


AUGUST 2021

A LITTLE MORE



PRACTICES, MYTHS & KNOWLEDGE
OF IYCF PRACTICES,
RAJASTHAN





इने जयारे खावु होगा
तयारे खुद खाई लेगा

S/he will eat on her/his own when s/he wants to.

Acknowledgements

.....

Mothers, families, frontline workers & public health
facility staff, Rajasthan, who participated in this study

Department of Women & Child Development, Rajasthan

Department of Medical, Health & Family Welfare,
Rajasthan

Children's Investment Fund Foundation

Members of the RajPusht team, IPE Global, who
designed and conducted this study

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ABOUT RAJPUSHT



ACCELERATED REDUCTION IN THE PREVALENCE OF LOW BIRTH WEIGHT & WASTING IN RAJASTHAN

RajPusht is a 7-year programme commissioned by the Children's Investment Fund Foundation and implemented by IPE Global Limited. It relies on:

- **Cash transfers** that will directly go into pregnant and lactating women's (PLWs) bank accounts at regular intervals
- Motivate these pregnant and lactating women to eat **locally available nutritious food** (more protein and micronutrients) during and after pregnancy
- **Train and incentivise** nutrition workers to deliver actionable messages and motivate mothers to eat 'more' and 'better' food

CONTEXT

Adequate diet, from conception to infancy, is associated with numerous gains for children. It ensures that they have sufficient micronutrients, protein, and essential fatty acids for brain development. A well-nourished child begins life with cognitive, motor, socio-emotional, and developmental advantages over other children.[1]

Initiating exclusive breastfeeding within an hour of birth reduces the likelihood of neonatal mortality; it serves as the starting point of the continuum of care for the mother and child. Studies in India [2] [3] and the world [4] [5] have found that the odds of neonatal death increase multifold if there is a delay in breastfeeding initiation.

Exclusive breastfeeding for six months reduces the risk of diarrhoea [6] and growth faltering [7]. The nutritional goalpost shifts once the child reaches the seventh month; mother's milk alone is insufficient to combat malnutrition. Thus, incremental complementary feeding takes centre stage.

The heightened need for adequate nutrition is juxtaposed with the child's inability to share her wants coherently in the formative years. A mother makes her way through the dark, anchored by her family's cultural beliefs while feeling for grooves to comprehend her child's needs. Her decisions to start breastfeeding, maintain exclusivity and graduate the child to complementary feeds is coloured primarily by familial norms.

THEMES



This brief has insights on **infant & young child feeding practices** from young mothers, their families, and associated frontline workers in Banswara, Baran, Dungarpur, Pratapgarh and Udaipur. It explores the thematic areas of:

1. **Early initiation** of breastfeeding
2. **Exclusive breastfeeding** till 6 months of age
3. Timely initiation of **complementary feeding**

The insights documented in this brief are observations of note from various pockets of Banswara, Baran, Dungarpur, Pratapgarh & Udaipur.



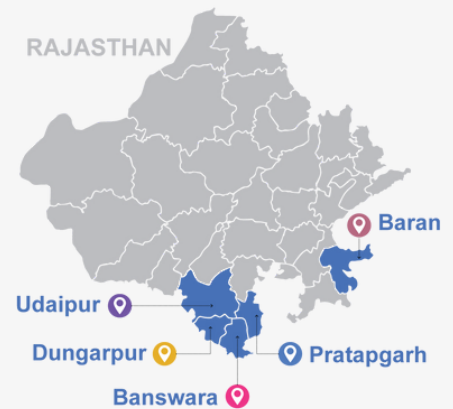
STUDY DESIGN

UNPACKING KNOWLEDGE, PRACTICES, BARRIERS/ MYTHS RELATED TO INFANT & YOUNG CHILD FEEDING PRACTICES

The respondent groups for the study based on which this insights brief has been developed are **families** (lactating mothers, husbands, mothers in-law, family members etc.), **community** (frontline workers and community members), **public health facility staff** (Medical Officer in-charge, Labor room in-charge, staff nurse etc.).

The format of this investigation was in-depth interviews with the identified respondent groups. Telephonic interviews were conducted with frontline workers in the first phase. In the second, in-person interviews were conducted with the families and public health facility staff.

The interviews were conducted at public health facilities and in villages, using Anganwadi Centres (AWC) as the sampling unit. To study early initiation of breastfeeding, interviews were conducted with the facility staff. Insights on exclusive breastfeeding were obtained at the AWC level, through interviews with lactating mothers (having a child between 0-6 months), mothers in-law/ female



relatives, husbands/ male relatives and Frontline Workers (AWW, ASHA & ANM), AWCs also served as the sampling unit to understand complementary feeding practices; mothers (children aged between 6-9 months), mothers in-law/ female relatives, husbands/ male relatives and frontline workers (AWW, ASHA) were interviewed. 206 interviews were conducted across the five districts.

TIMELY INITIATION OF BREASTFEEDING

“इने जापों अब्बारस तो थ्यो है, तो अब्बार ने अब्बार दूध की हु आवेगा, दूध तो बे - तण दाडा बाद आवेगा।”

She has just delivered, how can milk come! Milk comes only after a few days.



Practices at *medical facilities*



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from South Project

Precedence is given to **postpartum and intrapartum care**, pushing early initiation of breastfeeding down the priority list.



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from South Project

Facilities with **Yashodas** (paramedical personnel deployed in hospitals with 30 or more beds) have better compliance with early initiation of breastfeeding. It takes **several rounds of counselling** to convince a mother to feed colostrum to her child.



Created by Anil
from South Project

Facility staff face greater challenges in convincing **first-time mothers** as they are shy and reluctant to feed their children in front of relatives.



Created by Anil
from South Project

In case of pre-term or caesarian deliveries, the child is given **top-feed**.



Created by Anil
from South Project

The IEC material placed in postnatal wards of some facilities is **not reader-friendly** in terms of language and graphics.



Knowledge

- High awareness amongst facility staff on breastfeeding protocol.
- Their counselling skills were found wanting in some facilities.
- There is an urgent need for refresher training, with emphasis on interpersonal communication skills.

Prominent Myths

Lactation doesn't begin immediately after delivery and it takes at **least 3 days to start**.



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from South Project

The first milk, colostrum, is yellow and thick in consistency and considered "impure" since milk should be white and clean. This **"impure milk" is to be thrown away**.



Created by Anil
from South Project

In some places, **Dais** (traditional midwives) still have an upper hand in delivery dynamics; she instructs the family to **feed prelacteal feeds** such as animal/ formula milk or honey.



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from South Project

A child is fed **Ghutti** (gripe water), jaggery water, honey, etc, by family elders to ensure that she grows up with a **honeyed voice**.



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from South Project

Some families believe that feeding a child in front of outsiders invites the **wrath of the evil eye**, hindering initiation of breastfeeding at the facilities



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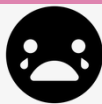
EXCLUSIVE BREASTFEEDING FOR 6 MONTHS

“आई की भी जाय, तो सुरु दादी पाहे सोडी
ने जाय, एटले दादी ने कई न कई
खवडावुस पड़े सूर ने।”

If a mother has to go somewhere, she leaves the child with her mother-in-law. She has to feed the child something.



Practices



Breastmilk is fed whenever the **child cries**.



If women perceive that they are "**not producing enough milk**", families add top-feed such as goat's milk to meet the child's food requirement.



Giving the child **water** isn't considered to be an act that breaks exclusive breastfeeding.



Mothers have competing priorities that lead to a **lack of patience** while the infant figures out how to suckle, leading to an early break in breastfeeding, with female elders stepping in to feed the child.



Community events rarely reach migrant families or those involved in manual labour, as there are **immense costs** of giving up work to participate in such sessions, eroding their effectiveness.



Knowledge

- People are aware of the benefits of mother's milk for a child; however, exclusivity and its duration encounter resistance in many places. Frontline workers have a detailed understanding of exclusive breastfeeding and its importance. ASHAs have an edge over other frontline workers in terms of confidence in some pockets.
- Husband's knowledge of exclusive breastfeeding is woefully lacking. They have almost no caregiving role during this phase.

Prominent Myths

Lactating mothers, particularly those who had a caesarian delivery, are not allowed to eat **ghee or oil** as it may affect their health while recuperating.



In some places, **goat milk** is preferred over the mother's milk as the former is considered lighter and easier on the child's stomach.



In the first month after delivery, a new mother in Banswara only eats **thulli** (porridge). It is believed that if she eats roti, she will produce thick milk, which will **constipate the child** and wreak havoc.



In many places, new mothers consume restricted quantities of fruit. It is perceived that eating fruits can cause **conjunctivitis** in babies.



TIMELY INTRODUCTION OF COMPLEMENTARY FEEDING

“सुरु ज्यारे मोटू थाय तो खाली दूध हु भूख शांत नी थाय - तो सूरू रोवे, तो जेम सुरु रोवे तो खबर पड़े की वो भूखु थाई ग्यु है, एटले पसे वेने बिस्कुट आलवू पड़े।”

Once the child grows, his hunger is unsated by just milk. He cries - that's how I get to know that now I have to feed him biscuits.



Practices



Often, complementary feeding begins as early as 3-4 months or as late as 8-12 months.



Common complementary foods are rice, **daliya**, **suji ki ladri**, **dal**, **dal ka pani**, **atte ki ladri**, cow milk, goat milk, pomegranate, papaya, apples, grape and fruit juice.

Frequently, biscuits, dunked in tea or wafers are also part of the child's first meal.



The prevalence of junk food is quite alarming. Biscuits and snacks are widely eaten as they are cheap, convenient and widely available.



The primary caregiver for the child is the mother. Even for them, setting aside exclusive feeding time is not a practice.

Prominent Myths

There were no distinct community-level myths as they varied among households



Some common myths are that mangoes cause diarrhoea in young children; grapes, rice and bananas lead to cold; *dal* causes acidity; *rotis* are bad for digestion and cause a swollen stomach



The initiation of complementary feeding is occasionally tied to arbitrary goalposts. Some start feeding when the child starts walking or her teeth erupt. Others begin only when the child starts eating food kept in front of her on her own. As a result, sometimes complementary feeding begins when the child is almost a year old



Knowledge

- People recall FLWs' inputs around themes of breastfeeding, immunization and Take-home Ration distribution. There is a counselling gap on complementary feeding in some areas.
- There is unawareness about unhealthy eating practices, especially on the dangers of junk food.
- Knowledge on how to administer complementary feeding was missing in the community.

OBSERVATIONS

CRITICAL BARRIERS IDENTIFIED IN THE DISTRICTS

An abundance of advisors

Dais, neighbours and elderly women are big influencers on decisions of childbearing and rearing. They command immense faith among young families in some areas.

A distinction among people

There is a strong sense of **distinction** between service providers and communities in some areas; the former views the latter as "illiterate" and "backward", eroding essential goodwill between the two.

A nonchalance to food habits

A conscious tilt towards eating/ feeding **right** couldn't be discerned among most people. Most people ate twice a day; no snacking was reported by women

A gendered society

Men are positioned high in the hierarchy and have more exposure to the outside world. The pursestrings and decisions on what to buy (food etc.), is **hinged** mostly on their will.

A Loss in translation

IEC material, assiduously dispatched, were in either Hindi or English. The regional dialect is markedly different, rendering these messages **ineffective**. Content should be in Hindi at least and placed in high visibility spots.

A disjunct in conversation

There is a stark need to have a **collaborative forum** for functionaries from the Health and WCD department with the community, to emphasise critical gaps in age-appropriate child feeding practices.



BANSWARA

Vaagdi
Gujarati



BARAN

Hadoti



DUNGARPUR

Vaagdi
Gujarati



PRATAPGARH

Rajasthani
Vaagdi
Kanthali



UDAIPUR

Mewari
Bhili
Gujarati

Dialect Map



RECOMMENDATIONS

DOING JUST A LITTLE MORE



Intensive focus on not just **mothers**;
husbands and mothers-in-law should be counselled through various touchpoints

- 1** **Train** public health facility staff on the early initiation of breastfeeding and frontline workers on age-appropriate IYCF practices. Strengthen home-based counselling.
- 2** **Videos** on the early initiation of breastfeeding should be played regularly at **PMSMA facilities** with a TV. Local influencers such as comedians, poets and others to ignite conversations on child feeding.
- 3** Use **locally available, seasonal fruits** to contextualize IEC materials and counselling.
- 4** Place posters that show that apart from **ghutti**, even **water is harmful** in the first 6 months.
- 5** Design specific IEC material (posters, guides, videos etc.) on the steps to be taken if a child is **unable to suckle** or the mother is **unable to produce milk**.
- 6** Leverage **World Breastfeeding Week, Poshan Maah, Poshan Pakhwada, Tribal Day** etc. as major community-based events to reinforce right feeding messages

IMMENSE EFFORTS BY THE GOVT ARE ALREADY AFOOT TO MITIGATE CHALLENGES AROUND IYCF PRACTICES. THIS BRIEF RECOMMENDS JUST A LITTLE MORE FOCUS TO REFINE EXISTING STRATEGIES

COMMUNITY LEADERS AND VOLUNTEERS SHOULD BE MOBILIZED TO ENABLE CHANGE IN DEEP-ROOTED NORMS

CONSENSUS

RECOMMENDATIONS ON PROTECTING BREASTFEEDING



MS AAKANKSHA PANDEY

ZONAL PROGRAM MANAGER,
ACTION AGAINST HUNGER -
INDIA

We utilized the existing platforms at the facility and village levels in Baran and started intensive counselling along with the FLW. During the lockdown phase, we conducted tele-counselling. We also trained **Yashodas** and milk bank staff on early breastfeeding.



MS MINAKSHI SINGH

NUTRITION SPECIALIST,
UNICEF

Institutions should be graded on early initiation of breastfeeding under **Lakshya** & **Kayakalp**. MCP card should be well maintained, HBNC & HBYC effectively delivered by FLW after the mother's discharge to reiterate messages. Tele-counselling should be used to validate the recall of counselling.



MR HEMANT ACHARYA

MANAGER,
SAVE THE CHILDREN- INDIA

There is a shared responsibility between genders to improve breastfeeding. It is important to talk in the community's dialect for any field-based program to ensure a positive rapport. This will help in increasing recall of the counselling.

We must ensure that knowledge is transacted till the Anganwadi level.

It is essential to improve home-based counselling by Anganwadi Workers to make it stand out. This could be through flip charts/ videos/ innovative tools developed with development partners' support.



DR MANJU YADAV

JOINT PROJECT COORDINATOR
- POSHAN ABHIYAN,
DEPT OF WOMEN & CHILD
DEVELOPMENT

The Department has a Home-based New-born Care program for the first 42 days; this is complemented by the Home-based Young Child Care program till the child turns 2. ASHAs are trained to monitor the child's development and provide advice to the family.



DR GUNMALA JAIN

PROJECT DIRECTOR - CHILD
HEALTH
DEPT OF MEDICAL, HEALTH &
FAMILY WELFARE

Counselling should begin from the ANC onwards. After delivery, the child should be made to breast crawl in the labour room to hasten breastfeeding initiation. Effective training of health care personnel, placement of dedicated nutrition counsellors can protect breastfeeding.



DR R L SUMAN

COORDINATOR, RCOE UDAIPUR
AND SUPERINTENDENT, MBGH,
RNT MEDICAL COLLEGE,
UDAIPUR

As part of the World Breastfeeding Awareness Week 2021, a panel discussion was organized on 6 August 2021 with leading experts and Government representatives from the Departments of Women & Child Development and Medical, Health & Family Welfare, Rajasthan. **Protect Breastfeeding: A Call to Action** was live on Zoom with 205 viewers from Rajasthan and other states.

Findings in this brief were corroborated by Action Against Hunger- India (AAH) which is working in Baran, Rajasthan. Apart from age-appropriate feeding practices, women must be sensitized to proper positioning and latching during breastfeeding through intensive FLW engagement. The importance of strengthening existing interventions such as proper ante-natal care, effective tracking of the child in the first 1000 days, activation of Rajasthan's

breastfeeding policy, promotion of post-natal care from the facility onwards etc. was reiterated by the panel. DMH&FW Rajasthan has initiated the FLW-led Home-based Young Child (HYBC) Care to train them on extended counselling after the first 42 days of Home-based Newborn Care (HNBC). IYCF training is also underway for ante-natal and post-natal ward staff to ensure timely initiation of breastfeeding. The panel emphasised that it is crucial to drill down private-public collaboration to the Anganwadi level and improve community knowledge through innovative ideas and tools. Community-based monitoring of IYCF practices should be strengthened through timely, complete and effective training of medical staff, with a more attuned monitoring mechanism during institutional care after delivery.

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