

**“A STUDY TO ASSESS THE KNOWLEDGE ON INFANT AND YOUNG
CHILD FEEDING PRACTICES (IYCF) AMONG THE MOTHER OF
RURAL AND URBAN AREA OF KOLAR DISTRICT WITH A VIEW
TO DEVELOP INFORMATION LEAFLET.”**

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**RESEARCH PROJECT SUBMITTED TO,
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UNDER THE GUIDENCE OF

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DECLARATION BY THE CANDIDATE

We hereby declared that the research project entitled **“A STUDY TO ASSESS THE KNOWLEDGE ON INFANT AND YOUNG CHILD FEEDING PRACTICES (IYCF) AMONG THE MOTHER OF RURAL AND URBAN AREA OF KOLAR DISTRICT WITH A VIEW TO DEVELOPE INFORMATION LEAFLET”** is bonafide and genuine research was carried out by us under the guidance and supervision of Associate Prof. Mrs.Sumana Yesu Priya of Community Health Nursing department ,SDUCON, Tamaka.

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“If you can’t feed a hundred people then feed just one” (mother Teresa)

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ABSTRACT

A study is conducted to assess the knowledge on infant and young child practices (IYCF) among the rural and urban mother of Kolar district with a view to develop information leaflet.

Objective of the study

- ❖ To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected rural and urban areas of Kolar.
- ❖ To compare the knowledge on infant and young child feeding practices of rural and urban mother and prepare information leaflet.

Assumption

- Mothers may have inadequate knowledge regarding infant and young child feeding (IYCF) practices.
- Knowledge of the mother will have effect on their feeding practices.
- The information booklet will improve the knowledge of the mothers regarding infant and young child feeding (IYCF) practices.

Method and Methodology

Quantitative approach with descriptive design was adopted by using convenient sampling technique 100 sample (50 mother from rural and 50 mother from urban selected by lottery method) were included who ever fulfilled the inclusion criteria. Findings were finalized by using descriptive and inferential statics. Data presented in tables and graph.

Results

The study shows that 72% of Rural mother were having poor knowledge, 28% rural mother were having average knowledge and none of the rural mother were having good knowledge where as 70% urban mothers were having below average knowledge, 24% urban mother were having average knowledge and only 6% urban mother were having good knowledge on feeding and hence there is a need to educate mother about Infant and young child feeding to improve child growth and development.

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CHAPTER 1

INTRODUCTION



CHAPTER 1

INTRODUCTION

“Only a life lived for others Is a life worthwhile”

- Erin DeGroff

Mothers are women who inhibit or perform the role of bearing some relation to their children. Every child's mother is a very special and important person. In fact she is the most precious gift of God for anyone. A child can get acquainted with the world only because of her. She is a friend, parent, guide, and teacher to her child.^[1]

Feeding has a direct impact on the growth rate, production capacity and health status of the human life. The child's life span of first two years are crucial, as a healthy diet during this time reduces morbidity and mortality or the risk of chronic diseases and promotes overall development.^[2]

Infant and Young Child Feeding (IYCF) is a set of well-known, common and scientific recommendations for appropriate feeding of Infant and children under two years. Infant and Young Child Feeding (IYCF) practice comprising breast feeding in addition complementary feeding which has a significant impact on children's growth and development. It is an essential component of pediatric care. Newborn and young child feeding is an important area for increasing child survival and promoting healthy growth and development.^[3] Children considered as ‘critical window’ of possible chance, as this period the groundwork for future healthy growth and development is

laid. Thus adequate nutrition during this period has been identified as a national and global priority. ^[4]

Breastfeeding is a method of feeding breast milk to an infant by a mother, either directly from the breast or by expressing (pumping out) milk from the breast and bottle-feeding it on the infant. Breastfeeding has both short-term and long-term advantages on both child and mother, including helping to protect children against a variety of acute and chronic disorders. ^[5]

According to WHO Exclusive breastfeeding" is defined as no other food and drink, not even water, except breast milk for 6 months of existence, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines). ^[6] Breastfeeding exclusively from 0 to 6 months old infant, helps children survive, supports healthy brain development, improves cognitive performance and is associated with better educational achievement at 5 years old. Breastfeeding exclusively is the building block of good nutrition and protects children against diseases. The supplementary feeding occurs when children receive foods to complement breast milk or infant formula. Ideally, it begins at the age of six months and continues to 24 months or beyond, reflecting the recommendations for exclusive and continued breastfeeding from the World Health Organization. ^[7] Complementary food includes cereals with added iron (e.g. baby rice cereal) and cooked and pureed meat, poultry, fish, tofu and legumes. After this, begin adding a range of fruit, vegetables, grains/cereals and dairy foods (e.g. yoghurt, cheese and custard) in any order that baby. ^[8]

A research based study on IYCF was conducted in a rural area of Karnataka in Davangere's tertiary care teaching hospital, by Community Medicine Department of J. M. within a 1/2 hour of childbirth 26% among the mothers were discovered to be giving WHO recommended minimum adequate breast milk to their offspring.^[9]

NEED FOR THE STUDY

Infant and young child feeding (IYCF) practices is very critical to meet infants' nutritional, emotional, and psychological needs.^[4] Breastfeeding within one hour of birth reduces neonatal mortality rate by 33%. Only breastfeeding can reduce 13% under five deaths. Breastfeeding has tremendous impact on the Cognitive Development (Gain of up to 8 IQ Points). Complementary Feeding promotes Optimal growth, Prevents Stunting, Micronutrient deficiencies, Anemia and various Gastro Intestinal diseases.^[10]

As a recommendation of global public health, to achieve minimum growth, infants should be exclusively breastfed for the first six months of life. Following that, infants should receive safe and nutritionally adequate supplementary foods to meet their evolving nutritional needs while breastfeeding continues for a maximum of two years of age or beyond. Except for a few rare medical conditions specified by WHO and UNICEF, breastfeeding exclusively from birth is possible, and almost every mother can breastfeed^[11]

In light of the information from the National Family Health Examination Survey disclose that the WHO and Indian Government guideline on IYCF practices, including the introduction of solid food at the appropriate time, are not followed by the majority of Indian mothers. The survey participants' baseline characteristics were stratified by age group (6-8) months (Gp1) and 9-18 months (Gp2). In Gp1 (Gp2), 99% (98%) of mothers received an antenatal check-up, and 35% (32%), met with a health-care worker in the three months preceding the survey. Nutritional needs and

breastfeeding techniques were discussed among 56% of moms in both groups during antenatal check-ups, but only 1.5% of mummy in Gp1 and during other meetings with their children, 1.8% of mothers in Gp2 discussed nutrition by health-care workers three months before the survey.^[12]

Based on the study on IYCF practices only 63% of children 6 to 8 months old were given any solid/semi-solid food; this increased to 84% of children aged 9 to 11 months. Although 92% of children in the sample aged 12 to 18 months received complementary food, only 17% were fed adequately from four or more food groups, and only 54% were fed three or more times daily.^[11]

As said in the data provided by UNICEF'S the Comprehensive National Nutrition Survey of 2016-2018 in India reported that early introduce of breast feeding was 57.2% in rural place and 54.7% in urban, only breast feeding was over all 58.00%(54.8% male and 58.7% female), 57.5 in rural place and 59.8% in urban areas; starting of solid, semi-solid and soft foods (6-8 months) was over all 53.08%(53.00% male and 53.20% female) 51.1 in rural areas and 58.9% in urban areas, Complementary feeding (6-23 months) was over all 16.4%(16.3% male and 16.5% female) 15.3 in rural places and 19.8% in urban places, Continued breastfeeding (12-23 months) 12-15 months: over all 82.5%(82.8% male and 82.1% female), 84.7 in rural places and 75.6% in urban places.^[12]

As per the statistic given by UNICEF'S, We can say that IYFC practises in India are extremely poor, possibly due to lower literacy rates, a lack of education and counselling, and a lack of support for IYFC among mothers. Mothers also have

incorrect perceptions and false beliefs about the appropriate age to begin complementary feeding, owing to a lack of IYCF education^[13]

Based on the above statistics and data we found that its important at Community level, Campaigns should be organized to raise public awareness in order to gain the knowledge of the mothers in taking care of the infant.

A Qualitative study was acted upon on IYCF practices among mothers with children aged 6 months to 2 years in villages of Ballabgarh block of Haryana on july,2020 by Kamble BD, Kaur R, Acharya BP and Gupta M using focused group discussion (FGD) and in-depth interview methods regarding to assess IYCF practices among those mothers in a rural community of Haryana. As a result the mothers had good understanding about breastfeeding, the significance of colostrum, Weaning practises for children under the age of two years. There is need of creating awareness in the mother regarding importance of IYCF practices to decrease infant and under 5 mortality rates.^[17]

STATEMENT OF THE PROBLEM:

A study to assess the knowledge on Infant and Young Child Feeding (IYCF) practices among the mothers of rural and urban area of kolar district with a view to develop information leaflet.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected urban & rural area of Kolar.
- To compare infant and young child feeding practices of rural and urban mother and prepare information leaflet.

OPERATIONAL DEFINITION

- ❖ **Knowledge:** - It is the correct response given by mothers on breast feeding and complementary feeding.
- ❖ **Mother:** - In this study, mothers are the women having children of age 6months to 2years.
- ❖ **Infant:** - In this study, infants are the one who are on breast feeding and complementary feeding aging 6months to 1 year.
- ❖ **Young Child:** - In this study, it refers to the children aging up to 2 years.
- ❖ **Feeding practices:** - In this study, it refers to introduce of nutritionally adequate safe complementary foods at 6 months together with continued breast feeding up to 2 years of age.
- ❖ **Rural:** - Mallapanahalli, kammadatti, Balamballi. It refers to the area were the study is conducted
- ❖ **Urban:** - Rahamnath nagar, Gandhi nagar. It refers to the area were the study is conducted
- ❖ **Information leaflet:** - It refers to systematically planned valet printed material giving information regarding IYCF in the following aspect like Importance of breast feeding, complementary feeding, initiation of complementary feeding,

importance of complementary feeding, food included in complementary feeding and its effects on growth and development of an infant.

❖ **IYCF:** - Stands for Infant and Young Child Feeding Practices.

SUMMARY

This chapter explained about the Infant and Young Child Feeding (IYCF), Need for the study and supportive study, statement of the problem, objectives, operational definitions that help the researcher to gain insight of the research study.

CHAPTER 2

REVIEW OF LITERATURE



CHAPTER 2

REVIEW OF LITERATURE

This chapter discusses selected studies that are related to the proposed study's objectives. Literature review is a key step in the research process. A literature review is defined as a broad, in-depth, systematic, and critical examination of scholarly publications, unpublished scholarly publications, audiovisual material, and personal communication. It refers to extensive, exhaustive, and systematic examination of publication relevant to the research project.^[27]

The literature reviewed for the present study is organized and presented under the following heading.

- I. Reviews in relation to effect of breast feeding.**
- II. Reviews in relation to effect of complementary feeding.**
- III. Reviews in relation to the knowledge of mothers on Infant and young child feeding (IYCF) practices.**

I. REVIEWS IN RELATION TO EFFECT OF BREAST FEEDING

A Quantitative study was conducted on Impact of Giuseppe Latorre's COVID-19 pandemic lockdown on exclusive breastfeeding in non-infected mothers, held in the nursery of Ecclesiastical General Hospital F. Miulli in Acquaviva delle Fonti, Italy, based on the study, the lockdown and home confinement led to a decrease in exclusively breastfeeding in the studied population. Prospectively evaluated were consecutive mother-baby dyads admitted to the unit during lockdown from 9 March to 8 May 2020 (lockdown group). They used a retrospective

population of mother-baby dyads admitted in 2018 as the control group. The result showed at discharge, 69.4% of infants had exclusively breastfed during lockdown, compared to 97.7% of the control group, 54.3% at 30 days versus 76.3%, and 31.8% versus 70.5% at 90 days ($p < 0.001$). From 30- to 90-days, the proportion of breastfeeding that remained exclusive was similar between groups (around 80%), but it was lower in the lockdown group than in the control cohort (58.5% versus 92.4%, $p < 0.001$).^[14]

Infant feeding practices were found to be poor in a cross-sectional survey on poor infant and young child feeding practices and sources of caregivers' feeding knowledge in rural Hubei Province, China. 10 clusters were first selected within each township (16 townships in total) with proportional to population size sampling. In each cluster, a name list was used to select 13 children aged 0–23 months. Early introducing of breastfeeding was only 22.4%, exclusive breastfeeding for 6 months was less than 10% and only 38.2% of women continued breastfeeding until the age of two. Only 32.5% of children were given iron-rich or iron-fortified foods.^[15]

According to Jean Prince Claude's study on knowledge, attitude, and practice of breastfeeding exclusive among mothers in East Africa, nearly 96.2% of mothers had heard of EBF, 84.4% were aware of the benefits of EBF, and 49.2% were aware that the duration of EBF was limited to the first six months. Furthermore, 42.1% of mothers disagreed and 24.0% strongly disagreed that it is important to give breast milk to a newborn immediately and within an hour, and 47.9% disagreed that discarding the colostrum is important. Even so, 42.0% of mothers preferred to feed their babies exclusively breast milk for the first six months. In contrast, 55.9% had been exclusively breastfeeding for minimum six months. The recommendation was to

enhance well-baby visits, antenatal and early postpartum education, as well as community health worker home visits, in order to increase maternal knowledge and attitudes toward breastfeeding habit. ^[16]

A qualitative study was conducted on infant and young child feeding between several mothers of children aged 6 months to 2 years in Ballabgarh block villages of Haryana on July, 2020 by Kamble BD, Kaur R, Acharya BP and Gupta M using focused group discussion (FGD) and in-depth interview methods regarding to assess IYCF practices among those mothers in that village of Haryana. As a result the mothers were well-versed about breastfeeding, importance of colostrum, or weaning practices of newborn and young children of less than 2 years. There is need of creating awareness in between the mothers regarding importance of IYCF practices to minimize infant and under 5 mortality rates. ^[17]

A neighborhood-based cross-sectional study was carried out at Badungar, in Patiala city, in Punjab. The total sample was 370 mothers. As a result hardly 27.30% of mothers were aware that breastfeeding should begin within half an hour of giving birth. Prelacteal feeding was deemed appropriate by 51.62% of mothers, while colostrum was deemed harmful by 55.95%. Only 53.78% of lactating mothers understood what exclusive breastfeeding meant. Only 24.86% mothers initiated breastfeeding within an hour after giving birth. 57.29% of lactating mothers were not fed colostrums, while 50.81% initiated prelacteal feeds. 45.67% of mothers breastfed exclusively for 6 months. ^[18]

A cross-sectional study conducted in Attyampatti Panchyat Union, Salem district, Tamil Nadu by Shankar Radhakrishnan on Assessment of breastfeeding practices among lactating mothers from March 2011-June 2011. All the 291 children

in the age group of six months to two years in Attyampatti Panchayat Union were included in the study result found Only 99 (34%) children were exclusively breastfed for six months. ^[19]

A cross-sectional analysis was nested within a cohort study by Holly Nishimura on Factors Which influence Exclusive Breastfeeding in rural South India between 2008 to 2011 in Mysore District, Karnataka, India. A total of 1292 mother-infant dyads were entailed in the study. Overall breastfeeding rate at six months postpartum was 74.9% and the rate of exclusive breast feeding was 48%. ^[20]

A Community based study on Infant and young child feeding (IYCF) practices in a rural community of Karnataka was done by Dr. Sharvanan Udayar in the village field practice setting of Shri B.M Palti Medical College. Analyzed using SPSS statistical package (version 13.0). During the study period 264 mothers of newborn and young children interview with the questionnaire and 159 out of 264 had received prelacteal feeds (males 64% and females 56.3%) Illiterate mother (69.7%) practiced more prelacteal feeding than the literates mothers (54.6%). 36% received breast feeding exclusively for a periods 6 months. Majority of the illiterate's mother were practicing early (31.4%) and delayed weaning (32.5%). ^[21]

II. REVIEWS IN RELATION TO EFFECT OF COMPLEMENTARY FEEDING.

A cross-sectional community study was carried out among 423 mothers with 0–24 month old children in Slum areas of Bahir Dar City, Ethiopia from June 01-30 / 2016. As a result Only 20 (7%) people used supplementary food practices. Thirty-

nine out of forty mothers introduced supplementary food on time, 131 (47%) of mothers offered the bare minimum of meal frequency and 20 (7%) children received the bare minimum of food diversity and appropriate diet. ^[22]

A cross-sectional, community based descriptive study was carried out on Infant- and young child-feeding practices in Bankura district of West Bengal during June-July 2008, among children aged less than two years, utilizing two-stage revised 40-cluster sampling technique. During the survey in Bankura district, 3,318 households in 40 clusters were visited. ^[23]

The rate of exclusive breastfeeding tumbled from 75.0% in infants under two months to 48.7% at 2-3 months and 39.0% at 4-5 months. Fifty-nine (55.7%) infants aged 6–8 months were given semi-solid/solid food in addition to continued breastfeeding, and the proportion increased to 93.6% at the age of 9–11 months or declined thereafter. ^[23]

A cross-sectional community study was done among 360 children aged 0 to 23 months in a rural field practice setting of a medical college in Puducherry. Statistics on IYCF practices were collected using a standardised WHO tool. IYCF core and optional indicators were computed. As tests of significance, the Chi-square and Fishers' exact tests were used. As a result, nearly 88.0% of infants were introduced to breastfeeding early on, and 90.8% were exclusively breastfed for six months. At one year and two years, children who were constantly and consistently breastfed were 77.4% and 22.4%, respectively. At 6 to 8 months of age, approximately 75.0% were introduced to solid or semisolid foods. Among 6 to 23 months aged children, 77.3% had the recommendation of minimum dietary diversity, 81.3% found minimum meal

frequencies, while 57.7% getting the minimum appropriate diet and hardly 39.4% eat up iron rich foods. ^[14]

A hospital-based cross-sectional study was carried out at two private hospitals - Dr TMA Pai Hospital Udupi and Dr TMA Pai Hospital Karkala and a public hospital, Mangalore, Karnataka, India for a two-month period from August 2010 to October 2010. Two-hundred mothers of children between six months and two years of outpatient care of child health departments were selected for the study. Result showed 77.5% mothers had started complementary feeding at the recommended time of six months. Only 32% of mothers were giving an adequate quantity of complementary feeds. ^[13]

A neighborhood based cluster randomized controlled trial (CRT) was conducted on impact of family level counseling on breast feeding habits and weight gain by Nagaraj Kondagunt in Udupi taluk, Karnataka .All the pregnant mothers enrolled in the third trimester and the newborn followed until the age of two at selected Anganwadi (AW) centers. The calculated sample size was 22. Result revealed that 70.5% of mothers began complementary feeding at the recommended age of six months. Only 29% of mothers provided an adequate amount of complementary feeds. ^[24]

III. REVIEWS IN RELATION TO KNOWLEDGE OF MOTHERS ON INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES.

A hospital based study was carried out by SR Ganesah Kumar Rai, MBBS,DCH, MD on knowledge and practices of mothers of newborn and young

child on supplementary feeding between June, 2010 to October, 2011, at Kanti Children's Hospital, Nepal, involving mothers of children from 6 to 24 months old who visited outpatient department of this hospital, applying systematic sampling technique excluding mothers of child smaller than 6 months and more than 24 months and using semi-structured questionnaire. 1100 mothers were questioned during the observation period. The findings revealed that while 87% of mothers were aware of the duration of exclusive breast feeding, only 33.0% practised it, and only 21.0% breastfed their children up to 3 months. Eighty-seven percent of mothers felt sure when to begin supplementary feeding, and 53.27% used commercial weaning food. It was offered by 28.27% as supplementary food.^[25]

A cross-sectional interventional educational study conducted by Mhajan on knowledge, attitude or beliefs of Anganwadi workers regarding newborn and young child feeding practices during the Breastfeeding week from 1st -7th August, in Shimla, Himachal Pradesh in 2014. A hundred Anganwadi workers were chosen by convenience sampling and a pre designed semi structured questionnaire was used as a study. Approximately 19% of AWWs were unaware of the age at which the child should only be breastfed, and 13% were unaware. Only 47% of anganwadi workers were aware of the concept of "feeding on demand." More than 90% of anganwadi workers agreed that the baby should be given colostrum. Neither of the anganwadi workers knew about the quantitative extra calorie, protein and calcium needs in lactating mothers.^[11]

A prospective interventional research study was carried by D. Manikyamba over a year regarding the effect of nutritional education on mothers' knowledge of infant and young child feeding practices at the Department of Pediatrics, Government General Hospital, Kakinada, East Godavari district, Andhra Pradesh, India i.e., from

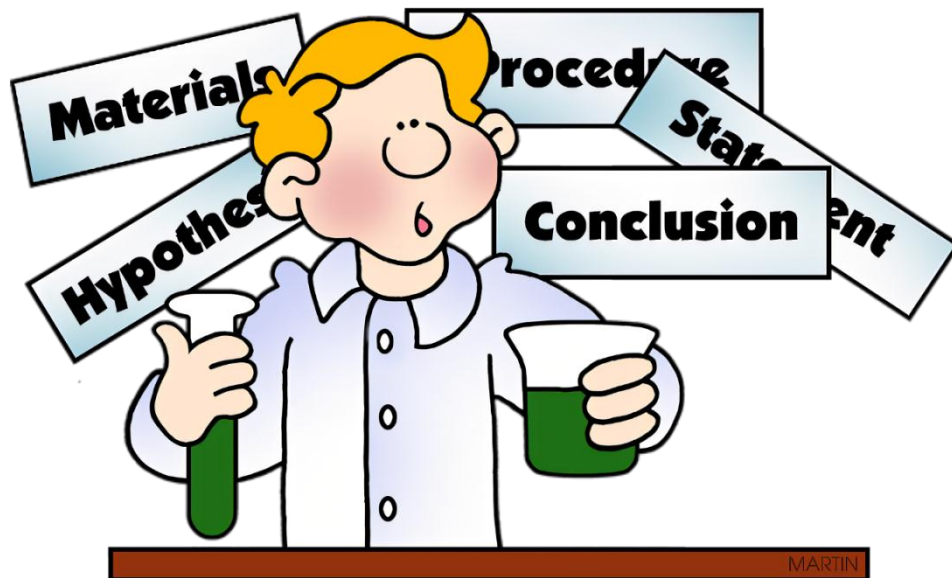
May 2013 to April 2014. The study included 500 mothers of children who were stable and stayed in the hospital for at least 7 days. Out of the 500 mothers who participated in the study, 97.6% were knowledgeable of colostrum feeding and 85% were fully conscious of adequate night feeds. Other aspects of breastfeeding knowledge, such as initiation of breastfeeds (60%), exclusive breastfeeds for 6 months (66.6%), and continuation of breastfeeds for 2 years (48.8%), were lacking. 62% of mothers were aware of the proper age for the introduction of complementary feeds. After nutritional education, mothers' knowledge improves markedly. Nutritional education programmes can help mothers learn more about IYCF practices.^[14]

A cross-sectional comparative study was carried out on Breast feeding knowledge, attitude and practices of urban and rural mothers in northern Karnataka by Muktamath U. The population of this study consisted of mother-infant dyads, where the infant was between the ages of 3 and 24 months and their mothers. The sample comprised of 900 women of whom 600 were from rural area and 100 from urban area. The result indicated that rural mother practiced early starting of breast feeding; only breast feeding for six month and longer duration of breast feeding compared with urban mothers. The Urban mothers had high knowledge compared with rural mother where the rural mother had a more positive attitude towards breastfeeding with urban mother.^[26]

This literature review explores potential for increasing the adoption of suggested infant and young child feeding (IYCF) practices through greater involvement of mother in IYCF programmed to gain the knowledge.^[2]

CHAPTER 3

METHODOLOGY



CHAPTER 3

METHODOLOGY

The chapter deals with the statement of the problem, objectives, assumption, and operational definitions, type of research approach used in the setting of the study, population, sampling technique, sample collection , inclusion and exclusion criteria, development of tool, collection of data, procedure of data collection and the plan for data analysis.

STATEMENT OF THE PROBLEM:

A STUDY TO ASSESS THE KNOWLEDGE ON INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES AMONG THE MOTHERS OF RURAL AND URBAN AREA OF KOLAR DISTRICT WITH A VIEW TO DEVELOP INFORMATION LEAFLET.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected rural and urban areas of Kolar.
- To compare infant and young child feeding practices of rural and urban mother and prepare information leaflet.

ASSUMPTION

- 1) Mothers may have inadequate knowledge regarding infant and young child feeding (IYCF) practices,
- 2) Knowledge of the mother will have effect on their feeding practices.
- 3) The information booklet will improve the knowledge of the mothers regarding infant and young child feeding (IYCF) practices.

RESEARCH APPROACH:

Research approach indicates procedures conducting the study in order to accomplish the objectives of the study. In the study quantitative research approach was used.

RESEARCH DESIGN:

A research design is an investigation overall plan for obtaining answer for the research questions. In the study non-experimental descriptive survey design was used.

VARIABLES:

Variables are questions, properties or characteristics of persons, things or situations that change or vary.

- **Attribute variable:**

The attribute variables in this study are socio-demographic variables.

- **Study variable:**

The study variable in this study is knowledge of IYCF practice.

SETTING

Setting in the location where a study is conducted. For the present study the setting is rural and urban mother because of availability of sample and feasibility for conducting study.

POPULATION

Population is referred as the target population which represents the entire group of the all the element like individuals, objective that need certain criteria for the study.

In the present study, the population consists of mothers having infant and young child (6months-2years)

METHOD OF DATA COLLECTION

The data is collected on permission from head of institution, and Head of the departments.

- **Pre-preparatory phase:**

A formal written permission will be obtained from the mothers residing in urban and rural area by carrying out convenient sampling technique. 50 mother from rural and 50 mother from urban selected by lottery method who fulfill the written criteria.

▪ **Data collection phase:**

The data will be collected individually by administering structured knowledge questionnaire which will be developed by the investigator. 15-20 minutes will be spent with each mothers for collecting the data.

SAMPLE AND SAMPLE SIZE

A sample is subject or proportion of the population that has been selected to represent the population of interest.

For the study, a sample of 100 mothers having infant and child of aging from 6 months to 2 years residing in selected rural and urban community area of Kolar district.

SAMPLING TECHNIQUE

Sampling is the process of selecting a portion of population to represent the entire population. In the present study Convenient sampling technique was used .

CRITERIA FOR SELECTION OF SAMPLE

▪ **Inclusion Criteria**

1. Mothers having infant and child aging from 6 months to 2 years.
2. Willing to participate in the study.
3. Those who are available at the time of data collection.
4. Able to understand English and Kannada.

▪ **Exclusion criteria**

1. Those who are not available at the time of data collection.
2. Those who are not willing to participate.
3. Those who do not understand Kannada and English.

DATA COLLECTION TOOL

The data collection followed in the study involved the following technique-

SECTION – I

Demographic data like age, sex, education, occupation, number of children, feeding practices, income, religion, place of residence.

SECTION-II

It consists of structured knowledge Questionnaire on feeding practices.

METHOD OF DATA COLLECTION

Data was collected in the following steps:

STEP 1-

The ethical clearance obtained from Research Ethical Committee of the institution.

STEP 2-

The sample was selected based on the inclusion criteria by obtaining the informed consent from the study participants.

STEP 3-

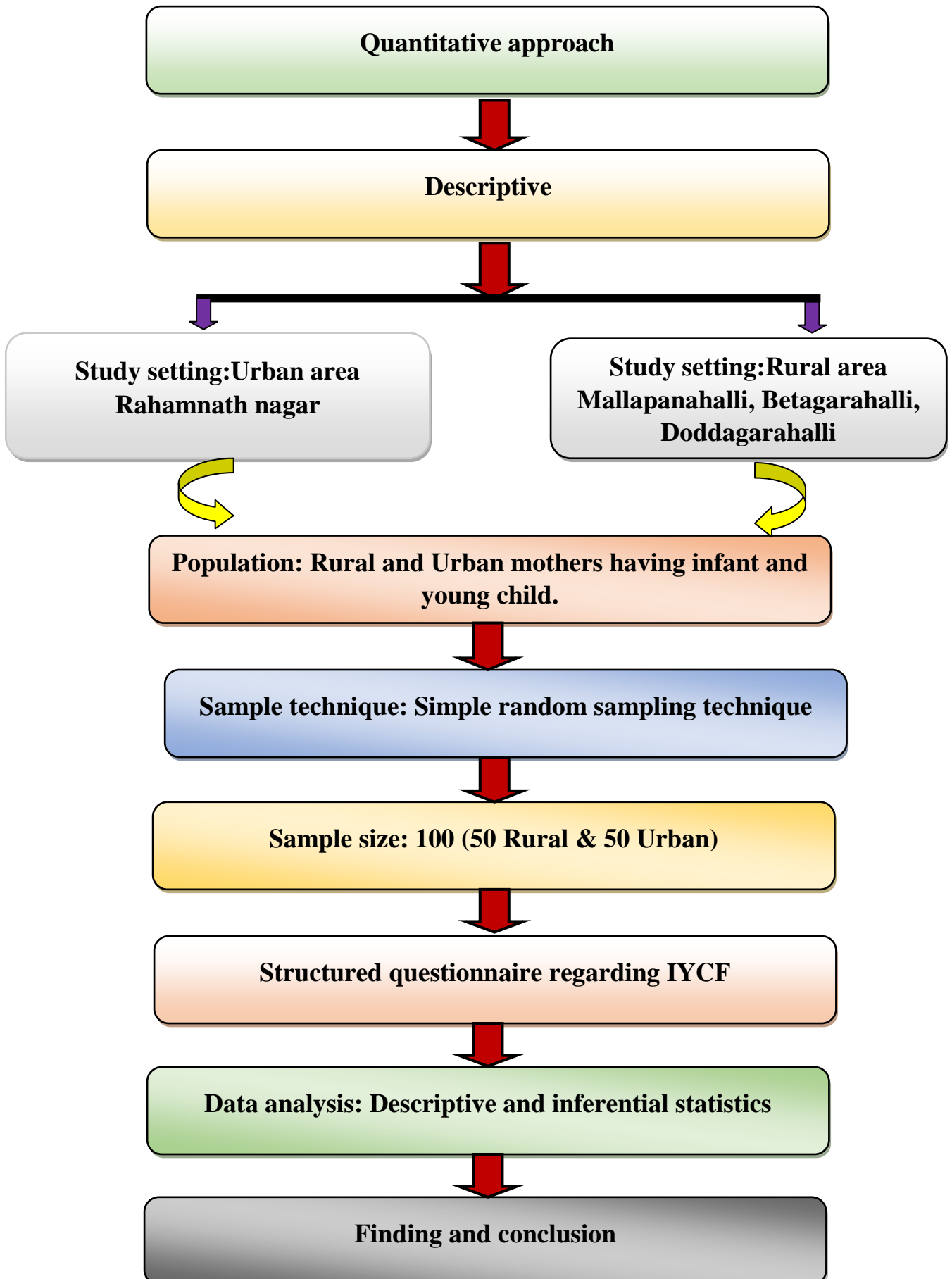
Structured knowledge questionnaire were distributed to study participants and collected back after 15 minutes.

STEP 4-

By using tables and excel sheets master data sheet was prepared.

PLAN OF DATA ANALYSIS

Data is analyzed by tabulation and interpretation of the finding carried out by descriptive and inferential statistics.



CHAPTER 4

ANALYSIS AND INTERPRETATION



CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA

Analysis is a detailed examination of the element of structure of something. In research, analysis means commutation of certain measures along with searching for patterns of relationship that exist among data group.

The chapter deals with the analysis and interpretation of data gathered to assess the knowledge on infant and young child feeding (IYCF) practices among the mothers of rural and urban area of Kolar district having 0 to 2 years children with the help of administering structured knowledge questionnaire on feeding practices and Infant and young child feeding (IYCF) practices of mother at selected Rural and Urban community.

The data was obtained from 100 study participants of Urban and Rural area of Kolar district. The data was processed and analysis using descriptive and inferential statistics on the basis of the objectives of the study and assumption of research data and the testing of research formulated for the present study.

Data analysis is defined as the systematic organization and synthesis of research data and testing of hypothesis using data.

OBJECTIVE OF THE STUDY

1. To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected rural and urban areas of Kolar.
2. To compare the knowledge on infant and young child feeding (IYCF) practices of rural and urban mother and prepare information leaflet.

ASSUMPTION

- 1) Mothers may have inadequate knowledge regarding infant and young child feeding (IYCF) practices,
- 2) Knowledge of the mother will have effect on their feeding practices.
- 3) The information booklet will improve the knowledge of the mothers regarding infant and young child feeding (IYCF) practices.

PRESENTATION OF DATA

To begin with, the data was entered in a master sheet for tabulation and statistical processing. The findings of data has been finalized and organized with the plan for data analysis. These are presented under the following section.

Section I: Demographic profile of Urban and Rural mother

Section II:

- i) Aspect wise distribution of knowledge score and comparison
- ii) Overall knowledge score and comparison
- iii) Distribution of sample based on Mean percentage and Standard deviation of both urban and rural mother.

SECTION 1:

SOCIO-DEMOGRAPHIC PROFILE

Table 1: Sample distribution according to age

GROUP 1(URBAN AREA)

Age in year	Frequency	Percentage
18-25	26	52%
26-35	22	44%
36-45	2	4%
>45	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

Age in year	Frequency	Percentage
18-25	29	58%
26-35	20	40%
36-45	1	2%
>45	0	0%
Total	50	100%

Table: 1 Depicts that Majority 58% belongs to 18-25 years in rural population & 52% in urban population, 40% belongs to 26-35years in rural population and 44% in urban and only 2% belongs to 36-45 years in Rural and 4% in Urban Population.

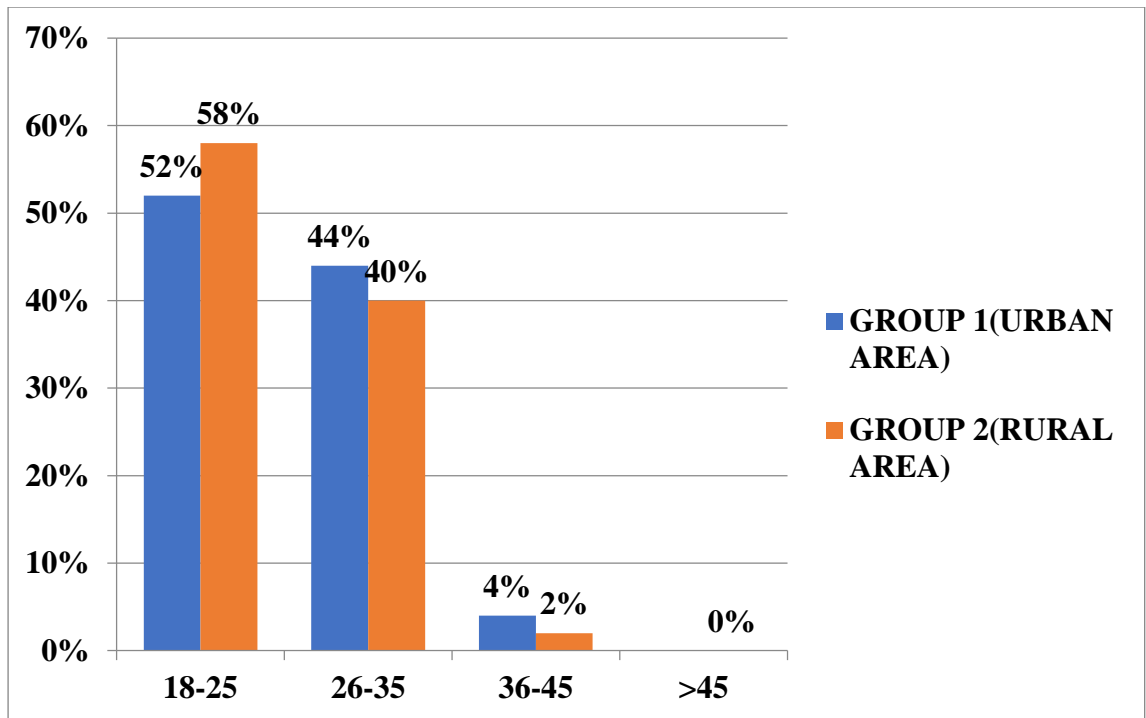


Figure 1: Percentage distribution of mother based on age

Table 2: Sample distribution based on Gender of child

GROUP 1(URBAN AREA)

Gender	Frequency	Percentage
Male	19	38%
Female	31	62%

GROUP 2(RURAL AREA)

Gender	Frequency	Percentage
Male	22	44%
Female	28	56%

Table 2: Depicts that Majority 62% of the urban mother and 56% rural mother have female child where 38% urban mother and 44% rural mother have male child.

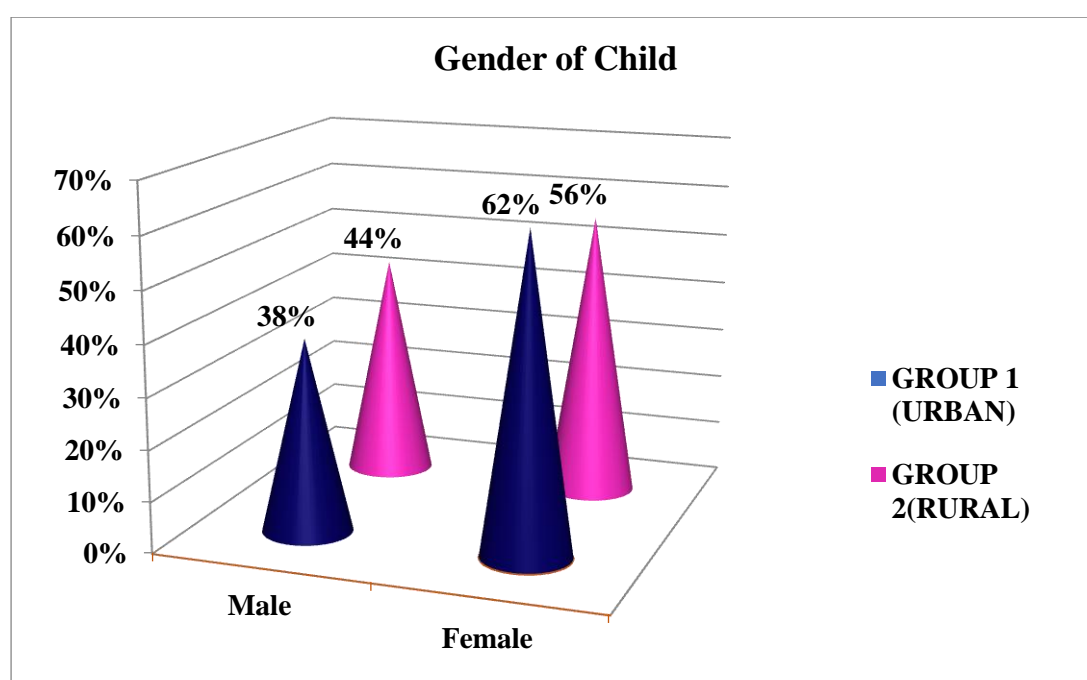


Figure 2: Percentage distribution of mother according to their gender of child

Table 3: Sample distribution based on Education

GROUP 1(URBAN AREA)

Educational Status	Frequency	Percentage
Primary School	12	24%
Secondary School	27	54%
Bachelor's Degree	11	22%
Post Graduate Degree and above	0	0%
No formal Education	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

Educational Status	Frequency	Percentage
Primary School	18	36%
Secondary School	15	32%
Bachelor's Degree	16	30%
Post Graduate Degree and above	1	2%
No formal Education	0	0%
Total	50	100%

Table: 3 Depicts that Majority 54% of mother completed their secondary school in urban area and 36% mother completed primary school in rural area. 24% urban mother completed primary school, 32% rural mother completed secondary school, 22%urban mother and 30% rural mother completed bachelor's degree, 0% urban mother and 2% urban mother completed post graduate degree.

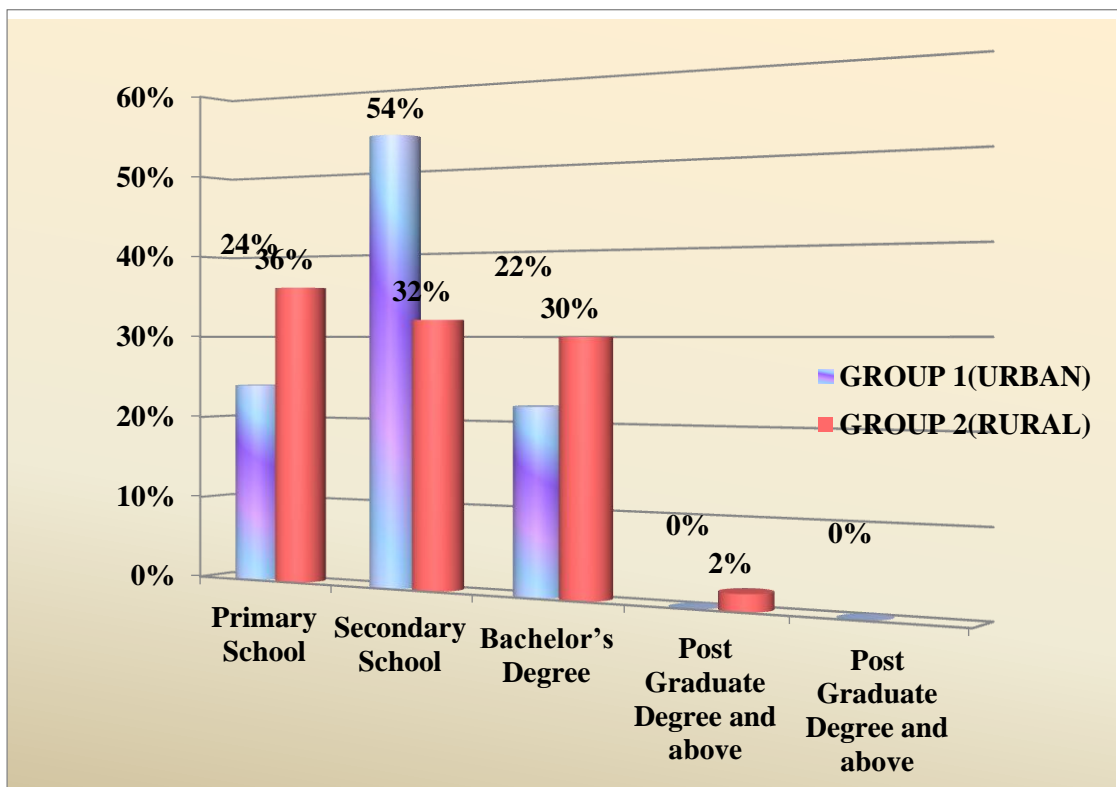


Figure 3: Percentage distribution of mother according to their Education

Table 4: Sample distribution based on mother's Occupation

GROUP 1(URBAN AREA)

Occupational Status	Frequency	Percentage
Home maker	42	84%
Private Employee	7	14%
Government Employee	1	2%
Other	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

Occupational Status	Frequency	Percentage
Home maker	41	82%
Private Employee	8	16%
Government Employee	0	0%
Other	1	2%
Total	50	100%

Table 4, depicts that Majority 84% of mother are home maker in urban area & 82% in rural area and 2% of urban mother and 0% rural mother were government employee.14% urban mother and 16% rural mother were private employee and 2% were doing other work in rural area.

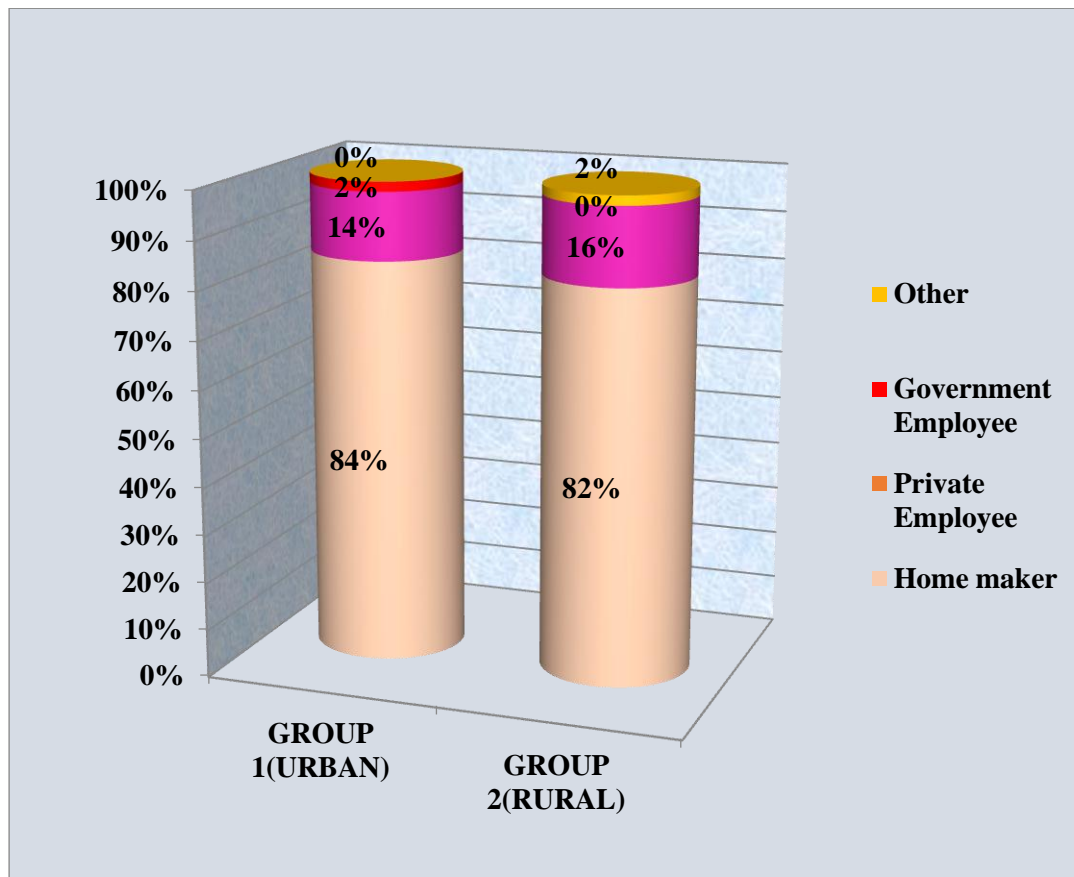


Figure 4: Percentage distribution of mother according to their occupation

Table 5: Sample distribution based on number of children of mother

GROUP 1(URBAN AREA)

No of children	Frequency	Percentage
1	22	44%
2	24	48%
3	4	8%
More than 3	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

No of children	Frequency	Percentage
1	29	58%
2	20	40%
3	0	0%
More than 3	1	2%
Total	50	100%

Table: 5, depicts that majority 58% of rural mother and 44% of urban mother having 1 child. 2% of rural mother and 0% of urban mother were having more than 3 children.40% of rural mother and 48% of urban mother having 2 children and 0% of rural mother and 8% of urban mother having 3 children.

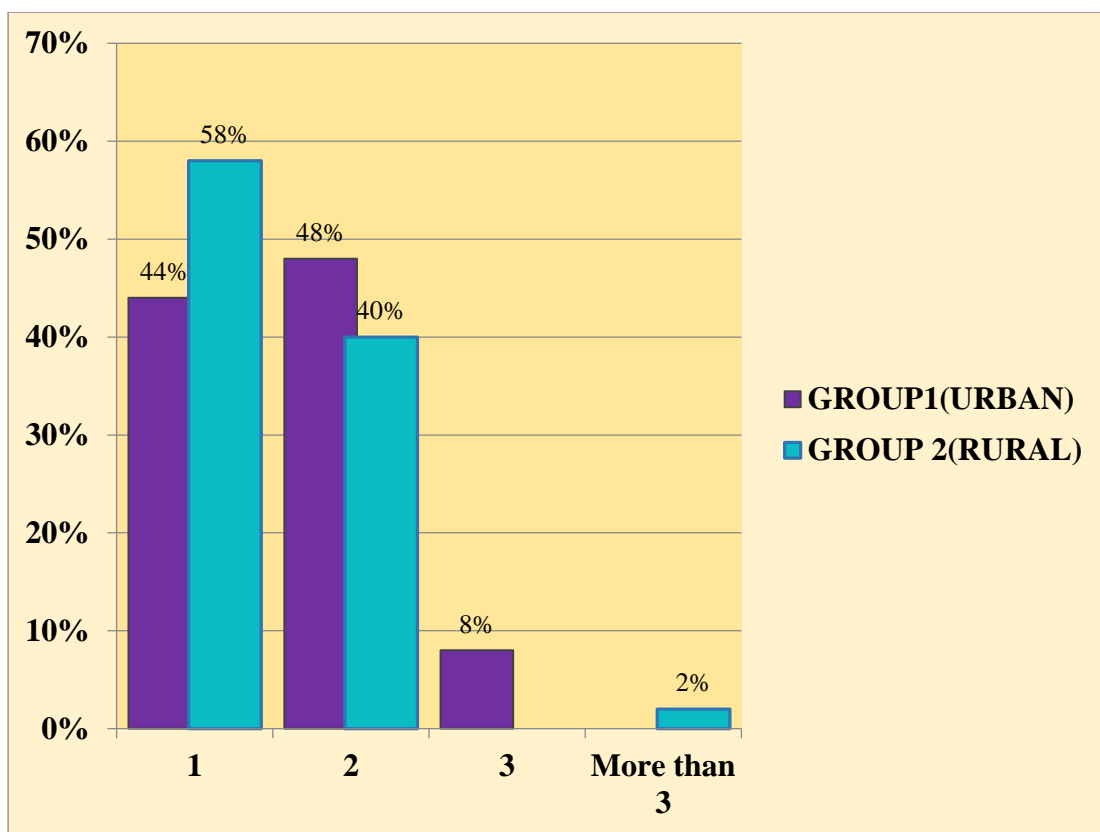


Figure 5: Percentage distribution of mother according to number of children

Table 6: Distribution of sample according to family monthly income

GROUP 1(URBAN AREA)

Family Monthly income Status	Frequency	Percentage
<10,000rs	20	40%
11,000-20,000rs	19	38%
21,000-30,000rs	9	18%
>30,000rs	2	4%
Total	50	100%

GROUP 2(RURAL AREA)

Family Monthly income Status	Frequency	Percentage
<10,000rs	22	44%
11,000-20,000rs	18	36%
21,000-30,000rs	5	10%
>30,000rs	5	10%
Total	50	100%

Table 6 gives the description of distribution of mother according to family income. It is evident that majority 44% of rural mother and 40% of urban mother had family income <10,000rs, 10% of rural mother and 4% of urban mother had family income >30,000rs. 36% of rural mother and 38% of urban mother had family income 11,000-20,000rs. And 10% of rural mother and 18% of urban mother had family income 21,000-30,000rs.

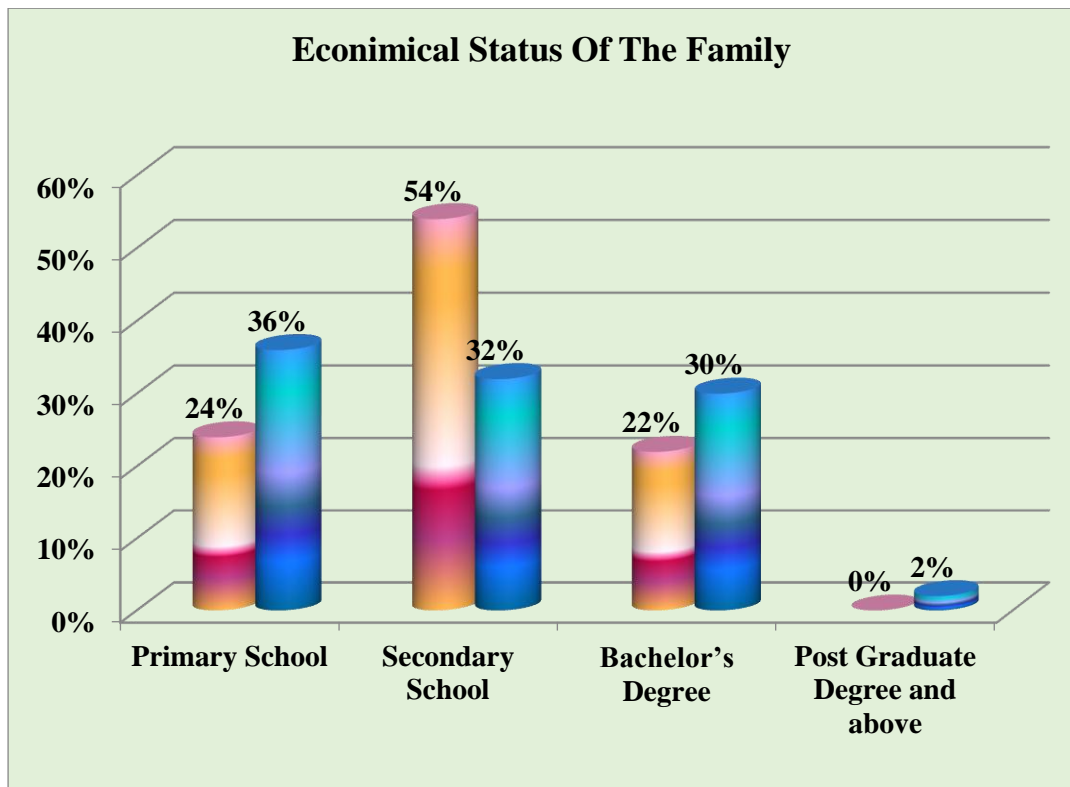


Figure 6: Percentage distribution of mother according to their monthly income of the family

Table 7: Distribution of sample according to religion of mother

GROUP 1(URBAN AREA)

Religion	Frequency	Percentage
Hindu	7	14%
Muslim	43	86%
Christian	0	0%
Other	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

Religion	Frequency	Percentage
Hindu	49	98%
Muslim	1	2%
Christian	0	0%
Other	0	0%
Total	50	100%

Table 7 depicts majority 98% of the rural mothers are Hindu where majority 86% of urban mother are Muslim.2% of rural mother are Muslim where 14% of urban mother are Hindu.

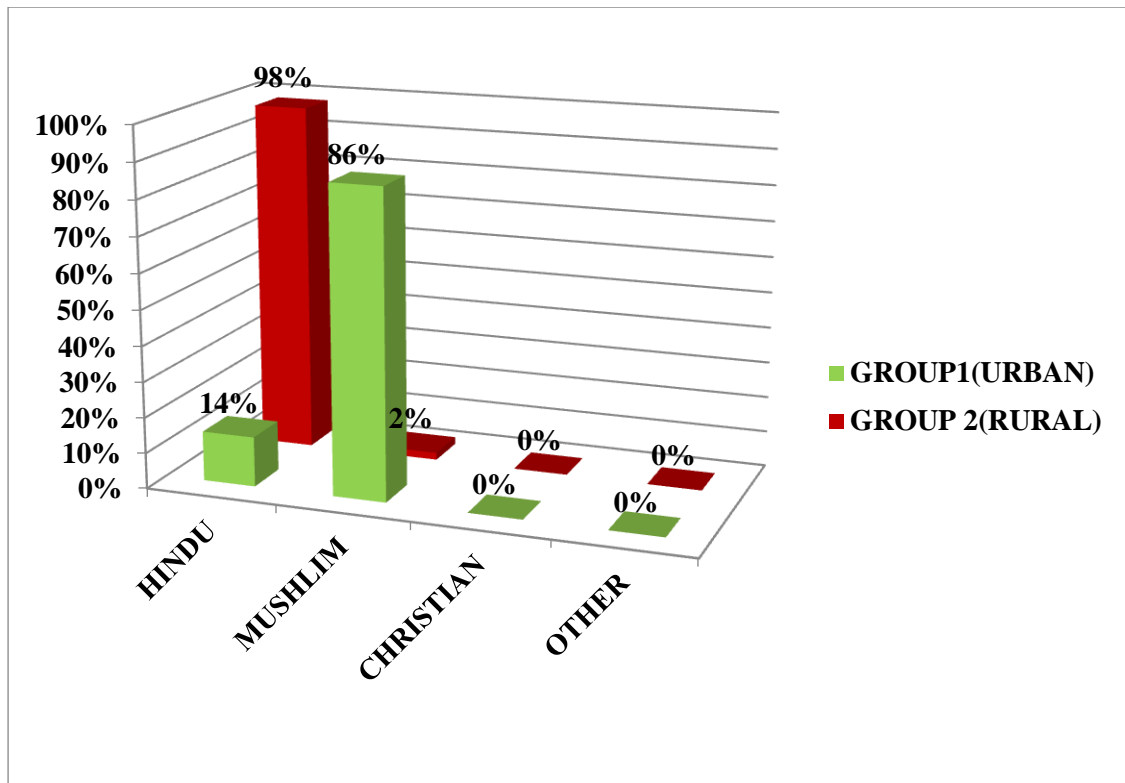


Figure 7: Percentage of sample distribution based on Religion

Table 8: Distribution of sample according to Area

AREA	SAMPLE SIZE
Urban	50
Rural	50
Total	100

Table 8 gives the description of distribution of sample according to area.

In both Rural and Urban area sample no is equal that is 50 in each.

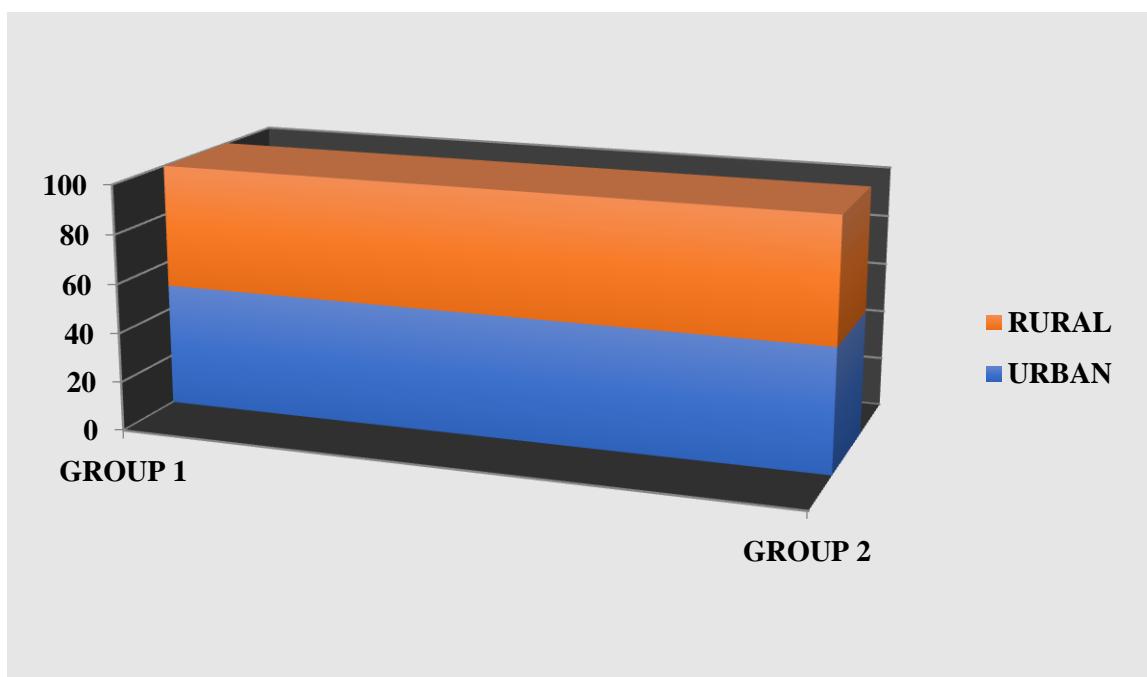


Figure 8: Percentage distribution of mother according to Area

Table 9: Distribution of sample according to type of family of mother

GROUP 1(URBAN AREA)

Type of Family	Frequency	Percentage
Nuclear family	12	24%
Joint family	31	62%
Extended family	7	14%
Other	0	0%
Total	50	100%

GROUP 2(RURAL AREA)

Type of Family	Frequency	Percentage
Nuclear family	36	72%
Joint family	13	26%
Extended family	1	2%
Other	0	0%
Total	50	100%

Table 9 distribution of mother according to family type. According to family type majority 72% of rural mother belongs to nuclear family where 62% urban mother from joint family. 2% rural mother and 14% urban mother belongs to extended family. 26% of rural mothers come from a joint family. And 24% of urban mother from nuclear family.

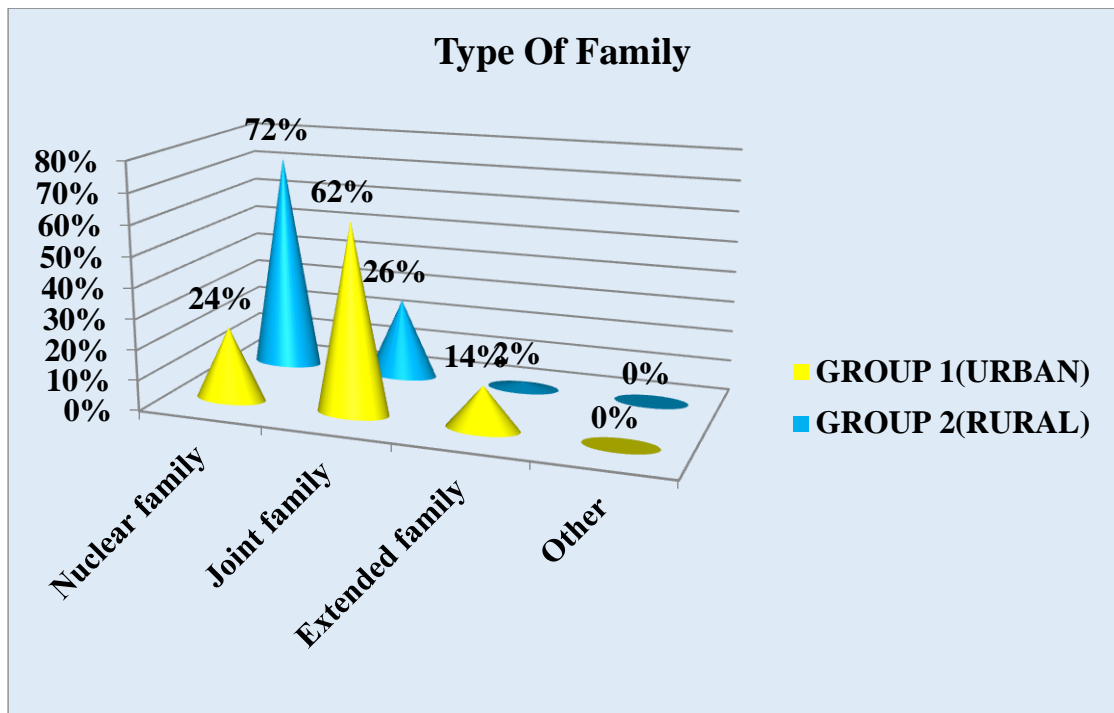


Figure 9: Percentage distribution of mother according to type of family

Table 10: Distribution of sample according to Type of delivery

GROUP 1(URBAN AREA)

Type of Delivery	Frequency	Percentage
Normal	19	38%
LSCS	31	62%
Total	50	100%

GROUP 2(RURAL AREA)

Type of Delivery	Frequency	Percentage
Normal	30	60%
LSCS	20	40%
Total	50	100%

Table 9, Gives a description of distribution of children according to type of delivery. From the above table it is evident that majority 62% of children were born by cesarean section and 38% of children born by normal delivery in urban population. Where 60% children were born by normal delivery and 40% children were born by LSCS in rural population.

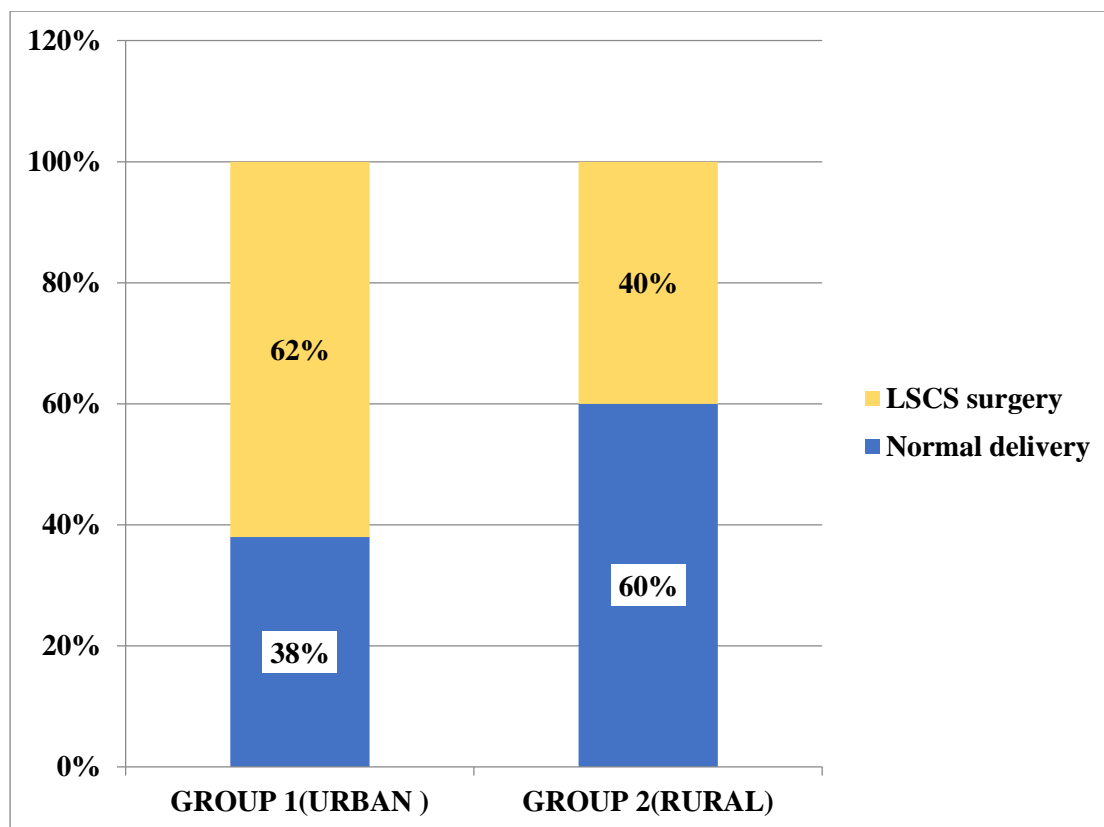


Figure 10: Percentage distribution of mother according to type of delivery

SECTION 2:

Distribution of study participant according to the knowledge level on feeding practices.

Urban mother

Knowledge level	Frequency	Percentage
Below average(<14)	35	70%
Average(14-20)	12	24%
Above average(>21)	3	6%
Total	50	100%

Rural mother

Knowledge level	Frequency	Percentage
Below average(<14)	36	72%
Average(14-20)	14	28%
Above average(>21)	0	0%
Total	50	100%

Table 11, depicts that Majority 72% of rural mother and 70% of urban mother were having below average knowledge. 6% of rural mother and 0% of urban mother were having above average knowledge and 28% of rural mother and 24% of urban mother were having average knowledge.

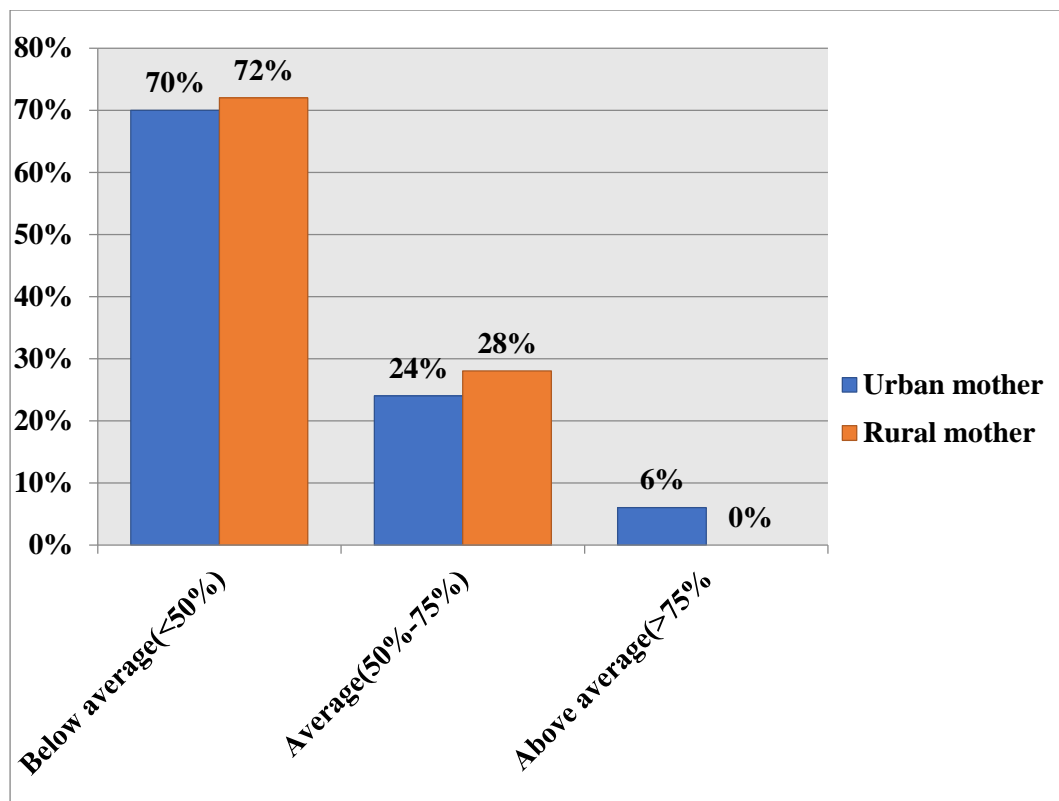


Figure 11: Percentage distribution of knowledge score

KNOWLEDGE SCORE

N=100

AREA	SAMPL E SIZE (N)	SCORE	TOTAL SCORE	MAX SCORE	MIN SCORE	MEAN	MEAN %	SD
URBAN (GROUP 1)	50	On Feeding practices	13	11	1	5.06	46%	2.853
		On IYCF	15	13	2	6.76	52%	2.897
RURAL (GROUP 2)	50	On Feeding practices	13	9	0	4.04	44.88%	2.080
		On IYCF	15	12	1	7.14	59.5%	2.408

Table 12, gives the description of mean, mean percentage and standard deviation for the feeding practice as well as Infant and young child feeding practice in both urban and rural population.

It is evident that Maximum mean % obtained by the subject found in the aspect of the knowledge on IYCF and feeding practice is 59.50% & 44.88% simultaneously in Rural Mothers whereas 52% & 46% in Urban mother.

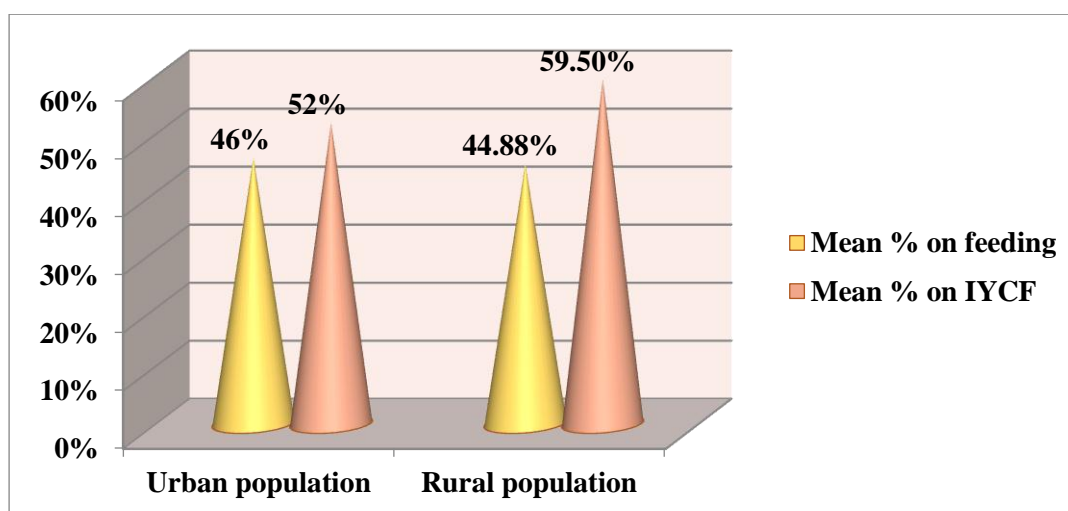


Figure 12: Mean Percentage of knowledge score on feeding practice and Infant and young child feeding (IYCF) practice.

TOTAL KNOWLEDGE SCORE

AREA	SCORE	TOTAL SCORE	MAX SCORE	MIN SCORE	MEAN	MEAN%	SD
URBAN (GROUP 1)	On Feeding practices	28	24	3	11.82	49.25%	4.835
	On IYCF						
RURAL (GROUP 2)	On Feeding practices	28	19	3	11.18	58.84%	3.745
	On IYCF						

Table 13 gives the description on Total knowledge score on feeding practice.

From the above table it is evident that maximum mean percentage obtained by the subject in aspect of total knowledge on feeding practice in rural population 58.84% where 49.25% is in urban population. Rural population standard deviation is 3.745 where urban population standard deviation is 4.835.

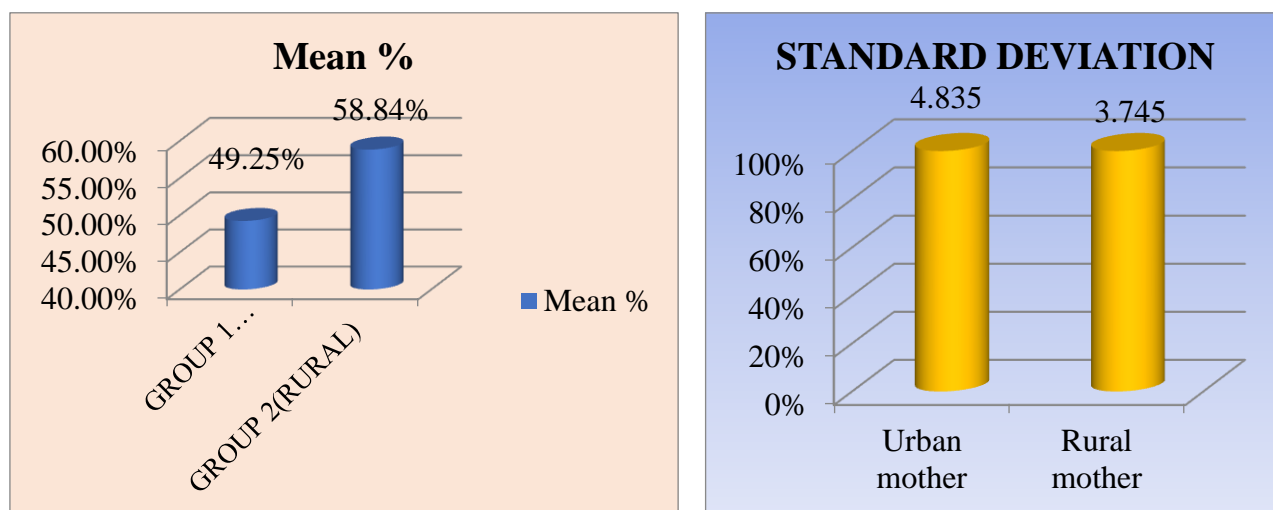


Figure 13, is evident that the maximum mean % obtained in Rural population 58.84% and 49.25% found in Urban population, more dispersion found in the Urban population 4.835 where in the Rural population standard deviation is 3.745.

CHAPTER 5

DISCUSSION



CHAPTER 5

DISCUSSION

The present study was attempted to correlate the assessment of knowledge on Infant and Young Child Feeding (IYCF) practice of mother at selected urban and rural community of Kolar district. The findings are discussed under the demographic characteristics and objectives.

SECTION I: - Socio demographic proforma of mother

SECTION II: - A. Knowledge on feeding practices of mother

B. Knowledge on Infant and Young Child feeding (IYCF) practices of mother

SECTION I: - Socio demographic proforma of mother

Age

Majority 58% belongs to 18-25 years old in rural population & 52% in urban population, 40% belong to 26-35years in rural population and 44% in urban and only 2% belongs to 36-45 years old in Rural and 4% in Urban Population.

Gender of child

The distribution of mother by their gender of child majority 62% of the urban mother and 56% rural mother have female child where 38% urban mother and 44% rural mother have male child.

Education

Findings of study reveals majority 54% of mother completed their secondary school in urban area and 36% mother finished primary school in rural area. 24% urban mother completed primary school, 32% rural mother completed secondary school, 22%urban mother and 30% rural mother completed bachelor's degree, 0% urban mother and 2% urban mother completed post graduate degree.

Occupation

With regard to occupation, majority 84% of mother are home maker in urban area & 82% in rural area, and 2% of urban mother and none of the rural mother were government employees.14% urban mother and 16% rural mother were private employee and 2% were doing other work in rural area.

Number of children

Majority 58% of rural mother and 44% of urban mother having 1 child.

2% of rural mother and 0% of urban mother were having more than 3 children.40% of rural mother and 48% of urban mother having 2 children and 0% of rural mother and 8% of urban mother having 3 children.

Family income

Majority 44% of rural mother and 40% of urban mother had family income <10,000rs, 10% of rural mother and 4% of urban mother had family income >30,000rs. 36% of rural mother and 38% of urban mother had family income 11,000-

20,000rs and 10% of rural mother and 18% of urban mother had family income 21,000-30,000rs.

Religion

Majority 98% of the rural mothers are Hindu where majority 86% of urban mother are Muslim. 2% of rural mother are Muslim where 14% of urban mother are Hindu.

Area

In both Rural and Urban area sample number is 50 in each.

Type of family

With regard to family type majority 72% of rural mother belongs to nuclear family where 62% urban mother from joint family. 2% rural mother and 14% urban mother from extended family. 26% of rural mother from joint type of family and 24% of urban from nuclear family.

Type of delivery

Majority 62% of children were born by cesarean section and 38% of children born by normal delivery in urban population. Where 60% children were born by normal delivery and 40% children were born by LSCS in rural population.

SECTION II

Knowledge score on overall feeding practices of mother

Majority 72% of rural mother and 70% of urban mother had below average knowledge. 6% of rural mother and none of the urban mother had above average

knowledge and 28% of rural mother and 24% of urban mother had average knowledge.

Description of mean, mean percentage and standard deviation for the total knowledge on feeding practice

Maximum mean score is 11.18, mean percentage obtained is 58.84% in rural population where Maximum mean score is 11.82, mean percentage obtained is 49.25% in urban population. Rural population standard deviation is 3.745 where urban population standard deviation is 4.835

A. Description of mean, mean percentage and standard deviation for the knowledge on feeding practice

It is evident that Maximum mean score is 4.04, mean % obtained is 44.88%, standard deviation is 2.080 in Rural community. Where that Maximum mean score is 5.06, mean % obtained is 46%, standard deviation is 2.853 in urban community.

B. Description of mean, mean percentage and standard deviation for the knowledge on Infant and Young Child Feeding (IYCF)

Maximum mean score is 7.14, mean % obtained is 59.50%, and standard deviation is 2.408 in rural community. Whereas Maximum mean score is 6.76, mean % obtained is 52%, standard deviation is 2.897 in urban community.

CHAPTER VI

CONCLUSION



CHAPTER 6

CONCLUSION

This chapter presents the major findings of the study, the conclusion drawn, implication, limitation, suggestion and recommendation.

This study aimed at assessing the knowledge regarding IYCF practice among the mother of Kolar district, in this current study descriptive survey approach was used. 100 samples were drawn from the population using convenient sampling process. Individual data were collected by administering a Structured Knowledge Questionnaire developed by the investigator. 15-20 minutes was spent with each mother for collecting the data. Statistical methods were used to analyze and interpret the data.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected rural and urban community of Kolar.
- To compare infant and young child feeding practices of rural and urban mother and prepare information leaflet.

MAJOR FINDINGS OF THE STUDY

- Majority 58% of rural mother & 52% of urban mother belongs to 18-25 years
- Majority 62% of the urban mother and 56% rural mother have female child.

- Majority 54% of mother completed their secondary school in urban area and 36% mother completed primary school in rural area.
- Majority 84% of urban mother & 82% in rural mother are home maker.
- Majority 58% of rural mother and 44% of urban mother having 1 child.
- Majority 44% of rural mother and 40% of urban mother had family income <10,000rs,
- Majority 98% of the rural mothers are Hindu where majority 86% of urban mother are Muslim.
- Majority 72% of rural mother belongs to nuclear family where 62% urban mother belongs to joint family.
- Majority 62% of children were born by cesarean section in urban community whereas 60% children were born by normal delivery in rural community.
- Majority 72% of rural mother and 70% of urban mother were having below average knowledge level on feeding.

IMPLICATION OF THE STUDY

The study findings have implications in various fields of nursing like nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

- Mothers have a important role in feeding the children and in maintaining the nutritional condition of her child. Knowledge on feeding practice will improve their feeding practice.

- Education program with effective teaching techniques will help mothers to enhance their practices on feeding in order to detect early signs of non nourishment.
- Nursing professionals can motivate the significant others and the family in respect of IYCF practice.
- A nurse is essential to feed children. It starts even before a mother is pregnant, through health education demonstration of preparation of feed and feeding, nurse can help to improve the knowledge in respect of Infant and young child feeding(IYCF).

NURSING EDUCATION

- Conference, Workshops, In-service education, Seminars can be conducted for nurses to impart, update the knowledge and develop most favorable practice on IYCF.
- Nursing curriculum has to focus on enabling the nursing students to develop knowledge in feeding of children.

NURSING RESEARCH

- This study will be reference material for future research.
- This study is a preliminary setup for exploring the concept of knowledge regarding feeding practices specially IYCF.
- This study result will encourage the urban and rural mother to gain the knowledge in feeding of their children.

LIMITATION OF THE STUDY

- The study limited to only selected urban and rural community of Kolar district.
- The sample was limited to 100.
- The study didn't use any control group.

RECOMMENDATIONS

On the basis of the findings of the study the following recommendations have been made:

- ✓ A similar study on a larger sample size can be replicated to generalize the findings.
- ✓ An experimental study with a control group can be conducted to effectively compare results.
- ✓ A similar study with the co-relation on feeding practice can be conducted.
- ✓ The study can be expanded by including more demographic variables.
- ✓ A similar experiment can be suggested by using a different teaching method.

SUMMARY

The chapter deals with implication for nursing practice, nursing education, nursing administration and nursing research. Based on the study, it clarifies the limitation of the study and recommendations for future research.

CHAPTER 7

SUMMARY



CHAPTER 7

SUMMARY

Birth of a child in a family is one-of-a-kind. & important event in a woman's existence. Nothing brings more joy to a mother's heart than a normal, healthy child. To accomplish this, the mothers must be knowledgeable on feeding with clarity. The growth and development of a child is faster during the 1st year of life.^[3] IYCF practice comprising breast feeding exclusively as well as complementary feeding which plays a major role in determining the dietary condition of children.^[3] So it is more important that Babies require additional food in addition to breast milk at the appropriate age and in sufficient quantities to grow and remain healthy.

The main objectives of the study TO ASSESS THE KNOWLEDGE ON INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES AMONG THE MOTHERS OF RURAL AND URBAN AREA OF KOLAR DISTRICT WITH A VIEW TO DEVELOP INFORMATION LEAFLET. The data was collected from 100 urban and rural mothers with the help of structured questionnaire to assess the knowledge.

The study aimed at accomplishing the following objectives:

- To assess the level of knowledge on infant and young child feeding (IYCF) practices of the mothers in selected rural and urban community of Kolar.
- To compare infant and young child feeding practices of rural and urban mother and prepare information leaflet.

METHODOLOGY

The study is based on descriptive approach; non experimental design was used for the collection of the data. The total sample is 100. Demographic data like Age, Gender of child, Education of mother, Occupation, Number of children, Family income, Religion, Area, Type of family, Type of delivery.

The instrument used in the present study will be Structured Knowledge Questionnaire which comprises of two sections:-

SECTION I: - Socio demographic proforma of mother

SECTION II. A. Knowledge on feeding practices of mother

B. Knowledge on Infant and Young Child feeding (IYCF) practices of mother.

SECTION I:-

Socio demographic proforma of mother

It consists of-

Age ,Gender of child, Education of mother, Occupation, Number of children, Family income, Religion, Area, Type of family, Type of delivery.

SECTION II:-

It consists of two parts

A. Knowledge on feeding practices of mother: Checklist consists of items to assess knowledge on feeding practice which includes breast feeding, weaning diet and positioning during breast feeding.

B. Knowledge on Infant and Young Child feeding (IYCF) practices of mother: Checklist consists of items to assess knowledge on meaning of IYCF, exclusive

breast feeding technique, Weaning required, Quantity required for optimum growth and requirement of children during 0 to 2 years of baby.

Findings related to demographic variables of mothers

RURAL MOTHER

- Majority 58% of rural mother belongs to 18-25 years, Majority 56% rural mother have female child, Majority 36% mother completed primary school in rural area, Majority 82% in rural mother are home maker, Majority 58% of rural mother having 1 child, Majority 44% of rural mother had family income <10,000rs, Majority 98% of the rural mothers are Hindu, Majority 72% of rural mother belongs to nuclear family.

URBAN MOTHER

- Majority 52% of urban mother belongs to 18-25 years, Majority 62% of the urban mother have female child, Majority 54% of mother completed their secondary school in urban area, Majority 84% of urban mother are home maker, Majority 44% of urban mother having 1 child, Majority 40% of urban mother had family income <10,000rs, majority 86% of urban mother are Muslim, Majority 62% urban mother belongs to joint family.

Finding related to knowledge score on feeding

RURAL MOTHER

Majority 72% of rural mother had knowledge that was below average, 6% of rural mother had above average knowledge and 28% of rural mother had average knowledge.

URBAN MOTHER

Majority 70% of urban mother had below average knowledge, none of urban mother had above average knowledge, and 24% of urban mother had average knowledge.

Description of mean, mean percentage and standard deviation for the feeding scores of mothers

It is evident that Maximum mean % obtained by the subject found in the aspect of the knowledge on IYCF and feeding practice is 59.50% & 44.88% simultaneously in Rural Mothers whereas 52% & 46% in Urban mother. Total knowledge on feeding practice in rural population 58.84% where 49.25% is in urban population.

More dispersion found in the urban population 4.835 where in the rural population standard deviation is 3.745.

CHAPTER 8

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CHAPTER 8

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CHAPTER 9

ANNEXURE



ANNEXURE - A

ETHICAL CLEARANCE CERTIFICATE

Meeting No-07

Ref. No. SDUCON/IEC/72/2021-22

This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tanaka, Kolar has examined and unanimously approved the following research projects

Sl No.	Name of Topic	Guide	Investigator	Remarks
1	"A Study To Assess The Impact Of Electronic Gadgets On The Lifestyle Factors Among School Going Children During Covid Pandemic"	DR Lavanya Subhashini	Abhishek d.c Aien bobby Aswarya saji Akhila sajumon Aksha e biju Sandra surendran Tigy i thomas Vaswathi gope Vijayalakshmi c.n Kavya	Accepted
2	"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."	Mrs. Vani R	Ajay kumar Alka mathew Aphymol Anithamol Sreevidhya Sujitha nair Suhasini Sumi. S, Sweety varghese Lavanya	Accepted


3	"Assessment on identification of specific learning disability (Dyscalculia) and its co-morbidity among the school-going children in selected schools at Kolar."	Mr. R Rajesh	Alina Swathi Sreelakshmi KR Angel Mary Thomas Sreekruty Somasekaran Anisha Maria Benny Soniya Sara Mari Anil Mathew Sini Joseph Anjali Krishna Nitya (PPBSc.N)	Accepted
4	A Study to Assess the Knowledge Among Health Care Providers Regarding Safety Precautions of Covid-19 and Vaccination Uses in Selected Hospitals in Kolar with view to Develop Information Booklet.	Dr.Zeenath C.J	Amala Varghese Anju Siby Anu Sajjan Anusree Likhitha.L Sharlet Maria Reji Smitha Sebastian Sneha Kunjumon Shumatha.M.C Saraswathi	Accepted
5	A study to assess the parental attachment and self-esteem among adolescent girls in selected pre-university college, kolar, with a view to develop an information booklet.	Mrs. Jayakini Aruna	Anhara mishra Anumol ps Aparna tm Aparna benny Archana krishnan Blessy haminna Sangeetha.k	Accepted

			Saritha nayak Shalini. L Sujatha. M	
6	A Study To Assess The Knowledge On Infant And Young Child ^{feeding} Practices (Iyfc) Among The Mother Of Rural And Urban Area Of Kolar District With A View To Develop Information Leaflet.	Mrs. Sumana priya S H yesu	Riyanskar Arpitha maniyam Ranjini rajan Ranjith lm Sameena taj Archita b.r Arva.r.nair aswini.b aswathy m.s Susmith	Accepted
7	"Impact of COVID-19 pandemic on quality of life among COVID-19 survivors"	DR. G Vijayalakshmi	Arya jayan Athira p.r Athira p. V Beney.p. Mathew Beeresha k.n Neha kouser Niyya kumar Pavithra Priyanka Ellamma	Accepted

8	To assess the knowledge on nanotechnology in health among nursing students at selected nursing colleges, Kolar, in a view to develop informational booklet."	Mrs. Puritha	Blessy benmichan Charan chandra Chaitha s Chinju m Merin martin Nandini m Neethu ks Nikhitha kp nimala chetri Gayathri	Accepted
9	"A study to assess the effectiveness of planned teaching program on knowledge on management of feco-oral (SF's- food, fingers, fields, feces, flies) disease transmission among anganwadi workers and helpers in selected community area"	Dr. Malathi KV	Jaimy martin Kavitha Jayashree raju a.r. Christeena c.b Esther merin sam Megha raj Greshma.a Elsa jenitta rodrigues Mereena mathew	Accepted
10	"A Study To Evaluate The Effectiveness Of Home-Made Turmeric Mask In Reducing Chloasma Faciei Among Women At Selected Villages, Kolar."	Mrs. Gayathri k.v	Divya g.a Elizabeth antony Karna kumari syangan Kaviya Keziya Liji thomas Maria somy Mariya joseph Manisha.s	Accepted

11	A study to assess the attitude on nursing profession and its practice among newly enrolled students at selected college, Kolar	Prof. Mary Minerva	Athira s Marcena joseph Preethi Maria varghese Meghana L Merlin elizabeth Nanditha c Naveenkumar k s Steelakshmi	Accepted
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Sl. No.	Name	Signature
1	Dr. V. Lakshmaiah	Absent
2	Dr. Mohan	Absent
3	Dr. Bhuvana	Absent
4	Mr. Sridhar	Absent
5	Mr. Suresh	Absent
6	Swamy Acharyaranda Avadutha	Absent
7	Mrs. Lakshmi	Absent


 Member Secretary
 AS COMMITTEE
 KOLAR COLLEGE OF NURSING
 KOLAR - 563103.


 Chairperson
 CHAIR PERSON
 (Human Studies)

ANNEXURE - B

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

FROM

4th year B.Sc (N)

Research Group 6

SDUCON

Tamaka, Kolar

TO

The Principal

SUDCON

Tamaka, Kolar

SUB: Requesting to grant permission for data collection (through research guide)

Respected madam,

This is for your kind information that we the 4th year B.Sc nursing community research students, would like to go for data collection in **Malapanahalli, doddaganahalli, betagarahalli (Rural Area), Kolar & Gandhi Nagar and Ramanth Nagar(Urban)**to conduct research project on “A study to assess the knowledge on Infant and Young child feeding practices (IYFC) among the Rural and Urban area of Kolar district with a view to develop information leaflet.”

So please kindly permit us to conduct the research project and do the needful.

Thanking you

Yours faithfully,

Community research student (group 6)

4th year B.Sc (N)

ANNEXURE - C

INFORMED CONSENT FORM

Name of the Principal Investigator: Mrs Sumana Yesu Priya S.H

Name of the investigator: Ms. Riya Naskar , Ms. Ranjini Rajan, Mr Ranjith L.M , Ms. Arpitha Mariyam ,Ms.Sameena Taj, Ms. Architha B. Ms. Arya R. Nair, Ms. Aswini .B , Ms. Aswathy M.S ,Ms.Susmitha K.V

Name of the Organization: Sri Devaraj Urs College of Nursing, Tamaka, Kolar

Title of the study: “A study to assess the knowledge on Infant and Young Child Feeding Practices (IYCF) among the mother of rural and urban area of Kolar district with a view to develop information leaflet.”

If you agree to participate in the study, I will collect information (as per Performa) from you as a person responsible for you or both. We will collect relevant details.

You are invited to participate in this research study. You are being asked to participate in the study because you satisfy our eligibility criteria. The information in the given document is meant to help you decide whether or not take part. Please be free to ask any queries. I give my consent to collect the information and also can be used for medical research, test validation or education as long as my privacy is maintained.

I have read or it has been read and explained to me in my own language. I have understood the purpose of the study, the nature of information that will be collected and disclosed during the study. I had the opportunity to ask questions and the same has been answered to my satisfaction. I understand that I remain free to withdraw from the study at any time and this will not change my future care. I the undersigned agree to participate in this study and authorized the collection and closure of my personal information of presentation and publication.

Signature-----

ANNEXURE - D
LETTER REQUESTING OPINION AND SUGGESTIONS OF
EXPERTS FOR
ESTABLISHING CONTENT VALIDITY FOR RESEARCH
TOOL.

From,

Research Students

4th Year B.Sc (N)

Sri Devaraj Urs College of Nursing

Tamaka, Kolar

To,

Respected Sir/Madam

**Subject: Requesting for the opinion and suggestion of experts for
establishing content validity of research tool.**

We the students of basic B.Sc Nursing 4th year team belonging to Dept. of Community Health Nursing have selected below mentioned topic for research project for the fulfillment of the requirements of nursing research subject for B.Sc (N) degree.

TITLE OF THE TOPIC

“A study to assess the knowledge on Infant and Young Child Feeding Practices (IYCF) among the mother of rural and urban area of Kolar district with a view to develop information leaflet.”

With the regard to the above, we kindly request your Good-self to validate the tool for its relevancy and adequacy. Hereby, we have enclosing the objectives of the study and the Structure Knowledge Questionnaire with the answer key and content validity certificate for your kind reference. We will be highly obliged and thankful for your great help. Here with, we enclose,

Objectives of the study

1. To assess the level of knowledge on Infant and Young Child Feeding Practices (IYFC) of the mothers in selected rural and urban areas.
2. To compare Infant and Young Child Feeding Practices of rural and urban mother and prepare information leaflet.

TOOL

Section I: Socio-Demographic Proforma

Section II: A. Knowledge question of mother on feeding practices

B. Questionnaires related to Infant and Young Child Feeding Practices (IYCF)

We, humbly request you to go through the tool and give your valuable suggestions and opinion. Kindly suggest modifications, additions and deletions, if any, in the remark column.

Thanking you,

yours sincerely,

Ms Riya Naskar

Mr Ranjith L.M

Ms.Arptha Mariyam

Ms.Sameena Taj

Ms.Architha B.R

Ms.Arya R.Nair

Date:

Place:

Ms.Aswini.B

Ms. Aswathy M.S

Ms.Susmitha K.V

ANNEXURE - E

CONTENT VALIDITY CERTIFICATE OF TOOL

Name :

Designation :

Name of Institution :

Statement of acceptance/non-acceptance:

I hereby certify that I have validated the tool of 4th year B.Sc Nursing students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, who are undertaking research project as partial fulfillment of Basic B.Sc Nursing Degree on:

“A study to assess the knowledge on Infant and Young Child Feeding Practices (IYCF) among the mother of rural and urban area of Kolar District with a view to develop information leaflet”

Place:

Date:

Signature

ANNEXURE -F

CRITERIA CHECKLIST FOR TOOL VALIDATION

For each of the following statements, please indicate how much you agree or disagree by marking the number that most closely corresponds to your opinion.

(5= strong agreement, 4=agreement, 3= Uncertain, 2= Disagreement, 1= strong disagreement). You may choose any number from 1 to 5

Question no	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Section I:- Socio- Demographic variables					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
Section II : A. Knowledge questionnaire of mother on feeding practices					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
B. Questionnaires related to Infant and Young Child Feeding Practices (IYCF)					
1					
2					
3					

4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Date:

Signature of the experts

ANNEXURE - G

CONTENT VALIDATORS

1. Dr. Vijayalakshmi .G

Principal of SDUCON

Tamaka. kolar

2. Dr. lavanya Subashini

HOD Of dept.of Child health Nursing

SDUCON

Tamaka,kolar

3. Dr Zeenath C.J

HOD of Dept of medical surgical nursing.

SDUCON

Tamaka kolar

4. Prof. Mary Minerva

HOD of Community Health Nursing

SDUCON

Tamaka,kolar.

5. Prof. Jairakini Aruna

HOD of Mental Health Nursing

SDUCON

Tamaka,kolar

6. Mrs. Punitha.M.

HOD Of dept of OBG

SDUCON

Tamaka, kolar

7. Dr. Malathi K.V.

Dept.of community Health Nursing

SDUCON

Tamaka,kolar

8. Mr Rajesh.

Assoc. professor of Mental health nursing

SDUCON

Tamaka kolar

9. Mrs. Gayathri k.V.

Assoc.prof.of OBG

SDUCON,

Tamaka kolar

10. Mrs.Vani.R

Assoc.prof.Community Health Nursing

SDUCON

Tamaka,kolar

ANNEXURE –H

SECTION I: - SOCIO DEMOGRAPHIC PROFORMA INSTRUCTIONS:

Dear participants, we request your kind co-operation in filling the below asked details. The answer given by you will be kept confidential. No one will know your answer. Kindly answer or place a tick mark (√) or fill in where ever necessary pertaining to you. There is no right or wrong answers.

1. Name of the mother_____

2. Age of the mother

- a. 18-25yrs
- b. 26-35yrs
- c. 36-45yrs
- d. 45+

3. Gender of the child

- a. Male
- b. Female

4. Education of the mother

- a. Primary Education
- b. Secondary Education
- c. Bachelor's degree
- d. Post graduate degree and above
- e. No formal education

5. Occupation of mother

- a. Home maker
- b. Private Employee
- c. Government Employee
- d. Other

6. How many children do you have?
- a. 1
 - b. 2
 - c. 3
 - d. More than 3
7. Family monthly income:
- a. <10,000rs
 - b. 11,000 - 20,000rs
 - c. 21,000 - 30,000rs
 - d. >30,000rs
8. Religion
- a. Hindu
 - b. Muslim
 - c. Christian
 - d. Any other specify
9. Area of residency
- a. Rural
 - b. Urban
10. Type of Family
- a. Nuclear family
 - b. Joint family
 - c. Extended family
 - d. Any other Specify _____
11. Type of delivery
- a. Normal
 - b. LSCS

SECTION II

A. General Knowledge questionnaire on feeding practices

1. The meaning of "feed" is
 - a. To give food
 - b. To give energy
 - c. To give nutrition
 - d. None of the above

2. Per day _____ number of times you should feed your baby
 - a. 2 times
 - b. 3 times
 - c. 4 times
 - d. More than 4 times

3. Up to which age group exclusive breast feeding is given
 - a. 3 months
 - b. 6 months
 - c. 9 months
 - d. 12 months

4. Weaning is started at
 - a. 3 months
 - b. 4 months
 - c. 6 months
 - d. After 6 months

5. type of food is needed for baby's growth and development
 - a. Protein and calorie rich food
 - b. Protein rich food
 - c. Fibre rich food
 - d. None of the above

6. The feeding is important for children because
- To get proper nutrient for staying healthy and strong
 - To reduce disease
 - To get energy
 - All of the above
7. The Protein rich allowance for a child per day is _____
- 0.8 gms/kg body wt
 - 0.7 gms/kg body wt
 - 0.6 gms/kg body wt
 - None of the above
8. Extra calories taken everyday by the breast feeding mother is _____
- 100-200 kcal
 - 200-300kcal
 - 300-400kcal
 - Above 400kcal
9. Advantages of breast feeding practice are
- Important for optimum growth and development of the child
 - Decrease mortality and morbidity rate of child
 - Both a and b
 - None of the above
10. Position of child while feeding is _____
- On arm
 - On chest
 - On arm and chest
 - All of the above

11. Signs of good attachment of baby to the breast is_____
- a. Baby's mouth wide open
 - b. Baby touches the breast
 - c. Baby's cheeks are full and not hollow
 - d. All of the above
12. Important things to be followed to have safe feeding practices
- a. Wash hands, keep food in clean utensils
 - b. Separate raw and cooked food, cook food thoroughly
 - c. Keep food at safe temperature, give freshly prepare food
 - d. All of the above
13. The formula milk means
- a. An artificial substitute for breast milk
 - b. An artificial substitute of weaning food
 - c. An artificial substitute of fluid
 - d. None of the above

B. Questionnaires related to Infant and Young Child Feeding Practices (IYCF)

1. The meaning of "IYCF" practice is
- a. Infant and young child feeding practice
 - b. Young and Elder child feeding practice
 - c. Older child feeding practice
 - d. None of the above
 - e.
2. At which age group IYCF practice should be followed
- a. 0-12 months
 - b. 0-24 months
 - c. 0-36 months
 - d. None of the above

3. The age group of Infant is____
- a. 0-2 months
 - b. 0-1yrs
 - c. 3-4 yrs
 - d. 6-8 yrs
4. IYCF is important for_____
- a. Nutritional development
 - b. Diarrhoeal disease prevention in infant and young child
 - c. Decrease mortality rate in children
 - d. All of the above
5. Breast feeding should be started-----
- a. Within first half an hour of birth
 - b. Within 1 hour of birth
 - c. Within 4 hour of birth
 - d. none of the above
6. Advantages of exclusive breast feeding is ____
- a. To achieve optimal growth, development and health
 - b. To meet nutritional need
 - c. To prevent diseases
 - d. all of the above
7. Complementary food consists of_____
- a. Energy, Protein, Vitamin, Iron And Micronutrient
 - b. Water, Vitamin. Mineral
 - c. Energy, Protein
 - d. None of the above

8. Breastfeeding is not recommended for mothers who have:
- a. Hepatitis C
 - b. Tuberculosis that has been treated
 - c. Diabetes
 - d. HIV
9. Breastfed children are less likely to have.
- a. Diarrhoea
 - b. Ear infections
 - c. Pneumonia
 - d. All of the above
10. Breast feeding helps the mother_____
- a. To get back normal weight
 - b. To reduce risk for ovarian cancer
 - c. To increase bone strength
 - d. Both a and b
11. Risk of artificial feeding is
- a. More diarrhoea, increased ear infection, gastrointestinal disorder
 - b. Provides good nutrition to the baby
 - c. Provides immunity to the baby
 - d. Provide good health to the baby
12. The food which should not be included in the 6 months
- a. Fruit juice with sugar
 - b. Dal soup with salt
 - c. Cereals cooked in water
 - d. Soft boiled egg

13. The initial deep yellow milk is good for the baby.

- a. True
- b. False

14. The stages of weaning are-----

- a. Introduction of solid foods from around 6 months
- b. More textures and tastes from around 7 months
- c. Wild variety and family food from around 9-12 months
- d. All of the above

15. 1st breast milk is called as-----

- a. Colostrum
- b. Mature breast milk
- c. Transitional milk
- d. All of the above

ವಿಭಾಗ: ಸಾಮಾಜಿಕ ಜನಸಂಖ್ಯಾ ಮಾಹಿತಿ

ಸೂಚನೆಗಳು:

ಆತ್ಮೀಯ ಪಾಲ್ಗೊಳ್ಳುವವರೇ, ಕೆಳಗೆ ಕೇಳಲಾದ ವಿವರಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ನಿಮ್ಮ ಸಹಕಾರವನ್ನು ನಾವು ಕೋರುತ್ತೇವೆ. ನೀವು ನೀಡಿದ ಉತ್ತರವನ್ನು ಗೌಪ್ಯವಾಗಿ ಇರಿಸಲಾಗುತ್ತದೆ. ನಿಮ್ಮ ಉತ್ತರವನ್ನು ಯಾರಿಗೂ ತಿಳಿಯುವುದಿಲ್ಲ, ದಯವಿಟ್ಟು ಉತ್ತರಿಸಿ ಅಥವಾ ಟಿಕ್ ಮಾರ್ಕ್ ಅನ್ನು ಇರಿಸಿ (✓) ಅಥವಾ ನಿಮಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅಗತ್ಯವಿರುವಲ್ಲಿ ಭರ್ತಿ ಮಾಡಿ . ಯಾವುದೇ ಸರಿ ಅಥವಾ ತಪ್ಪು ಉತ್ತರಗಳಿಲ್ಲ.

೧) ತಾಯಿಯ ಹೆಸರು _____

೨) ತಾಯಿಯ ವಯಸ್ಸು

ಎ) ೧೮-೨೫ ವರ್ಷ ()

ಬಿ) ೨೬-೩೫ ವರ್ಷ ()

ಸಿ) ೩೬-೪೫ ವರ್ಷ ()

ಡಿ) ೪೫+ ()

೩) ಮಗುವಿನ ಲಿಂಗ

ಎ) ಗಂಡು ()

ಬಿ) ಹೆಣ್ಣು ()

೪) ತಾಯಿಯ ಶಿಕ್ಷಣ

ಎ) ಪ್ರಾಥಮಿಕ ಶಿಕ್ಷಣ ()

ಬಿ) ಮಾಧ್ಯಮಿಕ ಶಿಕ್ಷಣ ()

ಸಿ) ಪದವಿ ಅಥವಾ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ()

ಡಿ) ಔಪಚಾರಿಕ ಶಿಕ್ಷಣವಿಲ್ಲ ()

೫) ತಾಯಿಯ ಉದ್ಯೋಗ

ಎ) ಮನೆ ತಯಾರಕ ()

ಬಿ) ಖಾಸಗಿ ಉದ್ಯೋಗಿ ()

ಸಿ) ಸರ್ಕಾರಿ ಉದ್ಯೋಗಿ ()

ಡಿ) ಇತರೆ ()

೬) ನಿಮಗೆ ಎಷ್ಟು ಮಕ್ಕಳಿದ್ದಾರೆ?

ಎ) ಒಂದು ()

ಬಿ) ಎರಡು ()

ಸಿ) ಮೂರು ()

ಡಿ) ಮೂರಕ್ಕಿಂತ ಹೆಚ್ಚು ()

೭) ಕುಟುಂಬದ ವಾರ್ಷಿಕ ಆದಾಯ:

ಎ) ೧೦,೦೦೦ರೂ ಕ್ಕಿಂತ ಕಡಿಮೆ ()

ಬಿ) ೧೧,೦೦೦ ಗೆ ೨೦,೦೦೦ರೂ ()

ಸಿ) ೨೧,೦೦೦ ಗೆ ೩೦,೦೦೦ರೂ ()

ಡಿ) ೩೦,೦೦೦ರೂ ಕ್ಕಿಂತ ಹೆಚ್ಚು ()

೮) ತಾಯಿಯ ಧರ್ಮ

ಎ) ಹಿಂದೂ ()

ಬಿ) ಮುಸ್ಲಿಂ ()

ಸಿ) ಕ್ರಿಶ್ಚಿಯನ್ ()

ಡಿ) ಯಾವುದೇ ಇತರ ಸೂಚಿಸಿ ----- ()

೯) ಮನೆಯ ಸ್ಥಳ

ಎ) ಗ್ರಾಮೀಣ ()

ಬಿ) ನಗರ ()

೧೦) ಕುಟುಂಬದ ಪ್ರಕಾರ

ಎ) ವಿಭಕ್ತ ಕುಟುಂಬ ()

ಬಿ) ಅವಿಭಕ್ತ ಕುಟುಂಬ ()

ಸಿ) ವಿಸ್ತೃತ ಕುಟುಂಬ ()

ಡಿ) ಬೇರೆ ಯಾವುದಾದರೂ ಸೂಚಿಸಿ----- ()

೧೧) ಪ್ರಸೂತಿಯ ವಿಧಾನ

ಎ) ಸಾಮಾನ್ಯ ()

ಬಿ) ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ()

ವಿಭಾಗ ೨

ಎ . ಆಹಾರ ಪದ್ಧತಿಗಳ ಕುರಿತು ತಾಯಿಯ ಜ್ಞಾನ ಪ್ರಶ್ನಾವಳಿ

೧) ತಿನ್ನಿಸುವುದರ ಅರ್ಥ

ಎ) ಆಹಾರವನ್ನು ನೀಡುವುದು ()

ಬಿ) ಶಕ್ತಿಯನ್ನು ತುಂಬುವುದು ()

ಸಿ) ಪೌಷ್ಟಿಕಾಂಶವನ್ನು ನೀಡುವುದು ()

ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

೨) ನಿಮ್ಮ ಮಗುವಿಗೆ ದಿನಕ್ಕೆ ಎಷ್ಟು ಬಾರಿ ಆಹಾರವನ್ನು ನೀಡಬೇಕು

- ಎ) ೨ ಬಾರಿ ☐
- ಬಿ) ೩ ಬಾರಿ ☐
- ಸಿ) ೪ ಬಾರಿ ☐
- ಡಿ) ೪ ಬಾರಿಗಿಂತ ಹೆಚ್ಚು ☐

೩) ಯಾವ ವಯಸ್ಸಿನವರೆಗೆ ವಿಶೇಷವಾಗಿ ಸ್ತನ್ಯಪಾನವನ್ನು ನೀಡಲಾಗುತ್ತದೆ

- ಎ) ೩ ತಿಂಗಳು ☐
- ಬಿ) ೬ ತಿಂಗಳು ☐
- ಸಿ) ೯ ತಿಂಗಳು ☐
- ಡಿ) ೧೨ ತಿಂಗಳು ☐

೪) ಮಗುವಿಗೆ ನೀವು ಎಷ್ಟು ಬಾರಿ ಆಹಾರವನ್ನು ನೀಡುತ್ತೀರಿ

- ಎ) ೧ ☐
- ಬಿ) ೨ ☐
- ಸಿ) ೪ ☐
- ಡಿ) ೫ ☐

೫) ಹಾಲುಣಿಸುವಿಕೆಯನ್ನು ಯಾವ ತಿಂಗಳಲ್ಲಿ ಪ್ರಾರಂಭಿಸಲಾಗಿದೆ

- ಎ) ೩ ತಿಂಗಳು ☐
- ಬಿ) ೪ ತಿಂಗಳು ☐
- ಸಿ) ೬ ತಿಂಗಳು ☐
- ಡಿ) ೬ ತಿಂಗಳ ನಂತರ ☐

೬) ಮಗುವಿನ ಬೆಳವಣಿಗೆ ಯಾವ ರೀತಿಯ ಆಹಾರ ಬೇಕು?

- ಎ) ಪ್ರೋಟೀನ್ ಮತ್ತು ಕ್ಯಾಲೋರಿ ಸಮೃದ್ಧ ಆಹಾರ ☐
- ಬಿ) ಪ್ರೋಟೀನ್ ಭರಿತ ಆಹಾರ ☐
- ಸಿ) ಫೈಬರ್ ಭರಿತ ಆಹಾರ ☐
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ☐

೭) ಮಕ್ಕಳಿಗೆ ಆಹಾರ ಏಕೆ ಮುಖ್ಯ?

- ಎ) ಸರಿಯಾದ ಪೋಷಕಾಂಶಗಳನ್ನು ಪಡೆಯಲು ☐
- ಬಿ) ರೋಗವನ್ನು ಕಡಿಮೆ ಮಾಡಲು ☐
- ಸಿ) ಶಕ್ತಿಯನ್ನು ಪಡೆಯಲು ☐
- ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ☐

೮) ಮಗುವಿಗೆ ದಿನಕ್ಕೆ ಎಷ್ಟು ಪ್ರೋಟೀನ್ ಬೇಕು?

- ಎ) 0.8 ಗ್ರಾಂ/ಕಿಲೋ ☐
- ಬಿ) 0.7 ಗ್ರಾಂ/ಕಿಲೋ ☐
- ಸಿ) 0.6 ಗ್ರಾಂ/ಕಿಲೋ ☐
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ☐

೯) ತಾಯಿ ಹಾಲುಣಿಸುವಾಗ ಎಷ್ಟು ಹೆಚ್ಚುವರಿ ಪೌಷ್ಟಿಕಾಂಶಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು?

- ಎ) ೧೦೦-೨೦೦ ಕ್ಯಾಲೋರಿಗಳು ☐
- ಬಿ) ೨೦೦-೩೦೦ ಕ್ಯಾಲೋರಿಗಳು ☐
- ಸಿ) ೩೦೦-೪೦೦ ಕ್ಯಾಲೋರಿಗಳು ☐
- ಡಿ) ೪೦೦ ಕ್ಯಾಲೋರಿಗಿಂತ ಹೆಚ್ಚು ☐

೧೦) ಸ್ತನ್ಯಪಾನ ಅಭ್ಯಾಸದ ಪ್ರಯೋಜನಗಳು:

- ಎ) ಮಗುವಿನ ಅತ್ಯುತ್ತಮ ಬೆಳವಣಿಗೆಗೆ ಮುಖ್ಯವಾಗಿದೆ ☐
- ಬಿ) ಮಗುವಿನ ಮರಣ ಮತ್ತು ಅನಾರೋಗ್ಯದ ಪ್ರಮಾಣವನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು ☐
- ಸಿ) ಎ ಮತ್ತು ಬಿ ಎರಡೂ ☐
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ☐

೧೧) ಮಗುವಿಗೆ ಆಹಾರ ಯಾವ ಭಂಗಿಯಲ್ಲಿ ಕೊಡಬೇಕು

- ಎ) ತೋಳಿನ ಮೇಲೆ ☐
- ಬಿ) ಎದೆಯ ಮೇಲೆ ☐
- ಸಿ) ತೋಳು ಮತ್ತು ಎದೆಯ ಮೇಲೆ ☐

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೧೨) ಸ್ತನಕೆ ಮತ್ತು ಮಗುವಿನ ಉತ್ತಮ ಬಾಂಧವ್ಯದ ಚಿಹ್ನೆಗಳು ____

ಎ) ಮಗುವಿನ ಬಾಯಿ ಅಗಲವಾಗಿ ತೆರೆದಿರುತ್ತದೆ ()

ಬಿ) ಮಗು ಎದೆಯನ್ನು ಮುಟ್ಟುತ್ತದೆ ()

ಸಿ) ಮಗುವಿನ ಕೆನ್ನೆಗಳು ತುಂಬಿರುತ್ತವೆ ಮತ್ತು ಟೊಳ್ಳಾಗಿರುವುದಿಲ್ಲ ()

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೧೩) ಸುರಕ್ಷಿತ ಆಹಾರ ಪದ್ಧತಿಗಳನ್ನು ಹೊಂದಲು ಅನುಸರಿಸಬೇಕಾದ ಪ್ರಮುಖ ವಿಷಯಗಳು

ಎ) ಕೈಗಳನ್ನು ತೊಳೆಯಿರಿ, ಶುದ್ಧ ಪಾತ್ರೆಗಳಲ್ಲಿ ಆಹಾರವನ್ನು ಇರಿಸಿ ()

ಬಿ) ಕಚ್ಚಾ ಮತ್ತು ಬೇಯಿಸಿದ ಆಹಾರವನ್ನು ಪ್ರತ್ಯೇಕಿಸಿ, ಆಹಾರವನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಬೇಯಿಸಿ ()

ಸಿ) ಆಹಾರವನ್ನು ಸುರಕ್ಷಿತ ತಾಪಮಾನದಲ್ಲಿ ಇರಿಸಿ, ಹೊಸದಾಗಿ ತಯಾರಿಸಿದ ಆಹಾರವನ್ನು ನೀಡಿ ()

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೧೪) ಹಾಲಿನ ಸೂತ್ರ ಎಂದರೆ ಏನು?

ಎ) ಎದೆ ಹಾಲಿಗೆ ಕೃತಕ ಬದಲಿ ()

ಬಿ) ಹಾಲುಣಿಸುವ ಆಹಾರದ ಕೃತಕ ಬದಲಿ ()

ಸಿ) ದ್ರವದ ಕೃತಕ ಬದಲಿ ()

ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

ಬಿ. ಶಿಶು ಮತ್ತು ಚಿಕ್ಕ ಮಕ್ಕಳ ಆಹಾರ ಪದ್ಧತಿಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ಪ್ರಶ್ನೆಗಳಿ

೧) "ಐವೈಸಿಎಫ್" ನ ಅರ್ಥ

ಎ) ಶಿಶು ಮತ್ತು ಚಿಕ್ಕ ಮಕ್ಕಳ ಆಹಾರ ಪದ್ಧತಿಗಳು ()

ಬಿ) ಕಿರಿಯ ಮತ್ತು ಹಿರಿಯ ಮಕ್ಕಳ ಆಹಾರ ಪದ್ಧತಿಗಳು ()

ಸಿ) ಹಿರಿಯ ಮಕ್ಕಳ ಆಹಾರ ಪದ್ಧತಿಗಳು ()

ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

೨) ಯಾವ ವಯಸ್ಸಿನಲ್ಲಿ ಐವೈಸಿಎಫ್ ಅಭ್ಯಾಸವನ್ನು ಅನುಸರಿಸಬೇಕು

- ಎ) ೦-೧೨ ತಿಂಗಳುಗಳು ()
- ಬಿ) ೦-೨೪ ತಿಂಗಳುಗಳು ()
- ಸಿ) ೦-೩೬ ತಿಂಗಳುಗಳು ()
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

೩) ಶಿಶು ಮತ್ತು ಮಗು ವಯಸ್ಸಿನ ಗುಂಪು ಯಾವುದು

- ಎ) ೬-೮ವರ್ಷಗಳು ()
- ಬಿ) ೩-೪ವರ್ಷಗಳು ()
- ಸಿ) ೦-೨ವರ್ಷಗಳು ()
- ಡಿ) ೦-೨ತಿಂಗಳುಗಳು ()

೪) ಐ ವೈ ಸಿ ಎಫ್ ನ ಪ್ರಾಮುಖ್ಯತೆ ಏನು?

- ಎ) ಪೌಷ್ಟಿಕಾಂಶದ ಅಭಿವೃದ್ಧಿ ()
- ಬಿ) ಶಿಶುಗಳ ಅತಿಸಾರದಂತಹ ರೋಗ ತಡೆಗಟ್ಟುವಿಕೆ ()
- ಸಿ) ಮಕ್ಕಳಲ್ಲಿ ಮರಣ ಪ್ರಮಾಣವನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು ()
- ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೫) ಸ್ತನ್ಯಪಾನವನ್ನು ಯಾವಾಗ ಪ್ರಾರಂಭಿಸಬೇಕು?

- ಎ) ಹುಟ್ಟಿದ ಮೊದಲ ಅರ್ಧ ಗಂಟೆಯೊಳಗೆ ()
- ಬಿ) ಹುಟ್ಟಿದ ೧ ಗಂಟೆಯೊಳಗೆ ()
- ಸಿ) ಹುಟ್ಟಿದ ೪ ಗಂಟೆಯೊಳಗೆ ()
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

೬) ವಿಶೇಷ ಸ್ತನ್ಯಪಾನದ ಪ್ರಯೋಜನಗಳು ____

- ಎ) ಅತ್ಯುತ್ತಮ ಬೆಳವಣಿಗೆ, ಅಭಿವೃದ್ಧಿ ಮತ್ತು ಆರೋಗ್ಯವನ್ನು ಸಾಧಿಸಲು ()
- ಬಿ) ಪೌಷ್ಟಿಕಾಂಶದ ಅಗತ್ಯವನ್ನು ಪೂರೈಸಲು ()
- ಸಿ) ರೋಗವನ್ನು ತಡೆಗಟ್ಟಲು ()
- ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೭) ಪೂರಕ ಆಹಾರವು _____ ಅನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ

- ಎ) ಶಕ್ತಿ, ಪ್ರೋಟೀನ್, ವಿಟಮಿನ್, ಕಬ್ಬಿಣ ಮತ್ತು ಸೂಕ್ಷ್ಮ ಪೋಷಕಾಂಶಗಳು()
- ಬಿ) ನೀರು, ವಿಟಮಿನ್, ಖನಿಜ ()
- ಸಿ) ಶಕ್ತಿ, ಪ್ರೋಟೀನ್ ()
- ಡಿ) ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ ()

೮) ಯಾವ ತಾಯಂದಿರಿಗೆ ಸ್ತನಾಪಾನವನ್ನು ಶಿಫಾರಸು ಮಾಡುವುದಿಲ್ಲ;

- ಎ) ಹೆಪಟೈಟಿಸ್ ಸಿ ()
- ಬಿ) ಚಿಕಿತ್ಸೆ ಪಡೆದ ಕ್ಷಯ ()
- ಸಿ) ಮಧುಮೇಹ ()
- ಡಿ) ಎಚ್‌ಐವಿ ()

೯) ಸ್ತನಾಪಾನ ಮಾಡಿದ ಮಕ್ಕಳು ಈ ಕೆಳಗೆ ಕೇಳಿರುವ ಕಾಯಿಲೆ ಹೊಂದುವ ಸಾಧ್ಯತೆ ಕಡಿಮೆ?

- ಎ) ಅತಿಸಾರ ()
- ಬಿ) ಕಿವಿ ಸೋಂಕು ()
- ಸಿ) ನ್ಯೂಮೋನಿಯಾ ()
- ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

೧೦) ಸ್ತನಾಪಾನವು ತಾಯಿಗೆ ಹೇಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ?

- ಎ) ಸ್ತನಾಪಾನವು ನಿಮ್ಮ ಸಾಮಾನ್ಯ ತೂಕಕ್ಕೆ ಮರಳಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ ()
- ಬಿ) ಸ್ತನಾಪಾನವು ನಿಮ್ಮ ಅಪಾಯದ ಅಂಡಾಶಯದ ಕ್ಯಾನ್ಸರ್ ಅನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತದೆ ()
- ಸಿ) ಹಾಲುಣಿಸುವಿಕೆಯು ಮೂಲೆಯ ಬಲವನ್ನು ಹೆಚ್ಚಿಸುತ್ತದೆ ()
- ಡಿ) ಎ ಮತ್ತು ಬಿ ಎರಡೂ ()

೧೧) ಕೃತಕ ಆಹಾರದ ತೊಂದರೆಗಳು

- ಎ) ಹೆಚ್ಚು ಅತಿಸಾರ, ಕಿವಿ ಸೋಂಕುಗಳು, ಜೀರ್ಣಾಂಗ ಅಸ್ವಸ್ಥತೆಗಳು ()
- ಬಿ) ಮಗುವಿಗೆ ಉತ್ತಮ ಪೋಷಣೆಯನ್ನು ನೀಡುತ್ತದೆ. ()
- ಸಿ) ಮಗುವಿಗೆ ರೋಗನಿರೋಧಕ ಶಕ್ತಿಯನ್ನು ನೀಡುತ್ತದೆ. ()
- ಡಿ) ಮಗುವಿಗೆ ಉತ್ತಮ ಆರೋಗ್ಯವನ್ನು ಒದಗಿಸುತ್ತದೆ ()

೧೨) ಯಾವ ಆಹಾರವನ್ನು ಆರು ತಿಂಗಳಿನಲ್ಲಿ ತೆಗೆದುಕೊಳ್ಳಬಾರದು

- ಎ) ಸಕ್ಕರೆಯೊಂದಿಗೆ ಹಣ್ಣಿನ ರಸ ()
- ಬಿ) ಉಪ್ಪಿನೊಂದಿಗೆ ತೊವೆ ()
- ಸಿ) ನೀರಿನಲ್ಲಿ ಬೇಯಿಸಿದ ಧಾನ್ಯಗಳು ()
- ಡಿ) ಮೃದುವಾಗಿ ಬೇಯಿಸಿದ ಮೊಟ್ಟೆ ()

೧೩) ಪ್ರಾರಂಭದಲ್ಲಿ ಕುಡಿಯುವ ಹಳದಿ ಹಾಲು ಮಗುವಿಗೆ ಒಳ್ಳೆಯದು

- ಎ) ಸರಿ ()
- ಬಿ) ತಪ್ಪು ()

೧೪) ಹಾಲುಣಿಸುವಿಕೆಯ ಹಂತಗಳು

- ಎ) ಸುಮಾರು ೬ ತಿಂಗಳಿನಿಂದ ಘನ ಆಹಾರವನ್ನು ಪರಿಚಯಿಸುವುದು ()
- ಬಿ) ಸುಮಾರು ೭ ತಿಂಗಳಿನಿಂದ ಹೆಚ್ಚು ರುಚಿಯಾದ ಆಹಾರವನ್ನು ಪರಿಚಯಿಸುವುದು ()
- ಸಿ) ೯ ರಿಂದ ೧೨ ತಿಂಗಳುಗಳಿಂದ ಮನೆಯಲ್ಲಿ ತಯಾರಿಸುವ ವಿವಿಧ ಆಹಾರ ಪದಾರ್ಥಗಳು ()
- ಡಿ) ಈ ಮೇಲಿನ ಎಲ್ಲಾ ()

೧೫) ಮೊದಲ ಎದೆ ಹಾಲನ್ನು _____ ಎಂದು ಕರೆಯಲಾಗುತ್ತದೆ.

- ಎ) ಗಿಣ್ಣು ಹಾಲು(ಕೊಲೊಸ್ಟ್ರಮ್) ()
- ಬಿ) ಪ್ರೌಢ ಎದೆ ಹಾಲು ()
- ಸಿ) ವರ್ಗಾವಣೆ ಹಾಲು ()
- ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ ()

ANSWER KEY

A. Answer of knowledge questionnaire of mother on feeding practices			
QUESTION	ANSWER	QUESTION	ANSWER
1	a	8	d
2	c	9	c
3	b	10	d
4	c	11	d
5	b	12	d
6	d	13	a
7	a		
B. Answer of questionnaires related to Infant and Young Child Feeding Practices (IYCF)			
1	a	9	d
2	b	10	d
3	b	11	a
4	d	12	d
5	a	13	a
6	d	14	d
7	a	15	a
8	b		

PHOTOGRAPHS





FORMULA USED

1. **Mean:-**

Mean(m)= Sum of observation/ total no of observation

$$M = \sum I / N$$

2. **Percentage:-**

Percentage= Sum of observation/ total no of observation X 100

3. **Mean %:-**

Mean Percentage= sum of two percentage number / the sum of two sample size

4. **Standard Deviation:-**

$$S = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$$

S= Population standard deviation

X= each value of the population

\bar{X} = the population mean

n = the size of the population

MASTER SHEET

[illegible]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	
29	Asma taj	1	b	b	b	a	a	a	b	b	b	b	b	0	1	0	0	0	0	0	0	0	1	0	0	1	3	1	0	1	0	1	0	1	0	1	0	1	1	0	1	0	1	0	1	8	11
30	Aysha Siddigha	1	a	b	b	a	a	a	b	b	a	a	1	0	0	0	1	1	0	0	0	1	0	0	0	4	0	1	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	3	7	
31	Farhan taj	1	a	b	a	a	b	a	b	b	a	a	1	1	1	1	1	0	1	1	0	1	1	1	1	11	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	13	24	
32	obhamadi Sulta	1	a	b	b	a	b	a	b	b	a	b	0	0	0	0	1	1	0	0	0	0	0	0	1	3	1	1	0	0	1	0	1	0	1	1	1	0	1	1	1	0	1	9	12		
33	Sameena Taj	1	a	b	c	a	b	b	b	b	a	a	1	0	1	1	0	1	1	0	0	1	1	1	1	9	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	13	22		
34	Sabeen Taj	1	a	b	c	a	a	b	b	b	a	a	1	0	1	1	0	0	1	1	0	0	1	1	1	8	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	11	19	
35	Yesmin	1	b	b	b	a	b	a	b	b	b	b	1	1	1	0	0	1	1	0	1	1	1	0	1	9	0	0	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	11	20	
36	Raheem taj	1	c	a	b	b	a	a	b	b	b	b	1	0	0	0	1	0	1	0	0	0	0	0	1	1	5	0	1	0	0	0	1	1	0	0	1	0	1	0	1	0	5	10			
37	Shruti	1	b	b	c	a	a	c	a	b	b	b	1	1	1	1	0	1	0	1	1	1	1	1	1	11	1	0	0	0	1	1	0	1	1	1	0	1	1	1	0	1	0	1	9	20	
38	Maithri	1	b	b	c	a	b	c	a	b	b	b	1	1	1	0	1	0	1	0	0	1	0	1	1	8	1	1	0	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	11	19	
39	Noor jahan	1	b	a	c	a	b	c	b	b	c	b	1	1	1	0	1	0	0	0	1	0	1	0	1	7	0	0	1	0	1	1	0	0	1	0	0	1	0	1	0	1	0	1	7	14	
40	Rohini	1	a	b	b	a	b	b	a	b	b	b	1	0	0	0	1	0	0	0	1	0	0	1	4	0	0	0	0	1	1	0	0	0	1	1	0	0	1	0	1	0	0	4	8		
41	Rahima	1	a	b	b	a	c	b	b	b	b	a	1	1	0	0	0	0	0	0	0	0	0	0	1	3	0	1	1	0	1	0	0	0	1	0	0	1	0	1	0	1	1	8	11		
42	Raziya	1	a	a	b	a	a	b	b	b	b	b	1	0	0	0	0	0	0	0	1	1	1	0	4	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	2	6		
43	Rafiya Anjum	1	a	b	c	a	b	d	b	b	c	b	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3	0	0	0	0	1	1	0	0	1	1	0	1	0	1	1	0	5	8		
44	Sultana begam	1	a	b	b	a	b	c	b	b	b	b	0	0	0	1	0	0	0	0	1	1	1	1	1	5	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	1	0	4	9		
45	Jamsheena	1	a	a	b	a	a	b	b	b	b	b	1	1	1	0	1	1	0	0	1	0	1	0	1	8	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	4	12		
46	Nazrin	1	a	a	b	a	a	b	b	b	b	a	0	0	1	1	0	0	1	1	0	1	1	1	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	9		
47	Sofiya	1	a	b	b	a	b	d	b	b	c	b	1	1	1	1	0	0	0	0	1	0	0	0	5	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5	10	
48	Afrin taj	1	b	b	b	a	b	b	b	b	a	1	1	1	1	1	0	0	0	1	0	0	1	0	1	8	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	11	
49	Naziya	1	a	a	b	a	a	b	b	b	b	b	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	7	8	
50	Asgari Begam	1	b	b	b	a	b	b	b	b	b	b	1	1	1	0	1	1	0	0	0	1	0	0	0	6	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7	13	
51	Yasmin	1	a	a	b	a	b	b	b	b	a	1	1	1	1	1	1	0	0	0	0	0	0	0	1	1	8	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	11	
52	2																																														
53	Rural																																														
54	prema N	2	a	b	b	a	b	a	a	a	a	a	1	0	1	0	0	0	0	0	0	0	0	0	1	3	1	1	0	0	1	0	0	1	1	0	1	1	0	1	1	9	12				
55	Mamta T	2	a	b	c	a	a	a	a	a	a	a	1	0	0	0	0	1	1	0	0	0	0	0	1	4	0	1	1	0	1	0	1	0	1	1	1	0	1	1	0	1	9	13			
56	Sukanya D.V	2	b	b	a	a	b	a	a	a	a	b	0	1	1	1	1	0	0	0	0	0	0	1	0	5	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	1	6	11

CERTIFICATE OF PLAGIARISM