repeated counseling on optimal complementary feeding practices is needed to be given to mothers and family members.
2. If possible then provision of health foods like dalia, khichri and poha could be distributed from AWC for benefit of poor children.

Auxiliary Nurse Midwife

The following reasons for poor complementary feeding practices were reported by ANMs:

1. Lack of time with parents due to going out to work was a major barrier
2. Illiteracy and lack of awareness regarding optimal feeding practices
3. Lack of support from family members specially MIL
4. Child refusal to eat food in some cases

The following are the suggestions for improving complementary feeding as given by ANMs:

1. Organization of meeting in village by trained counselor to generate awareness among community.
2. Capacity building/education of parents and family members on feeding and care of child.
3. Counseling and correct information to be provided through AWW and ASHA as they are the direct contact in the community.

3.33 Support required to act as a change agent

Anganwadi Worker

1. Arrangement for play area in AWC, training, growth chart, poster, books, provision of cooking pots, materials, gas for demonstration, books, and additional help are required.
2. Suggested to organize a talk by expert at AWC on nutrition for children.
3. Suggested that the official from ICDS should do home visit along with them to be more effective.
4. Provision of safe water like provision of hand pump, cooking pot, gas and training on cooking are needed.

Auxiliary Nurse Midwife

1. Support in terms of availability of complimentary food to counsel mothers and demonstrate
2. Refresher training of ASHA, ANM, AWW and panchayat sewak.
3. Will support ASHA, AWW and counselor for promotion of feeding practices.

Chapter Five: Conclusions and Recommendations

The study has brought out following issues which need to be addressed by the programme:

1. **Majority of mothers have correct knowledge of starting complementary feeding.** Nearly three-fourth (77%) mothers said that mothers should start complementary feeding when the child is 6-7 months old and 19% said 8th month. Only 3% were to start after 8 months and 2 were for starting at 5 months.
2. **There is gap in knowledge and practice of nearly 22% which is a concern.** When mothers asked about practice of complementary feeding, nearly 94% mothers reported that they had started complementary feeding to their child. However only 77% mothers had started CF between 6-8 months.
3. **Lack of knowledge on importance of complementary feeding.** The mothers of urban area didn't understand about importance of complementary food and give junk food to children without knowing its harmful effects.
4. **Lack of knowledge of mothers on frequency & quality of complementary feeding.** The knowledge of frequency and quality of CF to be fed to the child is less than adequate among mothers specially on the following issues – how many food groups they should feed the child, how to prepare CF, feeding during illness, the fact that they should try and feed the child even if it does not show visible signs like crying etc...
5. **Lack of knowledge of mothers on disadvantages of formula feeding.** Most of the mothers lack the knowledge on disadvantages of formula feeding (tinned milk and formula food like Cerelac etc.) and some of them are giving readymade food due to convenience.
6. **Mothers lack knowledge on the food groups.** All mothers were not aware of the type of foods to be given to their child and expressed poverty as a reason to be able to afford milk or meat products.

7. **Poverty and work pressure was expressed by mothers as main barriers to complementary feeding.** Mothers expressed concern and felt poverty, work pressure and lack of support from family as main barriers to feeding their child.
8. **Majority of health workers lack knowledge on frequency & quantity of complementary feeding.** Field workers are also not fully aware about the frequency and quantity of food to be given to the different age groups. They are not aware of the food groups.
9. **Traditional practice and socio-cultural norms still exist on initiation of CF to children.** Traditional practice exist, however there are practical reasons of resource and time constraint available with mothers that is the more critical to adequate and appropriate CF. The practice of waiting for the child's aunt or ritual of Pashini/ Anna Prashan to initiate CF. Regarding socio-cultural barriers, the community lacks knowledge and awareness and has false belief as to feeding the child with solid food will cause ill health.
10. **Hygiene during feeding is not an issue.** Mothers are aware and follow hand washing and hygieneic practice for feeding children.
11. **Counselling on IYCF needs improvement.** IYCF counselling services are provided to mothers, however they need to be improved. Currently, counselling is provided only at specific time points such as at the time of ANC and VHND. Continuous support and counselling through home visits and food demonstrations is minimal. There seems to be little effort to link growth monitoring with feeding, to provide mothers with a tangible linkages between their feeding practices and the child's growth.
12. **Suggestions from AWW's for improving complementary feeding are as follows:**
 - Education of mothers and introducing income generating schemes.
 - Propagation of breastfeeding and timely initiation of complementary feeding in the community.
 - Mothers need to be advised to consult doctors in case of problems.
 - More counseling during home visits is needed.
 - Provision of Panjiri mix with milk can be given if nothing is available.

- Creches at the place of work for mothers
- Capacity building of primary caretakers (not just mothers)

13. Suggestions from ASHA's for improving complementary feeding are as follows:

- Repeated counseling on optimal complementary feeding practices is needed to be given to mothers and family members.
- If possible then provision of health foods like dalia, khichri and poha could be distributed from AWC for benefit of poor children.

14. Suggestions from ANMs for improving complementary feeding are as follows:

- Organization of meeting in village by trained counselor to generate awareness among community.
- Capacity building/education of parents and family members on feeding and care of child.
- Counseling and correct information to be provided through AWW and ASHA as they are the direct contact in the community.

15. The following suggestions came up during IDI of AWW, ASHAs and ANMs:

- a. Education of mothers and introducing income generating schemes to increase the income.
- b. Propagation of breastfeeding and timely initiation of complementary feeding in the community.
- c. More counseling during home visits is needed.
- d. Provision of Panjiri mix with milk can be given if nothing is available.

Recommendations:

1. Need to strengthen the capacity of the health workers (AWW, ASHA, ANM) in the community
2. Training of all health workers on skilled IYCF counseling

3. Refresher training of health workers to upgrade & update their knowledge
4. All mothers to have access to counseling so as to improve awareness and follow optimal feeding practice
5. To make provision for availability of food, in food insecure community/population
6. Communication campaigns (community and mass media campaigns) on complementary feeding
7. Maternity benefits/CCTs to enable mothers to practice appropriate CF
8. More and repeated counseling during home visits is needed.
9. Creches at the work place of mothers so as to enable mother to feed the child
10. Organization of meeting in village by the counselor and educating parents, family and caretaker on IYCF
11. Need to work on different strategies to work interventions required to scale up CF practices as appropriate to urban and rural areas.

Annexure-1

List of villages for In-depth interview of mothers

State	District	Block	village
UP	Lalitpur	Jakhaura	Nadanwara
			Masaura
			Mangoa
			Dailwara
		Madawra	Madanpur
			Gidwaha
			Pidar
			Madhawra
		Mehroni	Saujana
			Kumhedi
			Khiria Latkanju
			Gauna
		Sheher Chetra	Ghusyana
			Chaubyana
			Rautena
			Nadipura

Annexure-2

An assessment of current practice of complementary feeding, barriers and facilitators to optimal complementary feeding in infant and young children in Lalitpur district, Uttar Pradesh

In-depth interview checklist for Mothers

1: Identification Particulars

State: Uttar Pradesh

District: lalitpur

Block^o _____

Village _____

Mother's name _____

Age of mother _____

Father's name _____

Total no. of children _____

No. of children 6-24 months age.....

Introducción and Consent

My name is I have come from..... We are collecting information about complementary feeding of children. The information given by you will be kept confidential and used for reaseach purpose only. The information given by you will be very useful and expect that you will cooperate with us for the research study. If you are willing, I will like to ask you some questions.

If respondent doesn't agree, write the reasons.

Name of Investigator and signature

Date of interview.....

Signature of Supervisor

2. Demographic & Socio-Economic Profile

No.	Questions and filters		Skip
2.1	Age of child (in months) cPPksa dh mez (eghuksa eas)\Months	
2.2	Educational qualification of mother Ekkrk dh f'k{k\	1. Illiterate 2. Upto Primary 3. Middle 4. High School 5. Intermediate 6. Graduate and higher 7. Others (Specify)	
2.3	Occupation of mother ekrk dk O;olk;\	1. Housewife 2. Agriculture 3. Govt. Service 4. Private Service 5. Shop Owner 6. Shop Employee 7. Business 8. Daily wages/Labourer 9. Unskilled Worker 10. Skilled worker 11. Self employed 12. Others (Specify)	
2.4	What is your religion (mother)? Ekkrk dk /eZ\	1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Jain 6. Buddhist 7. Others (Specify)	
2.5	What is your caste (mother)? ekrk dh tkfr\	1. SC 2. ST 3. OBC 4. Others/Higher Caste	
2.6	What is the total monthly income of family from all sources? ifjokj dh IHkh lzks=kks ls dqy ekfld vk;\	1. Up to Rs. 500 2. Rs. 500 to Rs. 2000 3. Rs. 2001 to Rs. 3000 4. Rs 3001 to Rs 4000 5. Rs 4001 to Rs 6000 6. Rs. 6001 + 7. Don't Know/Can't Say	

3. Understanding of Complementary feeding

No.	Questions and filters	Responses	Skip
3.1	<p>What do you understand by complementary feeding? (MC)</p> <p>vki iwjd vkgkj ls D;k le>rs gks \</p>	<p>Food given in addition to Breastmilk----1 cPps dks ek; ds nw/k ds lkFk fn;k x;k vfrfjDr vkgkj</p> <p>Semi-solid or liquid food given to child -2 cPps dks fn;k x;k v/kZ&Bksl ;k rjy vkgkj</p> <p>Various types of food given to child for meeting nutritional needs -----3 cPps dh iks" k.k dks vko';drkvksa dks iwjk djus ds fy;s fn;s x;s fofHkUu çdkj ds vkgkj</p> <p>None of them -----4 dksbZ Hkh ugha</p> <p>Any other (specify)-----5 vU; ¼crk;sa½</p> <p>Don't Know.....8 tkurs ugha</p>	
3.2	<p>Why giving of complementary food is important? (MC)</p> <p>iwjd vkgkj nsuk D;ks t#jh gSa \</p>	<p>Important for infant growth & development – 1 o`++++f) vkSj fodkl ds fy;s</p> <p>It is provide energy and essential nutrients -2 ऊर्जा vkSj vko';d iks"kd rRo çnku djrk gSA</p> <p>We have seen in TV it is important for infant health -----3 geus Vh ch ij ns[kk gSA fd ;s cPpksa ds LokLF; ds fy;s t#jh gS</p> <p>Advised by the health workers -----4 LokLF; dk;Zdrk us lykg nh Fkh</p> <p>Advised by the mother/ mother in law-----5 ekj ;k lkl us lykg nh Fkh</p> <p>Any other (specify)-----6 vU; ¼crk;sa½</p>	

No.	Questions and filters	Responses	Skip
3.3	When mother should start complementary feeding to her child? ek ; dks cPpks dks iwjd vkgkj fdl mez es 'q# dj nsuk pkfg, \	Months Ekk <input type="text"/> <input type="text"/> Don't know8 irk ugha	
3.4	According to you what should be the consistency/ frequency and quantity of feed to be given to below age group of infants? vki ds vuqlkj fuEu vk;q ds cPpks dks fn;s tkus okys [kkus fd fLFkjrj] vko`fr ¼fdruh ckj½ vkSj ek=k fdruh gksuh pkfg;s\		
		Consistency fLFkjrj(1-solid/ 2-semi solid / 3- liquid / 4-semi liquid	Frequency fdruh ckj (1/2/3/4/ times as per demand)
	6-8 months		Quantity ek=k (½ / 1 / ¾ / full cup at each meal/
	9-11 monthsp		
	12-24 months		
3.5	Do you know the disadvantages of formula feeding? D;k vki fMOos cUn [kkus ls gksus okyh gkfu;ksa ds ckjs es tkurs gS \	YES.....1 NO.....2	
3.5.1	If yes, what ?;fn gk ;] rks D;k \		

4. Practices of Complementary feeding

No.	Questions and filters	Responses	Skip
4.1	Have you started complementary feeding to your child? D;k vkus cPpks dks iwjd vkgkj nsuk 'kq# dj fn;k gS \	YES.....1 NO.....2	If no, go to Q 4.2

4.1.1	<p>If yes, at what age you have started complementary feeding? ;fn gk;] rks vkius iwjd vkgkj fdl mez es ¼ekg½ nsuk 'kq# fd;k?</p>	<p>Months <input type="text"/> <input type="text"/></p> <p>Don't know8</p>			
4.2	<p>If complementary feeding (semi-soild and soild food items) not introduced what were the reasons? ;fn iwjd vkgkj ¼tSlS fd v/kZ Bksl ;k Bksl [kkus dh oLrq,W½'kq# ugh dj k rks D;k dkj.k gS \</p>				
4.3	<p>Now I would like to ask you about the food ----- ate yesterday during the day or at night, either separately or combined with other foods: vc eSa vkils ;s iwNuk pkgwaxk fd cPps us dy fnu esa ;k jkr esa vdsys ;k vU; [kkus dh oLrqvksa ds lkFk D;k [kk;k Fkk\ Did eat:</p>	Y	N	Don't Know	
	a. Any porridge or gruel? (nfy;k)				
	b. Any commercially fortified baby food such as Cerelac or Farex? (flfjyd ;k iQsjsDI)				
	c. Any bread, roti, chapatti, rice, noodles, biscuits, idli or any other foods made from grains? (jksVh @ pkoy @ uwMyl @ fcLdqV @ bZ<hyh ;k vukt ls rS;kj fd;k gqv k dksbZ vkSj vkgkj)				
	d. Any pumpkin, carrots or sweet potatoes that are yellow or orange inside (dnw @ xktj @ 'kDdjdUnh tks vanj ls ihyh ;k larjh dyj ds gksrs gSa)				
	e. Any white potatoes, white yams, cassava, or any other foods made from roots? (vkyw @ vjch ;k				

	tM+ ls cuk dksbZ vU; vkgkj)				
f.	Any dark green, leafy vegetables? (xgjh gjh @ iRrsnkj lCth;kj)				
g.	Any ripe mangoes, papayas, cantaloupe, or jackfruit? (idk gqvk vke @ iihrk @ idk gqvk dêđgy)				
h.	Any other fruits or vegetables (dksbZ vU; iQy ;k lFct;kj)				
i.	Any non-vegetarian food (dksbZ eklkgkj vkgkj)				
j.	Any foods made from beans, peas, or lentils? (nky @ eVj @ elwj ls cuk gqvk vkgkj)				
k.	Any nuts? (eawxiQyh @ dktw)				
l.	Any cheese, yogurt or other milk products? (iuhj @ ngh ;k nw/ ls cus vU; inkFkZ)				
m.	Any food made with oil, fat, ghee or butter? (?kh @ rsy ;k eD[ku ls cus inkFkZ)				
	Any other solid or semi-solid food? (dksbZ Hkh Bksl ;k v/Z @ Bksl vkgkj)				
	At least one "Yes"				
	Not a single "Yes"				
4.4.	What was the consistency of meal given to child? cPps dks fn;s x;s [kkus dh fLFkjr D;k Fkh ¼cPps dks fdl çdkj dk [kkuk fn;k Fkk½	Solid-----1 Semi solid-----2 Liquid-----3 Semi liquid -----4			
4.5.	How many times did you feed your child morning to night yesterday? vkus dy lqcg ls 'kke rd cPps dks fdruh ckj [kkuk f[kyk;k\	One time-----1 Two times-----2 Three times-----3 Four times-----4 > 4 times-----5			

		Others (specify)-----6	
4.6.	How much did you feed your child from morning to night yesterday ?(other than breastmilk) vkius dy lqcg ls 'kke rd cPps dks fdruk [kkuk f[kyk;k\	½ cup at each meal-----1 1 cup at each meal-----2 ¾ cup at each meal-----3 Full cup at each meal-----4 Other (specify)-----5	
4.7.	How the feed was given (other than breastmilk)? cPps dks [kkuk fdl rjg f[kyk;k (Lruiku ds bykok)\	Bowl and Spoon-----1 Bottle----- 2 Hands-----3 Others (specify) -----4	
4.8.	Do you prepare separate food for child? D;k vki cPps ds fy;s vyx [kkuk idkrh gSa \	YES.....1 NO.....2	If yes, goto Q4.9
4.8.1.	If no, how do you modify the famliy food to make it appororiate for your child? ;fn ugh] rks vki ifjokj ds [kkus es fdl çdkj dk ifjorZu djrh gS fd [kkuk cPps ds fy;s Hkh mfpr gks \	Reduce consistency -----1 Add extra ghee / sugar/ oil /salt-- 2 Others (specify)-----3	
4.9.	Does the child eat in a separate bowl/plate? D;k cPpk vyx iysV ;k dVksjh es [kkrk gS \	YES-----1 NO-----2	
4.10.	How do you come to know that the child is hungry? vki dks ;g dSls irk yxrk gS fd cPpk Hkw[kk gS \	Child cries -----1 Child tries to eat whatever comes in his/her hand-----2 Child tries to take food from othersplate when they are eating--- -----3 Others (specify)-----4	
4.11.	How do you come to know that child has eaten to full satisfaction? vki dks ;g dSls irk yxrk gS fd cPps us Hkj isV [kkuk [k fy;k gS \	Leaves the food-----1 Goes to Sleep-----2 Start playing -----3 Doesn't want to take more food-----4 Others (specify)-----5	
4.12.	What difficulties do you face		

	<p>in feeding the child?</p> <p>cPps dks [kkuk f[kykus eSa vki dks fdl çdkj dh dfBuk,vks dk lkeuk djuk iM+rk gSA</p>	-----	
4.13.	<p>How do you overcome those difficulties?</p> <p>vki mu dfBukvks dks dSIs nwj djrh gS \</p>	-----	
4.14.	<p>What all you do to maintain hygiene while feeding your child?</p> <p>vki cPps dks [kku f[kykrs le; LoPNrk ouk;s j[kus ds fy;s D;k djrh gS \</p>	<p>Wash hands before and after feeding --1 Wash/ clean feeding utensil -----2</p>	
4.15.	<p>Do you avoid giving any specific/particular food to your child?</p> <p>D;k vki cPps dks fdlh [kkl çdkj dsHkkstu nsus ls cprh gS\</p>	<p>YES -----1 NO-----2</p>	If no goto Q 4.16
4.15.1	<p>What are the reasons for avoiding these foods?</p> <p>bl çdkj ds Hkkstu ls cpus ds D;k dkj.k gSa\</p>		
4.16.	<p>What do you feed to your child during his/ her illness?</p> <p>cPps dks fcekjh dh voLFkk es D;k Hkkstu nsrh gS \</p>	<p>Normal home cooked food-----1 Prepeare special/separate food-----2 Modified the home food -----3 Others (specify).....4</p>	

Counseling & Support Services

No.	Questions and filters	Responses	Skip
5.1	Did anybody tell/counsel you about complementary feeding? D;k vkidks fdlh us iwjd vkgkj ds ckjs es crk;k ;k lykg nh gS\	YES.....1 NO.....2	
5.1.1	If yes, who told you about complementary feeding? ;fn gk ;] rks fdlus iwjd vkgkj ds ckjs esa crk;k \	ANM----- 1 ASHA----- 2 AWW----- 3 Doctors/ nurses----- 4 Mother support groups----- 5 Mother-in-law-----6 Others (Specify).....7	
5.2	When did you receive counseling for complementary feeding? vkidks iwjd vkgkj ds ckjs esa lykg dc feyh \	During antenatal visit.....1 After delivery.....2 Postnatal visit.....3 Home visit by health worker.....4 During health and nutrition day.....5 Others (specify).....6	
5.3	What information or education they provided you regarding complementary feeding? mUgksus vkidks iwjd vkgkj ds ckjs es D;k tkudkj ;k f'k{kk nh \		

Thanks and End

In-depth interview checklist for AWW/ASHA/ANM

In-depth interview for the community health workers (AWW/ASHA/ANM) to investigate the complementary feeding practice, beliefs and barriers associated. **Identification Particulars**

District: _____ Block: _____ Village: _____

Name: _____ Age: _____

Educational Qualification: Illiterate/upto primary/middle school/high school/graduate/above

Designation: ASHA/AWW/ANM

Name of village.....

Name of AWC: _____

Name of Sub-Health Centre (location).....

From AWW only:

No. of Children enrolled at AWC: _____

No. of children 6-12 months of age: _____

Introducción and Consent

My name is I have come from..... We are collecting information about complementary feeding of children. The information given by you will be kept confidential and used for reaseach purpose only. The information given by you will be very useful and expect that you will cooperate with us for the research study. If you are willing, I will like to ask you some questions.

If respondent doesn't agree, write the reasons.

Name of Investigator and signature

Date of interview.....

Signature of Supervisor

1. complementary feeding knowledge

1.1 What do you understand by complementary feeding? vki iwjd vkgkj ls D;k le>rs gks \

1.2 In your opinion, how often should children be fed other foods in addition to breastmilk? (Probe for 6-9 months, 9-12 months, 12-24 months.) vkids fopkj ls cPps dks ek; ds nw/k ds vykok nwljs [kk] fdruh ckj nsus pkfg;s \

Types of food fdl çdkj ds [kk] inkFkZ

Quantity ek=k

Frequency fdruh ckj

Consistency? fLFkjr (Solid, semisolid, liquid)

1.3 What do you understand by food groups? (such as fruits and vegetables, cereals, dairy products, Meat and fish etc.) vki [kk] lewgksa ls D;k le>rs gksA

1.4 Do you know the disadvantages of formula feeding? If yes, what? D;k vki fMCcs cUn nw/k dh gkfu;ksa dks tkurs gS \ ;fn gkj] rks D;k \

1.5 What according to you are the traditional beliefs associated with complementary feeding? vkids vuqlkj iwjd vkgkj ls tqM+h D;k ikjEifjd ekU;krk,sa gS \

1.6 What do you think are the factors/ barriers that hinder appropriate complementary feeding (lack of support from family, health workers, lack of knowledge, daily wages work etc.)
vkids vuqlkj os D;k dkj.k ;k vM+pusa gSa tks mfpr iwjd vk/kkj esa ck/kk
curh gSaA

2. Counselling practices

2.1 Do you counsel for complementary feeding? D;k vki iwjd vkgkj ds ckjs esa lykg
nsrh gSA

2.2 When do you counsel for complementary feeding (antenatal, or delivery, postnatal, home
visit , immunization day) vki iwjd vkgkj ds ckjs es dc lykg nsrh gSA

2.3 What do you counsel the mothers regarding complementary feeding (Local available food/
commercial food) vki ekrkvks dks fdl çdkj ds iwjd vkgkj fd lykg nsrh gS Lfkkuh;
;k deZf'k;y Hkkstu

2.4 If local than ask type of food groups, quantity and frequency etc.; fn Lfkkuh; rks fdl çdkj
ds [kk| lewg] ek=k vkSj fdruh ckj nsus ds ckjs es crkrh gS

2.5 How do you find out the food intake of child? vki fdl çdkj irk yxkrh gS fd cPps us
fdruk [kkuk [kk;k gSA

2.6 Do you demonstrate preparation of complementary food? D;k iwjd vkgkj cukus dk
çn'kZu djrh gS \

2.6.1 If yes, when (place and day) ;fn gkj] rks dc ¼txg vkSj fnu½

2.7 Do you think food should be cooked separately for child or food from family pot be fed?vkidh lksp es D;k cPps ds fy;s vyx ls [kkuk idkuk pkfg;s ;k ifjokj ds [kkus es [kkus ds fy;s nsuk pkfg, \

2.8 What kind of support you provide to the mother for complementary feeding (like supplementary food etc.) vki iwjd vkgkj ds ckjs es ekj dks fdl çdkj dh lgk;rk çnku djrh gSA

2.9 How and when do you monitor growth of child?vki dc vkSj fdl çdkj cPps ds fodkl ij fuxjkuh j[krh gS \

2.10 What do you counsel the mother on the growth of the child? vki ekj dks cPps ds fodkl ds ckjs es D;k lykg nsrh gSA

2.11 What counselling you do if child is faltering in growth?;fn cPps dk fodkl ugh gks jgk gS rks vki D;k lykg nsrh gS \

3.Training on Infant and young child feeding

3.1 Have you had any training or orientation on infant and young child feeding? D;k vkus f'k'kq vkSj NksVs cPps dks f[kykus ds ckjs es dksbZ çf'kf{k.k fy;k gS Yes/No

3.1.1 If yes ,;fn gkj

- Where and when did you have that training, dgkj vkSj dc
- What materials and tools were you given, dkSu ls lkexzh vkSj midj.k fn;s x;s Fks \

- What are the key messages on the materials?
- How do you utilize your training skills to improve the complementary feeding status in your community?

4. Suggestion

4.1 Reasons for poor complementary feeding practices in your area and suggestions to improve these.

4.2 If you could act as a change agent to promote appropriate feeding practice, what support would you require?

FGD guide for mothers/mother-in-law groups

Note for Moderator: A focus group discussion requires 8-10 participants at a particular location. A trained moderator generates a discussion among them on relevant issues. Discussion guidelines are used to ensure that all important issues are covered. The discussion should be free flowing and aim at bringing out the perspective of each participant on the key issues being discussed as well the group dynamics. The role of the moderator is to make sure that each participant gets a chance to speak and that the discussion does not stray away from the main issues. All the participants should sit in a circular manner for visibility and audibility. The moderator should not give his/her opinion on any issue and should only guide the discussion. The proceedings will be audio taped. The total duration of the discussion would be 1-1.5 hrs.

Purpose of Recording

Prevent 'data loss'; enables better analysis at a later date. Free flowing discussions facilitating probing into critical and sensitive issues that may have a bearing on interventions needed.

Location/Place of FGD: _____

Introduction and Consent

Good _____/Namaste. My name is _____ and my colleague's name is _____. We have come from Breastfeeding Promotion Network of India, New Delhi. We would like to know your views about the complementary feeding practices in children. Your contribution to the study is valuable and highly appreciated. 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 ask you few questions.

If any of the participants do not agree, ask them to leave and record reason for decline

Name of the Moderator: _____ Date of FGD: _____

Block: _____ Villages _____

Commencing time: Hr___ Min ___ Concluding time: Hr___ Min ___

Signature of Moderator: _____ Signature of Note Taker: _____

Background of FGD participants

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1					
2					
3					
4					
5					
6					

7					
8					
9					
10					

All questions need to be probed

- **Understating of complementary feeding**
 - What do you understand by complementary feeding
 - Why is it important ?
 - What age complementary feeding should be started to child in addition to breastfeeding?
- **Practice of complementary feeding**
 - Introduction of complementary feeding / time of initiation (which month)
 - Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)
 - Which form/ consistency of food is given to eat.. ask them to show
 - How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day
 - How many times is the child fed in a day in addition to breastmilk
 - How long breastfeeding given to child along with complementary feeding ?
 - What do you understand by growth monitoring?
 - How to you relate complementary feeding to weight gain / weight loss in children?
 - How often child should to be weighted / length taken
 - Feeding child during sickness / feeding during poor appetite
- **Precipitation or behaviour on complementary feeding**
 - Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community
 - Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child
- **Community-Health Provider behaviours/ helps**
 - Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- Types of advice received from community health workers regarding complementary feeding
- Timing of advice (during antenatal, postnatal or home visits)
- **Suggestions**
 - Reasons for poor complementary feeding practices in your area.
 - Suggestion for improvement of child health status (Personal / health services)

Annexure-3

Tabulation of responses of mothers with children 6-24 months			
Table 1: Profile of mothers			
Sr. No.	Particulars	No.	%
1	No. of children		
	1-3	279	87.2
	4-6	39	12.2
	>6 years	2	0.6
3	Age of youngest child (in months)		
	6	5	1.6
	7	15	4.7
	8	21	6.6
	9	18	5.6
	10-12	90	28.1
	>12 months	171	53.4
4	Education of mother		
1	Illiterate	123	38.4
2	Upto Primary	45	14.1
3	Middle	87	27.2
4	High School	28	8.8
5	Intermediate	18	5.6
6	Graduate and higher	18	5.6
	Not specified	1	0.3
5	Occupation of mother		
1	Housewife	237	74.1
2	Agriculture	46	14.4
3	Govt. Service	3	0.9
4	Private Service	1	0.3
5	Shop Owner	1	0.3
6	Shop Employee	0	0.0
7	Business	0	0.0
8	Daily wages/Labourer	28	8.8
9	Unskilled Worker	0	0.0
10	Skilled worker	1	0.3
11	Self employed	2	0.6
12	Others (BTC training)	1	0.3
6	Religion		
	Hindu	300	93.8
	Muslim	18	5.6
	Sikh	2	0.6
7	Social Group		

	SC	94	29.4
	ST	9	2.8
	OBC	172	53.8
	Higher caste/General	45	14.1
8	Monthly income of family from all sources		
	1. Up to Rs. 500	2	0.6
	2. Rs. 500 to Rs. 2000	55	17.2
	3. Rs. 2001 to Rs. 3000	96	30.0
	4. Rs 3001 to Rs 4000	63	19.7
	5. Rs 4001 to Rs 6000	49	15.3
	6. Rs. 6001 +	32	10.0
	Don't Know/Can't Say	23	7.2
Table2: Knowledge and practice of complementary feeding			
Sr. No.	Particulars	No.	%
3.1	What do you understand by complementary feeding?		
	Food given in addition to Breastmilk	112	35.0
	Semi-solid or liquid food given to child	224	70.0
	Various types of food given to child for meeting nutritional needs	15	4.7
	None of them	4	1.3
	Other:		
	Bread, dal, Cereal and poridage	23	7.2
	Everythings eats	5	1.6
	Feeds biscuits	7	2.2
	Homemade food	1	0.3
	Provide only Breast feeding	7	2.2
	Don't know/not specified	15	4.7
3.2	Why giving of complementary food is important?		
	Important for infant growth & development	180	56.3
	It is provide energy and essential nutrients	61	19.1
	We have seen in TV it is important for infant health	33	10.3
	Advised by the health workers	15	4.7
	Advised by the mother/ mother in law	18	5.6
	Other:		
	Not enough breast milk	23	7.2
	Advised AWW and ASHA	19	5.9

	Child was hungry	16	5.0
	Don't know/not specified	33	10.3
3.3	When mother should start complementary feeding to her child?		
	5 month	2	0.6
	6-7month	247	77.2
	8 month	61	19.1
	9-12 month	9	2.8
	>12 months	1	0.3
3.5	Do you know the disadvantages of formula feeding?		
	Yes	58	18.1
	No	250	78.1
	Don't know	12	3.8
	N=All respondents	320	
3.5.1	If yes, what are those?		
	become sick	45	77.6
	Get diarrhea	9	15.5
	Not given formula feeding	1	1.7
	not specified	9	15.5
	N=Yes in 3.5	58	
4.1	Have you started complementary feeding to your child?		
	Yes	301	94.1
	No	18	5.6
4.1.1	If yes, at what age you have started Complementary Feeding		
	4-5th month	4	1.3
	6-7 month	195	64.8
	8th month	36	12.0
	9-12 months	56	18.6
	>12 months	10	3.3
	N=Yes in 4.3	301	
4.2	If complementary feeding not introduced (semi-solid and solid food items) what were the reasons?		
	Baby Don't want to Eat	1	5.3
	less than and equal to 6 months	1	5.3
	Only breast feeding and biscuits	1	5.3
	only breast feeding due to child is sick	1	5.3
	Don't know/not specified	17	89.5
	N=No in 4.1	19	

4.3	Food ate by child yesterday during the day or at night, either separately or combined with other foods (Yes responses only)		
a	Any porridge or gruel?	60	18.8
b	Any commercially fortified baby food such as Cerelac or Farex?	6	1.9
c	Any bread, roti, chapatti, rice, noodles, biscuits, idli or any other foods made from grains?	294	91.9
d	Any pumpkin, carrots or sweet potatoes that are yellow or orange inside	27	8.4
e	Any white potatoes, white yams, cassava, or any other foods made from roots?	120	37.5
f	Any dark green, leafy vegetables?	25	7.8
g	Any ripe mangoes, papayas, cantaloupe, or jackfruit?	27	8.4
h	Any other fruits or vegetables	84	26.3
i	Any non-vegetarian food	26	8.1
j	Any foods made from beans, peas, or lentils?	145	45.3
k	Any nuts?	54	16.9
l	Any cheese, yogurt or other milk products?	82	25.6
m	Any food made with oil, fat, ghee or butter?	123	38.4
n	Any other solid or semi-solid food?	192	60.0
4.4	What was the consistency of meal given to child?		
	Solid	133	41.6
	Semi-solid	162	50.6
	Liquid	93	29.1
	Semi-liquid	120	37.5
4.5	How many times did you feed your child morning to night yesterday?		
	One	13	4.1
	Two	52	16.3
	Three	98	30.6
	Four	109	34.1
	> 4 times	48	15.0
4.6	How much did you feed to the child from morning to night yesterday?		
	½ cup at each meal	185	57.8
	1 cup at each meal	56	17.5
	¾ cup at each meal	40	12.5
	Full cup at each meal	17	5.3
	Other (provide only breast feeding)	6	1.9

	Don't know/not specified	16	5.0
4.7	How the feed was given (other than breastmilk)?		
	Bowl and spoon	203	63.4
	Bottle	14	4.4
	Bowl with hand	177	55.3
	Others (provide only breast feeding)	9	2.8
	Don't know/not specified	10	3.1
4.8	Do you prepare separate food for child?		
	Yes	49	15.3
	No	271	84.7
4.8.1	If no, how do you modify the family food to make it appropriate for your child?		
	Reduce consistency	19	7.0
	Add extra ghee / sugar/ oil /salt	46	17.0
	Others (give simple food)	13	4.8
	NA	10	3.7
	Don't modify	112	41.3
	Don't know	71	26.2
	N= No in 4.8	271	
4.9	Does the child eat in a separate bowl/plate?		
	Yes	214	66.9
	No	106	33.1
4.10	How do you come to know that the child is hungry?		
	Child cries	243	75.9
	Child tries to eat whatever comes in his/her hand	27	8.4
	Child tries to take food from others plate when they are eating	65	20.3
	Others (By talks)	73	22.8
	Don't know	2	0.6
4.11	How do you come to know that child has eaten to full satisfaction?		
	Leaves the food	241	75.3
	Goes to Sleep	26	8.1
	Start playing	100	31.3
	Doesn't want to take more food	23	7.2
	Others (by talks)	27	8.4
	not specified	3	0.9
4.12	What difficulties you face in the feeding?		
	Baby cries sometimes	2	0.6

	Baby Don't want to Eat	35	10.9
	Eats when hungry	12	3.8
	not much eat food	1	0.3
	No difficulty	261	81.6
	not specified	9	2.8
4.13	How do you overcome those difficulties?		
	Do not give anything	12	3.8
	Eats when hungry	1	0.3
	Feeds him by fooling him	3	0.9
	feeds him by running with him	16	5.0
	Provide only Breast feeding	5	1.6
	NA	2	0.6
	not specified	13	4.1
4.14	What all you do to maintain hygiene while feeding your child?		
	Wash hands before and after feeding	282	88.1
	Wash/ clean feeding utensil	159	49.7
	None	8	2.5
	Don't know	1	0.3
4.15	Do you avoid giving any specific/particular food to your child?		
	Yes	143	44.7
	No	175	54.7
	Don't know	2	0.6
	N=All respondents	320	
4.15.1	What are the reasons for avoiding these foods?		
	Become sick due to eating rice, salty items	50	35.0
	child is of less age	1	0.7
	Do not give chilli food.baby cries	37	25.9
	Too cold to eat	47	32.9
	get diarrhea	6	4.2
	Don't know /not specified	2	1.4
	N= Yes in 4.15	143	
4.16	What do you feed to your child during his/ her illness?		
	Normal home cooked food	85	26.6
	Prepeare special/separate food	144	45.0
	Modified the home food	3	0.9
	Others :		

	Provide only Breast feeding	88	27.5
	Which food recommended by doctor	17	5.3
	None	2	0.6
	Don't know/not specified	7	2.2
	N=All respondents	320	

Table2(a): Knowledge and practice of complementary feeding									
Q. No.	Particulars	Age group (in months)						Total	
		6-8 Months		9-11 Months		12-24 Months		No.	%
		No.	%	No.	%	No.	%		
3.4	what should be the consistency/ frequency and quantity of feed to be given to below age group of infants?								
a)	Consistency								
	Solid	9	20.0	7	13.2	15	6.8	31	9.7
	Semi Solid	1	2.2	6	11.3	14	6.3	21	6.6
	Liquid	18	40.0	15	28.3	19	8.6	52	16.3
	Semi liquid	8	17.8	9	17.0	62	27.9	79	24.7
	All types of food	8	17.8	16	30.2	111	50.0	135	42.2
	Don't know/not specified	1	2.2	0	0.0	1	0.5	2	0.6
	N=	45		53		222		320	
b)	Frequency								
	1 time	2	4.4	4	7.5	1	0.5	7	2.2
	2 times	11	24.4	5	9.4	20	9.0	36	11.3
	3 times	9	20.0	25	47.2	82	36.9	116	36.3
	4 times	20	44.4	18	34.0	115	51.8	153	47.8
	Don't know/not specified	3	6.7	1	1.9	4	1.8	8	2.5
	N= All respondents	45		53		222		320	
c)	Quantity (in cup)								
	1/2 cup	20	44.4	33	62.3	147	66.2	200	62.5
	1 cup	11	24.4	7	13.2	43	19.4	61	19.1
	3/4 cup	9	20.0	10	18.9	27	12.2	46	14.4
	Don't know/not specified	5	11.1	3	5.7	5	2.3	13	4.1
	N= All respondents	45		53		222		320	

Table 3: Counseling and Support Services			
Sr. No.	Particulars	No.	%
5.1	Did anybody tell/counsel you about complementary feeding?		
	Yes	226	70.6
	No	93	29.1
	Don't know	1	0.3
	N=All respondents	320	
5.1.1	If yes, who told you about complementary feeding?		
	ANM	72	31.9
	ASHA	54	23.9
	AWW	157	69.5
	Doctors/ nurses	23	10.2
	Mother support groups	4	1.8
	Mother-in-law	16	7.1
	Others :		
	Husband	3	1.3
	Through TV and Village meeting	26	11.5
	Don't know/not specified	5	2.2
5.2	When did you receive counseling for complementary feeding?		
	During antenatal visit	91	40.3
	After delivery	116	51.3
	Postnatal visit	4	1.8
	Home visit by health worker	23	10.2
	During health and nutrition day	23	10.2
	Others :		
	During visits to AWW, ASHA	3	1.3
	In village meeting	5	2.2
	Vaccination	28	12.4
	Don't know/not specified	11	4.9
5.3	What information or education they provided you regarding complementary feeding?		
	After 6 months Dal soup and porridge	89	39.4
	Child is of less weight. So have to check food	1	0.4
	Daal rice and cereal after six month	16	7.1
	Home made food after six month	106	46.9
	To maintain hygiene	9	4.0
	Don't know/not specified	7	3.1
	N=Yes in 5.1	226	

Annexure-4

Transcription of the Focus Group Discussion in 4 blocks of Lalitpur district

Uttar Pradesh

16 Focus Group Discussions (FGD) were carried out in selected 16 villages of 4 blocks in the Lalitpur district of Uttar Pradesh. The name of the blocks were Mehrauni, Madawara, Jakhaura and urban block. The Focus Group Discussion (FGD) were conducted from 2nd November to 8th November, 2014. FGDs were organized to gather qualitative information of complementary feeding practices of children sponsored by Breastfeeding Promotion Network in India (BPNI). Out of 16 FGDs ,12 were organized for mothers and rest of the 4 groups were organized for mother in laws. The transcription of FGDs is given herein.:

FGD (1)

Block : Jakhaura

Name of the Moderator: _Gita Biswas

Date of FGD: _02/11/2014

Block: _Jakhaura , Village: _Rajghat_

Commencing time: Hr_12__ Min 00 concluding time: Hr1___ Min 30__

Background of FGD participants (Mother)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Rajni Devi	35	5th	Helps in husband shop	24 M, F
2	Preeti Devi	24	B.A	House Wife(HW)	8M, M
3	Gita Devi	23	Illiterate	HW	24 M, F
4	Rajni Devi	24	8 th	HW	18 M, M
5	Sushma Devi	35	5 th	HW	15 M, M
6	Phula Devi	32	Illiterate	HW	23 M, F
7	Sunita Devi	30	Illiterate	HW	6 M, F
8	Arati Devi	20	B.A	HW	8 M, M
9	Rajkumari Devi	24	B.A	HW	12 M, M
10	Shanti Devi	20	8 th	HW	7 M, M
11	Sunita Devi	21	8th	HW	7 M, M

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- Upar ka ahar or complementary feeding means dal, rice, khichri, chapatti, fruit, like banana, papaya, potato given to child after 6 month as most of the participants said. Some of the participants added all homemade food given to child with spoon.

According to the participants since mother`s milk was insufficient, complementary food was required. It was also important for the development of the child.

As some of the participants replied that complementary food should be started at the age of 6 month.

- **Practice of complementary feeding**

Introduction of complementary feeding / time of initiation (which month)

- Majority of the participants initiated complementary feeding after 6 month.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- Dalia, khichri, rice, chapatti, veg, fruit, etc given to child at the age of 7 month as some of the participants said. Another participants stated that any homemade food is given to child. Few mothers replied that dalia, khichri, chapatti, potato etc after smashing were given to the child.

Which form/ consistency of food is given to eat..ask them to show

- Thick food they used for the child as responses of the some of the participants.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

- Children were given 3 to 4 times food in the separate bowl told by some participants where as some responded that child ate 5 to 6 times along with breast milk. Another mother said that whenever child became hungry, provided food.

How many times is the child fed in a day in addition to breastmilk

How long breastfeeding given to child along with complementary feeding?

- Child fed mother`s milk up to one year to two year along with complementary food replied by some mother.

What do you understand by growth monitoring?

- Participants related growth monitoring with weight taken at AWC

How to you relate complementary feeding to weight gain / weight loss in children?

- If the weight was less, child was weak and needed more complementary food and more care as uttered by majority of the participants.

How often child should be weighted / length taken

- Weight is taken at AWC on Saturday on a regular basis.

Feeding child during sickness / feeding during poor appetite

- During illness and poor appetite, child is given light food like khichri, dalia, banana, puffed rice, mung ki dal etc along with breast feeding as most of the participants uttered.

In case of poor appetite of the child, doctor was consulted and tests were conducted as per the doctor advice.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- *Pashini* (first rice ceremony) celebrated at the age of 6 month, attended by all relatives, 5 types of food were presented before the child like kheer, halua, khicjhri, dalia, rice, milk, fruit, etc. reported by most of the participants

Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child

- According to participants, all the elders like father and mother in laws, sister in laws provided full support in taking care of child.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- Mainly AWW talks about initiation of complementary food at the age of 6 month.

Types of advice received from community health workers regarding complementary feeding

- AWW Advised for all kind of homemade food after 6 month.

Timing of advice (during antenatal, postnatal or home visits)

- Mothers with 5 month child were advised for complementary food.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Most of the participants said that people were feeding their children properly and there was no problem at all.

Suggestion for improvement of child health status (Personal / health services)

- Hygiene, cleanliness and proper care should be taken for the children. Weight monitoring should be done on regular basis. Proper care should be taken for the less weighted children as suggested by the majority of the participants.

FGD (2)

Name of the Moderator: Gita Biswas

Date of FGD: 2/11/2014

Block: Jakhaura, Villages Rasoi_

Commencing time: Hr 2___ Min _30__ Concluding time: Hr 4___ Min _00__

Background of FGD participants (Mother)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Pushpa Devi	30	5 th	HW	10 M, M
2	Gita Devi	31	10 th	HW	24 M, M
3	Vimla Devi	35	5 th	HW	24 M, M
4	Sharda devi	25	5 th	HW	24 M, M
5	Ram devi	25	Illiterate	Agriculture	24 M, M
6	Sheela Devi	30	Illiterate	Agriculture	12 M, M
7	Shagun De	25	8 th	Agriculture	16 M, M
8	Mana Devi	27	8 th	Cook in MDM	16 M, M
9	Ram Pyari Devi	30	Illiterate	Agriculture	12 M,F
10	Radha Devi	25	Illiterate	Agriculture	16 M, M

• Understating of complementary feeding

What do you understand by complementary feeding

- Most of the participants replied that Lentil (Mung dal) , dalia, potato, Lauki, biscuit, milk etc are Complementary food. One of the participant added that chapatti made of corn is given to the child where as another participant said that corn chapatti should not give to the child as it was not easily digestible.

Why is it important ?

- CF is important because after taking it, child becomes healthy.

What age complementary feeding should be started to child in addition to breastfeeding?

- All most all the participants started after 6 month.

• Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- Complementary food introduced after 6 month to one year as stated by different

participants

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- All homemade food like dal, dalia, rice, all kinds of green leafy vegetables given to child as responded by the mothers. No separate food is prepared for the child.

Cow milk is given in bottle as told by the participants.

Which form/ consistency of food is given to eat..ask them to show

Smashed Rice, dal , chapatti is given to child.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

- Some participants said that half bowl, some said small amount and few of them told that as much child could eat, given to the child.

How many times is the child fed in a day in addition to breastmilk

- In addition to breast milk, the child fed two to three times a day as told by the participants.

How long breastfeeding given to child along with complementary feeding ?

- Seven month to three years child is breast fed as told by different participants.

What do you understand by growth monitoring?

- By weight taking, growth of the child could be monitored said by few mothers, another mother said by taking the child in the lap, growth could be felt. Frequent illness of the child also indicative of less growth of the child as mentioned by some participants.

How to you relate complementary feeding to weight gain / weight loss in children?

- If weight was less, more complementary food was required added by the mothers

How often child should to be weighted / length taken

- Most of the mothers said that weight and length is taken on monthly basis.

Feeding child during sickness / feeding during poor appetite

- During illness, separate food was prepared and child was given dal, dalia, khichri. Few participants added that light food like thin chapatti, puffed rice, khichri, biscuit was given to child during illness and doctor was consulted.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- *Pashini* was celebrated at the maternal uncle's place. Special food like kheer, puri, halua were prepared, and entertainment like musical program was organized on that occasion. *Pashini* was celebrated at the AWC as well.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- Earlier food was not allowed to children by the in laws because they thought that it would be deposited in the legs of the child, but now things were changed.

At present, elderly people cooperated in providing CF to children.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- AWW counselled about Complementary Feeding after 6 month of the age of the child.
- Complementary Food like milk, dalia, rice, khichri should be given to child after 6 month as reported by the most of the mothers.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Complementary Food used by everyone and there was no problem related to CF in the village, according to the participants.

Suggestion for improvement of child health status (Personal / health services)

- Both mother and child should wash their hands before taking food, clean utensil should be used as suggested by the participants.

FGD (3)

Name of the Moderator: Gita Biswas

Date of FGD: ___3/11/2014_____

Block: _Jakhaura_Villages:___Sirsai

Starting time: Hr_11__ Min 00__

Concluding time: Hour: 12__ Minutes: 00__

Background of FGD participants (Mother)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Man Kunwar	25	Illiterate	Agriculture	18 M, M
2	Sheela Devi	40	Illiterate	Agriculture	18 M,F
3	Bhan Kunwar	22	Illiterate	HW	18 M, F
4	Sushila Devi	25	Illiterate	Agriculture	24 M, M
5	Sanjana Devi	22	Illiterate	Agriculture	16 M, M
6	Lad Kunwar	21	Illiterate	Agriculture	18 M, M
7	Vimla Devi	31	Illiterate	Labour	11 M, M
8	Lakhmai Devi	23	Illiterate	Labour	12 M, M
9	Kranti Prabha	22	High School	Labour	12 M,M
10	Shanti Bai	30	Illiterate	Labour	12 M, M
11	Suman Devi	25	Illiterate	Labour	
12	Rajvati Devi	25	Illiterate	Labour	

- **Understating of complementary feeding**

What do you understand by complementary feeding?

Why is it important?

What are the recommended ages for starting complementary feeding in addition to breastfeeding?

- Complementary feeding was described as Khichri, Dalia , biscuit, dal rice , toast, dalia etc, that is given to the child once they turn 6 months old. One participant said that from 2 months onward child is fed chapatti. Another mother said after one year, child started *Upri ahar* or complementary food.

CF is important because the child did not get sufficient milk from mother. In addition to breast milk, complementary feeding started from 6 month onwards and continued up to one year.

- **Practice of complementary feeding**

Introduction of complementary feeding / time of initiation (which month)?

- Majority of the participants replied that they initiated complementary feeding from 6 month onwards. Some participants said that they started complementary feeding when the child was 7 months old.

Types of food is given to eat e.g., (Family food / commercial food / bottle feeding / Prepared separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- Biscuit, toast, dalia, khichri, puffed rice (Lai), kheer (Sweet porridge), milk etc. is given to child from 7 month onwards, some said that after one year child is given chapatti.

Both spoons and bottles were used to feed the child while some said that *katori se piyan lagat hain* (child drinks from bowl)

Which form/ consistency of food is given to eat. ask them to show

- Neither liquid nor solid food is given to child as reported by the participants.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day?

- Mainly spoon is used in feeding the child. Some participants said that child is fed 4-5 spoonful of food from a small bowl.

How many times is the child fed in a day in addition to being given breast milk?

- This is determined as per the child's demands as told by the most of the participants.

How long should a child be breastfed along with complementary feeding?

- Child should be breastfed for up to two or three years as said by most of the participants. Some mothers also said that breastfeeding ends once conception starts.

What do you understand by growth monitoring?

Some said that growth is monitored mostly by observation.

How do you relate complementary feeding to weight gain / weight loss in children?

- Participants said that if the child weighs less than normal weight then more food should be given to child.

How often child should to be weighted or measured for length?

- Both weight and height should be measured on monthly basis.

Feeding child during sickness / feeding during poor appetite

- During illness child is given dal, Dalia, khichri, etc. If the child was not eating properly, doctor was consulted.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- Pashini is celebrated once the child is 7 months old and during this ceremony the maternal uncle or aunt feeds the child sweet kheer.

Individual perceptions of mothers and mother-in-law about complementary feeding and growth and development of child

- Elderly people encouraged starting complementary food after 6 months. Participants stated that grandmothers prepared dal, Dalia, khichri etc. for the child.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- AWW advised for CF during antenatal period as said by the participants.

Suggestions

- **Reasons for poor complementary feeding practices in your area.**
- All the people provided CF to their children as responded by the majority of the participants.
- **Suggestion for improvement of child health status (Personal / health services)**
- Proper food, cleanliness, hygiene should be taken care. Hand washing should be made a priority before preparing food or feeding the child.

FGD (4)

Name of the Moderator: Gita Biswas

Date of FGD: __03/11/2014

Block: _Jakhaura_

Villages _Nanaura_

Commencing time: Hr_1_ Min 30

Concluding time: Hr2___ Min 50___

Background of FGD participants (Mother in laws)

Total 11 mother in laws were participated in the Focus Group Discussion. Details of the participants were as follows:

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Leela Bai	40	5th	Housewife	2 yrs M
2	Sewka Devi	55	Illiterate	Labour	8 month F
3	Dhan Kunwar Devi	38	Illiterate	Labour	3 yrs M
4	Savitri Devi	45	Illiterate	Labour	16 month M
5	Uma Devi	45	Illiterate	Labour	13 month F
6	Ram Kali Devi	60	Illiterate	Housewife	16 month M
7	Bhagwati Devi	50	Illiterate	Labour	10 month F
8	Sumitra devi	48	Illiterate	Housewife	16 month M
9	Sumitra Devi	52	Illiterate	Labour	19 month M
10	Prem Bai	55	Illiterate	Housewife	14 month F
11	Ram Pyari Devi	57	Illiterate	Labour	24 month M

- **Understating of complementary feeding**

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- All most all the participants replied that complementary feeding means children should be given dalia, khichri after 6 month of age. Some of them added that cow milk, bread, biscuit and rice can be given to the children of 7 month onwards. By doing this, child can be healthy and it was also discussed that after 6 month, decreases mother`s milk, therefore complementary feeding fulfils the child appetite. They also insisted that homemade food should be given to the child.

According to one participant *bal bachha tandurast rahe e se jaruri hain upri ahar* means for healthy child, complementary feeding is must.

One participant told that no food is given to her grandson only biscuit in milk is given. Another one said that if mother can breastfeed her child upto 2 years , it is far better, one participants added that more food could be harmful as it would damage the lever of the child and increased the stomach size.

- **Practice of complementary feeding**

Introduction of complementary feeding / time of initiation (which month)

- Most of the participants responded that they initiated the complementary feeding after 6 month of age. They are of opinion that all most all homemade food is being given n to child such as rice, vegetable, chapatti etc. Moreover dal, potato, dalia can be given to the child some of them added.
- As far as consistency is concerned, one of them told that after smashing the food, fed with spoon. Another told that rice was given by adding milk, one of them added that over boiled rice was given. One participant told that her 10 month grandchild ate only biscuit and bread dipped in tea along with breast milk and nothing else.
- As far quantity is concerned, some of them told that food was given in the bowl in small quantity. One of them added that 25 gm to 30 gm food was given twice or thrice daily . Asking how 25 or 30 gm food is being measured, the respondent replied that it is being measured in bowl only. Another respondent replied that her grandchild is eating chapatti and vegetable with his mother and eating two or three times a day.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?) Which form/ consistency of food is given to eat..ask them to show. How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

- Some of the mother-in-laws responded that children have separate bowl or plate but few told that child is being fed with their mother or other family members.

How many times is the child fed in a day in addition to breastmilk

- In addition to breast milk, child is being fed twice or thrice in a day.

How long breastfeeding given to child along with complementary feeding ?

- As far as duration of breast feeding is concerned, it ranges from 1 year to 3 years as expressed by the participants. One of them added that with conception of next issue, breast feeding is completely withdrawn.

What do you understand by growth monitoring?

- According to grandmothers, if child eats and grows in length wise, considered ok. One of them replied that if child walks normally considered as normal growth, another added healthy looking child is normal. Some of them said that if child eats normally, considered as normal growth of the child. One of the old woman told that by weighing the child in the AWC in every month, monitored the growth of the child. Further, she added that weight gain is considered as normal growth whereas no weight gain or weight loss is considered as less growth or no growth of the child. She quoted that *agar AWW batiti hain ki wajan sahi hain to hum khus ho jate hain* (if AWW declared as weight gain of the child, we became happy)

How to you relate complementary feeding to weight gain / weight loss in children?

- Some of the grandmothers are of opinion that if child feeds well on complementary food along with breast milk, weight gain happens.

How often child should to be weighted / length taken

- Every month child is being weighted in the AWC during immunization or pulse polio drive but length not being taken. Only few grandmothers were aware of weight monitoring at AWC as most of the cases mother visited AWC.

Feeding child during sickness / feeding during poor appetite

- Most of them told that during sickness children were given light food like puffed rice, dalia or mung dal khichri. In that case separate food is being prepared for the child. In case of less appetite, child is being taken to the doctor as few of them added. Some of the participants said that over feeding of child resulted in sickness.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- All most all the participants replied that *pasini* is celebrated before giving solid food to child. In that occasion, bua (aunt) or mama (Maternal uncle) offered kheer puri to child in 7th month. Few of them added that now a days without Pasini, child is being given solid food or complementary food.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- Two mother-in-laws thought that milk is good for the child even for two years. They said that they did not feed the child anything except mother's milk. But rest of the participants are of opinion that the child will be weak if not given any complementary feeding.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- AWW talked about complementary feeding as told by most of the participants.

Types of advice received from community health workers regarding complementary feeding

- Some of them told that medical doctors from Jakhoura visited and told about the CF. They also talked about hygiene of the child.

Timing of advice (during antenatal, postnatal or home visits)

- After delivery, AWW told about complementary Feeding as told by the participants.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Some people did not practice CF due to various reasons. One of them is work pressure of mother and lack of awareness may be other reasons.

Suggestion for improvement of child health status (Personal / health services)

- Participants suggested that child should be given proper food, proper massage and bath on regular basis. Hygiene practice is very much needed to maintain the health of the child as mentioned by some participants.

Moreover, during sickness doctor should be consulted and immunization of the child should be done.

FGD(5)

Block: Urban

Name of the Moderator: ___Gita Biswas

Date of FGD: __04/11/2014

Block: _Urban_

Village Azadpura Slum_____

Commencing time: Hr_12_ Min 00__

Concluding time: Hr 1__ Min 30__

Background of FGD participants

Total 10 mothers were participated in the Focus Group Discussion. Details of the participants were as follows:

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Pravesh Devi	25	9th	HW	9M,F
2	Anita Devi	25	Inter	Motivator, SSA	12M,M
3	Priyanka Devi	22	8th	HW	24 M,M
4	Gita Devi	35	Illiterate	Labour	24M, M
5	Manisha Devi	22	8th	HW	11 M, F
6	Sushma Devi	30	BA	HW	24 M, F
7	Girija Devi	30	Illiterate	HW	24M,F
8	Urmila Devi	27	Illiterate	HW	13 M, F
9	Fermida Khan	25	Illiterate	HW	24 M,F

Understating of complementary feeding

What do you understand by complementary feeding? Why is it important?

At what age should complementary feeding be started in children child in addition to breastfeeding?

- Some of the participants said that cow milk, toast, dal ka pani (lentil water) , rice, dalia, milk, toast, chapatti, rice, khichri, potato, punga, oyes(local packed snacks) were given as complementary feeding along with breast milk once the child turned 6 months old
- Mother`s milk is not sufficient and complementary feeding is required at this age. Participants felt that CF is important as it keeps the child full for longer periods, provides

strength and leads to good overall health of the child etc. Some added that through complementary feeding protein and calcium is also added to the child's body. Complementary feeding should started at the age of 6 month as most of participants added, while some said that it should be started after 10 months.

Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- As far as initiation of complementary feeding is concerned, participants stated that they started at 6-7 months while some said that it should start at 8-9 months of age.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- Homemade food like rice water, lentil water, dalia, potato, kheer, milk, cerelac, biscuit, tea, banana, punag, oyes as complementary feeding be given to the child as mentioned by majority of the participants.

Few of them added that no separate foods were being prepared for the child and whatever was cooked at home was given to the child.

One of them said that about 250 ml of water was also given to the child.

Which form/ consistency of food is given to eat..ask them to show

- As far as consistency is concerned, most of the participants added that at this age a child is given semi solid (pureed) food so that it can be easily swallowed.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day?

- Some said half a bowl, one small full bowl while others said 100 gms so many different responses were provided by the participants with regards to quantity of food to be given to the child . One of the respondents said that chapatti with tea was being eaten by the child as mothers do not have the time to cook for the child. Children are eating solid food 4-5 times along with breast milk and this was supported by some of the mothers.

How many times is the child fed in a day in addition to breastmilk?

- In addition to breast milk, child is being fed twice or thrice during the day.

How long should breastfeeding be continued along with complementary feeding?

- As far as duration of breast feeding is concerned, participants said that it can range from 5 months to even 3 and a half years

What do you understand by growth monitoring?

- Growth can be monitored by weighing the child in the AWC. As per the participants, every Saturday of the month was spent weighing children and this was done by AWW. If the weight was below normal then complementary feeding was emphasized more. Grandmothers mostly accompanied the children to their visit to the AWW as mothers remain busy with household chores.

How to you relate complementary feeding to weight gain / weight loss in children?

- Some of the participants are of opinion that if child feeds well on complementary food along with breast milk, weight gain happens. Moreover, fruit, khichri, dalia should be given to child.

How often child should to be weighted / length taken

- Every month child is weighed in the AWC and if the recorded weight was less than normal then advice was provided on feeding patterns. Length was also measured at the AWC so that the growth patterns can be observed.

Feeding child during sickness / feeding during poor appetite

- Most of them said that if the child was sick they did not eat anything. Child was taken to the doctor in case of any illness and advice of the doctor determined what the child ate over the next few days. On the advice of the doctor, kichri , dalia etc. was given to the child. Moreover, tonic was also prescribed by the doctor if needed.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child

- All most all the participants replied that *pasini* was celebrated before introducing solid foods to the child. Maternal uncle (mama) offered kheer during 6 to7 month. In case of non-celebration of Pashini, child is given food in 8th month.
- All the family members were in favor of complementary food. But if the child is weak, food is not advised by them as they believed that whatever they eat will be deposited in the legs of the child and this can lead to inability to move.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

AWW talked about complementary feeding as described by most of the participants. One mother complained that her mother in law accompanied the child in the AWC, but she did not

tell her about the weight of the child or any other important thing about the child as told by the AWC. The other participants added that mostly grandmothers accompanied the children to the AWC. ANM also talked about complementary feeding during immunization.

Types of advice received from community health workers regarding complementary feeding

- Advice was provided regarding complementary food.

Timing of advice (during antenatal, postnatal or home visits)

- Before and after delivery, AWW shared detailed information about CF.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Some people did not practice CF due to various reasons. One of them was mother's work pressure along with lack of awareness on her part while some children just did not want to eat due to their illnesses.

Suggestion for improvement of child health status (Personal / health services)

- Participants suggested that special attention should be paid to the amount of food that the child is eating along with cleanliness and hygiene in preparing the food and feeding the same. Both of the above mentioned practices are very essential for maintaining the overall health of the child. \
- Dal, rice, Dalia, khichri and medicine and tonic should be distributed from the AWC.

FGD (6)

Name of the Moderator: _Gita Biswas

Date of FGD: __04/11/2014

Block: _Urban_

Village _Nehru Nagar

Commencing time: Hr_10_ Min 00_

Concluding time: Hr11__ Min 30__

Background of FGD participants

Total 10 mothers were participated in the Focus Group Discussion. Details of the participants were as follows:

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Bhagwati Devi	23	illiterate	Housewife	17 m F
2	Preeti	23	Literate	Housewife	18m F
3	Savita	19	5th	Housewife	9m M
4	Krishna	20	8 th	Housewife	24m M
5	Jyoti	22	8 th	Housewife	
6	Parvati	25	Illiterate	Housewife	
7	Suman	32	8 th	Housewife	
8	Ramu Devi	30	5 th	Housewife	
9	Rupa Devi	22	8 th	Housewife	
10	Vimlesh	23	illiterate	Housewife	

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- All most all the participants replied that complementary feeding means anything more than breast milk. Some of them told that cow milk, toast, dal ka pani (lentil water) , rice were given as complementary feeding . Majority of them replied that tea with toast is given to the child as CF. Another participant added that biscuit dipped in milk is given to her child as *upri ahar* or complementary feeding.
- Participants felt that CF is important as it fills the stomach of the child, gives strength, child become healthy etc.

- Complementary feeding should be started at the age of 6 months as most of the participants added, some said after 10 months the child should be given solid food.

Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- As far as initiation of complementary feedings are concerned, participants stated that they started from 9 months, 4 of them started at 6 to 7 months, some said after 7 months.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- One of the participant's child was suffering from blood cancer, she said that when her child's blood level was very low, he used to eat nothing, At that time the child was given pomegranate. Now he is taking milk and dalia.

Most of the participants added that they used to give milk, rice, poha, halua, Maggie, dal, etc to child as complementary food.

Kurkure, punge (local snacks), samosa as CF given to child as answered by some participants. Tea with Parle biscuit, Maggie, halua, Punga , Toast, mangauri, namkin (fried snacks), Chapati smashed in milk are responses of most of the participants.

Only one participant said that her child did not eat food from the market as it contained spices.

Some participants said that child used to drink milk in glass where as some of them told that, they used bottle to feed the child.

Which form/ consistency of food is given to eat..ask them to show

- As far as consistency is concerned, most of the participants added that child is given semi solid food so that child can swallow the food easily.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

- One participant said half liter milk consumed by the child and biscuit two three times a day. Another responded three toasts eaten by the child along with milk. Since the child eats with the family members, difficult to know the exact quantity. Some other responses were, one bowl, one packet biscuit, seven spoon dalia, khichri. One of them responded that there is no fixed time for eating and child eats whole day some or the other thing.

- As far as separate utensils are concerned, family utensils are used for the child. One of them said that child is given milk in small glasses.

How many times is the child fed in a day in addition to breastmilk

- In addition to breast milk, child is being fed twice or thrice in a day. Dalia and Maggie consumed by the child three times a day as told by one participants. Another one remarked that something is given to the child every two hours.

How long breastfeeding given to child along with complementary feeding?

- As far as duration of breast feeding is concerned, it ranges from 5month to3 and half years as expressed by the participants.

What do you understand by growth monitoring?

- Growth could not be observed as said by several participants.

How to you relate complementary feeding to weight gain / weight loss in children?

- Some of the participants were of opinion that if child feeds well on complementary food along with breast milk, weight gain happens.

How often child should to be weighted / length taken

- Every month child is being weighted in the AWC and if the weight is less, advice for more food is given by the AWW.

Feeding child during sickness / feeding during poor appetite

- Most of them told that during sickness child were given light food. In case of less appetite, child is given fruits like pomegranate, apple etc. Child is being taken to the doctor as in case of illness, few of them added.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child

- All most all the participants replied that *pasini* is celebrated before giving solid food to child in any occasion like marriage or any festival. Mama (maternal uncle) offered kheer in silver bowl during Pashni.

- Elderly people objected over the complementary feeding of the child. According to them, anything was given the child, deposited in the legs the child and it resulted in inability of movement. They advised for food after one year.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- AWW talked about complementary feeding as told by most of the participants. ANM also talked about CF

Types of advice received from community health workers regarding complementary feeding

- AWW talked about supplementary nutrition (panjiri) as complementary food.

Timing of advice (during antenatal, postnatal or home visits)

- Before and after delivery, AWW told about CF.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Some people did not practice CF due to various reasons. One of them is work pressure of mother and lack of awareness may be other reasons.

Suggestion for improvement of child health status (Personal / health services)

- Participants suggested that child should be given proper food, clean utensil should be used, and proper massage and bath should be given on regular basis. Hygiene practice is very much needed to maintain the health of the child.

Moreover, during sickness doctor should be consulted and immunization of the child should be done.

It was also discussed that Dalia, Poha should be distributed from the AWC.

FGD(7)

Name of the Moderator: _Gita Biswa

Date of FGD: __05/11/2014

Block: _Urban_ Villages/ Slum _Gandhi Nagar_

Commencing time: Hr_10_ Min 00__

Concluding time: Hr11__ Min45__

Background of FGD participants

Total 13 mothers were participated in the Focus Group Discussion. Details of the participants were as follows:

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Anshul Devi	25	Illiterate	Housewife	16 m F
2	Ram devi	22	8th	Housewife	12m F
3	Mamta Devi	24	8th	Housewife	12m M
4	Laxmi devi	28	8th	Bidi making	24m F
5	Sunita Devi	25	10 th	Housewife	24m F
6	Jully	20	8th	Housewife	24m F
7	Rekha	23	5th	Bidi making	9 m F
8	Jubeda	27	illiterate	Labour	24m F
9	Sabana	35	illitertare	Bidi making	13m F
10	Ranjana	25	Illitertae	Housewife	6m F
11	Sunita Vishwakarma	20	9th	Housewife	7 m F
12	Meena Vishwakarma	23	8 th	Housewife	12m M
13	Phulwati devi	22	Illiterate	Housewife	13m M

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- As per some participants, Complementary food meant by dalia, rice, khichri, another said biscuit, halua, poha, oyes, punga. They also said that punga is not useful at all....*punge se kuchh fayda nahi hain...punge ke packet hath me pakra dete hain...hum apna kam karte rahte hain,,,(by giving punga packet the child remains busy and the mother does her work)*

- According to some participants banana, papaya, apple, dal, rice, , milk, biscuit, poshahar (supplementary nutrition) considered as complementary food. Everything was being given to child as per some participants.
- Participants felt that CF is important as it fills the stomach of the child, gives strength, child become healthy and physical and mental development happens. Some participants said that due to lack of money they could not afford to buy cerelac.
- Complementary feeding should be started at the age of 6 month as most of participants added.

Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- As far as initiation of breast feedings are concerned, participants stated that 6 to 7 month, some said 9 month, another said after one year.

Most of the participants responded that they initiated the complementary feeding after 6 month of age. They are of opinion that all most all homemade food is being given to child such as rice, dal, mung ki dal ka pani (watery lentil) vegetable, chapatti, khichri, toast, etc. Moreover pomegranate, apple, banana, samosa, gathiya(kind of snacks prepared from gram flour) biscuit, buffalo milk is being given to the child as some of them added. They also stated that milk added with water is given to child.

All homemade food given to child as some participants replied. Dalia, milk added with water, dal ka pani, rice, poha, suji ka halua,

Both bottle and spoon are being used to feed the child.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- Mainly the child is given three times food as per most of the participants.

Which form/ consistency of food is given to eat..ask them to show

- As far as consistency is concerned, semi solid food is given to the children, as all most all the participants uttered.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

- Some of the participants responded that children have separate bowl or plate but few told that child is being fed with mother or other family members.

How many times is the child fed in a day in addition to breastmilk

- In addition to breast milk, child is given food twice or thrice in a day.

How long breastfeeding given to child along with complementary feeding?

- As far as duration of breast feeding is concerned, it ranges from 1 year to 3 years as expressed by most of the participants. But few participants expressed that other t milk is given due to lack of breastmilk.

What do you understand by growth monitoring?

- The growth of the child could be measured by taking weight of the child as majority of the participants replied. One of the woman told that by weighing the child in the AWC on monthly basis, monitored the growth of the child. Further, she added that weight gain was considered as normal growth whereas no weight gain or weight loss was considered as less growth or no growth of the child.

How to you relate complementary feeding to weight gain / weight loss in children?

- Some of the mothers are of opinion that if child feeds well on complementary food along with breast milk, weight gain happens.

How often child should to be weighted / length taken

- Every month child is being weighted in the AWC during immunization or pulse polio drive but length is not being taken.

Even they do not have any knowledge about the length and the

Development of the child. *Bachha bade na bade koi matlab nahi hain...* as

one of them added.

Feeding child during sickness / feeding during poor appetite

- Most of them told that during sickness, cold things were avoided Even mothers were not allowed to take cold items as said by some participants. They also added that breast milk is also given to the child. But some participants told that even during the illness and with medication, child demands samosa. Few of the stated that whatever child likes, given to the child.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- All most of the participants replied that *pasini* is celebrated before giving solid food to child. In that occasion, mama offered kheer to child . Also provided new clothes and

new utensils to the child. Now a days without Pasini, child is being given solid food or complementary food by some family as expressed by some mothers.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- Majority of the mothers said that no one opposed complementary feeding, even family members encouraged for solid food to the children.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- Doctor advised for complementary food as told by most of the participants. Mother, mother in law also advised for CF.

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

Suggestions

Reasons for poor complementary feeding practices in your area.

- Some people did not practice CF due to various reasons. One of them is work pressure of mother and negligence may be other reasons.

Suggestion for improvement of child health status (Personal / health services)

- Participants suggested that child should be given proper food, proper massage and bath on regular basis. Hygiene practice is very much needed to maintain the health of the child. Moreover, during sickness doctor should be consulted and immunization of the child should be done. If government services were not available, people should go for private services.

FGD (8)

Name of the Moderator: Gita Biswas

Date of FGD: __05/11/2014

Block: _Urban

Villages / slum Civil lines_____

Commencing time: Hr_12_ Min 30

Concluding time: Hr1___ Min 30___

Background of FGD participants

Total 10 mother-in-laws were participated in the Focus Group Discussion. Details of the participants were as follows:

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Rati Devi	52	Illiterate	HW	12M, F
2	Kesar Devi	60	Illiterate	HW	24 M,M
3	Sushila Devi	60	Illiterate	HW	12 M, F
4	Janki Devi	54	Illiterate	HW	8M, F
5	Prem Bai	50	Illiterate	Labour	12M,F
6	Parvati Devi	40	Illiterate	HW	12M,M
7	Vimla Devi	70	Illiterate	HW	7M, F
8	Kanti Devi	45	Illiterate	HW	8M, M
9	Kusum Devi	40	Illiterate	Maid	24 M,F
10	Shakuntala Devi	62	Illiterate	HW	24 M, F
					23M, M

Understating of complementary feeding

What do you understand by complementary feeding

Why is it important?

What is the age for starting complementary feeding in children in addition to breastfeeding?

- Complementary feeding as listed by most participants included items like milk, dalia, lentil water, biscuit, cerelac, toast, poha, bread, boiled green vegetable, banana and tea.
- Participants felt that CF is given to the children so that they can be healthy, their appetite can be fulfilled, and they can walk around and play and not be irritable.

- All the grandmothers said that complementary food should be given in addition to breast feeding once the child is 6 months old. It was also discussed that since mother's milk was not *sufficient upri ahar* or CF given to the child.

Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- Three different responses were provided by the participants. Some said that it should be started after 6 months, one of them said that it should be started after 3 months, while another participant said that after a child should be given solid food once they turn a year old. Even one participant said that after one and half years, child was given small amount of food. Another grandmother responded that after one year when the child starts walking, toast dipped in tea was given to the baby. One of them said that cerelac was given to the child after 3 years of age.

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- Food ranged from paratha, lentil, rice, to vegetables etc. and priority was given to homemade food. Moreover, some of them said that readymade food from markets were given to the child such as samosa, tikia (chat), biscuit, toast, kukure etc. Since the mother's milk was insufficient, child was given other milk such as cow or buffalo and the same was fed in a bottle or glass or with a spoon.

Which form/ consistency of food is given to eat? (ask them to show)

- Most of them added that small children were given semi solid food like khichri, dalia etc and milk was added to the Dalia so that it could be easily swallowed by the child.

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day?

- Child is fed generally 3-4 times a day and some grandmothers added that they should be fed 4-5 times. Moreover, most of the children eat with their mothers or other family members. Only one grandmother said that the child has a separate bowl, plate and glass and the rest of them eat from the family/common plate.

How many times is the child fed in a day in addition to breast milk?

- In addition to breast milk, child is being fed twice or thrice, sometimes even 4 or 5 times in a day.

How long should a child be breastfed along with complementary feeding?

- As far as duration of breast feeding is concerned, participants said it ranges from 1-3 years.

What do you understand by growth monitoring?

- *Khana khayee dekhkar pata chalta hain* means the growth can be measured by observing the amount of food that the child consumes. If the child can run around and walk it means that child is growing at a normal rate. Two grandmothers talked about weight as indicator of growth since they accompanied the children to the AWC. They said that they communicated to their daughters-in-law about how the children are doing weight wise and message of the AWW.

How do you relate complementary feeding to weight gain / weight loss in children?

- Some of the grand mothers are of opinion that if child feeds well on complementary food along with breast milk, weight gain happens and if the child does not consume proper CF, it will lead to weight loss.

How often child should to be weighed and measured for length?

- Every month child is being weighted in the AWC and length was not measured there. Only two grandmothers accompanied the children in the AWC, so they were quite aware of what is happening in the AWC.

Feeding child during sickness / feeding during poor appetite

- Most of them said that during sickness child were given light food like khichri, *mung dal ka pani* (lentil water) banana, papaya, fried *makhana* etc. In addition boiled water was also given to the sick child. In case of reduced appetite and sickness, child is being taken to the doctor as few of them added.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- All most of the participants replied that *pashini* is celebrated before introducing solid foods to the child's diet .One grandmother said that *pashini* for girls is celebrated at 5 months of age where as in case of boys it is celebrated at 7 months. Grandmothers elaborated that some sweet kheer or halua is being prepared on this occasion and given to the child in new utensils by maternal uncle (mama) . He cleans the mouth of the child, does Arati and tilak and feeds the child 7 times, after that child feeds other than milk food on regular basis.

One grandmother reported that *pashini* is held when the child turns a month old and sometimes when the child is only two weeks old.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- All most all the mother in laws responded that food should be given to the child when she/ he starts walking. Before that lentil water (Dal Ka Pani) can be given to the child. The reason for this delay was described as because the stomach gets filled up with food, it grows bigger while the hands and feet remain small and weak.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

- All the grandmothers said that they received the advice on CF either from their mothers or mother in laws. Moreover ANM counselled on CF when she comes for immunization. Few of them took the name of AWW who provided advice on CF.

Types of advice received from community health workers regarding complementary feeding

- Sometimes ANM talked about complementary feeding like adding khichri or dalia to the child's diet.

Timing of advice (during antenatal, postnatal or home visits)

After delivery, AWW used to talk about CF as reported by most of the participants.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Some people did not practice CF due to various reasons. One of them is work pressure of mother and lack of awareness may be other reasons. Poverty is another reason of not practicing CF.

Suggestion for improvement of child health status (Personal / health services)

- Participants suggested that child should be given proper food, proper oil massage and bath on regular basis. Hygiene practice is must for maintaining the health of the child. Moreover, during sickness doctor should be consulted and immunization of the child should be done.

FGD(9)

Block: Madawara

Name of the Moderator: Ranjan Srivastava_

Date of FGD: 5/11/14__

Block: _Madawara_ Village: Narhat__

Commencing time: Hr12__ Min 00__

Concluding time: Hr_12__ Min _45__

Background of FGD participants (Mother)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Ramsakhi Devi	19	8th	HW	14 month, M
2	Hari Bai	23	8th	HW	14 month, M
3	Priti Devi	25	Illiterate	HW	12 month, M
4	Mithilesh	32	8th	HW	24 month, F
5	Ram Devi	30	Intermediate	Labour	14 month, M
6	Seema Devi	20	8th	HW	12 month, M
7	Ram Devi	20	Inter	HW	8 month, F
8	Rupa Devi,	23	illiterate	HW	12 month, F
9	Raj Kumari	24	8th	HW	24 Month, F
10	Heera devi	35	8th	HW	24 moth, M

• Understating of complementary feeding

What do you understand by complementary feeding?

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- Complementary feeding was described by the mothers was dal, dalia, rice, chapatti , vegetable, potato , pohsahar from AWC etc. One of them added samosa and biscuit as complementary food.

They considered complementary food important because mother`s milk was not sufficient and it helped to remain children healthy and away from illness.

The mothers added that complementary food contained vitamin.

Complementary food should be initiated from 6 to 8 month, said by majority

of the participants.

- **Practice of complementary feeding**

Introduction of complementary feeding / time of initiation (which month)

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding /

Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

- **Which form/ consistency of food is given to eat.. ask them to show**
- **How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day**
- **How many times is the child fed in a day in addition to breastmilk**
- **How long breastfeeding given to child along with complementary feeding ?**
- **What do you understand by growth monitoring?**
- **How to you relate complementary feeding to weight gain / weight loss in children?**
- **How often child should to be weighted / length taken**
- **Feeding child during sickness / feeding during poor appetite**

Most of the mothers initiated complementary food from 6 to 8 month.

Types of food they introduced was chapatti vegetable, fried rice in oil, khichri, milk, dalia, , fruit etc.

The quantity they described was half bowl to full small bowl and 4 to 5 times.

Along with complementary food, breast milk was given hourly basis as one mother said, few of them added that no fixed time for breast feeding, whenever child demanded, mothers provided.

Mothers were aware of weight monitoring of the children as they said that monthly weight was taken at AWC and if the weight was less, it meant the child was malnourished. They also added AWW advised for taking care of less weighted children. Moreover, AWW counselled for taking care of cleanliness and if condition did not improve, consult the doctor.

Participants added that length was not taken at AWC and they were not aware of why length was taken.

During illness and poor appetite, consulted doctor and AWW. Moreover, different types of food were given to the child.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- All the mothers responded that Pashini was celebrated at 7 month both in maternal uncle place and AWC. Sweet item was given to child.

Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child

- Elderly people advised for providing foods like potato, banana, dal, rice, khichri to children as complementary food. Some mothers in laws advised for cerelac as well. But the mothers did whatever considered good for the child. According to them *humlog apne hisab se dete hain...unki bhi sunte hain...*

On the contrary, few mothers said that elders were taking more care of the children.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- AWW advised for complementary feeding both during antenatal and postnatal period. Every Saturday meeting was organized at AWC and all the related things discussed.

ASHA also provided counselling for complementary feeding.

Suggestions

Reasons for poor complementary feeding practices in your area.

- All most all the mothers were of opinion that there was no problem of complementary feeding in their area. Working mothers managed to prepare food for the children.

Suggestion for improvement of child health status (Personal / health services)

- According to mothers, government should distribute khichri, dalia, biscuit etc. from AWC. They also added children did not like panjiri and it caused diarrhoea as well.

FGD(10)

Name of the Moderator: Ranjan Srivastava

Date of FGD: _5/11/2014_____

Block: __Madawara__ Villages Dongra _____

Commencing time: Hr14__ Min45 __

Concluding time: Hr_15__ Min _30__

Background of FGD participants (Mothers)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Sunila Devi	22	8th	HW	12 month, M
2	Arti Devi	35	Illiterate	Labour	14 month, M
3	Kiran Devi	30	Illiterate	HW	7 month, M
4	Rekha Devi	22	Illiterate	HW	10 month, F
5	Parvati	20	Illiterate	HW	12 month, F
6	Joy Kumari	18	9 th	HW	6 month, F
7	Preeti	25	10 th	HW	18 month, F
8	Meera	26	8th	HW	18 month, F
9	Preeti	20	8 th	HW	12 month, M
10	Meera	35	Illiterate	HW	24 month, F

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- By complementary feeding, participants listed foods like panjiri, milk, biscuit, dalia, fruits like pomegranate, banana, orange, toast, cow milk, etc.

Some of them added that less spicy dal, khichri, rice were given to the child

Only one participant was unaware of CF.

All of them said that by complementary feeding, the children remained healthy, could walk early. After 6 month CF should be given as expressed by most of the participants.

• Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- **Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)**
- **Which form/ consistency of food is given to eat.. ask them to show**
- **How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day**
- **How many times is the child fed in a day in addition to breastmilk**
- **How long breastfeeding given to child along with complementary feeding ?**
- **What do you understand by growth monitoring?**
- **How to you relate complementary feeding to weight gain / weight loss in children?**
- **How often child should to be weighted / length taken**
- **Feeding child during sickness / feeding during poor appetite**

According to mothers, complementary feeding started from 6 to 8 month. The food were given as milk, biscuit, fruit, potato, khichri etc.

Separate food were prepared for the child as few mothers reported and separate utensils were kept for the child. Semi solid food was given to child.

Apart from mothers' milk, some mothers said 4 to 5 times , other said 5 to 6 times food were given to the child.

Breast milk was given as per the demand of the child.

The development of the children was measured by weight taking at the AWC and all of them considered weight monitoring and length taking as important part of development of the children.

Doctor was consulted during illness or poor appetite of the children and tonic was provided. Moreover attention was paid over complementary feeding. AWW was consulted as few of them added.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- First sweet food was given to child at the age of 7 month in maternal uncle place which is called Pashini.

Individual perception of mothers and mother- in – law about complementary feeding and growth and development of child

- Mother in laws advised for food like milk and dalia for the growth and development of the child and one of them said that mother in law paid more emphasis on giving milk to the children.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding(AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- Mainly AWW and ASHA advised for complementary feeding. ANM when comes for immunization, talks about CF. Advice was given both antenatal and post natal period.

Suggestions

Reasons for poor complementary feeding practices in your area.

- There was no problem of complementary feeding as all were provided food to their children.

Suggestion for improvement of child health status (Personal / health services)

- As most of the mothers said that children did not like panjiri and some other items like poha, khichri, dal, dalia , peanuts etc should be distributed from AWC.

FGD (11)

Name of the Moderator: _Ranjan Srivastava

Date of FGD: _6/11/2014_

Block: Madawara_

Villages _Bhikampur_

_commencing time: Hr_12__ Min 00__ Concluding time: Hr12__ Min 45__

Background of FGD participants (Mothers)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Sandhya Devi	20	Illiterate	Labour	24 month, M
2	Ram Sakhi	20	8th	Labour	12 month, F
3	Ram Kali	21	12th	Labour	10 month, F
4	Bhag Bai	20	8th	HW	24 month, M
5	Vandana	23	8th	HW	13Month, M
6	Snehlata Devi	29	12th	service	24month, F
7	Harku Devi	20	illiterate	HW	24month, F
8	Vinita Devi	25	5th	HW	7 month, F
9	Abhilasha Devi	30	10th	HW	24 month, F
10	Kranti Devi	22	10th	HW	12 month, F

• Understating of complementary feeding

What do you understand by complementary feeding?

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- By complementary food meant by the participants were dalia, khichri, milk, potato, rice, banana etc. All home cooked foods were considered as complementary food.

It contained vitamin and without complementary food the child could not be healthy. According to one mother *nahi denge to poshan ki kami hoti hain, ankh ki samsya hoti hain aur vitamin ki kami hoti hain.*

Complementary feeding should be started after 6 month.

• Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)

Which form/ consistency of food is given to eat..ask them to show

How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day

How many times is the child fed in a day in addition to breastmilk

How long breastfeeding given to child along with complementary feeding ?

What do you understand by growth monitoring?

How to you relate complementary feeding to weight gain / weight loss in children?

How often child should to be weighted / length taken

Feeding child during sickness / feeding during poor appetite

- Most of the mothers said that they introduced complementary food from the age of 6 month to 9 month.
- Types of food were given included dal, rice, khichri, chapatti, vegetable, fruits like apple, musambi, banana, biscuit and cow milk. One of them said that she gave only cow milk to her 7 month child. Complan was given to child as said by one mother. All homemade food was given to child as reported by another participants.
- Semi solid food was given to child as told by most of the mothers.
- Regarding quantity, there was no fixed time for giving food to the child. Most of them said that small quantity was given, 10 to 12 spoon food consumed, child fed with the family members, 8 to 10 times etc. were the responses of the mothers. As a consequence, one mother said that her child`s liver was increased due to consumption of cow milk. Earlier the child used to eat whole day, now given 3 times a day.
- Regarding breast milk, different responses received from the mothers, 3 to 4 hours, 2 to 3 hours, 15 minutes gap, when the child cried etc.
- By growth monitoring, participants meant weight taking at AWC on monthly basis. One of them added that by observing the child, growth could be monitored. Length did not taken in the AWC
- Another way of monitoring the development of the child to watch the clothes. The length of the child should not be taken....*kapre se pata cal jata hain...napna nahi chahiye.*
- Doctor and AWW were contacted during illness. Family members were also consulted.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- Pashini was celebrated at the age of 6 month by maternal uncle. He fed the child sweet porridge in new utensil and gifted the utensil to the child.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- Mothers and mother-in-laws advised for food for the development of the child. Different responses like almond should be given to child, dal ka pani advised by mother and mother-in-laws, roots and herbs (*jari buti*) and ghutti etc.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- AWW advised for complementary feeding. One organization called Bal Bandhu also counselled for CF. Moreover, ANM provided counselling for Complementary Feeding. Mothers were counselled for complementary feeding during antenatal period and after delivery.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Due to work pressure, working mothers could not feed the child properly.

Suggestion for improvement of child health status (Personal / health services)

- No suggestions provided by the participants.

FGD(12)

Name of the Moderator: Ranjan Srivastava

Date of FGD: _6/11/2014_____

Block: __Madawara_____ Village __Khutgava

Commencing time: Hr14___ Min 50___

Concluding time: Hr15___ Min 30___

Background of FGD participants (Mother- in- Laws)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Gulab Devi	40	Illiterate	HW	6 month, M
2	Radha Devi	41	Illiterate	Labour	12 month, M
3	Mahanti Devi	43	Illiterate	Labour	24 month,
4	Saugar Devi	70	Illiterate	HW	6 month, M
5	Devkiya Devi	65	Illiterate	HW	24 month, F
6	Savita Devi	46	5 th	HW	6 month, M,
7	Rekha devi	42	8 th	HW	18 month, M
8	Maya Devi	60	Illiterate	HW	12 month, F
9	Achhi Bai	70	Illiterate	HW	12 month, M
10	Bedi Bai	69	Illiterate	HW	12 month, M

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- Biscuit, toast tea , chapatti, dal, rice, vegetable, fruits , kukura, fruits, cow and buffello milk, half milk and half water etc were the responses of the participants regarding complementary feeding.

Fewof them told that all homemade food were eaten by the child, in their

WordsBal bachha koi alag se thori hi khata hain...jo gharbale khate hain so he sath me ek thali me bachha bhi khata hain...

- Complementary feeding is important because mother`s milk is not sufficient for the growing children
- Participants were of opinion that complementary feeding should be started from 6 month to one year.

• Practice of complementary feeding

Introduction of complementary feeding / time of initiation (which month)

- **Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)**
- **Which form/ consistency of food is given to eat.. ask them to show**
- **How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day**
- **How many times is the child fed in a day in addition to breastmilk**
- **How long breastfeeding given to child along with complementary feeding ?**
- **What do you understand by growth monitoring?**
- **How to you relate complementary feeding to weight gain / weight loss in children?**
- **How often child should to be weighted / length taken**
- **Feeding child during sickness / feeding during poor appetite**
- Most of the participants introduced complementary feeding from 7 to 12 month , few of them started from 4 to 7 month.
- *Jiske pas jo hota hain vahi khilata hain bachhe ko* means people feed their whatever they had. They continued biscuit, dal, rice, khichri, dalia, chapatti vegetable etc were given to the child. Moreover, most of them told that they fed their children *maheri* (rice prepared in buttermilk and added sugar)
- Semi solid food were served to the children as most of them said. Potato smashed in dal was fed to the child as one mother replied.
- 2 to 6 times food was served to the children, as responded by the mothers.
- Regarding growth monitoring, participants did not know the proper method. Some of them told that by holding the baby, weight could be estimated. Another response was that when child was properly fed, she/he develops like a corn. In their words *jab bachha ko khilane lage to bachha Makai ki tarah phulta jata hain..* Finally all of them stated that growth of the child could be measured by mere observation.
- Mothers were unaware of what are the implication of weight and length taking. Two of them said that weight and length should be taken on monthly basis.
- During illness and poor appetite of the child, visited hospital as told by the most of the participants.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

According to some grandmothers, pashini celebrated where maternal uncle fed the with any sweet item, but few of them said there was no celebration before starting solid food. In their words, *hamara bachha to eise hi sarak sarak kar khane lagte hain* .

All the grandmothers replied that only milk and biscuits were given to the child. Some added that all homemade food should be given to the child.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- Almost all the participants were in view that no one told about complementary feeding, sometimes ANM comes for immunization but tells nothing. Similarly AWW takes weight but tells nothing.

Suggestions

Reasons for poor complementary feeding practices in your area.

- One grandmother said that poverty is the main reason of poor complementary feeding in the village, two of them added that mothers could not feed the child properly as they had to go to the field for work.

Suggestion for improvement of child health status (Personal / health services)

- Dalia, khichri, biscuit etc should be supplied by the AWC.

Block: Mehrauni

FGD (13)

Name of the Moderator: Ranjan srivastava_

Date of FGD: ___7/11/2014_____

Block: __Mehrauni__ Villages __Saidpur

Commencing time: Hr_11__ Min 15__

Concluding time: Hr_12__ Min _00_

Background of FGD participants (Mothers)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Nirmala Devi	22	5 th	HW	9M, M
2	Uma Devi	24	10th	HW	20M, M
3	Usha Devi	22	5th	HW	24 M, F
4	Bhagwati Devi	23	Illiterate	Labour	9m, M
5	Santoshi Devi	22	10th	HW	24M, M
6	Mamta Devi	26	Illiterate	Labour	9 M, M
7	Savita Devi	24	10th	HW	24M, M
8	Usha Devi	23	5th	HW	18M, F
9	Jyoti Devi	23	Illiterate	HW	15 M, M

• **Understating of complementary feeding**

What do you understand by complementary feeding?

Why is it important?

What age complementary feeding should be started to child in addition to breastfeeding?

- Out of 9 participants, 5 participants considered complementary food as dail dalia, khichri, biscuit, vegetable, rice and cow milk. One mother considered t toast, biscuit and bread as CF. Another participants added that dal ka pani, boiled potato and Cerelac should be given after 6 month. Chapati Vegetable as Complementary Food was the answer of another mother.
- It is important because it contained vitamin and another mother stated that since mother`s milk was not sufficient, complementary feeding was very much important.
- It should be started after 6 month of age as one mother replied. Another one said after one year CF could be initiated.

Practice of complementary feeding

- Introduction of complementary feeding / time of initiation (which month)
- Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)
- Which form/ consistency of food is given to eat.. ask them to show
- How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day
- How many times is the child fed in a day in addition to breastmilk
- How long breastfeeding given to child along with complementary feeding?
- What do you understand by growth monitoring?
- How to you relate complementary feeding to weight gain / weight loss in children?
- How often child should to be weighted / length taken
- Feeding child during sickness / feeding during poor appetite
- All the participants started Complementary food from 7th month onwards.
- Most of the participants fed their children cow milk added with water, dal, dalia, fruit,biscuit as CF. One mother gave toast, biscuit, another one fed pomegranate juice and Punga (readymade snacks), one mother said that she fed the child whatever cooked at home.
- As far as consistency of the food is concerned,semi liquid food were given were the responses of majority of the mothers.
- All of them replied child ate from small bowl and all the mothers kept separate bowl for the children. They added *alag rakhtae hain taki jan sake bachha kitna khaya*.
- Child fed 4 to 5 times a day along with breast milk as all the mothers replied.
- One mother breast fed her child every two hrs , and another fed every half an hour.
- Regarding weight monitoring, all of them told that weight and lengthwere taken every Saturday in the AWC.
- During illness doctors were consulted, also consulted AWW

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- *Pashini* was celebrated after 6 month by maternal uncle. AWW also organized *Pashini* at the AWC, sweet kheer was given to child before initiating solid food to the child.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- Majority of the mothers replied that elders did not say anything against complementary feeding, all homemade should be given to the child were the advices of the elders in the family.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

- ASHA, ANM, AWW advised about complementary feeding during immunization or home visits. Mothers were advised for complementary feeding both antenatal and post natal period.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Mothers were of opinion that each of them tried to provide complementary food to their child on regular basis. Moreover working mothers who were away from home, their mother-in-laws fed the child but those mothers who were alone, could not feed their child properly as added by the participants.

Suggestion for improvement of child health status (Personal / health services)

- There should be creche facility at the AWC, so that the working mothers could leave their children. Mothers also suggested that dalia, khichri, vitamin should be distributed from the AWC.

FGD (14)

Name of the Moderator: **_Ranjan Srivastava**

Date of FGD: 7/11/2014_

Block: **_Mehrauni_ Villages _Sadhumal**

Commencing time: Hr13___ Min 50

Concluding time: Hr14___ Min 30

Background of FGD participants

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Shobha Devi	35	Illiterate	HW	7 M, M
2	Bati devi	26	8th	HW	6 M, M
3	Saroj Devi	26	9th	HW	9 M, M
4	Puja Devi	19	8th	HW	8M, F
5	Sunita Devi	24	Illiterate	HW	15 M, F
6	RamBai	23	9th	Labour	24 m, F
7	Sunita	25	illiterate	Labour	24M, F
8	Puja Devi	24	8th	HW	14 M, F
9	Nilam Devi	22	Illiterate	HW	12 M, M

• **Understating of complementary feeding**

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- Complementary feeding meant by one mother was Milk, biscuit, tea, fruit, kaju, kismis, half milk, half water by another mother and mung, dal, rice by the third Participants.
- Due to insufficiency of mother`s milk, complementary feeding is necessary and child becomes healthy by consuming CF as reported by some participants.

Practice of complementary feeding

- **Introduction of complementary feeding / time of initiation (which month)**
- **Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food groups are consumed on a regular/daily basis in the household?)**
- **Which form/ consistency of food is given to eat.. ask them to show**

- **How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day**
- **How many times is the child fed in a day in addition to breastmilk**
- **How long breastfeeding given to child along with complementary feeding ?**
- **What do you understand by growth monitoring?**
- **How to you relate complementary feeding to weight gain / weight loss in children?**
- **How often child should to be weighted / length taken**
- **Feeding child during sickness / feeding during poor appetite**
- All the participants initiated CF after 6 month of the child and mostly children were given dal, dalia, khichri, rice, fruit, chapatti, vegetable, boiled potato and biscuit. Moreover, one mother used to give her child toast and tea. All homemade food was given to the child as responded by another mother.
- Regarding consistency, all of them stated that semi solid food was given.
- Mixed responses received from the participants regarding quantity of food as one mother used to give half of medium sized bowl, another said 50 to 100 gm food was given, and small quantity of food was given responded by one of them.
- As far as frequency is concerned, one of them said 4 to 5 times food was given, another told 4 biscuits consumed by the child in the morning, breast milk in day time and tea in the evening as reported by one participant. Another participants added that 2 times food was given , about 7 participants told *jitni bar rota hain dudh de dete hain* (as many times child cried, milk was given)
- In addition to complementary food, breast milk was fed as per the demand of the child, there was no fixed time for that.
- By weight monitoring, participants reported monthly weight and length were taken at the AWC. One of them said *lambai lena jaruri hain , nahi to bachha chhota rahjayega*.
- Consulted doctor during illness of the child, as reported by most of the mothers. Also ANM was contacted as said by one of them.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- Most of the respondents said that *Pashini* celebrated after 6 month and kheer was given to the child. One of them added that *Pashini* was not celebrated in their community.

Individual perception of mothers and mother-in-law about complementary feeding and child growth and development of child

- Mother-in-law told them to feed the child biscuit dip in milk, another mentioned that milk and dalia would be beneficial for the child.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- AWW and ANM talked about Complementary Feeding both before and after delivery as responded by the majority of the mothers.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Due to work pressure, mothers could not get time to cook for the child reported by most of the participants.

Suggestion for improvement of child health status (Personal / health services)

- Dalia, biscuit, kaju (cashew), toast, khichri, poha etc should be distributed from the AWC. Family members of working mothers should take care of Children. AWW should call all the children and distribute food were the main suggestions of the participants.

FGD(15)

Name of the Moderator: Ranjan Srivastava

Date of FGD: 8/11/2014_

Block: Mehrauni_ Village Silavan

Commencing time: Hr_9.Min _55

Concluding time: Hr_10__ Min 40__

Background of FGD participants (Mother in law)

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Chanda Devi	55	Illiterate	HW	6 m, F
2	Hem Kumari	57	Illiterate	HW	12m,M
3	Janki Devi	59	Illiterate	HW	12M, F
4	Vimla Devi	52	Illiterate	HW	16M,M
5	Gaura Bai	65	Illiterate	HW	20M,M
6	Gulab Rani	66	Illiterate	HW	24M,F
7	Rav Rani	68	Illiterate	HW	24M,F
8	Kali Devi	65	Illiterate	HW	24M,F
9	Sundar Devi	60	Illiterate	HW	10M,F
10	Sakhi devi	62	Illiterate	HW	24M, F

• Understating of complementary feeding

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- Dalia, khichri, rice dal, toast, biscuit, namkin(snacks) biscuit dip in

Tea, biscuit dip in water, Chapati, Vegetable, banana, were the

responses of mother in laws with regard to Complementary feeding.

Most of them added that whatever child liked , should be given. The also stated that *bachha sabhi kuchh khata hain....tel kajal laga diya..ma ka dudh bhi pita hain*

All of them said that CF is important because health of the child depends on CF. and 6 to 7 month child should be given CF.

• Practice of complementary feeding

- Introduction of complementary feeding / time of initiation (which month)
- Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food

groups are consumed on a regular/daily basis in the household?)

- Which form/ consistency of food is given to eat.. ask them to show
- How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day
- How many times is the child fed in a day in addition to breastmilk
- How long breastfeeding given to child along with complementary feeding ?
- What do you understand by growth monitoring?
- How to you relate complementary feeding to weight gain / weight loss in children?
- How often child should to be weighted / length taken
- Feeding child during sickness / feeding during poor appetite
- Majority of the participants initiated Complementary feeding after 6 month and rice, dalia, biscuit, punga, , cow milk, chapatti , vegetable, were the main food, as told by the participants. Only one of them said that the child was given samosa (local snacks) and namkin as CF. One of them added that 6 month onwards food was given to the child but *khana kam khati hain aur chay jayada piti hain* .
- Every 2 to 4 hours breast milk was given as told by the participants. One of them told every hour or when the child cries, mother`s milk was given.
- By weight monitoring, development of the child noticed. One of them said that by observing, development of the child could be known.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- Some participants told that Pashini or first rice ceremony celebrated after 6 month, maternal uncle fed the child with silver coin where as one of them said that nothing happened in their home, child started eating food after 6 month.
- Individual perception of mothers and mother- in- law about complementary feeding and growth and development of child
- Participants replied that elders were advised for complementary feeding like milk, dalia, dal ka pani, rice, khichri etc., moreover they advised for oil

massage and breast feeding for the growth and development of the child.

- **Community-Health Provider behaviours/ helps**
- **Advice / counselling on complementary feeding (AWW/ ASHA/ ANM)**
- **Types of advice received from community health workers regarding complementary feeding**
- **Timing of advice (during antenatal, postnatal or home visits)**
- All the participants said that AWW, ASHA were given advice for complementary feeding. They advised for panjiri, dal, rice, dalia, khichri as CF .
- Both before and after delivery, advice was given by the AWW as said by the participants.

Suggestions

- **Reasons for poor complementary feeding practices in your area.**
- According to the participants most of the mothers were providing CF to their children, working mothers cooked food and grandmothers fed the children.
- **Suggestion for improvement of child health status (Personal / health services)**
- Khichri, dalia, dal and medicines should be distributed from the AWC as one of them suggested that *ek hi panjiri khate khate bachhe ub jate hain...badal badal kar poshahar ana chahiye...*

FGD (16)

Name of the Moderator: _Ranjan Srivastava_

Date of FGD: _8/11/201

Block: __Meharauni_ Villages __Sindwaha (patha)

Commencing time: Hr 13___ Min 00___

Concluding time: Hr13___ Min _50__

Background of FGD participants

S.No.	Name	Age	Education	Occupation	Age & sex of youngest child
1	Rekha Devi	30	illiterate	Labour	9m, M
2	Ram Devi	26	illiterate	HW	12m, F
3	Arati Devi	23	8th	HW	12m, M
4	Rekha Devi	24	8th	HW	12m, M
5	Raj Kumari	22	Illiterate	HW	12m, M
6	Dev Kumari	25	Illiterate	HW	16m, M
7	Kaushlaya Devi	26	Illiterate	HW	12m, F
8	Shakuntala Devi	27	8th	HW	11m, M
9	Preeti Devi	30	10th	HW	13m, M
10	Shukhwati Devi	32	illitearte	HW	24m, M

- **Understating of complementary feeding**

What do you understand by complementary feeding

Why is it important ?

What age complementary feeding should be started to child in addition to breastfeeding?

- All the participants talked about Complementary feeding which included dal, dalia, milk, khichri, banana, pomegranate, chapatti etc.
- Complementary feeding is important because mother`s milk was not sufficient and could not fill the stomach, by giving CF the child could be satisfied for some time and it should be started from 6 to 8 month.

- **Practice of complementary feeding**

- Introduction of complementary feeding / time of initiation (which month)
- Types of food is given to eat ... eg (Family food / commercial food / bottle feeding / Prepare separate food or family food only/ How many food

groups are consumed on a regular/daily basis in the household?)

- Which form/ consistency of food is given to eat.. ask them to show
- How much food is given to the child (Quantity / Does the child have a separate bowl/plate or family plate) in a day
- How many times is the child fed in a day in addition to breastmilk
- How long breastfeeding given to child along with complementary feeding ?
- What do you understand by growth monitoring?
- How to you relate complementary feeding to weight gain / weight loss in children?
- How often child should to be weighted / length taken
- Feeding child during sickness / feeding during poor appetite
- All most all he mothers initiated complementary food after 6 month, some Started after 7 month , other initiated after 8 month.
- The list of the food items were dal, daila, khichri, boiled potato, rice, smashed chapatti, biscuit, cow milk added with water etc. Whatever food were cooked, given to the child was the answer of the one mother.
- Neither solid nor liquid food were given to the children and it ranges from one small bowl to half medium sized bowl or 4 to 5 spoon.
- Along with mother`s milk, children breast fed on hourly basis was the response of one mother, rest of them said that no fixed time for breast feeding, it was up to the demand of the child.
- Regarding weight monitoring some of them added that by pulling the child, weight could be estimated, another said that by observing, development of the child could be understood , where as some of the mothers said that weight monitoring were the one of the best indicator of development of the child. Weight monitoring and length taking should be on monthly basis.
- During illness, child should be taken to doctor.

Precipitation or behaviour on complementary feeding

Traditional Socio-Cultural rituals/customs for child complementary feeding practices in the community

- Some participants told that *Pashini* or first rice ceremony celebrated after 6 month , maternal uncle fed the child with silver coin where as one of them said

that nothing happened in their home, child started eating food after 6 month.

Individual perception of mothers and mother-in-law about complementary feeding and growth and development of child

- No advice was given by the elders, according to some mothers, where as another one commented that grandmother advised for feeding of dal, dalia, and oil massage and immunization for the development of the child.

Community-Health Provider behaviours/ helps

Advice / counseling on complementary feeding (AWW/ ASHA/ ANM)

Types of advice received from community health workers regarding complementary feeding

Timing of advice (during antenatal, postnatal or home visits)

- Majority of the participants did not receive any advice from health provider. Only few of them received from AWW during before and after delivery.

Suggestions

Reasons for poor complementary feeding practices in your area.

- Poverty and lack of money are the main reasons of poor complementary feeding whereas another group of mothers said that food were being cooked in every one`s house and given to children.

Suggestion for improvement of child health status (Personal / health services)

- All the mothers said that khichri, dalia, biscuit , fruit should be distributed from AWC.

Medicines and immunization should be available in the AWC. Finally the participants suggested that both mothers and children should get good quality of poshahar (supplementary nutrition) from AWC.