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USE OF PARTICIPATORY RURAL APPRAISAL AS A TOOL FOR UNDERSTANDING REASONS FOR NON- EXCLUSIVE BREASTFEEDING IN THE FIRST SIX MONTHS OF INFANCY

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ABSTRACT

Although breastfeeding is a cultural norm in India, but the practice of exclusive breastfeeding (EBF) for the first six months is far from being satisfactory. Many approaches have been employed earlier to get an insight into various factors which promote or hinder optimal breastfeeding practices so as to rectify the root causes which act as deterrents to such practice. This study has been undertaken to understand the reasons why women do not practise exclusive breastfeeding for the recommended period of first 6 months employing Participatory Rural Appraisal Approach. The study was conducted in urban slums of New Delhi. The researchers conducted a total of ten participatory rural appraisal sessions among randomly selected respondents, which included four groups of mothers (n=38) having infants below 6 months of age, four groups of grandmothers of infants (< 6 m o; n=40), one group of the local community workers (n=10) and one group of ANM/ doctors (n=6) from the study area. This approach helped in finding many reasons for non exclusive breastfeeding. The most likely reason for the problem among each of the four groups of mothers was delay in secretion of milk after delivery due to the maternal weakness soon after child birth, after 3-4 months insufficient secretion of breast milk to meet the baby's hunger needs; customs practised in initial days of delivery and insufficient breast milk secretion during the first few days after the child birth. Most of the grandmothers felt that the mothers intentionally discontinue EBF because they perceive their own health would be adversely affected and the mothers perceived their milk to be insufficient for the baby. Still one group arrived at the consensus that since janam ghutti, gripe water and other fluids are beneficial for the baby, sustaining exclusive breastfeeding is difficult. However, community workers felt the mothers were unable to exclusively breastfeed their babies under the influence of their mothers- in- law who themselves have incorrect knowledge about breastfeeding. Similarly, most ANMs and Doctors opined that customs practised in the community serve as a hindrance to this useful practice. It is proposed that to overcome barriers to exclusive breastfeeding it is necessary to employ a multifaceted approach in which first the community health workers are empowered with accurate knowledge and skills for sustaining optimal breastfeeding practices who in turn make the mothers and their family members aware of health and economic benefits of exclusive breastfeeding for the first six months, remove their myths/ misbelieves and render practical help to the mothers as and when they face any problem in breastfeeding.

Key words: Breastfeeding, Exclusive Breastfeeding, Participatory Rural Appraisal.

INTRODUCTION

Breastfeeding is an unparalleled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for health of mothers. Therefore, all infants must receive the benefits of early initiation of breastfeeding (within the first hour of childbirth); exclusive breastfeeding for the first six months of life; and appropriate complementary feeding thereafter along with continued breastfeeding up to two years of age or beyond. Breastfeeding is a natural process, but its prevalence is not optimal in India. According to NFHS-3 data (2005-06), only 24.5 per cent of all babies in India start breastfeeding within one hour of birth, and 55.3 per cent began breastfeeding within one day. About 57 percent women gave some form of prelacteal feed to their children. Further, only 58.3 per cent children under the age of 4 months and 46.3 per cent under the age of 6 months were exclusively breastfed. The identification of causes for failure in exclusive breastfeeding (EBF) might facilitate to enhance this practice and develop appropriate interventions. Numerous factors have been detailed in the literature which affects infant feeding practices especially exclusive breastfeeding for the first six months. In this regard, Participatory Rural Appraisal (PRA) process could play a significant role in the identification of root cause problems leading to failure in exclusive breastfeeding. PRA is a helpful tool for assessing knowledge of the local participants, identify constraints and develop interventions. During PRA, facilitators learn from local people and gain a face-to-face insight of the problem from their physical, technical and social knowledge. Also, the facilitator learns rapidly and progressively, with conscious exploration not

following a blueprint program but being adaptable in a learning process. The method enables to offset biases, by being relaxed and not rushing, listening, not lecturing, probing instead of passing on to the next topic, being unimposing instead of important, and seeking out the poorer people and women, and learning their concerns and priorities. In addition, PRA approach helps in identifying the causes and facilitates investigation as well as analysis by local people themselves, so that they generate and own the outcomes, and also learn. During PRA analysis, local people, especially the poorer, enjoy the creative learning that comes from presenting their knowledge/ reality and tend to see things differently. It is not just that they share the knowledge with outsiders; they learn more of what they know, and together present and build up more than any one knew alone (Chamber, 1994). The PRA is considered as "bottom-up" approach and casual method to collect in-depth data, as well as other relevant information of a system (Devendra 2007; Uddin 2013). Matsaert (2002) defined PRA as an approach which uses visual and diagrammatic methods of collecting and analysing data that are particularly suitable for working with groups of people. This provides a basis for incorporation of local needs and knowledge which is further used as a basis for decision-making, operating through local organisations, generating local experimentation, innovation and interventions that would fully fit to the local needs (Warren *et.al.,* 1995; Ghaffar *et.al.,* 2007). So, this process has two fold benefits- firstly it ensures the participation of local people in the research process and delivery of data in a more simple and informal way which facilitates to increase more in-sights on a particular topic than a structured questionnaire, and secondly, the high rate of adoption of the intervention that is based on the research findings in which the local people were themselves involved (Uddin *et.al,* 2013). Therefore, this study applies the PRA method with the aim to identify reasons for non-exclusive breastfeeding among mother, grandmother and health professionals. Understanding of the key problems, thus, would guide in designing possible intervention for promoting exclusive breastfeeding.

MATERIAL AND METHODS

The study has been carried out in a resettlement colony in northwest Delhi.Participatory Rural Appraisal (PRA) method was adopted to understand the reasons for not practicing exclusive breastfeeding for the first six months. Since, the practice of exclusive breastfeeding is sub-optimal due to several reasons; it was, therefore, decided to conduct PRA sessions among different groups consisting of mothers of infant aged less than 6 months, grandmothers (of the infants aged< 6 months), the local community worker as well as health professional practicing in the area. Thus, a total of ten PRA sessions were conducted by the researcher from randomly selected respondents of the area. Four PRA sessions were conducted among groups of mothers of infants aged less than 6 months of age (n=38); each group having 8-10 respondents. Similarly, four PRA sessions were conducted with grandmothers of infants aged less than 6 months of age (n=40). One session was held with the local community workers (n=10) and one with Auxiliary Nurse Midwives (ANM)/ doctors (n=6).

A detailed guideline for PRA survey was prepared before implementation of this study. Before conducting the PRA session, the background information of the respondents was gathered using a structured questionnaire. The respondents were also explained about the objectives of the study and predicted benefits from the output of the study. The data collection was initiated through a group discussion to list various perceived reasons for not practicing exclusive breastfeeding for the first six months by the groups. Every respondent of the group was then asked to score the listed reasons for discontinuation of EBF; the most likely reason for discontinuation of EBF being assigned minimum score starting from 1. This was followed by summing up of the scores given to each listed cause by all the respondents to arrive at total scores of each cause. Based on the total scores, the reasons were then ranked in ascending order. Hence, the reason ranked I was the commonest reason given by the group for discontinuation of exclusive breastfeeding before the age of six months.

RESULTS AND DISCUSSION

Participation is now-a-days widely advocated and documented, but the gap still remains between fashionable rhetoric and ground reality. One practical set of approaches which has coalesced, evolved and spread in the early 1990s is the Participatory Rural Appraisal (PRA) technique. This has been described as a growing approach/ methods to enable local (rural or urban) people to express, enhance, share and analyse their knowledge of life/ conditions so as to plan and act (Chamber, 1994). The primary task of PRA is "enlightenment and awakening of common people". Thus, in PRA the knowledge and experience of people are directly acknowledged and valued. For the present study, PRA method was used to find out the reasons for not practising exclusive breastfeeding as this method encourages the local people not only to share their experience with the outsiders, but they are able to learn more about what they already know, and thus together present/ build up about the concept more than anyone alone knows. A total of ten PRA sessions were conducted by the researcher with randomly selected respondents which included four groups of mothers having infants below 6 months of age (n=38); four groups of grandmothers of infants below 6 months of age (n=40); one group of local community workers (n=10) and one group of health workers (n=6) from the study area.

PRA SESSIONS WITH THE MOTHER

A total of 4 PRA sessions were conducted with the mother, and for each session 8-10 mothers were randomly selected from the study area having at least one child less than six months of age. Majority of the respondents were Hindus (86.8 %) and the rest were Muslims (13.2 %). Most of them hailed from Uttar-

Pradesh (52.7 %), Bihar (21.0 %) and Haryana (21.0 %) and a few were from Punjab (5.3 %). Most respondents were from nuclear families although some were from joint/ extended families. The monthly per-capita income ranged from Rs. 200 to about Rs. 1000; in the majority of cases it being between Rs. 300 < 750 (Table 1).

Table 1: Distribution of the respondents (*mothers of infants aged less than six months*) by socio-demographic profile of the households

Parameter	Respondents (n=38) Number (%)
Religion	
Hindu	33 (86.8)
Muslim	5 (13.2)
Sikh	0 (0)
Native state	
Uttar Pradesh	20 (52.7)
Bihar	8 (21.0)
Haryana	8 (21.0)
Punjab	2 (5.3)
Family type	
Nuclear	25 (65.8)
Joint	8 (21.0)
Extended	5 (13.2)
Per capita monthly income (Rs.)	
≤ 300	1 (2.6)
301 ≤ 500	19 (50.0)
501 ≤ 750	10 (26.3)
750 ≤ 1000	5 (13.2)
≥ 1000	3(7.9)

Data indicate that about 50 per cent respondents were aged between 20 and 25 years; majority were illiterate/ functionally literate (68.4 %) or primary pass (21.0 %) and very few of them (2.6 %) had attended school beyond class eight (Table 2). Only 26.3 per cent of the respondents were reportedly employed in occupations such as labourer, maid servants or were self-employed. They were mostly out for work for 5-8 hours, and in the absence of the mother the child was taken care of by the siblings followed by grandmothers. In 7.9 per cent cases, the child was taken along to the work area. The mothers from each group listed various reasons were the discontinuation of EBF earlier than six months like prevalence of customs and religious beliefs in the community especially of giving prelacteal feeds and delay initiation of breastfeeding, lack of knowledge regarding optimal infant and young child feeding practices, insufficient secretion of breast milk after 3-4 months postpartum, lack of support by the health care professional, belief that other foods are healthier than breast milk, lack of support for a working mother as well as interference/ advice by elders of the family due to which breastfeeding becomes irregular. However, according to the preference ranking, the most common cause for non-exclusive breastfeeding during the first six months among each of the four groups of mothers included - delay in secretion of breast milk after delivery due to the maternal weakness immediately after parturition; common rituals practiced in initial days of delivery; insufficient breast milk secretion during the first few days after the child's birth; and insufficient secretion of breast milk at 3 - 4 months postpartum to meet the baby's needs. An earlier study done by Neifert (2001), also reported that feeling of not enough milk is a common problem a mother may be confronted with during breastfeeding, especially for the one who had planned to exclusively breastfeed for the first six months and may be worried that she is losing her milk. Similarly, Winikoff et al (1987) found that the most common reason that mothers stop breastfeeding in the hospital setting is because they think that they are not able to produce enough milk. Although these mothers are able to breastfeed their infants successfully, they are doing so at the cost of their own health. Hence, all the efforts should be made to improve their nutritional status too. A qualitative study by Doung et al (2005) revealed that mothers perceive that breast milk would have good quality if they eat sufficiently high protein foods. The mother's diet seems to be inadequate partly due to lack of understanding of post-natal nutrition. It has been found that some mothers don't eat fish, fresh vegetables and fruits, as they are afraid that these foods could deteriorate the quality of breast milk and cause diarrhoea in infants. The lack of understanding of postnatal nutrition and the lactation mechanism often results in the early introduction of complementary foods.

Table 2: Distribution of the respondents *(mothers of infants aged less than six months)* by age, education and employment status

Parameter	Respondents (n=38) Number (%)
Respondent's age	
< 20	2(5.3)
20 < 25	19 (50.0)
25 < 30	5(13.2)
> 30	12 (31.6)
Educational Status	
Illiterate	16 (42.1)
Functionally literate	10 (26.3)
Primary (I-V)	8 (21.0)
Middle (VI-VIII)	3(7.9)
Secondary/Senior Secondary (IX-XII)	1(2.6)
Never Employed	21(55.3)
Ever Employed	17(44.7)
Presently Employed	10 (26.3)
Presently Not Employed	7(18.4)
For presently employed only	
Nature of work	
Labourer	5 (13.2)
Maid servant	2 (5.3)
Shopkeeper	1(2.6)
Self- employee	2 (5.3)
Working hours	

Flexible	2 (5.3)
< 5 hours	1 (2.6)
5< 8 hours	6 (15.8)
≥8 hours	1(2.6)
Care taker(s) of the baby during mother's absence	
Siblings	5 (13.2)
Mother-in-law	2 (5.3)
The child is taken along	3 (7.9)

PRA SESSIONS WITH THE GRANDMOTHERS OF INFANTS AGED LESS THAN SIX MONTHS

40 grandmothers were randomly selected for PRA sessions; thus 4 PRA sessions were conducted with 10 grandmothers in each group. In most cases, the grandmothers were Hindus (85.0 %) followed by Muslims (12.5 %) and 1 respondent (2.5 %) was a Sikh. Most of them were natives of Uttar-Pradesh (77.5 %). The rest were from Bihar (10.0 %), Haryana (7.5 %) and Punjab (5.0 %). Most respondents were from joint families although some were from extended families as well. The monthly per-capita income ranged in majority of cases was between Rs. 300 < 750 (Table 3).

The grandmothers brought to light different aspects related to the problem. The reasons reported for discontinued exclusive breastfeeding earlier than six months included perception of the mothers that prolonged EBF could adversely affect their health, the mothers think that if the baby is only breastfed they would always be attending to their child only; mothers have the understanding that their infants will be healthier when fed with other foods/ feeds; when mothers become pregnant, they discontinue breastfeeding on their etc. However the most accepted reason reported by one group was that most mothers intentionally discontinue EBF earlier than 6 months because they felt that prolonged breastfeeding could adversely affect their own health, and they would always be bound to their child. Kumar (1984) reported a lower success rate of breastfeeding in well-to-do mothers was related to factors involving the capability to afford artificial feeding in a hygienic manner, and the threat that breastfeeding would restrict their social commitments outside the home. In the present study, a group of grandmothers established a consensus that janam ghutti, gripe water and other fluids were beneficial for the baby and therefore sustaining exclusive breastfeeding was difficult while the rest of the two groups shifted the blame to the mothers for perceiving their milk to be insufficient for the baby in the first six months.

Table 3: Distribution of the respondents (*grandmothers of infants aged less than six months*) by socio-demographic profile of the households

Parameter	Respondents (n=40) (%)
Religion	
Hindu	34 (85.0)
Muslim	5 (12.5)
Sikh	1 (2.5)
Native state	
Uttar Pradesh	31 (77.5)
Bihar	4 (10.0)
Haryana	3 (7.5)
Punjab	2 (5.0)
Family type	
Joint	30 (75.0)
Extended	10 (25.0)
Per capita monthly income (Rs.)	
≤ 300	2 (5.0)
301 ≤ 500	19 (47.5)
501 ≤ 750	12 (30.0)
750 ≤ 1000	5 (12.5)
≥ 1000	3(7.5)

PRA SESSIONS WITH THE COMMUNITY WORKERS

During preliminary visits, it was found that, in the area under study, few community workers were already addressing various issues relating to health, education, hygiene, and sanitation. Thus, community workers had a good rapport and understanding of the community as they were undertaking home visits, especially the households with pregnant/ nursing mothers and young children as well as imparting education on similar issues and therefore it was felt that they could bring to light significant reasons for discontinuation of EBF. In view of this, 10 community workers were selected for conducting one PRA session that brought to light completely different opinion regarding this matter. They felt that most frequent cause due to which mothers were unable to exclusively breastfeed their babies was the influence of their mothers-in-law who themselves pass-on inaccurate knowledge about breastfeeding. Earlier study done by Benakappa, (1989), also reported that lactation ceased in young mothers dominated by mothers-in-law and hostile grandmothers-in-law. The other reasons reported in the present study for non exclusive breastfeeding included if the mother is working she gives other foods/ feeds to the infants; a few mothers themselves perceive that their milk is not enough for the baby; if the mother is ill she discontinued breastfeeding; customs prevalent in the community hinder exclusive breastfeeding; the mothers think that it is necessary to give water especially during summers and no accurate information given by doctors on infant feeding.

PRA SESSIONS WITH THE ANM AND DOCTORS

One PRA session was also conducted among the ANMs and doctors working in the area. They established the consensus that the customs practiced in the community acted as an impediment to the useful practice of EBF. The other problems they reported were that the mothers think it is necessary to introduce water as early as the first month pp; mothers are not aware of optimal infant feeding practices; mothers perceive that top milk and food especially those manufactured by baby food companies are better for infants' growth and hence they start giving these foods before six months, and mothers cease breastfeeding

during infants' illness because she feels that giving other foods may speed up the recovery process. In an earlier study by Kumar (2001), it was revealed that the reasons for not practicing exclusive breastfeeding in case of 799 infants belonging to lower socio economic strata of Delhi were lack of knowledge on the part of care providers about benefits arising from exclusive breastfeeding compounded by traditional misconceptions like the need for the introduction of fluids such as honey, ghutti, gripe water; and the belief that exclusive breastfeeding would lead to weakness and shapelessness, further lowered the rates of exclusive breastfeeding.

CONCLUSION

Participatory Rural Appraisal approach is a very effective method for identifying reasons for failure of exclusive breastfeeding in the first six months of infancy from the perspective of various stakeholders. The most prevalent reasons for non-exclusive breastfeeding reported included social inhibitions, misbelieve/ negative advice coming mostly from elders. Further, after the first few months, feeling of not enough milk coupled with other breastfeeding problems were the major reasons for failure to sustain exclusive breastfeeding till six months. Perception of not enough milk was widely prevalent in the community which may have been triggered by poor latching, incomplete emptying of breast(s), incorrect positioning/ mouth placement and insufficient support from family members as well as non-existence of support mechanism(s). In addition, there was no motivation for mothers for practicing exclusive breastfeeding. Perhaps, improved breastfeeding practices are more likely to occur if women perceive these practices to be useful, feasible, and socially acceptable. Results of PRA sessions strongly indicated that in order to overcome barriers to exclusive breastfeeding, it is essential to employ a multifaceted approach in which the community/ health workers first need to get empowered with accurate knowledge and skills for sustaining optimal breastfeeding practices. They in turn can make the mothers/ their family members informed of the health and economic benefits of breastfeeding; remove the myths if any; and render necessary support/help as well as practical guidance regarding any problem faced during breastfeeding/exclusive breastfeeding.

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