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Knowledge, attitude and practice of breast feeding among mothers in Nadia district, West Bengal, India

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Abstract

Correct practices of nutrition remain the cornerstone to combat the problem of under-nutrition and mortality among children. Both Early Initiation of Breast Feeding (EIBF) and Exclusive Breast Feeding (EBF) is crucial for the baby still according to NFHS-4, in India only 41.6% of mothers initiate EIBF and 54.9% of babies EBF during first six months.

Objective: To access the knowledge, attitude, and practice of pattern of practice of breast feeding among mothers of infants that is crucial for the wellbeing and health of infants.

Methodology: It is a Descriptive, observational study with study design as cross-sectional conducted with 237 mothers having infant aged 6-12 months.

Result: Knowledge among the mothers has been found high while the practices related to EBF has been low. Nearly one fifth of the mothers responded that EIBF must followed where as 59.49% of the mothers practised EIBF.

84.81% mothers agreed that colostrum should be fed to the new born baby, 83% of mothers gave colostrum to their child. 71.73% (170) mothers denied that the knowledge regarding new born baby should be given any pre-lacteal feeding while nearly 12% mothers gave pre-lacteal feeding to their child. 98.62% (229) of mothers claimed to have heard about EBF and 86.92% (206) mothers answered that the child should be exclusively breast fed till 6 months of age. The main source of information was ASHA and then Hospital.

Keywords: NFHS, attitude, practice, exclusive breast feeding, early initiation of breast milk, colostrum, pre-lacteal

Introduction

Every infant and child have the right to good nutrition according to the "Convention on the Rights of the Child" [1]. However, at the global level, 45% of child mortality is associated with under nutrition. In 2016, 155 million children under age 5 were estimated to be stunted (too short for age), 52 million were estimated to be wasted (too thin for height) and 41 million were overweight or obese [1].

Correct practices of nutrition remain the cornerstone to combat the problem of under-nutrition among children. Breast milk, alone is the best food and drink for an infant for the first six months of life. No other food or drink, not even water is required during this period [2].

The three pioneers of Infant and Young Child Feeding (IYCF) practices crucial for the well-being of the child are: the initiation of breast milk within one hour of delivery, exclusive breast milk till the age of 6 months and initiation of complementary feeding when the baby completes six months along with continued breast feeding. According to United Nations Children's Fund (UNICEF), optimal breastfeeding is so critical that it could save the lives of over 820 000 children under the age of 5 years each year globally [2]. Breastfeeding within an hour could prevent 20% of neo-natal deaths and nearly 13 per cent of deaths in children below five years [2].

According to full form WHO, three out of five children were not breastfed, 3 in 5 babies are not breastfed in the first hour of life³ and sub optimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6% of mortality in children under 5 years of age. This was equivalent to about 804,000 child deaths in 2011 [4]. According to estimation, if the package of intervention to protect, promote, and support the optimal IYCF practices covers 90% of infants, almost one-fifth of overall under-five mortality can be averted [4]. This study is trying to have an insight to the low prevalence of such important factors associated with both mothers and child's health.

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Materials and Methodology

It is a Descriptive, observational study with study design as cross-sectional conducted in the Nadia District of West Bengal. The Study population consisted of Mothers of infants aged 6 months to 1 year in Nadia District who visited subcentres. The sample size was calculated which came out to be 212 Mothers of infants who are 6 months to 1 year of age when Prevalence (p) of Exclusive Breast Feeding in West Bengal according to NHFS4: (2015-16) was 52.3%, Confidence Index: 95%, precision: 10, prevalence: 52.3%, With 10 percent non response and Design effect=2. (Formula: Sample size (n) = $Z_{21-\alpha/2} * p * q / d^2$, ($Z_{21-\alpha/2}=1.96$, $q=1-p$, $d=10$)). Data of 237 Mothers of infants who are 6 months to 1 year of age was collected using Multistage cluster sampling method.

Inclusion criteria consist of Mothers whose child are in the age group of 6 months to 1 year and who are consenting for the interview. Not associated with any co-morbid conditions. The age of the mother is from 15 to 49 years old. We have excluded mothers whose child is more than 1 years of age or whose child has died of age in between 0-6 months.

Ethical issues: Anonymity of the participants was maintained throughout the study and thereafter. Every individual selected for this study were administered with an informed consent written in the language they can understand (Bengali) and those who couldn't. Ethical approval from ethical committee of Institute of Public Health, Kalyani and state/ local health administration was taken before commencement of the study.

Results

This cross sectional, descriptive study was done to ascertain the knowledge, attitude and practice among the study population. The sociodemographic characteristics of 237 study participants is shown in table 1. The age-range of

participating mothers was from 17 to 49 years old. Results showing distribution according to the various factors related to patterns of breast feeding of study population as represented in table 2. Out of 237 participants, 45.15% (107) mothers had a male child, while 54.85% (130) mothers had a female child within the last 1 year. Almost 97.9% (232) mothers stated that they received their knowledge from ASHA. Others sources of knowledge for the mothers were Sub-centres (5.5%), hospitals (16.5%), reading (2.5%), ANM (0.8%), own mothers (4.6%), VHND (Village Health and Nutrition Day) 2.5%, other family members (2.5%), neighbours (0.8%) and doctors (6.8%).

Results Showing the Knowledge of study population (mothers of infant age 6 months and 1 year of Nadia District) regarding Exclusive Breast Feeding (E.B.F) and Infant Young Child Feeding (IYCF) answered is shown in table 3. The correlation coefficient, between the mother's knowledge with their age showed no or very weak linear relationship, with r being 0.06. The 3rd quartile for the knowledge score was considered as the cut off point for good and poor score and was found to be 7. 61.60% (146) have answered correctly whose knowledge score lie below the cut off, while 38.40% (91) have answered correctly whose knowledge score lie above the median.

Early Initiation of Breast Feeding has shown statistically significant association with Mode of delivery (Odds Ratio 5.682, CI 95%, 2.979-10.835), Delivery at Govt./Private institution (Odds Ratio 1.735, CI 95%, 1.017-2.959) and Complication during the time of delivery (Odds Ratio 4.865, CI 95%, 1.826-12.964) as shown in table 5.

The p value of all the factor which has been tried to be analysed by chi- square regarding Exclusive Breast Feeding, has been calculated to be above 0.005, thus in this case the null hypothesis cannot be rejected and thus no statistically significant association has been shown established.

Table 1: Distribution of study population (mothers of infant age 6 months and 1 year of Nadia District) according to socio-demographic variables (n=237):

| Sl. No. | Variable | Frequency | Percentage (%) |
|--|-----------------------------------|-----------|----------------|
| Age (in completed Years) | | | |
| 1 | <20 | 30 | 12.66 |
| 2 | 20-24 | 111 | 46.84 |
| 3 | 25-29 | 58 | 24.47 |
| 4 | 30=< | 38 | 16.03 |
| Religion | | | |
| 1 | Hindu | 203 | 85.65 |
| 2 | Muslim | 34 | 14.35 |
| Caste: | | | |
| 1 | General | 75 | 31.65 |
| 2 | SC | 140 | 59.07 |
| 3 | ST | 11 | 4.64 |
| 4 | OBC | 11 | 4.64 |
| Education of Women: | | | |
| 1 | Illiterate | 1 | 0.42 |
| 2 | Can read or sign | 3 | 1.27 |
| 3 | Have passed class 1 to 5 | 30 | 12.66 |
| 4 | Have passed class 6 to 8 | 45 | 18.99 |
| 5 | Have passed class 9 and 10 | 89 | 37.55 |
| 6 | Have passed Class11,12, diplomate | 40 | 16.88 |
| 7 | Have passed graduation | 20 | 8.44 |
| 8 | Postgraduation | 9 | 3.80 |
| Socio Economic Status (SES) according to kuppuswamy socioeconomic scale 2019: | | | |
| 1 | Lower (scored less than 5) | 0 | 0 |
| 2 | Upper Lower (scored 5 to 10) | 117 | 49.37 |
| 3 | Lower Middle (scored 11 to 15) | 98 | 41.35 |
| 4 | Upper Middle (scored 16 to 25) | 22 | 9.28 |
| 5 | Upper (scored 26 to 29) | 0 | 0 |

| Joint house/ Nuclear house. | | | |
|-----------------------------|---------|-----|-------|
| 1 | Nuclear | 74 | 31.22 |
| 2 | Joint | 163 | 68.78 |

Table 2: Distribution of study population (mothers of infant age 6 months and 1 year of Nadia District) according to the various factors related to pattern of breast feeding (n=237):

| Sl. No. | Variable | Frequency | Percentage (%) |
|--|--|-----------|----------------|
| Gender of the infant: | | | |
| 1 | Male child | 107 | 45.15 |
| 2 | Female child | 130 | 54.85 |
| Ante-natal (minimum 3) and post-natal check-ups received (minimum 4): | | | |
| 1 | Women who had antenatal check-ups (more than 3). | 230 | 97.04 |
| 2 | Women who have antenatal check-ups less than 3. | 7 | 2.3 |
| 3 | Women who had Postnatal check-ups. | 226 | 95.37 |
| 4 | Women who had Postnatal check-ups less than 4. | 11 | 4.64 |
| Percentage (%) | | | |
| 1 | Government Hospital. | 130 | 54.85 |
| 2 | Private Hospital. | 107 | 45.15 |
| 3 | Non institutional | 0 | 0.00 |
| Mode of delivery: | | | |
| 1 | Vaginal | 91 | 38.40 |
| 2 | Caesarean | 146 | 61.60 |
| Complication during the time of delivery: | | | |
| 1 | Yes | 22 | 9.28 |
| 2 | No | 215 | 90.72 |
| New born baby underweight (Weight less than 2500 gm): | | | |
| 1 | Yes | 63 | 26.58 |
| 2 | No | 174 | 73.42 |
| Average weight of the baby: 2750 gm | | | |
| Assistant/help during the initiation of breast milk after the delivery of child: | | | |
| 1 | Yes | 230 | 97.05 |
| 2 | No | 7 | 2.95 |
| Knowledge about Exclusive Breast Feeding (E.B.F) and Infant Young Child Feeding (IYCF) received from the following sources: | | | |
| 1 | ASHA | 232 | 97.9 |
| 2 | Sub-Centre | 13 | 5.5 |
| 3 | Hospital | 39 | 16.5 |
| 4 | Reading | 6 | 2.5 |
| 5 | ANM | 2 | 0.8 |
| 6 | Mother | 11 | 4.6 |
| 7 | VHND | 6 | 2.5 |
| 8 | family | 6 | 2.5 |
| 9 | neighbour | 2 | 0.8 |
| 10 | Doctor | 16 | 6.8 |
| 11 | Not responded | 1 | 0.4 |

Table 3: Showing the frequency of question related to Exclusive Breast Feeding (E.B.F) and Infant Young Child Feeding (IYCF) answered right by study population (mothers of infant age 6 months and 1 year of Nadia District) (n=237):

| Sl. No. | The Question asked: | No of Mothers who have Correctly answered | Percentage (%) |
|---------|--|---|----------------|
| 1 | How long after birth of child one should initiate the breast feeding to the child? | 49 | 20.68 |
| 2 | Have you heard about Exclusive breast feeding? | 229 | 96.62 |
| 3 | Should the child be fed pre-lacteal feeding after the birth? | 170 | 71.73 |
| 4 | Should the colostrum be given to the new born baby? | 201 | 84.81 |
| 5 | Till when the child should only be breast fed? | 206 | 86.92 |
| 6 | What should the child be fed during the exclusive breast feeding (other than prescribed medicine and vaccination)? | 176 | 74.26 |
| 7 | When should the complementary feeding to the child be started (In month)? | 138 | 58.23 |
| 8 | Till when the child should be breast-fed along complimentary feeding: (In Years)? | 69 | 29.11 |
| 9 | What is the importance of Exclusive breast feeding? | 198 | 83.54 |

Table 4: Distribution of study population according to stated Mother's practices (n=237)

| Sl. No. | Variable | Frequency | Percentage (%) |
|---|---------------------|-----------|----------------|
| Initiation of Breast milk to the new born within the following hour of delivery: | | | |
| 1 | Within 1 hour | 141 | 59.49 |
| 2 | Within 1 to 2 hours | 36 | 15.19 |
| 3 | Within 2 to 3 hours | 9 | 3.80 |
| 4 | Within 3 to 4 hours | 0 | 0 |
| 5 | After 4 hours | 45 | 18.99 |

| | | | |
|---|---------------------------------------|-----|-------|
| 6 | Didn't responded or didn't remembered | 6 | 2.53 |
| Colostrum given to the new born baby: | | | |
| 1 | Yes | 198 | 83.54 |
| 2 | No | 37 | 15.61 |
| 3 | Don't remember | 2 | 0.84 |
| Pre-Lacteal feeds given to the new born baby: | | | |
| 1 | Yes | 28 | 11.81 |
| 2 | No | 207 | 87.34 |
| 3 | Don't remember | 2 | 0.84 |
| Exclusive Breast Feeding (E.B.F) for 6 months of the baby: | | | |
| 1 | Yes | 105 | 44.70 |
| 2 | No | 132 | 55.20 |
| Complementary feeding started or preferred at stated months: | | | |
| 1 | 5 months | 10 | 4.22 |
| 2 | 6 months | 108 | 45.57 |
| 3 | 7 months | 84 | 35.44 |
| 4 | 8 months | 18 | 7.59 |
| 5 | 9 months | 12 | 5.06 |
| 6 | 10 months | 3 | 1.27 |
| 7 | 12 months | 1 | 0.42 |

Table 5: Factors showing test of significance related to Early Initiation of Breast Feeding (EBF) (n=231)

| Variables | EIBF | | Test of Significance | | OR (95% CI) |
|---|------|----|----------------------------------|----------------------|-------------|
| | Yes | No | | | |
| Mode of delivery | | | | | |
| Caesarean delivery | 75 | 15 | Chi square=30.817, df=1, p=0.001 | 5.682 (2.979-10.835) | |
| Vaginal delivery | 66 | 75 | | | |
| Delivery at Govt./Private institution. | | | | | |
| Private Hospital | 56 | 48 | Chi square=4.115, df=1, p=0.042 | 1.735 (1.017-2.959) | |
| Government Hospital | 85 | 42 | | | |
| Complication during the time of delivery | | | | | |
| Yes | 6 | 16 | Chi square=11.658, df=1, p=0.006 | 4.865 (1.826-12.964) | |
| No | 135 | 74 | | | |

Discussion

In this study there was a higher percentage of schedule class (SC being 59.07%) population involved thus it can be said that the condition of the relevant minority has been to some extent been studied in this study. Most of participants i.e. mothers of infants aged 6 months to 1 years belong to the age group of 20-24 years (46.84%) with 5% of the participants who have married when they were underage (before 18 years of age) this can be compared to be less as per the NFHS-4 data which shows that the Women age 20-24 years married before age 18 years is 43.1%. The study sample consisted of a higher percentage (37.55%) of 9-10 class educated and higher percentage (49.37%) of upper lower socio economic (Kuppuswamy 2019 Socio economic scale) level of mothers. Nearly seven out of tenth (69%) of the mothers belonged to a joint family type of set up. All the participants had institutional delivery; 55% of them had delivery of the child in government hospitals while the rest 45% mothers had delivery of the new born baby in the private hospitals. The institutional birth according to NFHS-4 is 91.9% which is less as compared to this study. The delivery at public facility according to NFHS-4 is 69.9% which is more compared to the outcome of this study regarding these aspects. Three out of five (62%) mothers had caesarean section which is more compared to block level data of Nadia district according to NFHS-4 i.e. 30.2%. 97% of mother received assistance for BF in hospitals.

Out of the 237 mothers, 141 (59.49%) mothers stated that they followed EIBF which is higher compared to the NFHS-4 National, State and District data (41.6%, 42.7% and 47.4% respectively). Early initiation of breast milk prevalence of the study is even higher when compared to the study conducted

by the National Nutrition Monitoring Survey in 2011-12 which was 36%. However, this percentage (59.49%) as concluded from the study conducted was less compared to a study conducted in rural West Bengal among infants and their mothers in 2002 which showed the prevalence to be 65.8% (33). Nearly 15.1% new born babies had initiation of breast milk after 24 hours in this study which is higher compared to 2010 study held in Bankura District [6].

Four out of every five mothers gave colostrum to their new born baby in this study. 15.61% mothers stated that they didn't give colostrum to the baby which can be compared with 25% mothers who felt colostrum is bad according to the study held in 2015 in Tamilnadu state [7]. 11.81% mothers stated that they gave pre-lacteal feeding to the baby mostly in the form of honey which is similar to the study held in Tamilnadu state in 2015 [7]. Thus, the importance of colostrum as well as the practices of prelacteal feeding are issues which still have to be looked into.

The prevalence of Exclusive Breast Feeding (EBF) of the newborn infant for 6 months after birth is 45% (105) which is less compared to NFHS-4 data at both country level and state level (West Bengal) which is 54.9% and 52.3% respectively. Non-exclusive breast-feeding mothers prevalence was 55% owing to 'other feeding' element (excluding Breast milk, medicine and immunization) or 'substitutions of milk' they used to feed the baby till 6 months age. The substitutions of milk used by mothers was mostly formula feeding, cow's milk, goat milk, water was even fed along fruit juice (citrus fruit juice, pomegranate juice etc.), prasad water (holy water after puja has been done) etc. Nearly 13% of mothers has done cultural practice of initiation of complementary feeding ('annaprashan' or 'mukhmishti') at 5th and 4th months age of

the infant. Many mothers were acquainted with demand feeding (When baby cry, or suckle thumb etc.) of the child, while some practised feeding the child at regular interval.

The most relatable study in this scenario regarding exclusive breast-feeding prevalence was held in Bankura district (West Bengal) 2010 which showed the prevalence of EBF as 57.1% which is higher compared to analysed scenario^[6]. However, the percentages are similar to a study held in 2004 in Bangladesh about prevalence of exclusive breast feeding which could be owing to similar geographical location^[8]. A community-based, cross-sectional study held throughout India in 2019 showed prevalence of EBF as 50%, which is lower than EBF prevalence in Nepal (53.1%) and Pakistan (54%) (9, 10, 11).

A very small percentage (4.22%) of the mothers started complementary feeding at 5th months of the age of the infant compared to a study held in Nepal in 2002 which amounts to be a whopping 40%^[12]. 72.66% mothers preferred or started timely complementary feeding at 6th to 9th months of age of child, which is more than prevalence as shown to be 22.5% and slightly less than 74.7% as shown in the study held in Nepal, in 2002, 2006 respectively^[10, 12].

The p value of all the factor which has been tried to be analysed by chi-square regarding EBF is above 0.05 (showing no statistical association) while EIBF has shown statistically significant association with Mode of delivery (Odds Ratio 5.682, CI 95%, 2.979-10.835), Delivery at Govt./Private institution (Odds Ratio 1.735, CI 95%, 1.017-2.959) and Complication during the time of delivery (Odds Ratio 4.865, CI 95%, 1.826-12.964).

Although 96.62% of mothers have heard about Exclusive Breast Feeding (E.B.F) but still only 86.92% mothers knew that exclusively breast feeding of the baby should be done till 6 months and 74.26% (176/237) mothers knew that nothing other than mother's breast milk (other than ORS, drops, syrup prescribed by doctors and vaccination) should be given to the infant till the age of 6 months, depicting huge gap in the knowledge area which should be further dealt with more precise and clear knowledge, clearing minute doubts of the mother regarding exclusive breast feeding and Infant and young child feeding. Nearly 67.08% (159/237) mothers have answered correctly above the median of knowledge score of the mothers which is more than the prevalence of stated practice of exclusive breast feeding of the child showing the huge gap in practice and knowledge of the mothers.

Nearly one fifth (49/237) of the mothers answered that initiation of breast milk feeding to the new born baby after the birth should be within 1 hour while the prevalence of early initiation of breast milk in 1 hour was showed in the study to be 59.92%. This depicts that the participants had the least knowledge regarding concept of Early Initiation of Breast Feeding (EIBF) but then due to institutional delivery nearly three out of five mothers introduced breast milk to their newborn within one hour of the study.

Conclusion

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As per global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health¹³. A mixed method approach including both qualitative and quantitative methods was

employed to understand the prevalence, associated factors and patterns of breast feeding among mothers of infants aged from 6 to 12 months with a particular focus on Exclusive Breast Feeding and Infant and Young Child Feeding Practices.

More than half of the mothers interviewed for the quantitative part stated that they initiated breast milk feeding to the child within 1 hour after delivery which has shown statistically significant association with Mode of delivery (Odds Ratio 5.682, CI 95%, 2.979-10.835), Delivery at Govt./Private institution (Odds Ratio 1.735, CI 95%, 1.017-2.959) and Complication during the time of delivery (Odds Ratio 4.865, CI 95%, 1.826-12.964).

However, the prevalence of Exclusive Breast Feeding (EBF) of the newborn infant for 6 months after birth is less than 50%. Regarding knowledge related to Exclusive Breast Feeding and Infant and Young Child Feeding, 7 being 3rd quartile out of 9 questions has been considered as the cut off; 5/8 (62%) mothers have given correct answer below the 3rd quartile, while 3/8 mothers have been given correct answer at and above 3rd quartile. Thus, the level of awareness is still low among the mothers about proper breast-feeding practices.

From the qualitative part of the study both facilitating and barrier factors for EBF have come to focus. Facilitating factors such as, sufficient amount of breast milk formation during the first 6 months of the child birth, mothers taking good diet or medicine for adequate formation of breast milk, concern for new born baby's adverse health condition resilience attitude and increased satisfaction level of the mother where the mother is kept adamant to exclusively breast feed the child in opposition to family's wishes are directly linked to the mother.

External factors which encourage EBF are institutional delivery, counselling of the mother during ANC, PNC, during the stay in hospital, by doctors etc thus impressing upon the mothers the perceived benefits of EBF for the child along with family members who are supportive of housework thus reducing work load of mothers.

Almost 97% women in the study have gone for ANC and PNC yet just 44.70% of the respondents did Exclusive Breast Feeding. In many cases, practice of prelacteal feeding of honey immediately after birth was found to be the reason for the baby to be categorised in the NEBF category.

Recommendation

More awareness generation and more sound knowledge on details of EBF is needed to be disseminated among the women of reproductive age, pregnant women, and new mothers so that they have a proper knowledge of EBF and Infant and Young Child Feeding Practices (IYCF). All this gap of knowledge should be tried to be lowered through proper counselling during ANC, PNC, visit to the doctors, more audio, visual Information, Education and Communication (IEC) etc.

ASHA is major source of information for breastfeeding for the mothers. Motivation to ASHA, further training in order to council mothers regarding Exclusive Breast Feeding and Infant and Young Child Feeding should be advocated among them. Institutional delivery has increased the source of counselling for EBF among mothers other than PNC, ANC, doctors etc. Yet, as per this study people in the society are slow to reforming or adapting. Following age-the old superstitions or customs which act as barriers to exclusive breast feeding is still been practiced. Socio-cultural impact is huge as some of the mothers in spite of having knowledge

regarding EBF and IYCF had to succumb to family or social pressure. Hence awareness within the community is equally important. It is important to understand the forces at work at the community level to gain a deeper understanding and how they can be harnessed to affect positive change using community change models by bringing about community participation and involvement.

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