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Research Paper

# Knowledge Assessment of Rural Kashmiri Women Regarding Child Health

Home Science

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## ABSTRACT

*Inappropriate and inadequate infant and young child-feeding practices have been identified as a major cause of health problems among children in rural areas.When a child is not being breastfed properly due to certain reasons it becomes necessary to feed a child with supplementary milk.Similarly, it is also important that the weaning is started at right time for an infant's rapid building of body muscles and other tissues. It has been also observed that immediate causes of children's malnutrition can be insufficient dietary intake which may sometimes not be due to lack of availability of food stuff, but also due to lack of knowledge of mothers related to early weaning, delayed introduction of complimentary foods or sometimes inadequate or low quality diet. This study aimed to assess the knowledge of rural women beneficiaries of ICDS centres belonging to district Budgam of Kashmir region regarding food is supplementation and weaning. Nursing mothers (NM),pregnant women(PW) and Mothers of child beneficiaries (MCB age group 6months-3years) were included to assess their awareness levels. As far as weaning is concerned it was observed that sample respondents from Kashmir were well aware about right timing of weaning, with a perception that other solid foods to be included in child's diet as soon as a child himself starts to pick and eat. However, lack of awareness was observed with respect to importance of vegetables in child's diet. The findings indicate that there is still need for intervention to improve the knowledge of Kashmiri sample women in order to prevent the malnutrition and other associated health problems among the children in the age group 6 months to 3years.*

## 1. Introduction

Since nutrition and health are two sides of same coin, nutrition is increasingly being recognised as an important indicator of development at national and international levels. India has progressed dramatically in various fields but its malnutrition level has not shown any desired reduction. The survival of Indian children is a matter of concern because they are far behind in availing health care, nutrition and education facilities. Besides endemic diseases and government's limited public health spending malnutrition also contribute to infant, child and maternal mortality .A study conducted by Ghosh & Shah (2004) revealed that nutritional problems like protein energy malnutrition (PEM), anaemia and vitamin A deficiency continues to plague a large proportion of Indian children. Most common causes of malnutrition include faulty infant feeding practices, impaired utilisation of nutrients due to infection and parasites, inadequate food and health security, poor environmental conditions and lack of appropriate childcare practices (Chandran 2011). A cross sectional study conducted by Chaudhary & Humayun (2007) revealed that even if weaning was started at correct age several problems were also observed which included infrequent feeding use of expensive commercial cereals given in diluted form instead of home prepared foods and improper food preparation practices.The quality, type and choice of food was not ideal for an adequate growth. Recommended weaning time (4-6months) and delayed weaning was analysed in relation to socio -economic and demographic characteristics of the infant's mothers and their families. Delayed commencement of weaning had a significant relationship with age, education, family income, occupation of father and mother, parity of mother and also large family size. Most of the brain's neural pathways supporting communication, understanding social development and emotional well being grow rapidly in the first three years. One reason for poor brain growth is malnutrition; children who have been severely malnourished are more vulnerable to physical and mental illness. Nutrition programmes can provide an ideal opportunity to feed the body and mind, and they are widely recognised as an entry point for integrated, holistic care. When mother or another caregiver brings the child for nutritional supplements they usually receive education in multiple domain such as breastfeeding, good nutrition, weaning, hygiene promotion, looking after sick children and many related issues. This is the best time to teach the importance of early childhood stimulation, responsive parenting and to improve maternal knowledge of early child development (UNICEF 2011). Government of India is implementing a number of centrally sponsored schemes in the area of rural development with a view to reduce child malnutrition and improve maternal knowledge regarding child nutrition and one among them is the Integrated Child Development Scheme (ICDS). Mother's knowledge related to feeding of babies reflects the nutritional status of the child. As a child is completely dependent on mother for his nutrition, knowledge regarding breastfeeding and other dietary practices adapted by her reflect the nutritional status of child.It becomes necessary that for the health and welfare of a child, mothers should have enough knowledge related to various nutritional / feeding practices particularly for the children in the age group 6months – 3 years. To fill above gaps this study was undertaken in the four blocks of district Budgam of Kashmir region, being one of the most backward district,with low literacy rate particularly that of women (30.6%) and it was felt that study will help to add to their knowledge regarding the feeding,weaning and nutrition of children particularly in the age group 6months-3years. It was also expected that the efforts to improve the knowledge will improve their practices also. Apart from increasing knowledge of mothers it can also add to knowledge of AWWs regarding nutritious foods that are needed for a child in this particular age group and, since all women beneficiaries attend AWCs for nutrition or some other related issues can serve as a best means for disseminating the knowledge and indirectly helping to improve the health of the children

## 2. Material and Methods

Kashmir region has been selected to study the extent of knowledge among women beneficiaries of ICDS belonging to rural area regarding food supplementation and weaning and also to compare the knowledge level of women beneficiaries across the groups (Pregnant women, Lactating mothers and Mothers of child beneficiaries. Among the districts, Budgam has been selected for the study which has eight blocks and 593 villages. The total population of the district is 7.35 lacs with sex ratio of 830/1000 and literacy rate 57.98%(2011 census). Out of eight blocks, sample was selected from four blocks (Budgam, Nagam, Chadoora & B.K.Pora) in a representative manner. For sampling, a list of Anganwadi centres (AWCs) was obtained from the office of Project officer of ICDS of each block. After obtaining the lists of AWCs, the centres from each block were selected by random sampling technique using Lottery method. Only 5 mothers of child beneficiaries were purposively selected from the each AWC from the attendance register maintained for this group of

beneficiaries. Similarly 5 nursing mothers and pregnant women registered in an AWC from both the groups were purposively selected from the attendance register maintained by the AWW. Beneficiaries having children in the age group (0-6months) fall in the category of nursing mothers, while as beneficiaries having children in the age group (6months-3years) were considered as mothers of child beneficiaries.

Self-devised Interview Schedule was prepared which was pretested on 25 women beneficiaries belonging to all the three groups and after some necessary modifications the interview schedule was finalised.

**Results and discussion**

The Result of the present study has been discussed under two categories.

- Knowledge related to food supplementation.
- Knowledge related to weaning.

**Table 1: Concept about Food Supplementation**

| Variable | Pregnant (PW) n=150 | | Nursing (NM) n=150 | | Mothers (MCB) n=300 | | All Beneficiaries | | $\chi^2$ Analysis |
|---|---|---|---|---|---|---|---|---|---|
| | f | % | f | % | f | % | f | % | |
| (a) Concept regarding Addition of Sugar to Milk | | | | | | | | | |
| To provide energy | 2 | 1.3 | - | - | 4 | 1.3 | 6 | 1.0 | $9.32_4$* |
| To make taste similar to mother's milk | 102 | 68.0 | 111 | 74.0 | 238 | 79.3 | 451 | 75.1 | |
| No idea | 46 | 30.6 | 39 | 26.0 | 58 | 19.3 | 143 | 23.8 | |
| Total | 150 | 100.0 | 150 | 100.0 | 300 | 100.0 | 600 | 100.0 | |
| (b) Concept regarding Giving water to Infants | | | | | | | | | |
| After six months | 49 | 32.6 | 76 | 50.6 | 141 | 47.0 | 266 | 44.3 | $19.37_4$** |
| Not necessary | - | - | 1 | 0.6 | 1 | 0.3 | 2 | 0.3 | |
| As per season | 1 | 0.6 | 3 | 2.0 | - | - | 4 | 0.6 | |
| Before six months | 100 | 66.6 | 70 | 46.6 | 158 | 52.6 | 328 | 54.6 | |
| Total | 150 | 100.0 | 150 | 100.0 | 300 | 100.0 | 600 | 100.0 | |
| (c) Concept about Supplementary Feeding | | | | | | | | | |
| When child is not satisfied with mother's milk | 21 | 14.0 | 25 | 16.6 | 60 | 20.0 | 106 | 17.6 | $5.36_4$ |
| Helps while mother is away | 23 | 15.3 | 21 | 14.0 | 45 | 15.0 | 89 | 14.8 | |
| Both | 6 | 4.0 | 11 | 7.3 | 12 | 4.0 | 29 | 4.8 | |
| With introduction of weaning | 100 | 66.6 | 93 | 62.0 | 183 | 61.0 | 376 | 62.6 | |
| Total | 150 | 100.0 | 150 | 100.0 | 300 | 100.0 | 600 | 100.0 | |
| (d) Concept about dilution of Supplementary Milk | | | | | | | | | |
| Easily digestible | 83 | 55.3 | 101 | 67.3 | 202 | 67.3 | 386 | 64.3 | $16.08_4$** |
| Healthy | 17 | 11.3 | 16 | 10.6 | 37 | 12.3 | 70 | 11.6 | |
| No idea | 50 | 33.3 | 33 | 22.0 | 61 | 20.3 | 144 | 24.0 | |
| Total | 150 | 100.00 | 150 | 100.00 | 300 | 100.00 | 600 | 100.00 | |

Column percentage *denotes significant at 0≤05, **denotes significant at 0≤01 df is in subscripts of $\chi^2$ value

Sometimes when a mother is not in a position to breastfeed her baby due to some reason (going to field, returning to job, attending household chores, or in case of emergencies) in such circumstances mothers' milk can be substituted by supplementary foods. Generally in rural Kashmir cow's milk is given as a substitute. Usually the cow's milk is considered to be similar in nutritional composition with mothers to which water can be added to make it more digestible and to increase its caloric value by the addition of sugar. In this context it is assessed from the above table (a) that majority (75.1%) Kashmiri sample women perceive that sugar should be added to the milk given to a baby just to make it sweet and to make its taste similar to mother's milk, without being aware that addition of sugar can increase the caloric value of milk. However, a very small proportion (1%) of sample women were having concept that addition of sugar to milk can improve its quality. A significant difference in knowledge among the groups was statistically observed (p<0.05). With respect to knowledge of selected Kashmiri women regarding giving water to an infant, it was enquired and depicted in table (b) that majority (54.6%) women respondents were not aware about the introduction of water to infants because they considered giving water to an infant before six months or right from beginning is good, however a good percentage (44.3%) of selected Kashmiri rural women were well aware that a breastfed baby should not be given water before six months, either on the advice of doctors or AWWs or they themselves were knowing it. A highly significant difference was statistically observed in the knowledge among women beneficiaries (p<0.01).

Table (c) further indicates that a large majority (62.6%) of women beneficiaries from selected blocks of rural Kashmir believe that supplementary feeding should be started with the introduction of weaning foods, because of the increasing demand of baby, to develop habit and also to add calories necessary for the growth. A small percentage (4.8%) of rural beneficiaries considered supplementary feeding necessary if the mother is not having enough milk and child is not satisfied, or if the mother has to return to her job or she has to attend the household chores of carrying food to the field etc. Statistically no significant difference in responses among the groups was observed (p>0.05). As far as concept about dilution of milk was concerned, it is assessed from the data given in table (d) that a large majority (67.3%) of Kashmiri women beneficiaries from selected blocks of district Budgam were in favor of milk dilution to make it easily digestible for a child. As per their perception, undiluted milk fed to a baby causes constipation, intestinal infection, abdominal spasms, and chest infection or even sometimes vomiting. Among these beneficiaries, some believed that milk can be made more suitable and digestible if cinnamon, peels of big cardamom or shangri (a herb) is added to milk. There was significant difference in knowledge among the groups observed (p=0.01).

**Table 2: Knowledge Related to Weaning Foods**

| Variable | Pregnant (PW) n=150 | | Nursing (NM) n=150 | | Mothers of Child beneficiaries(MCB) n=300 | | All Beneficiaries | | $\chi^2$ Analysis |
|---|---|---|---|---|---|---|---|---|---|
| | f | % | f | % | f | % | f | % | |
| (a) Knowledge related to proper timing of Weaning | | | | | | | | | |
| Before six months | 8 | 5.3 | 8 | 5.3 | 16 | 5.3 | 32 | 5.33 | $17.52_4$ |
| At six months | 116 | 77.3 | 129 | 86.0 | 256 | 85.3 | 501 | 83.5 | |
| At nine months | 1 | 0.6 | 4 | 2.6 | 8 | 2.6 | 13 | 2.1 | |
| After Nine Months | 25 | 16.6 | 9 | 6.0 | 20 | 6.6 | 54 | 9.0 | |
| Total | 140 | 100.0 | 140 | 100.0 | 300 | 100.0 | 600 | 100.0 | |
| (b) Introduction of Other Solid Foods in Baby's Diet | | | | | | | | | |
| 6months- 1 year | 51 | 34.0 | 65 | 43.3 | 135 | 45.0 | 251 | 41.8 | $11.26_4$ |
| 1 year- 2 years | 4 | 2.6 | 2 | 1.33 | 7 | 2.3 | 13 | 2.1 | |
| 2years- 3 years | 2 | 1.3 | - | - | - | - | 2 | 0.3 | |
| At and when child learns to pick by hand | 93 | 62.0 | 83 | 55.3 | 158 | 52.6 | 334 | 55.6 | |
| Total | 150 | 100.0 | 150 | 100.00 | 300 | 100.0 | 600 | 100.0 | |
| (c) Knowledge about form of Vegetables given to Child | | | | | | | | | |
| Soup of vegetables | 26 | 17.3 | 23 | 15.3 | 32 | 10.6 | 81 | 13.5 | $19.21_4$** |
| Mashed vegetables | 10 | 6.6 | 6 | 4.0 | 9 | 3.0 | 25 | 4.1 | |
| Half cooked vegetables | 1 | 0.6 | 1 | 0.6 | 7 | 2.3 | 9 | 1.5 | |
| Normal vegetables (same as cooked for other family members) | 76 | 50.6 | 83 | 55.3 | 201 | 67.0 | 360 | 60.0 | |
| No Vegetables required | 37 | 24.6 | 37 | 24.6 | 51 | 17.0 | 125 | 20.8 | |
| Total | 150 | 100.0 | 150 | 100.0 | 300 | 100.0 | 600 | 100.0 | |

Column percentage *denotes significant at 0≤05, **denotes significant at 0≤01 df is in subscripts of $\chi^2$ value

Weaning is the gradual replacement of breastfeeding with other foods and ways of nurturing. It is important for infant's rapid build up of the body muscles as well as other tissues. Usually weaning is started with semi solid foods to suit an infant. Table 2a reveals that majority (83.5%) Kashmiri sample women were having appropriate knowledge about proper timing for weaning. Only a small percentage (5.3%) were not aware about proper timing of weaning as they believed that weaning before six months is also good. There was a significant difference statistically in knowledge among the groups (p=0.01). A woman from Chattergam block B.K.Pora believed that a child should be weaned after 40 days otherwise, she remain unhealthy and weak. But contradictory to it some beneficiaries said early weaning can cause obesity. The common weaning foods recommended by sample Kashmiri women included banana, salt biscuits, inner soft part of local roti (called chochwaru), and namkeen tea. Cerelac or other foods available in market were mentioned rarely.With respect to knowledge about timing for other solid foods (rice, whole egg, meat chicken, vegetables etc) in baby's diet (table 2 b) it was seen that large majority (55.6%) of Kashmiri rural women believed that the ideal time was when a child starts picking up and eat. However, 41.8% women knew that it is good to give other solid foods at 1 year. A small number even advo-

cated 2 and 3 years as the correct time. The difference in this regard among the groups was not significant (p>0.05). Similarly knowledge about form of vegetables given to child (table 2 c) shows that 60% of the rural women beneficiaries preferred same vegetables for their children as eaten by other family members because they believe that it helps to develop the habit of eating all types of foods and also some felt that spicy vegetables are liked by a child. 20.8% sample women believed that vegetables are not necessary for the young children. Statistically, there was a significant difference in knowledge among the groups (p=0.01).

**4. Summary and Conclusion**

It is clear from the findings that inadequate knowledge was observed with respect to supplementary feeding (introducing water and addition of sugar to milk) among the Kashmiri sample women, however awareness was observed among respondents with respect to proper timing of weaning. There is need for making Kashmiri women aware about importance of vegetables in child's diet; proper way of giving vegetables to children and awareness is also needed with respect to other aspects of supplementary feeding.

**Table 3: Comparison between Previous and Present Study**

| Name, Year & Place | Previous studies | Present study |
|---|---|---|
| Kafunda JK, Walker AF and Tumis JK (2003) Central Uganda | Inadequate knowledge observed with most (44.1%) of the respondents believing in introducing complementary foods too before the age of five months | Only 5.3% believed in starting complimentary feeding before six months of age while as majority believed in starting weaning at six months. |
| MacIntyre UE, Villiers FPR, & Baloyi PG (2005) Ga-Rankuwa ,South Africa | Respondents perceived that water should be given to children before six months of age, while as 46% perceived that it helps in preventing constipation | 54% Kashmiri women believed in giving water to their infants before six months of age with a perception that it is good for the health of an infant. |
| Ertem G & Sibel E (2013) Western Uganda | Early supplementary feeds were started with a perception that breast milk did not provide adequate nutrition and sustenance to their infants. | Respondents from Kashmir believed in introducing supplementary food either the increasing demand of infant or sometimes dissatisfaction of an infant from breast milk or sometimes return of mother to job or routine work |

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