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Qualitative exploration of infant and young child feeding practices in rural field practice area of SSIMS and RC: a focus group discussion study

Geethalakshmi R. G., Smitha Yadav J. S.*

Department of Community Medicine, S. S Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

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*Correspondence: Dr. Smitha Yadav J. S.,

E-mail: drsmitha26@gmail.com

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ABSTRACT

Background: The art of infant feeding is a blend of biology and culture. A large no of women in India are already traditionally inclined towards infant and young child feeding (IYCF) practices. The need is to identify specific problems in local community. The strong influence of socio-cultural milieu is detrimental to health of the child. It is important that every opportunity of contact of health personnel with care givers should be taken to counsel on infant feeding.

Methods: A Focus group discussion Study was conducted between February and May 2017. Mothers with child less than 2 years of age, grand-mothers and health care providers (ASHA's and ANM's) who form the stake holders population of IYCF were involved after taking consent. Each Homogenous group had 6-12 participants. Qualitative information was collected till saturation was achieved.

Results: 6 FGD's in each homogenous group were conducted. Colostrum was considered impure, giving honey as pre lacteal feed was a ritual, inadequate milk secretion, lack of knowledge about when and what complementary feeds to be given and also about importance of breast feeding till 2 years of age and giving artificial feeds. These were reasons for improper IYCF practices.

Conclusions: This study emphasises the importance of group opinion prevailing in the local community for IYCF practices which is essential for instituting health education.

Keywords: IYCF practices, Focus group discussion, Rural Karnataka

INTRODUCTION

Breast milk is life line for the new born. It is the best gift a mother can give to her baby. It contains all the nutrients for normal growth and development of a baby from the time of birth to six months of life in proper proportion and in a form that is easily digested and absorbed. Breast milk helps in sensory and cognitive development, and protects the infants against infectious and chronic diseases. It has long been recognized that the breast fed

infant is better protected against infections and has better chance of survival than a bottle fed.¹

Promotion of exclusive breastfeeding practices for the first six months of an infant's life is one of the most effective interventions for reducing infant morbidity and mortality in resource-constrained settings.^{2,3}

Worldwide, more than 9 million children under 5 years of age die each year. Malnutrition underlies a majority of these under-five deaths, 70% of which occur in the first

year of life. Infant and young child feeding practices (IYCF) directly impact the nutritional status and, ultimately the survival of children under 2 years of age. Therefore, improving infant and young child feeding is critical to ensure their optimal health, nutrition and development.⁴

According to NFHS 4 available data in Karnataka, total of only 54.2% of infants are exclusively breastfed till 6 months of age, 56.4% of infants were initiated with breastfeeding within one hour of birth, 46% of infants were started with appropriate complementary feeds at 6 months of age and only 5.8% of children were continued with breastfeeding till 2 years along with other feeds.⁵

The art of infant feeding is a blend of biology and culture. A large no of women in India are already traditionally inclined towards infant and young child feeding (IYCF) practices. The Strong influence of socio-cultural milieu is detrimental to health of the child. It's important that every opportunity of contact of health personnel with care givers should be taken to counsel on infant feeding. Focus groups, unlike individual interviews, provide the added dimension of the interactions among members. 6

The present study was conducted with the aim to explore the situation of IYCF practices that are prevalent and perceived effective in promoting the health and nutritional status of children in the rural field practice area of S. S. Institute of Medical Sciences and Research Centre (SSIMS & RC) Davangere, Karnataka, India.

METHODS

Objective

To seek heterogeneous group opinion regarding Infant and young child feeding practices among mothers with child less than 2 years, grand-mothers and health care providers in rural field practice area of SSIMS & RC.

Type of study

Qualitative study – focus group discussion (FGD)

Methodology

In FGD the interviewer (moderator / Primary research person) leads research participant's, helps them continue with interaction among the participants about the topic or an issue in group discussion.⁷

Although conducting in-depth interviews with the study subjects alone would also elicit similar data and information, FGD has the added advantage that it allows an active interaction to occur between subjects.

The rural field practice area relevant to this study has 12 villages with 3 sub-centres (Lokikere A, Lokikere B and Turchgatta). Auxiliary-nurse Midwives (ANM's) and the

accredited social health activists (ASHA's) meet at the primary health centre on a monthly basis. Both groups were oriented towards the objectives of the study and requested to assemble the study subjects at the PHC and sub-centres on Thursdays for focus group discussions.

18 FGD's were conducted between February and May 2017 with participants ranging from 6 to 12 in each composed group. Total participants reached to 142.

Homogenous participants were considered for each FGD group.

Table 1: Distribution of study population in Focus groups.

Sl. no	No. of FGD's	No. of participants	Type of participants
1	6	66	Mothers
2	6	40	Grand mothers
3	6	36	ASHA + ANM
Total	18	142	

Once the group was organised:

- (a) An introduction of study participants and their willingness to participate in the study was taken.
- (b) Knowledge of these subjects about early initiation of Breastfeeding, importance of Colostrum, time of initiation of complementary feeds and foods to be included in complementary feeds and how long to continue breast feeding, perception about feeding during child's illness about bottle feeding were assessed.

Obtained information was hand written by note taker and audio, video recording was done which was later translated into verbatim by researcher.

Statistical analysis

Thematic analysis

The researcher draws together and compares discussions of similar themes and examines how these relate to the variables within the sample population.⁸

RESULTS

Discussion was guided on the following areas of interest

How long after birth did you first put the child to breast? How about giving prelacteal feeds?

The comments for above question were like;

We breastfed our baby within half an hour of birth as per instructions by the doctor and health care workers. We also feel it is good start feeds as early as possible and not to give pre-lacteal feeds. (Most of the mothers in Lokikere).

We first give honey and name the baby before starting feeds. Giving honey while naming is a compulsion in our ritual and we wait for auspicious time to name the baby, it may extend from half an hour to 4 or 5 hours since birth. (Mothers and grand-mothers in FGD group of Turchgatta, belonging to Muslim community).

Baby has to be breastfed within half an hour of birth and no prelacteal feeds should be given to baby. (All ASHA and ANM's in FGD group).

Belief that colostrum is impure or unsafe

Giving colostrum was believed unsafe in old days but now we are educated about benefits of colostrum by health care providers, and we have fed our babies with colostrum. (Mothers in both Lokikere and Turchgatta groups).

We made our daughter-in-law discard colostrum for 2 days and gave baby cow's milk till regular milk secretion started. We were told by our elders that colostrum causes indigestion to baby as it is thick and yellowish in colour (Grand-mother in Turchgatta).

Colostrum should be given to infant, we tell this to all mothers during mothers meeting and PNC visits but their mother-in-laws and elders in the family do not agree. (ASHA and ANM).

Knowledge about exclusive breastfeeding, and how frequently to breastfeed a baby.

Baby should be exclusively breastfed till 6 months of age, not even water to be given except medicines given by doctors. Baby should be fed on demand or at 2-3 hours interval if baby is sleeping (Most mothers in lokikere).

We breastfeed our baby every half an hour once, even if baby is sleeping we wake up and feed (Mother in Lokikere).

We feel breast milk is not enough for our babies and started extra feeds like cow milk and cereal malt by 4 months of age (Few Mothers in Turchgatta).

Foods like ragi malt and artificial foods were started at or 4 months of age as only mother's milk is not sufficient for complete growth. Commercially available artificial foods are more nutritious and give energy to the kid (Grand-mother in Turchgatta).

Baby should be exclusively breastfed till 6 months of age, no feeds not even water to be given to baby except any medications suggested by doctors. Baby should be fed on demand, "It's not the clock, but Hunger of the baby that decides the frequency of feeding." (ASHA and ANM).

When and how to introduce Complementary feeds into child diet? What foods to be included?

Complementary feeds were started after 6 months of age. And we started with cow milk, boiled vegetables, rice and ragi malt with ghee added, we have not given any fruits as they cause cold to child (Mothers in Lokikere).

We also started complementary feeds by 6 months but did not give any vegetables or fruits because child may not digest it. We also added artificial foods into child's diet for additional nutrition (Mother and grand-mothers in Turchgatta Sub-centre area).

We do not add ghee and oils because it may not get digested and has ill effect on child's health (Mothers from both Lokikere and Turchgtta FGD group).

Dry fruits and sweet foods should not be given, it reduces the appetite of child and animal milk should be reduced as it causes respiratory infection and sputum production (Grand-mother in Lokikere PHC area).

Child should be started with liquid foods, semi-solid and then solid foods. It should include cereals, pulses, vegetables, fruits and ghee. Child should be made to eat foods whichever is prepared in household by 2 years of age (ASHA and ANM's in PHC area).

How long breast feeding to be continued and knowledge about benefits of breastfeeding a child till 2 years of age.

We continued to breast feed till one and half year and stopped, as we feel it is already time and whatever complementary feeds given are sufficient for the child. We did the same for previous child too. (Most mothers in Lokikere and Turchgatta sub centre area).

We wanted to continue breastfeeding till 1½ years but as we conceived again, we were advised not to breastfeed while pregnant and so stopped breastfeeding. (Few mothers in Turchgatta).

Child can be breastfed till 3-4 years, it is beneficial to child. But now a days young mother do not listen to us and stop early. (Grand-mothers from Turchgatta).

Baby should be breastfed till 1 ½ to 2 years, as per mothers wish. Continuing breastfeeding will give extra nutrition for child's body development. (ASHA and ANM).

Perception about benefits of breast feeding over Bottle feeding

Most of used to bottle feed our children but later came to know it is not good for child's health so did not bottle feed thereafter. (Mother from Lokikere). It's easy for us to bottle feed because we fill the bottle and give it to our mother-in-laws so that we can do our other work. We started bottle feeding only after 6 months. (Mothers Lokikere and Turchgatta).

Child can be bottle fed if mother is busy no harm in it. (Grandmothers in Lokikere and Turchgatta)

We advise not to bottle feed the babies and also tell about ill effects of bottle feeding. The mothers who bottle feed are very less in our sub-centre areas. (ASHA and ANM).

Perception about giving feeds while child is sick

We give enough feeds during illness but animal milk is not given during episodes of respiratory infections as it causes more sputum production. (Mothers and Grandmothers Lokikere and Turchgatta)

We tell our daughter's not to feed during episodes of acute gastrointestinal disease because it causes still more loose stools. (Grand-mother Turchgatta).

We tell mothers and grand-mothers not to decrease feeds during episodes of illness as it will lead to more dehydration and malnutrition. People are changing and acceptance is increasing. At the same time acceptance is less in illiterate and lower socio economic group people (ASHA and ANM).

Perception about giving enough water to feeding mothers.

We are not given enough water to drink. Only one glass of water is given for whole day, we feel thirsty but our mothers and mother-in-laws do not understand and tell it is unhealthy for a baby. Even after so many educating sessions from health workers they don't allow us to drink enough water. (All mothers in Lokikere and Turchgatta).

More water should not be given to mothers as it causes abdominal distension in babies and weight gain in mothers. Our elders have followed it and we are told to follow the same. (Grand-mothers in Lokikere and Turchgatta).

Mothers now are well educated and accept our advices but elders in family are not ready to agree and it is difficult to convince them against the old customs. (ASHA and ANM).

DISCUSSION

It is important to know the reasons for inadequate practice and intervene at each level to improve IYCF practices and thus is the purpose of this qualitative study.

In studies done on similar topics following findings are found in relation to our study.

How long after birth did you first put the child to breast? How about giving prelacteal feeds?

In our study all participants had positive opinion on early initiation of breast feeding, similarly, results from a survey done in seven states of India in 2014, by Aguayo et al, supported our results indicating that in India early initiation of breast feeding had increased from 24.5% in 2006 to 44.6% in 2014 with an average increase of 10.3% per year.⁹

There was strong influence of religious practices in giving prelacteal feeds seen in Muslim families. Findings from our study are comparable to the study of feeding practices among Hindu and Muslim families conducted by Kathleen et al, which showed prelacteal feeds in Muslim community were considered healthier for baby and they also mean blessings from god. ¹⁰

Belief that colostrum is impure or unsafe

Opinions about colostrum in mothers and grandmothers are still deep rooted. Belief that colostrum is thick and impure (Yellow in colour) and it may cause indigestion in infants are the main reasons for discarding it. Similar opinion was found in a qualitative study conducted by Njai et al, Where mothers gave an opinion that colostrum is yellow in colour and would kill ants when expressed and put, so it was considered unsafe or impure for a baby.¹¹

Knowledge about exclusive breastfeeding, and how frequently to breastfeed a baby.

In our study many differences in opinion were found which varied from few strictly followed exclusive breast feeding and feeding on demand policy, whereas few forcefully fed baby every half an hour once disturbing sleep of baby and few initiated animal milk thinking breast milk is insufficient for the baby. Parallel opinions to these are found in studies conducted by Setegan et al, which showed that the prevalence of exclusive breastfeeding was 71.3% in 24 hours preceding the survey. A study by Njai et al, and Osman et al, showed that baby's cry was always correlated to hunger cry and perceived that breast milk was not sufficient and top milk was started. Involvement of grandmothers had greater influence in early initiation of top feeds. 11,13

When and how to introduce complementary feeds into child diet? What foods to be included.

Participants of study had better knowledge about when to start complementary feeds and foods to be included in complementary feeds. Few had misconception that adding artificial foods in addition to home foods would make baby healthy. Few were lacking knowledge about importance of adding protective foods like vegetables and fruits. Results in study done by Lodha et al., were comparable with our study, which showed that only 40%

of women initiated their children with complementary feeds at right time (at six months of age) but did not include all food items like vegetables, fruits, ghee in complementary feeds. 14 Similarly study done by Rao et al, showed that 77.5% mothers had started complementary feeding at the recommended time of six months but only 32% of mothers were giving an adequate quantity of foods. 15

How long breast feeding to be continued and knowledge about benefits of breastfeeding a child till 2 years of age.

There was lack of knowledge about benefits of breastfeeding the child till 2 years, and few mothers think that it is sufficient to breast feed till one year. Poor family planning practices in birth spacing leading to frequent conceptions; this is also a reason for stopping breastfeeding before 2 years. Few grandmothers commented that mothers now are shy and conscious to feed their child till two years. These were the reasons found for poor practice of breast feeding till 2 years of age. We found findings comparable to our study in study on barriers to infant feeding practices done by Nankumbi et al, where the reasons for not continuing breastfeeding till 2 years were lack of knowledge, few mothers were busy they had to go for field work and few mothers were like baby after one year is older enough to have from family pot. 16

Perception about benefits of breast feeding over Bottle feeding

Many of the subjects have gained knowledge by health care providers about demerits of bottle feeding and are not following it. According to health care providers prevalence of bottle feeding practice in their coverage area is almost nil or very less. A study done by Lokare et al, regarding bottle feeding practices among mothers also showed that

Practice of bottle-feeding was adopted rarely, only when mother was sick and if there are breast related issues. ¹⁷

Perception about giving feeds while child is suffering from illness

The false conception that feeding during gastroenteritis further increases the episodes of diarrhoea, and feeding milk during respiratory infections may lead to sputum production and increase the severity of infection still persists but in very small quantity, especially in mothers with low education level and in grandmothers says health workers. It was also found that majority have overcome such myths and are feeding children properly during illness. Similar results were seen in study done on beliefs regarding diet during childhood illness by Benakappa et al, which showed that caregivers believed that a child must be fed less during illness. Decreased feeds, initiating bottle feeds, feeding diluted milk and reducing

complementary feeds during illness was widely practiced. Calorie intake during illness was very less and statistically significant. Firmly rooted beliefs about "hot" and "cold" foods lead to restriction of food available at home. ¹⁸

CONCLUSION

In our study, cultural practices and beliefs had a greater influence on feeding practices, which led to poor IYCF practices even with good knowledge.

Mothers lacked knowledge about benefits of feeding colostrum, how frequently to breastfeed the baby, what are the food items to be included in complementary feeds. They were also ignorant about merits of breastfeeding a child till 2 years of age and demerits of bottle feeding.

Grandmothers still followed giving prelacteal feeds and believed that colostrum is impure. They also played role in early initiation of complementary feeds and reducing feeds during illnesses. Whereas they insisted mothers to continue breastfeeding till 2 years of age.

Health workers had good knowledge about IYCF practices except that they did not know benefits of continuing breastfeed till 2 years of age.

Recommendations

Based on the findings in our study, health education for mothers and grandmothers about benefits of IYCF practices on child health, to overcome following age old rituals which harm the health of the child. Educating the group of leaders / priest may give much better results as they have greater influence on day to day practices and beliefs of people. Workshops for health care workers to keep them updated with IYCF practices its barriers and how to overcome them.

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