

# Learning Local Wisdom of Rural Communities for Breastfeeding Behaviour Promotion

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## 1. Introduction

Optimal breastfeeding (BF) behaviours leading to improved nutritional status are known. However, less is known how some rural poor families practice optimal BF behaviours while others do not.

## 2. Objectives

To develop a BF behaviour promotion strategy in rural poor communities of Agra district, Uttar Pradesh using local wisdom of community members practicing optimal BF behaviours.

## 3. Methodology

**Study Site** : 7 SC/OBC villages within 'Achhnera' ICDS block, District Agra

**Sample** : 200 mother of infants (0-<6 months)

**Enquiry Method** : In-depth Interview and observation

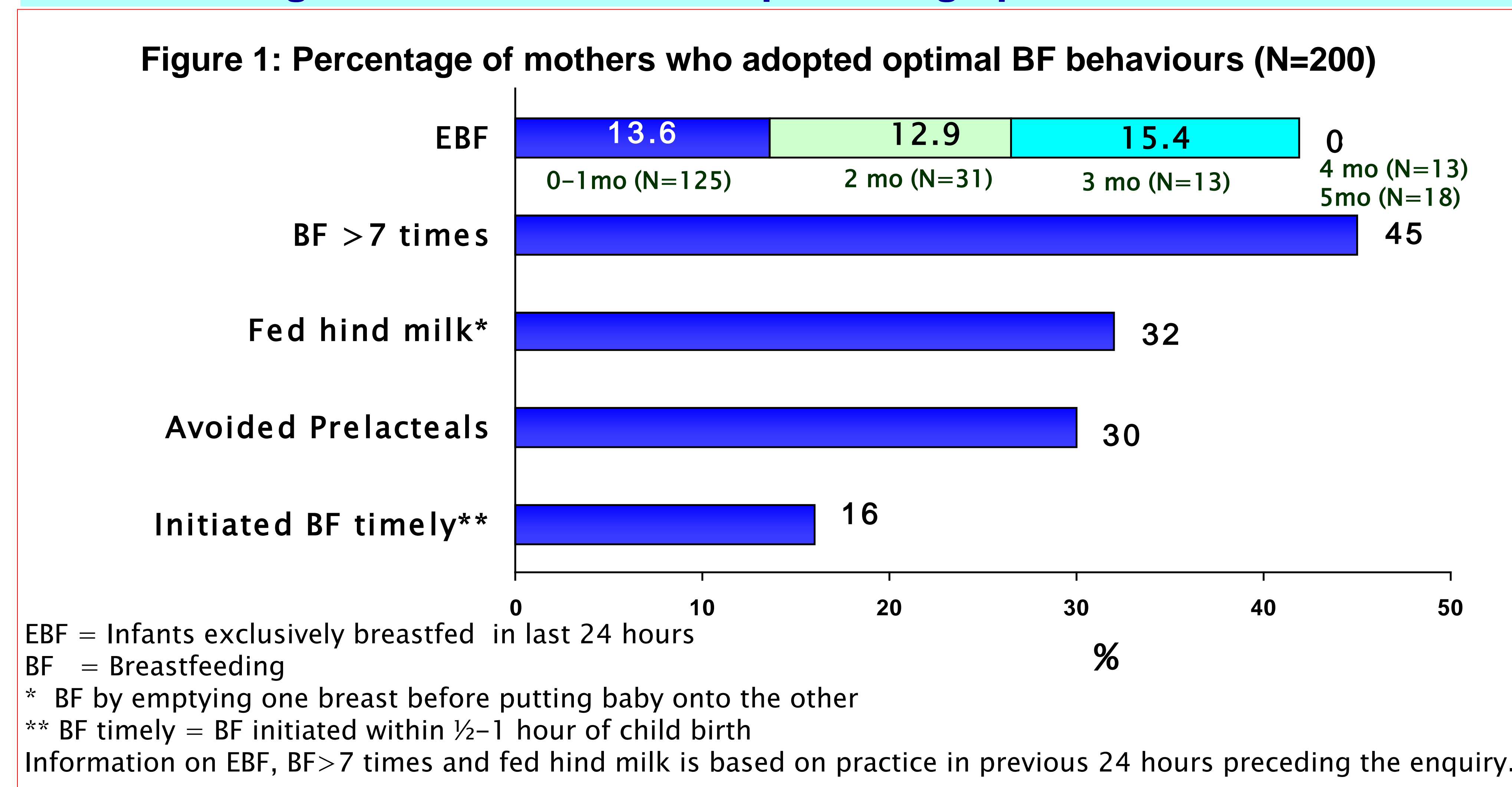
**Aspects of enquiry** : ■ BF practices as per WHO (1996) guidelines  
■ Factors facilitating optimal BF (e.g. norms, perceptions, traditions)

Based on findings, a behaviour promotion strategy was devised for 3 out of 7 villages.

Three villages serving as intervention and 4 as control

## 4. Results

### 4.1 Percentage of families who were practicing optimal BF behaviours



### 4.2 Factors enabling self-efficacy in optimal BF behaviour adoption

- Family members especially grandmothers (mother-in-laws)/older women of household strongly perceived positive benefit of the behaviour and advised/supported the mother to follow it.
- Mother perceived the benefit of the behaviour either through observation in community or past experience.
- Benefit centred around child and easing household chores.
- Tradition (s) favoured behaviour adoption.
- Positive reinforcement by a doctor/nurse or T.V. programs.

### 4.3 From enabling factors emerged local wisdom that was used for developing a strategy for optimal BF behaviour promotion:

#### 4.3.1 Development of pictorial home counselling aid with BF messages promoted using local wisdom conveying technical benefit as well as benefit as perceived by community

Message	Message promoted using local wisdom
<b>Timely initiation of BF</b>	If BF is initiated within ½ an hour of birth the baby doesn't forget suckling and suckles adequately subsequently and by following this the mother's milk also never becomes insufficient for the baby.
<b>Avoid Prolacteals</b>	Don't feed prelacteals as they are unnecessary and cause infantile diarrhoea
<b>Feed Hind milk</b>	Mother's milk has both water and milk. When you put the baby to breast first comes milk rich in water to quench the thirst & then thick milk to ensure weight gain. So empty one breast, let the baby leave the breast and then put the baby onto the other. This would also ensure that baby sleeps longer after feed giving mother more time to complete household chores and cry less as the baby's stomach would remain full for a longer period.
<b>Breastfeed at least 8 times or more in 24 hours</b>	as baby's stomach is small and he/she can take only small feed at a time. This would also ensure adequate nutrition and weight gain.
<b>EBF for 0-6 months</b>	Mother's milk has all nutrients the baby needs. Babies EBF in first six months of life are better nourished ('gol matol'). Feeding supplements (water, animal milk etc) leads to infantile diarrhoea.

#### 4.3.2 Other pertinent findings that were used for developing the intervention strategy were:

**Figure 2: Key influencers of practices in various time periods**

Practice	Mother-in-law	Dai	Jittari	Sister-in-law	Husband	Father-in-law	Neighbour
<b>Antenatal Practices</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Home Delivery Practices</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Neonatal Practices</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Breastfeeding (0-6 months)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- For promoting BF, it is imperative to target the mother as well as influencers through home visits and community meetings.
- Grandmothers (Mother-in-laws) emerged as key influencers of practices (figure 2). Hence, later, activities for mentoring selected grandmothers (who were willing to work on voluntary basis) to work as maternal-infant care behaviour promoters in the intervention villages were initiated.

## 5. Conclusion

Understanding the community's own reasons for optimal BF practices can help adapt messages/behaviour promotion strategies to promote breastfeeding in a culturally-compatible manner.

### Acknowledgement

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