

## Knowledge and perception of Accredited Social Health Activists' about breastfeeding and complementary feeding practices: A Qualitative study using Focus Group Discussion

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### Abstract

**Background:** Accredited Social Health Activist (ASHA) workers bridge the gap between the health system to provide accessible, affordable, accountable, reliable, and effective primary healthcare. **Aims and Objectives:** To determine the views of ASHA workers about breastfeeding and complementary feeding. **Materials and Methods:** Focus Group Discussion (FGD) with ASHA workers in a rural Primary Health Centre was conducted to assess their knowledge and perception regarding breastfeeding and complementary feeding. It was a qualitative study conducted by using FGD. The study had been conducted in one block of one district of Maharashtra, which was selected purposively for the study. All ASHAs from the nearby nine villages belonging to Nere Primary Health Center were included as study participants. **Statistical analysis:** The interview transcribing method was used to analyze the data. **Results:** The ASHA workers had good knowledge about the importance of breast milk and breastfeeding. Already, they were giving information to the pregnant ladies and lactating mothers in their villages. They had little knowledge about the Infant and Young Child Feeding practices, breastfeeding positions and suggested the conduction of training to learn effective breastfeeding techniques. **Conclusions:** All ASHA workers have good knowledge about the importance of breast milk, and they realized the importance of effective breastfeeding techniques. It is recommended to conduct lactation training for ASHA workers, and pregnant and lactating women.

**Keywords:** Accredited Social Health Activist, breastfeeding, complementary feeding, Focus Group Discussion

### Introduction

In India, one trained female community health activist is provided by National Rural Health Mission (NRHM) to every village with an appropriate nomenclature 'Accredited Social Health Activist (ASHA)'. ASHA acts as a 'bridge' between the rural community and health service outlets and plays a central role in achieving national health and population policy goals. They are the key persons of NRHM, and they are supposed to provide preventive, primitive, and curative health facilities in the community. ASHA workers are the cornerstone in improving maternal and child health, as well as the nutritional status. They are selected from the village itself and accountable to the respective community. ASHA worker counsels women on birth preparedness, the importance of institutional delivery, breastfeeding, immunization, contraception, and prevention of common infections, identifying persons with symptoms suggestive of malaria, leprosy, tuberculosis, etc., during home visits and also help them to take proper treatment<sup>(1)</sup>. The training and refresher courses are provided by the Ministry of Health and Family Welfare (MoHFW) to give them basic skills, and

refresher training is also organized for revision and updation. These are helpful for the betterment of maternal and child health<sup>(2)</sup>. Maternal and Child Health is an important public health issue that indicates the level of socio-economic development in each and every country. World Health Organization (WHO) states that "Breastfeeding is the most effective way to ensure health and survival."<sup>(3)</sup> Breastmilk is the ideal food for infants. It is safe and clean, and also contains antibodies that help to protect babies from many common diseases. It provides all the energy and nutrients that is needed by the infant for the first months of life. Not only does it benefit children, but breastfeeding also reduces the risk of cancer among women. Every year worldwide, World Breastfeeding Week is celebrated from 1<sup>st</sup> August to 7<sup>th</sup> August to promote effective breastfeeding and effective breastfeeding techniques<sup>(4)</sup>.

After six months of exclusive breastfeeding, the family should start complementary feeding for an infant; for adequate nutrition, proper complementary feeding is crucial, and for proper feeding, knowledge is essential. In rural areas, ASHA workers play an important role in disseminating

knowledge about all maternal and child healthcare; therefore, their knowledge updation is paramount, and assessment of their existing knowledge is also essential to plan further reinforcement training.

Thus, the current study was taken up to assess the knowledge and perception of ASHA workers regarding breast milk, breastfeeding techniques, complementary feeding, and their opinion about the training of effective breastfeeding techniques.

#### Aims and objectives:

1. To assess the knowledge of ASHA workers about breastfeeding and complementary feeding
2. To know their opinion about the breastfeeding training

#### Material and Methods

*Study Design:* Focused Group Discussions (FGDs)

*Study Area:* The study was conducted in the Primary Health Center (PHC) of Nere village situated in Panvel block of Raigad district, Maharashtra.

*Study population:* Sixteen ASHA workers from nine villages of Panvel block of Raigad district had been taken for the FGD.

*Inclusion criteria:* All the ASHA workers had been selected by using the following inclusion criteria:

- ASHA workers who were present at the selected PHCs on the pre-decided day of FGD
- ASHA workers working for a minimum of one year
- Given informed, voluntary verbal consent

*Study duration:* The study was conducted in August 2022

*Data Collection:* FGD guide was prepared and incorporated issues such as (1) Knowledge about colostrum and breastfeeding (2) Initiation of breastfeeding and exclusive breastfeeding (3) Techniques of breastfeeding (4) Initiation of complementary feeding (5) Pattern of complementary feeding- type of food given (6) Frequency of complementary feeding, knowledge about formula feeding and barriers of breastfeeding and complementary feeding<sup>(5-8)</sup>. Two FGDs were conducted in the local Marathi language and it lasted for 90 to 120 minutes. The session began with a brief introduction and description of the study's purpose. All participants were assured of confidentiality and were asked to respect each other's opinions. Participants were informed that there were no right or wrong answers and encouraged to share their views. We have randomly divided ASHA workers into two groups for the conduction of FGDs. FGDs were conducted with a circular sitting arrangement around a table. The moderator facilitated the FGD. Mobile was used as an audio recording instrument. The predefined set of questions was used. Responses were recorded from participants for each question. A sociogram was prepared by the note taker for

all the questions differently. FGDs were conducted in their vernacular language - Marathi and responses were translated into English.

#### Analysis

The FGD recordings were translated from Marathi to English transcripts by a professional translator. The translator retained words in Marathi that were not directly translatable or had multiple meanings. Two researchers read transcripts and then coded transcripts using descriptive words or phrases. Coded transcripts were then segregated into themes. Further, coded transcripts with outlined themes were reviewed. Then, the data are presented as per the questions mentioned in FGD guidelines.

#### Results

The qualitative analysis of the FGD is discussed according to the focused questions after appropriate translation to English language for wider dissemination. Knowledge about early initiation of breastfeeding, the importance of colostrum, time of initiation of complementary feeds and length of breastfeeding, perception about feeding during a child's illness, and bottle feeding was assessed. The need for effective breastfeeding training and different techniques were also discussed.

The findings are as follows:

##### 1. Knowledge about Breastfeeding

*Initiation of breastfeeding after birth:* All the participants knew that breastfeeding should be initiated within half an hour and no pre-lacteal feeds should be given to the baby.

*Colostrum:* All had knowledge about colostrum and that it is the first milk secreted by the mother. It should be given to the infant as it is beneficial for the growth of the infant.

*Exclusive breastfeeding:* The majority, 80% of participants, answered that the baby should be exclusively breastfed till six months of age, and no feeds, not even water, should be given to the baby. They said that babies should be breastfed for 1 and ½ to 2 years. Continuing breastfeeding will give extra nutrition and benefits for a child's body development.

*Frequency of breastfeeding:* The majority (75%) of the ASHAs said that within a two-hour gap, breastfeeding should be given. Few (25%) answered that the baby should be breastfed on demand when it starts crying.

*Breastfeeding during illness:* All Participants had knowledge that breastfeeding should not be decreased during episodes of illness as it will lead to more dehydration and malnutrition.

##### 2. Breastfeeding techniques

*Positions, Latching, and holding during breastfeeding:* Only a few, i.e., 20%, were able to explain one or two positions, and all were not aware of different latching positions and breast holdings.

**Importance of proper breastfeeding techniques:** Fifty percent of participants answered that the mother should feed the infant properly; otherwise, it may develop problems for the mother and child, but they did not know much about the techniques. They observed some of the techniques, i.e., cradle hold, cross cradle hold, and football hold, during their training but not in depth.

### 3. Complementary Feeding

**Starting complementary feeding:** All had said that the mother should start to give complementary feeding by six months of age.

**Progression of complementary feeding:** Sixty percent of participants answered that complementary feeding should be initiated with liquid foods, followed by semi-solid and then solid foods. It should include cereals, pulses, vegetables, fruits, and ghee. By two years of age, they should be made to eat food that is prepared at home.

**Importance of complementary feeding:** The workers didn't understand the overall importance of healthy complementary food, and they didn't know the harmful effects of packaged items.

**Initiation of complementary feeding to children:** All the workers were informed about the traditional rituals the villagers are following to start the complementary feeding. The practice of waiting for the child's aunt or ritual of *Pashini/Anna Prashan* to initiate complementary feeding. 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.

Some findings are given in Table 1.

**Table 1: The knowledge status of ASHA workers about breastfeeding and Complementary feeding (n=16)**

Variable	Knowledge Status	
	Satisfactory n (%)	Non-satisfactory n (%)
Knowledge about the initiation of breastfeeding after birth	16 (100)	-
Knowledge about Colostrum	16 (100)	-
Knowledge about exclusive breastfeeding	13 (80)	3 (20)
Frequency of breastfeeding	12 (75)	4 (25)
Positions, latching, and holding during breastfeeding	3 (20)	13 (80)
Importance of proper breastfeeding techniques	8 (50)	8 (50)
Breastfeeding during illness	16 (100)	-
Starting complementary feeding.	16 (100)	-
Progression of complementary feeding	10 (60)	6 (40)
Knowledge of the importance of complementary feeding	-	16 (100)
Knowledge of the food groups	-	16 (100)
Knowledge of frequency and quantity of complementary feeding	-	16 (100)
Knowledge of formula feeding	3 (20)	13 (80)
Knowledge of the food groups	-	16 (100)
Knowledge of disadvantages of formula feeding	3 (20)	13 (80)
Knowledge of frequency and quality of complementary feeding	-	16 (100)
Hygiene during feeding is not an issue	16 (100)	-
Counseling on IYCF practices needs improvement	6 (40)	10 (60)

**Abbreviations: IYCF: Infant and Young Child Feeding**

**Frequency and quality of complementary feeding:** The knowledge of frequency and quality of complementary feeding to be fed to the child was less than adequate, especially on the following issues – about the incorporation of food groups, preparation of complementary feeding during illness, the fact that they should try and feed the child even if it does not show visible signs like crying, etc.

**Formula feeding:** Most of the ASHAs (80%) lacked knowledge of the effects of formula feeding (tinned milk and formula food, etc.).

**Food groups:** All workers were not aware of the type of foods to be given to their children and expressed poverty as a cause for the procurement of different food items.

**Knowledge on frequency and quantity of complementary feeding:** There was a lack of awareness about the age group-wise frequency and quantity of food to be provided. Only 20% had some information about the quantity of complementary foods. They were not aware of the food groups.

**Hygiene during feeding:** All workers were aware and gave knowledge to mothers to follow hand washing and hygienic practices for feeding children.

**Infant and Young Child Feeding (IYCF) Practices counseling:** Training was provided to ASHA workers. Counseling was provided only at specific time points, such as at the time of the antenatal clinic and village Health Nutrition Day. Continuous support and counseling through home visits and food demonstrations were minimal.

#### 4. Barriers to breastfeeding and complementary feeding practices

The participants had given some reasons for poor breastfeeding and complementary feeding.

1. Illiteracy and lack of awareness among villagers
2. Poverty is one of the major reasons for the non-availability of food and lack of knowledge about breastfeeding and complementary feeding, which is also not being practiced.
3. Women need to go to 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 the child.

#### 5. Suggestions

Suggestions from ASHA workers for improving breastfeeding and complementary feeding practices among women are as follows:

- Lactation counseling and training should be conducted for the ASHA workers and for pregnant and lactating women.
- Education for mothers and other family members is necessary.
- Propagation of breastfeeding and timely initiation of complementary feeding in the community. More counseling during home visits is also needed.
- Provision of different kinds of mixes should be available at home, with milk can be given if nothing is available.
- The frequency of counseling should be increased to create awareness about breastfeeding and to provide optimal complementary feeding.

#### Discussion

Regarding knowledge, the current study reported that the ASHA workers had good knowledge about the importance of colostrum, breast milk, initiation of breastfeeding, hygiene, and exclusive breastfeeding. All the workers had knowledge about breast milk. Similarly, Saxena et al. (2017) found that the majority of ASHA workers have knowledge about the importance and initiation of breast milk<sup>(9)</sup>. Kaur et al. (2022) also reported that ASHA workers had good knowledge about the importance of breast milk<sup>(10)</sup>. In the present study, eighty percent of the workers had knowledge about exclusive breastfeeding. On the contrary, Sugandha et al. (2019) reported that 50% of ASHA workers were not aware of exclusive breastfeeding till six months<sup>(11)</sup>. In our study, all ASHA workers had knowledge about the initiation of breast milk and that it should be started immediately within the first hour. On the contrary, in a study, only 23.6% of ASHAs knew that breastfeeding should be started within the first hour after delivery of the baby<sup>(9)</sup>.

The training programs may be the reason for their knowledge, but still, they also suggested the increased frequency of training to revise and update their knowledge.

The ASHA workers have little knowledge about different breastfeeding techniques, and they also realized the need to learn breastfeeding techniques. With the discussion, they shared the problems which they have come across while counseling the mothers on breastfeeding and IYCF practices, and they have given suggestions. They all have knowledge about the initiation of complementary feeding, but the majority of them do not have knowledge about frequency and different types of food groups that we can use as complementary food.

A report released by the Breastfeeding Promotion Network of India (BPNI) in the year 2014 on mothers' knowledge of complementary feeding in rural area of Uttar Pradesh stated that nearly three-fourth (77%) of mothers said that mothers should start complementary feeding when the child is 6-7 months old and 19% said 8<sup>th</sup> month. Only 3% stated that they will initiate complementary feeding after eight months of age, and two said after five months of age. This report also shows the need for knowledge dissemination among mothers, and this can be done through giving knowledge to ASHA workers<sup>(12)</sup>.

Researchers suggested that, to date, ASHAs have more often served as 'link workers' to improve access to health services than as 'social activists', so frequent effective training is essential for ASHA workers<sup>(13,14)</sup>.

#### Conclusion

The results of this qualitative study suggest that ASHAs have knowledge about the importance of breastfeeding and have positive responses towards the training for effective breastfeeding. Frequent refresher courses, training or workshops to train for effective breastfeeding, regular monitoring, and supportive supervision by respective higher authority, and administrative steps for combating their dissatisfaction are of utmost importance to create awareness about breastfeeding.

#### Recommendations

After the conduction of FGD, certain aspects should be taken care of to build the capacity of ASHA workers.

These are as follows:

1. Training of all health workers on techniques of breastfeeding and IYCF counseling
2. For knowledge updating, refresher courses are also needed
3. A campaign can be organized to create awareness of breastfeeding and complementary feeding



4. More and repeated counseling during home visits is needed.
5. Creches at the workplace in rural areas can be helpful in feeding child during work

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#### Data Availability Statement

The data will be available with corresponding author on request.

#### Authors' Contribution

PP: Planning, conduction and analysis and manuscript writing; AT: conduction of research; PW: Reviewing the manuscript

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