Research Article

A Study to Assess Baseline Knowledge and Practices regarding Mother's Absolute Affection (MAA) Programme among Community Health Workers in a Selected Meso and Micro Level Health Facilities of District North 24 Paraganas, West Bengal

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DOI: https://doi.org/10.24321/2455.9318.201915

I N F O

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A B S T R A C T

A descriptive survey research study was conducted to assess baseline knowledge and practices regarding Mothers' Absolute Affection (MAA) programme among community health workers in a selected Meso and Micro level health facilities of district North 24 Paraganas of West Bengal. The study objectives were to assess baseline knowledge, stated practices and initiation of breastfeeding within one hour. The conceptual framework was based on Health care access monitoring model.

Methodology: Non probability purposive sampling technique was used to select 191 respondents. Data were collected through structured knowledge questionnaire, structured interview schedule and observation checklist.

Result: The findings of the study revealed that percentages of distribution of adequate knowledge score among ASHAs, AWWs, ANMs and Staff nurses were (52%), (25%), (48%) and (64%) respectively. Percentages of distribution of adequate stated practice score among ASHAs AWWs, ANMs and Staff nurses were (25%), (16%), (38%) and (56%) respectively. The study result showed that the initiation of breastfeeding practice of staff nurses was (62%) within one hour. There was a positive significant co-relation between knowledge score and practice score of community health workers at 0.05 level of significance regarding MAA programme.

Conclusion: The study was concluded with few recommendations to replicate on different settings, populations and can be implicated in the field of nursing education, nursing practice, nursing administration and nursing research.

Keywords: Meso and Micro level health workers, MAA Programme

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Introduction

References of studies in 2016, 2017, 2018 in India regarding MAA program can be quoted for justification.

Justification why need of study to be strengthen with available data from sate or community or district Child health and survival greatly depends upon effective breastfeeding. In possible scaled up global scenario of breastfeeding, about 8,20,000 lives can be deliberately saved every year from mild to severe morbidity and mortality. Along-with nutrition, breastfeeding saves life by generating antibodies which protect from two primary diseases i.e. Pneumonia and Diarrhoea. Exclusive breastfeeding is key to lifetime growth excellence.[1]

With the modernization and progress of industrialization, universally there is deviation in infant and child feeding practices. Social influence is not also ignorable. In such context, Ministry of Health and Family Welfare of Government of India, launched MAA (Mother's Absolute Affection) Programme, to revitalize efforts towards promotion, protection and support of health friendly breastfeeding and complementary feeding practices with the help of strengthened health system covering all States & UTs; Around 3.9 crore pregnant & lactating mothers; 8.8 lakh ASHAs; 1.5 lakhs Sub-centers & 17,000 Birthing Facilities. Implementation of the programme has been planned throughout the Micro Level: At village and community level (ANM's, AWW's & ASHA), Meso Level: At health centers (Doctor's & Nurses) and Macro Level: Through mass media (Print & Electronic). Capacity building of mothers are formulated by training and evaluation carried out by all contact health personnel.[2]

The proposed Sustainable Development Goals (2015) target for child mortality aims to end, by 2030, preventable deaths of newborns and children under 5 years of age, with all countries looking forward to reduce neonatal mortality to at least as low as 12 deaths per 1,000 live births and under-5 mortality to at least as low as 25 deaths per 1,000 live births.[3] To fulfill these targets, health system has geared up in logical framework of input-process-output-outcome-impact. In 'outcome' of MAA programme, all health workers are working knowledgably and with training for improvement of nutritional status, promotion of infant and child feeding.[4] 'World breastfeeding week, 2017,West Bengal', in an symposium delegates opined that "This situation calls for urgent supportive health systems, building alliances without conflict of interests, generating awareness amongst all stakeholders including new mothers and their families." and further informed, ''only 8.7 per cent children at 6-8 months receive adequate diet. "Hence, support for breastfeeding and 'Infant and Young Child Feeding (IYCF)' at the community level is critical."[5] Hence the present research study renders to highlight the need of knowledge and practice gap assessment among Meso and Micro level health workers who were undergone 'MAA Programme'.

Objectives

- To assess baseline knowledge regarding MAA programme among community health workers.
- To assess baseline stated practices regarding MAA programme among community health workers.
- To assess baseline initiation of practice of breastfeeding within one hour regarding MAA programme among Staff Nurses.
- To find out the relationship between knowledge and practices regarding activities of MAA programme among community health workers.
- To find out the association between knowledge and practices with selected demographic variables.

Materials and Methods

A non-experimental survey research study was conducted at Antenatal ward, labour room and post-natal ward of Barasat district hospital (data collected from Meso level health workers i.e. (45 staff nurses) & Gram Panchayat, Village Health Nutrition Day meetings, Anganwadi Centers, Subcenters under Madhyamgram rural hospital of North 24 Paraganas, West Bengal (data collected from micro level health workers i.e. ASHA-50, AWW-44, ANM-52) by using non probability purposive sampling technique. The inclusion criteria was to include the willing participants and subjects who were in leave during data collection, were excluded from the study. Study duration was one month (October, 2017-November, 2018). The study synopsis was approved by the Institutional Ethics Committee of Apollo Gleneagles Hospital, Kolkata. Administrative permission was received from Joint DHS (Nursing), Chief Medical Officer of Health at Barasat health district and Medical Superintendent of Barasat district hospital of North 24 Paraganas. Demographic data were collected from participants by Structured questionnaire, Areas i.e. data on knowledge regarding MAA Program, stated practice and Initiation of practices of breastfeeding within one hour regarding MAA programme were respectively collected by structured knowledge questionnaire, structured interview schedule and observation checklist within 4 weeks duration. The content validity was 100% and as per suggestion of five experts, respectively 2, 3 and 2 items were added with structured knowledge questionnaire, structured interview schedule and observation checklist.

Reliability co-efficient of structured knowledge questionnaire and structured interview schedule were 0.83 (computed by Spearman Brown Prophecy formula) and 0.98 (calculated by correlation coefficient) respectively. Reliability coefficient of Observation checklist is 0.91, calculated by Inter-rating method.

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Result

In this research study, participation of different groups of Community health workers were (26%), (23%), (27%) and (24%) of ASHA, AWW, ANM and staff nurse respectively.

Table 1.Frequency and percentage distribution of sample characteristic of Community Health Workers

(n ASHA-50 +n AWW-44 +n ANM-52 +n Staff nurse-45) (N=191)

| S. No.	Variables	ASHA		AWW		ANM		Staff Nurse	
		F	P	F	P	F	P	F	P
1.	Age in Years								
	<30 yrs.	1	2	0	0	0	0	5	11
	31-40 yrs.	19	38	25	57	31	60	14	31
	>40yrs	30	60	19	43	21	40	26	58
2.	Marital Status								
	Unmarried	0	0	1	2	0	0	4	9
	Married	46	92	37	84	45	88	37	82
	Widow	3	6	6	14	7	12	4	9
	Separated	1	2	0	0	0	0	0	0
3.	**Year of experience**								
	<5yrs	0	0	15	34	8	15	15	33
	6-10yrs	24	48	9	20	16	31	13	29
	>10yrs	26	52	20	46	28	54	17	38
4.	**Training on breastfeeding& complementary feeding**								
	Yes	50	100	32	73	52	100	41	91
	No	0	0	12	27	0	0	4	9
5.	**Availability of IEC material on breastfeeding and complementary feeding**								
	Yes	50	100	44	100	52	100	45	100
	No	0	0	0	0	0	0	0	0
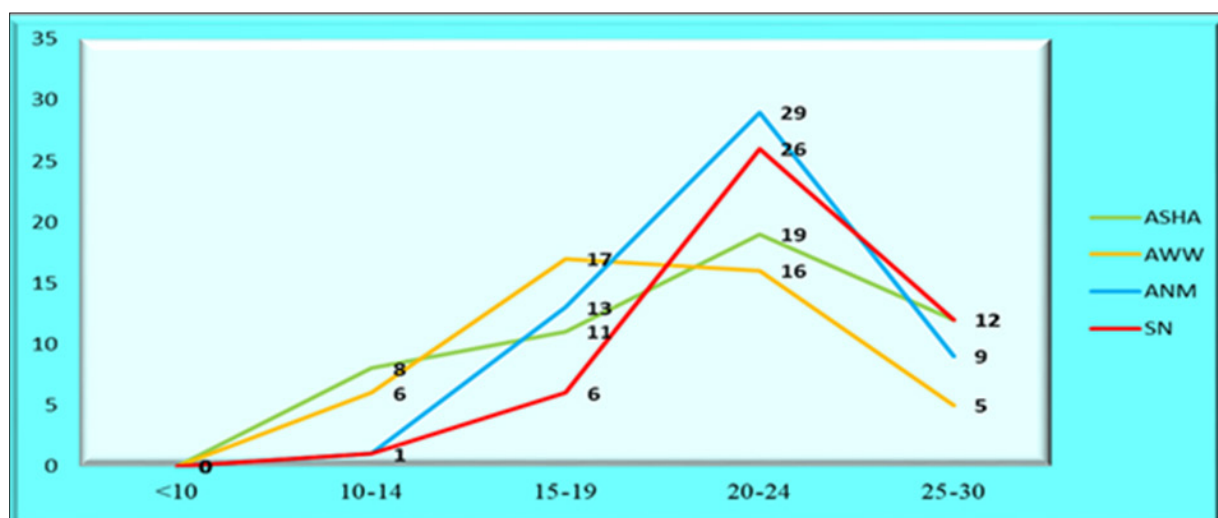
Figure 1.Line graph showing the class interval and frequency polygon of knowledge score of community health workers

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Data presented in table 1, for the sample characteristics of community health workers clearly show that workers belonging to ASHA group having age more than 40 years are (60%), while belonging to AWW and ANM are (43%) and (40%) respectively and (42%) that of staff nurse. Data also show that (92%) of ASHA workers are married, while the same for AWW and ANM are 84 and 88 and staff nurse 82. It is to be highlighted that more than (52%) ASHA have more than 10 years of experience and other groups too are not lagging behind-(46%) for AWW, (54%) for ANM and (38%) for staff nurse. Data also show that (100%) of ASHA and ANM workers are trained on breastfeeding and complementary feeding while (75%) of AWW and (91%) of staff nurse are trained. Chart, poster and printing material on breastfeeding and complementary feeding are displayed at the working places of the community health workers.

Going by the line graph as represented in Figure 1, it can be concluded that as per class interval and frequency polygon of knowledge ANM workers lead the knowledge score, while ASHA workers have consistent knowledge level throughout. The percentage distribution of adequate knowledge score in the area of knowledge regarding MAA programme (52%) of ASHA workers and (48%) of ANM have adequate knowledge whereas only (25%) of AWW workers have adequate knowledge in Micro level, while staff nurses have the adequacy level of (64%) in Meso level.

In the area of concept of MAA Programme percentage of knowledge score of community health workers near about same, while in the field of awareness of breastfeeding all

the community health workers obtained maximum score. In area early initiation of breastfeeding Staff nurses are (77%), while in the area of type of milk secretion of AWW score is maximum (75%). In the field of attachment of breast both ASHA and Staff nurse are equally placed with (77%). In the area of benefits of breastfeeding staff nurse score (79%) where as other community health workers scores are less. In the area of continuation of breastfeeding. AWW score is (45%) but other community health workers score is more than (62%). The area of contraindication of breastfeeding ANM is (78%) and AWW (45%). In the area of preservation of breast milk staff nurses score is (78%) whereas score of ASHA is (58%) only. In the area of complementary feeding all community health worker are more or less same.

It was found that the adequacy level of stated practice score of staff nurses is 56% in the Meso level but other community health workers in Micro level such as ASHA, AWW and ANM have low stated practice score e.g. (28%, 16% and 38%) respectively. In this study, the area wise mean percentage of stated practice score. In the area of awareness of breastfeeding though (50%) of ANM workers are aware of it, in case of ASHA it is only (34%). In the area of early initiation of breastfeeding is (90%) staff nurse and (84%) ANM. The percentage reflection in the field of positioning of breastfeeding-only ANM workers have the percentage as high as (59%). In the field of adequate breast milk all the workers stated practice score are near about same. In the field of prevention of aspiration – it is significant to note that ASHA and Staff nurse the percentage of prevention of aspiration are same whereas AWW are (57%).
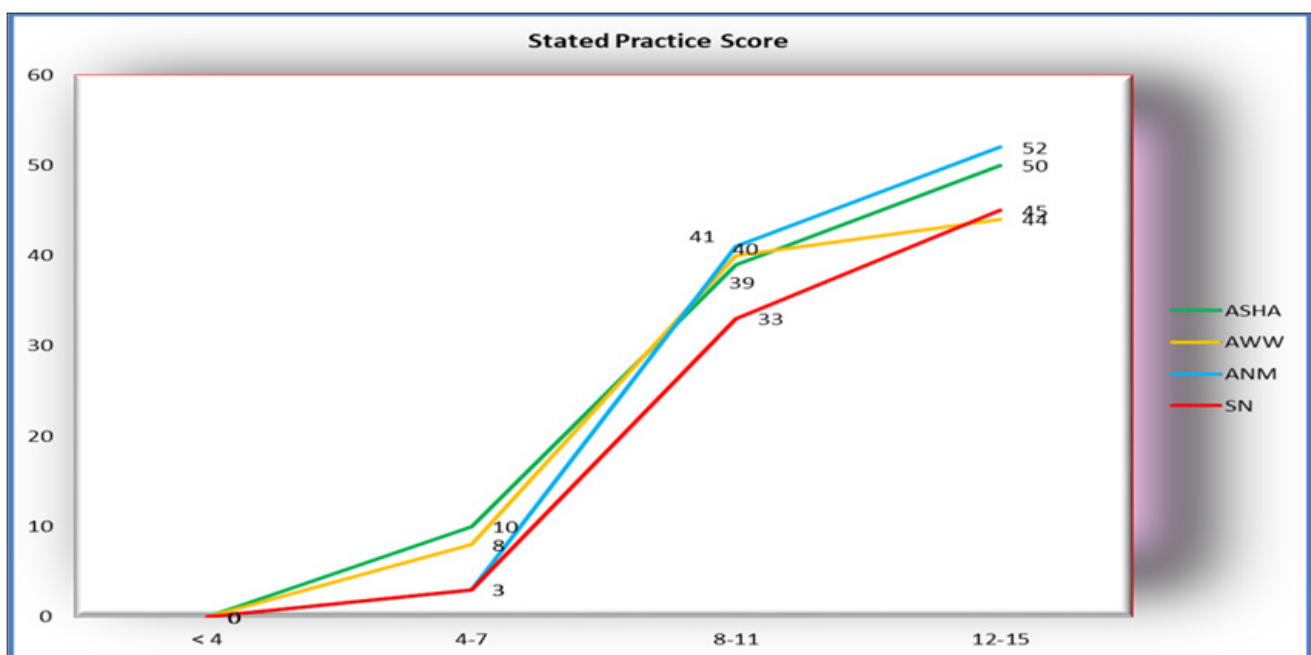

Figure 2. Line graph showing the class interval and cumulative frequency of stated practice score of community health workers

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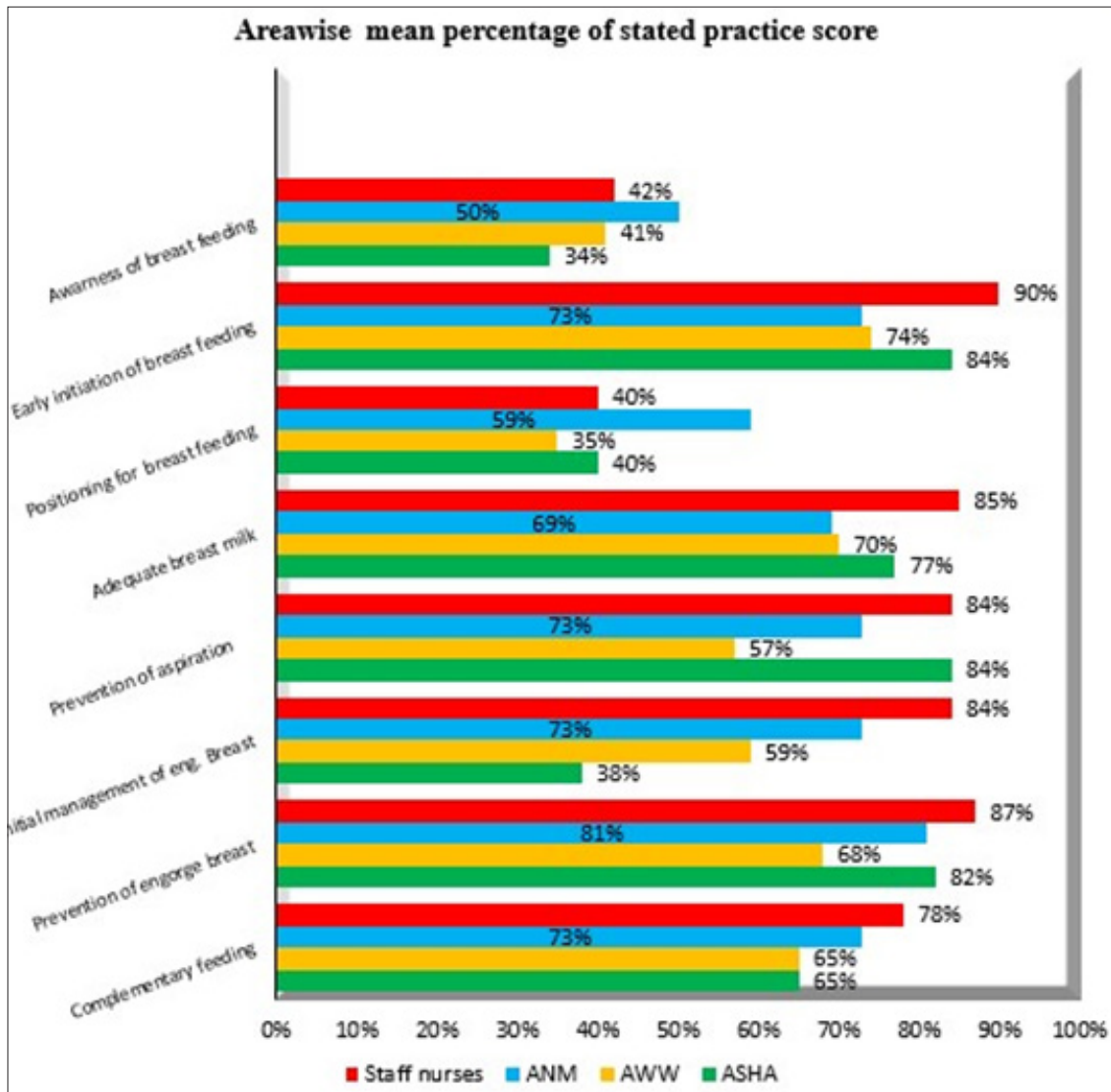*Int. J. Nurs. Midwif. Res. 2019; 6(2&3)*

Figure 3.Bar diagram showing area wise percentage of stated practice score of community health workers

The area wise percentage of initiation of breastfeeding reveals some important aspects of the same. When practice of placing of baby on mother's abdomen is (73%), the practice of allowing to crawl is merely (9%) and on the assessment of 'breast' the percentage is as low as (38%) and in the area of initiation of breastfeeding within 30 minutes it is lower to (20%) while the same with 31-60 minutes is slightly higher to (42%). In the area of good attachment and positioning percentage is near about same (64%) and (62%) respectively. While case of complete establishment of breastfeeding and proper feeding technique the percentage is (36%) and (31%) respectively. In the area of expressed breast milk almost (51%) of staff nurse use this practice and almost (71%) of staff nurses advice mothers for continuation of breastfeeding.

Table 2.Correlation of knowledge score and stated practice score of community health workers regarding MAA programme

(N=191)

Variable	ASHA			AWW			ANM			Staff Nurse		
	Mean	'r'	't'	Mean	'r'	't'	Mean	'r'	't'	Mean	'r'	't'
Knowledge Score	20.4	0.69	6.61*	19.2	0.68	6.016*	21.6	0.65	6.064*	22.5	0.634	5.38*
Practice Score	9.4			9			10			11		

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Data presented in the table 2, show that 'r' value computed between knowledge score and practice score of ASHA is (0.690) which shows that there is positive co-relation between them. To support the 'r' value 't' value is calculated and the value is (6.611), which is significant at 0.05 level of significance. Data also show that 'r' value computed between knowledge score and practice score of AWW is (0.683) which shows that there is positive co-relation between them. To support the 'r' value 't' value is calculated and the value is (6.016) which is significant at 0.05 level of significance. 'r' value computed between knowledge score and practice score of ANM is (0.651) which shows that there is positive co-relation between them. To support the 'r' value 't' value is calculated and the value is (6.064) which is significant at 0.05 level of significance. Data also show that 'r' value computed between knowledge score and practice score of Staff nurse is (0.634) which shows that there is positive co-relation between them. To support the 'r' value 't' value is calculated and the value is (5.377) which is significant at 0.05 level of significance.

Data presented in table 3, depict that among 50 ASHA workers those who are below 40 years of age obtain knowledge score below median level are 11 and above median level are 12 and those who are above 40 years of age obtain knowledge score below median level are 13 and above median level are 17. Chi-square value is computed, table value is more than obtained value (0.653) at df 1 which is not significant at 0.05 level i.e. there is no significant association between age in years and knowledge score.

Table 3.Chi-square value showing association between age in years and knowledge score of community health workers regarding MAA programme

(n ASHA-50 +n AWW-44 +n ANM-52 +n Staff nurse-45) (N=191)

Group	Age in years	Knowledge score		Chi-square value
		<median	≥median	
ASHA	<40Yrs	11	9	0.653
	>40Yrs	13	17	
AWW	<40Yrs	15	10	4.941*
	>40Yrs	5	14	
ANM	<40Yrs	18	13	5.946*
	>40Yrs	5	16	
Staff nurse	<40Yrs	10	16	4.187*
	>40Yrs	5	14	

Chi-square(x^2) df (1) = 3.814 at 0.05, P<0.05, significant*

Table 4.Chi-square value showing association between general education and knowledge score of community health workers regarding MAA Programme

(n ASHA-50+n AWW-44+n ANM-52+n Staff nurse-45) N=191

Group	General education	Knowledge score		Chi-square
		<median	≥median	
ASHA	<HS	17	10	6.796*
	>HS	6	17	
AWW	<HS	11	6	4.722*
	>HS	9	18	
ANM	<HS	18	11	8.465*
	>HS	5	18	
Staff nurse	HS	9	7	4.639*
	>HS	7	22	

Chi-square $^{(x2)}$ df(1)=3.814, P<0.05 significant*

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Data also depict that among 44 AWW those who are below 40 years of age obtain knowledge score below median level are 15 and above median level are 10 and those who are above 40 years of age obtain knowledge score below median level are 5 and above median level are 14. Chi-square value is computed, table value is less than obtained value (4.941) at df 1 which is significant at 0.05 level & so it is evident that there is significant association between age in years and knowledge score.

Data also depict that among 52 ANM those who are below 40 years of age obtain knowledge score below median level are 18 and above median level are 13 and those who are above 40 years of age obtain knowledge score below median level are 5 and above median level are 16. Chi-square value is computed, table value is less than obtained value (5.946) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between age in years and knowledge score.

Data also depict that among 45 Staff nurse those who are below 40 years of age obtain knowledge score below median level are 10 and above median level are 16 and those who are above 40 years of age obtain knowledge score below median level are 5 and above median level are 14. Chi-square value is computed, table value is less than obtained value (4.187) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between age in years and knowledge score.

Data presented in Table 4, depict that among 50 ASHA workers those who have general education below HS, knowledge score obtain below median level are 17 and at or above median level are 10 and those who have general education HS and above, knowledge score obtain below median level are 6 and at or above median level are 17.

Chi-square value is computed, table value is less than obtained value (6.796) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between general education and knowledge score. Data also depict that among 44 AWW workers those who have general education below HS, knowledge score obtain below median level are 11and at or above median level below are 6 and those who have general education HS and above, knowledge score obtain below median level are 9 and at or above median level are 18. Chi-square value is computed; table value is less than obtained value (4.722) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between general education and knowledge score.

Data also depict that among 52 ANM those who have general education below HS, knowledge score obtain below median level are 18 and at or above median level are 11 and those who have general education HS and above, knowledge score obtain below median level are 5 and at or above median level are 18. Chi-square value is computed, table value is less than obtained value (8.465) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between general education and knowledge score.

Data also depict that among 45 staff nurse those who have general education HS, knowledge score obtain below median level are 9 and at or above median level are 7 and those who have general education above HS, knowledge score obtain below median level are 7and at or above median below are 22. Chi-square value is computed, table value is less than obtained value (4.639) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between general education and knowledge score.

Table 5.Chi-square value showing association between years of experience and knowledge score of community health workers regarding MAA programme

(nASHA-50+nAWW-44+nANM-52+nStaff nurse-45) (N=191)

Group	Years of experience	Knowledge score		Chi square
		<median	≥median	
ASHA	<10Yrs	15	9	5.057*
	>10Yrs	8	18	
AWW	<10Yrs	10	5	5.151*
	>10Yrs	9	20	
ANM	<10Yrs	16	8	9.052*
	>10Yrs	7	21	
Staff nurse	<10Yrs	9	6	5.851*
	>10Yrs	7	23	

Chi-square$^{(x2)}$ df(1)=3.814, P<0.05 Significant*

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Data presented in table 5 depict that among 50 ASHA workers those who have experience below 10 years, knowledge score obtain below median level are 15 and at or above median level are 9 and those who have experience 10 years and above, knowledge score obtain below median level are 8 and at or above median level are 18. Chi-square value is computed, table value is less than obtained value (5.057) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between experience and knowledge score. Data also depict that among 44 AWW workers those who have experience below 10 years, knowledge score obtain below median level are 10 and at or above median level are 5 and those who have experience 10 years and above, knowledge score obtain below median level are 9 and at or above median level are 20. Chi-square value is computed, table value is less than obtained value (5.151) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between experience and knowledge score. Data also depict that among 52 ANM those who have experience below 10 years, knowledge score obtain below median level are 16 and at or above median below are 8 and those who have experience of 10 years and above, knowledge score obtain below median level are 7 and at or above median level are 21. Chi-square value is computed, table value is less than obtained value (9.052) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between experience and knowledge score. Data also depict that among 45 staff nurse those who have experience below 10 years, knowledge score obtain below median level are 9 and at or above median level are 6 and those who have experience 10 years and above, knowledge score obtain below median level are 7 and at or above median level are 23. Chi-square value is computed, table value is less than obtained value (5.841) at df 1 which is significant at 0.05 levels. It is evident that there is significant association between experience and knowledge score.

Discussion

In the present study, Majority, (60%) of ASHA are belonged to more than 40 years of age, (57%) of AWW belonged to 31-40 years of age, (60%) of ANM belong to 31-40 years of age (58%) of staff nurses belonged to over 40 years of age and (54%) of ASHA and (38%) of AWW are Madhyamik passed, (48%) of ANM are HS passed, majority (62%) of staff nurses are graduate and 6% ASHA workers are Post graduate. Most of the community health workers are married. Majority (52%) of ASHA, (46%) of AWW, (54%) of ANM, (38%) of staff nurses the years of experience are over 10 years. Most, of the community health workers are trained regarding breast feeding and complementary feeding.

The findings of the present study are likely to be supported by a study conducted by Moimaz S A et al. on community health workers knowledge and practice of breast feeding in Brazil. The study findings revealed that (45.95%) of the health workers were not trained to provide nursing mothers with practical guidance on breastfeeding and (63.30%) never attended courses on breastfeeding.[6]

In the present study, (52%) of ASHA, (25%) of AWW, (48%) of ANM, (64%) of Staff nurses have adequate knowledge and (28%) of ASHA, 16% AWW, 38% ANM & 56% Staff nurses have adequate stated practice score in breastfeeding and complementary feeding regarding MAA programme. The findings of the study are likely supported by a study conducted by Jauhari S[10] on assessment of knowledge of staff nurses about IYCF in two districts in Northern India. The study findings revealed that 63.9% staff nurses have knowledge regarding IYCF. The findings of the present study are likely to be supported another study conducted by Chale LK et al.[7] on breastfeeding knowledge and practice among health workers in Mwanza city, North west Tanzania. The study findings revealed that (27%) health workers had adequate knowledge and (38%) health workers had adequate practice regarding breastfeeding.[7]

The findings of the present study was likely to be better in comparison to the another study conducted by Asamoah NC on breast feeding knowledge and practice of health professionals in public health care services in rural districts of Ghana. The study findings have revealed that HWs (14.1%) did not know the appropriate age for introducing dairy foods to infants and few (7.8%) wrongly indicated that water should be introduced before 6 months of age. Only a small percentage of the HWs (6.8%) knew that non-breastfeeding children aged between 6 and 23 months should be fed 4 or more times daily.[8]

The findings of the present study, the mean knowledge score of area of initiation and continuation of breastfeeding of staff nurses are (77%), the mean knowledge score of area of hormonal reflex & type of breastfeeding of ANM are (75%), the mean knowledge score of area of Position and attachment of breast feeding of ASHA and staff nurses are (77%), the mean knowledge score of area of benefits of breastfeeding for mother and baby of Staff nurses are (79%), the mean knowledge score of area of problems of incorrect attachment of breast of ANM are (78%), the mean knowledge score of area of preservation of breast milk of staff nurses are (78%) in staff nurses, the mean knowledge score of area of complementary feeding of ANM staffs are (92%).

The findings of the present study are likely to be supported another study conducted by Chale LK et al.[7] was carried out a cross sectional and descriptive study on predictors knowledge and practice of exclusive breastfeeding among 220 health workers. The result revealed that almost half

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of the of health workers described definition of exclusive breastfeeding by WHO. Only (24%) health workers had good knowledge regarding exclusive breastfeeding. (38%) health workers had a desirable level of practical skills. Most of the health workers have had no training on exclusive breast feeding and they were not familiar with breastfeeding policy.[7] The findings of the present study is likely to be supported another study conducted by Daniels L, Jackson D was carried out a Cross-sectional descriptive survey on Knowledge, attitudes and practices regarding the Baby-Friendly Hospital Initiative among 45 nursing staffs in maternity obstetric units in cape town. Total of (56.6%) of the staff could define rooming-in, (47.2%) could define the components of the BFHI, and (52.8%) could name three baby-friendly care practices and routines. (89%) of the nursing staff were able to demonstrate correct positioning of the baby for breastfeeding and (91.1%) could demonstrate. So, there is better scenario in this time trend. The correct attachment of the baby to the breast. Only (8.9%) of the nursing staff were able to adequately demonstrate the correct hand milk-expressing technique, (35.6%) knew about the correct management of painful nipples and (22.2%) knew how to manage engorgement.[9]

The findings of the present study percentage practice score of Staff nurses are, initiation of breastfeeding within 30 minutes is (20%) and initiation of breastfeeding 31-60 minutes is (42%). (64%) in the area of good attachment or latching, (62%) in the area of positioning of breastfeeding, (36%) in the area of complete establishment of breastfeeding, (31%) in the area of technique of breast feeding, (51%) in the area of demonstration of expression of breast milk, (71%) in the area of advice for continuation of exclusive breastfeeding.

The findings of the present study are likely to be supported another study conducted by Jauhari S was carried out a descriptive study at level I and level II delivery points at Lucknow among 22 staff nurses to assess the knowledge and counseling skills regarding IYCF in 2015 interviewed by observation checklist. In this study revealed that only (63.6%) staff nurses had knowledge about initiation of breastfeeding within 1 hour, (100%) had knowledge about initiation of breastfeeding, (55%) had knowledge about adequate breastfeeding, (45.5%) had knowledge preservation of milk in room temperature, (50%) had knowledge about home remedy for crack nipple, (90%) had knowledge about initiation of complementary feeding and (82%) staff nurses had counseling skills of mother. In the present study there is significant association between year of experience and knowledge score of community health workers. [10] The findings of the present study were likely to be supported another study by Creedy DK et al. association between knowledge and practice of breastfeeding and continuous feeding were interesting. Health workers with

11-15 years of clinical experience more highly in knowledge than colleagues with less than six years' experience. Although not significant, groups with 6-10 years and over 15 years clinical experience also score less than the group with 11-15 years of experience. Higher practice scores demonstrated by more experienced midwives could be result of those midwifes understanding what works well in practice without knowing the scientific basis. On the other hand, midwives with more experienced may be committed to professional development.[11]

By the implication of the study, nurses and other community health workers come to know about the level of existing knowledge and practice about breastfeeding and complementary feeding regarding MAA programme. The theory and the different procedures must be incorporated in the ASHA training, AWW training, ANM training and GNM and B.SC nursing training, so that the community health workers and nursing students gain knowledge and developed positive attitude towards the breastfeeding and complementary feeding.

Conclusion

Based on the findings of the present study following conclusion is drawn. The majority of the community health workers have adequate knowledge and inadequate level of practice regarding MAA programme as determined by structured knowledge questionnaire, structured interview schedule and observation checklist respectively. Regardless of having adequate knowledge of community health workers but their practice regarding breastfeeding and complementary feeding is inadequate. By the findings it is also concluded that there is a positive relationship between knowledge and practice of community health workers regarding MAA programme. Hence this finding provides researcher with new insight to look into why the community health workers do not practice their knowledge to have a better outcome of breastfeeding and complementary feeding practice.

Conflict of Interest: None

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