



**ASSESSMENT OF THE KNOWLEDGE
AND PRACTICES OF FRONTLINE
WORKERS IN EARLY CHILDHOOD
NUTRITION: A STUDY IN THE SITAPUR
DISTRICT OF UTTAR PRADESH**

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INTRODUCTION

Uttar Pradesh, with a population of about eighteen crores, includes 13% under-five children. Annually, approximately 380,000 children in the state succumb to malnutrition, diarrhoea, and common childhood illnesses before reaching the age of five. Malnutrition persists as a silent emergency, affecting 43% of children under the age of 5 who are underweight, and nearly 70% who are anaemic [1]. Around 22% of children are born with low birth weight. The lack of sufficient information on nutritional needs has been identified as a major contributor to the existing nutritional challenges in the state. Despite an annual allocation of nearly Rs 3,000 crore for the Integrated Child Development Services (ICDS) scheme, Uttar Pradesh remains one of the poorest-performing states in terms of underweight and malnutrition among children up to 6 years old. Of the total children identified as beneficiaries of the supplementary nutrition programme under ICDS, about 36% were underweight, with 62,728 falling into Grade III and IV (severely malnourished categories) [2]. These figures are notably higher than the national average of 28%. The Nutrition Mission's primary objective is to collaborate closely with health and ICDS departments, along with other contributing departments, to ensure the effective implementation of ongoing schemes aimed at reducing undernutrition among children under three years old. Ten established Nutrition Interventions for Implementation include (A) Early Initiation of breastfeeding within one hour, (B) Exclusive breastfeeding for six months, and (C) Timely introduction of complementary feeding after six months, with continued breastfeeding up to at least two years of age [3].

RATIONALE

The primary objective of the current research was to evaluate the understanding of early childhood nutrition among Anganwadi Workers, ANMs, and ASHAs, as well as their capacity to provide guidance and impact caregivers in adopting these practices. The aim was to identify areas for improvement and make recommendations for training sessions and refresher courses to the DPM. Subsequently, further actions could be implemented to plan and potentially restructure human resource

requirements accordingly.

RESEARCH QUESTION

What were the levels of knowledge and practices concerning early childhood nutrition among frontline workers in the TSU Blocks of Sitapur?

RESEARCH OBJECTIVES

1. To evaluate the understanding of early childhood nutrition among front-line workers in the TSU Blocks of Sitapur.
2. To evaluate the methods employed by front-line workers in early childhood nutrition in the TSU Blocks of Sitapur.

RESEARCH METHODOLOGY

The research took place in Sitapur district, Uttar Pradesh, spanning three months (February to May). Four TSU Blocks were chosen based on low-performing indicators within the district. Data collection involved attending VHND sessions, AAA meetings, Cluster meetings, Block meetings, and home visits in these four Blocks. Primary data was acquired from the field through the Supportive Supervision Checklist, Semi-structured Questionnaire, and in-depth interviews. The checklist and questionnaire included inquiries regarding the knowledge and practices of frontline workers concerning early childhood nutrition. A descriptive cross-sectional study was conducted to evaluate the knowledge and practices of frontline workers in relation to early childhood nutrition.

RESULTS & DISCUSSION

Approximately 94% of Frontline Workers (FLWs) believed that commencing complementary feeding at six months of age was appropriate, while 6% favored initiating it before six months. Regarding the consequences of delayed complementary feeding, about 71% of FLWs mentioned insufficient weight gain, 63% indicated compromised growth and development in children, and 25% referred to an elevated risk of

infections.

The checklist comprised three components. The first component pertained to nutritional counseling for pregnant mothers, with checklist items focusing on sufficient food quantity, dietary recall, iron-folic acid tablets, first-hour breastfeeding, and skills. The second component addressed breastfeeding practices, emphasizing crucial aspects such as the benefits of breastfeeding, the correct way to breastfeed the child, and managing inadequate milk production. The third section of the checklist dealt with supplementary and complementary feeding practices, encompassing the child's dietary recall, adequate feeding based on age, correct proportions, handwashing, and planning the child's meals. Results were computed for each question, and the percentage was calculated for each correct response accordingly.

CONCLUSION

Periodical and continued monitoring and assessment of frontline workers was essential for understanding the deliverables of the program and identifying any bottlenecks in implementation. To ensure right IYCF practices among the community it is required that the front-line workers be trained in early childhood nutrition practices. Constant and regular supportive supervision was needed to guide front line workers through the implementation which UP TSU was focussing on. Capacity Building of front-line workers should be a priority for sustainability of implementation of Programs. In this study it was observed that though all the front-line workers have adequate level of knowledge about IYCF but not all FLWs are practising it correctly on fields causing a gap in implementation, resulting in higher rates of under 5 mortalities in Sitapur.

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