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RESEARCH ARTICLE

IDEALISM MEETS REALISM IN A RURAL COMMUNITY: A FOCUSED GROUP DISCUSSION

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ABSTRACT

Introduction: Safe motherhood and feeding practices includes antenatal registration, hospital based deliveries, feeding of the newborn, medications, early detection of warning signs, initiation and duration of breast feeding, exclusive breast feeding etc. These preventive measures go a long way to combat maternal and child mortality. This fact is less known to people with low income group especially among those residing in urban slum. Hence a focus group discussion was carried out to know the insight of safe motherhood as well as feeding practices among people residing in urban slums. **Objective:** To assess the knowledge and beliefs regarding safe mother hood and feeding practices. **Design:** Two rounds of focused Group discussion were conducted in 2 randomly selected Urban Health centers of Belgaum. **Setting:** 2 urban health centers located at Rukmini Nagar and Ram Nagar of Belgaum city were selected randomly using lottery method. **Participants:** Total of 30 participants who were representative of the community were selected using lottery method. which includes: 4 Lactating Mothers, 5 Pregnant women (2 prime and 3 multi gravid), 3 Grandmothers, 1 ANM's and 2 anganwadi workers residing in that area form each centers. Data collection was done using checklist for focus group discussion. **Results:** In our focus group discussion, Education played a crucial role, that is educated pregnant women relied on health services, whereas illiterate or primary educated women trusted on 3rd generation. The pregnant women especially prime had no knowledge regarding rearing of new born, antenatal registration and safe delivery practices but they truly relied on the mothers and in-laws for information. The lactating mothers had good knowledge regarding importance of medications especially iron and Tetanus immunization along with it they also knew about complications associated with non compliance of health check up, but they acknowledged that they were not the decision makers for opting family planning services. The major misconception associated with nutrition during lactation is drinking of inadequate water as it dilutes the breast milk as well as consumption of hot boiling water. Grandparents believed that food quantity should be same during pregnancy and various foods to be avoided included papaya, meat and cold items. They had a belief of giving prelacteal feeds specially honey and prasadam to the new born as a symbol of happiness and divine gift. Furthermore it was interesting to know that television and ICDS (Integrated Child Development Services) workers had a positive impact. **Conclusion:** Majority of the grandparents had poor knowledge regarding the aspects of nutrition during pregnancy and lactation which seriously affects the health of the mother and newborn furthermore it is recommended to use telecommunication for IEC activities as it showed a positive impact.

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INTRODUCTION

Safe motherhood initiative was launched globally in 1987 with the objective of reducing the maternal mortality to 50% by 2000. Services rendered under this safe motherhood programme are community education, Antenatal care, skilled assisted deliveries, Care for obstetric complications, postpartum care, reproductive health and family planning services¹. Education plays an important role, more educated mothers have good knowledge regarding safe motherhood practices and a healthier pregnancy as well as child outcome.^{2,3}

Healthy mother brings a healthy baby. Stillbirth, perinatal and neonatal death are the serious adverse outcome of poor pregnancy. According to WHO Bulletins data, there are 3.2 million still birth, 4 million neonatal deaths and 50% maternal death. Astonishingly around 98% of this stillbirth occurs among middle and low income countries which includes India⁴.

Epidemiological evidences reveals that safe motherhood can be achieved by following certain guidelines which include but not limited to avoiding teenage pregnancy, use of contraceptive services, proper spacing and planned pregnancy, regular ANC check ups, Skilled attendance at birth and proper feeding

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practices. These preventive measures which are non invasive go a long way in establishing a great maternal and child health.

The importance of breast feeding is well documented by various global agencies like WHO and UNICEF. Despite the fact that breast milk is well enriched with carbohydrate, protein, Vitamin A and antibodies to help increase the immunity and combat diseases,⁵ still it remains as an unreach goal with respect to adequacy and duration of feeding. Various literatures reveals that breast feeding not only is advantageous to child but also helps mother in contraction of uterus, reducing the bleeding, as well as to fight cancer.^{6,7,8,9} Though there is improvement in ANC care and skilled birth attendance but the major concern is the lack of post partum care for the mother and new born.

Despite the fact that Safe mother hood guidelines and proper feeding practice if followed well can decrease the maternal and child mortality drastically, there is meager amount of literature available about the perception and attitude of people residing in urban slum regarding safe motherhood and breast feeding practices. Hence this focus group discussion was carried out among the representative samples.

PARTICIPANTS AND METHODOLOGY

Out of five urban slums located in Belgaum city, Ashok Nagar and Rukmini nagar UHC areas were selected randomly for carrying out focus group discussion. 15 members were selected from each UHC using random number table which constituted of 4 pregnant women, 5 lactating mothers and 6 grand mothers for the Focus group discussion.

Verbal informed consent was obtained from all the participants and was audio recorded. Numbers were allotted to each participant to maintain the confidentiality. Instructions were provided to all the participants as well quarries regarding focus group discussion were resolved. Note taker was assigned to take the note of the focus group discussion. The discussion concluded with clarifications by note taker as well as the sessions were summarized at the end.

Ethical concern: Ethical clearance was obtained from institutional ethical committee. Furthermore, verbal consent was taken from each participant for Focus group Discussion and was audio recorded.

Data Analysis: Transcript and notes taken were read by each of the authors and themes were formulated accordingly.

RESULTS

The results of the focus group discussion are framed under the following themes:

Pre Pregnancy

Regarding the appropriate age at marriage all lactating mothers and 3 pregnant women were in opinion that 20 years was the ideal age of marriage the reason cited were appropriate maturity and responsible behavior. Grandparents believed

18yrs was the ideal age at marriage as per their experience and 1 pregnant women agreed to her mother (18 years). If date of birth was not known then 5-6 years after menarche was the suitable age for marriage.

- A. Regarding the age at first pregnancy: Majority of pregnant and lactating mother believed in conceiving 1 year after marriage to be appropriate, but failed to practice due to pressure from family. A grandparent believed in immediate pregnancy reason cited was “play with the newborn”. It was felt that mother felt neglected and also believed in chances of having male baby the sooner they conceive after marriage.
- B. Contraceptive: In majority of cases the decision of contraceptive use was by the husband the reason cited were bread earners and male dominance. Oral pills were the most used contraceptive followed by condoms.

Pregnancy

ANC registration: Majority of pregnant and grandparents reported that ANC registration should be 3 months after the Last Menstrual Period due to fear of miscarriage. One of the lactating mother said “it should be done within 45 days since she faced complication because of late reporting”. Majority of them believed with monthly ANC check up followed by every 15 days during the last month. Major source of knowledge was the UHC and health workers. But grandmothers believed that checkup should be done only when there is a complication.

- a. Nutrition: Majority of the pregnant women and lactating mothers were aware of the supplementary nutrition during pregnancy and were following it. Pregnant prime were not aware of additional supplementation. Lactating mothers knew the importance of green leafy vegetables, fruits, egg, and meat but were restrained due to high cost. Pregnant and lactating mothers did consume food packets and medications prescribed at health centers but grandmothers were unaware of it and cited “Unnecessary medications are not required during pregnancy”. Grandmothers stated the list of items to be avoided during the pregnancy which included: Papaya, brinjal, juice, ice creams and fried foods. Lactating mothers had good knowledge and cited various nutritious foods to be consumed during pregnancy like milk, green leafy vegetables, fruits, egg etc. but none of them were aware about the quantity of food to be consumed. Most of the participants advocated restriction on consumption of certain cold and spicy foods during lactation as they thought it affects the health of newborn. They insisted to consume hot boiling water as they feel it to be better for the health of the newborn.
- b. ANC checkups: Pregnant primi and grandparents thought that ANC check up, consumption of IFA tablets, injections and routine checkups is required as advised by doctors. Lactating mothers had better knowledge about complication, importance of HIV/AIDS testing, immunization against TT and anemia.
- c. Majority believed in hospital delivery by trained skilled doctors but, insisted that “Only female doctors should conduct the delivery, male doctors shouldn’t”. None of

them knew about well equipped hospital. None of the participants preferred home based delivery. Grandparents stated that they suffered due to home delivery but they didn't want it to happen with their daughter or daughter in laws.

- d. Complications during pregnancy: Primi had no knowledge regarding complications associated with pregnancy. Grandparents named bleeding as major complication and which require immediate attention. Lactating mothers were well aware as they had seen their peers facing the problems. They cited the source of knowledge to be community talks.

Post partum

- e. Initiation of breast feeding: Majority of mothers believed in immediate initiation of breast feeding after normal delivery and 8hrs delayed feeding in cesarean section delivery. Some lactating mothers delayed it by a day due to unconsciousness and inability to lactate milk.
- f. Prolactal feeds: Grandparents believed in feeding the new born with honey as a symbol of joy and divine gift. Prolactal feeds were common in cases where the mother was malnourished, caesarian section of delivery, unable to secrete milk. Primi had no knowledge about prolactal feeds and believed on the advice of their mother. Common prolactal feeds given were sugar water, diluted cows milk and honey in water.
- g. Colostrums: Everybody stated colostrums should be given and stated it as "Amrut to child", "Takat ka doodh", the source of information being television and health care provider.
- h. Position of breast feeding: Participants believed that sitting is the best position for feeding but primis failed to follow it at night due to tiring work at home and complained of back pain.

DISCUSSION

Safe motherhood which is one of the major key to success for child survival initiative gave a major checklist to prevent maternal as well as child mortality.¹⁰ There are studies regarding the source of information regarding safe motherhood practices i.e information from health care provider, from experienced mothers, as well as health talks organized at community level.¹¹ There are studies indicating the dissemination of knowledge by songs regarding safe motherhood practices through Television and radio.¹² Our study also reveals viewing Television as one of the important source of information for them regarding safe motherhood practices.

A large number of Cochrane database as well as meta analysis carried out revealed that women seek breast feeding support from peer group and professional sources. Furthermore the lack of support from peer or professional source has a serious ill effect on the duration and frequency of breast feeding as well it also led to introduction of complementary feeds.¹³ This is similar to our findings were majority of the primi mother relied on their mother as source of information whereas, muti gravid

women was influenced by health providers and showed involvement in community talks.

Numerous cross sectional studies carried out at outskirts of Vietnam and Lao, ANC registration, positive perception of initiation of breast feeding and continued feeding as a tradition which is followed in the community. Furthermore the elderly population and first time pregnant women had great knowledge regarding the advantages of colostrums, the source of knowledge mainly being television. With respect to post partum nutritious food intake these studies showed a very poor knowledge where traditional customs had limited their diet which may be related to poor milk output.¹⁴

In regard to Exclusive breast feeding and continued feeding upto 2 years, studies carried out at various places with different culture showed a inadequate feeding practices and cessation of breast feeding earlier than 20 months. The major reason cited for earlier cessation of breast feeding is inadequacy of milk. This may be attributed to poor intake of nutritious food post partum. Mother mainly depended on the cues of child for relating the inadequacy of milk.^{15, 16, 17} Our study also revealed that there was poor or no knowledge regarding the use of medications as well as diet to enhance the milk secretion.

The strength and novelties of our study is that it was carried out in a urban slum where not much of qualitative data is available. The study was carried out to mark the celebrations of SAFE Motherhood and Breast feeding week, when people are more receptive. This was followed by proper health education and demonstration of nutritious food. The key finding in our study is though the community people know the idealism of safe motherhood and feeding practices still they are bound by customs and tradition which are deep rooted and imparting the resistance in accepting the present knowledge. Hence the fight should be to make "idealism meet realism".

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