INTRODUCTION

Appropriate Infant and Young Child Feeding (IYCF) practices are essential for optimal growth, cognitive development, and overall well-being in early vulnerable years of life. Malnutrition contributes to about 60% of under-five mortality worldwide annually and over two-thirds of these are due to inappropriate feeding practices [1]. An analysis showed that appropriate breastfeeding and complementary feeding practices can alone prevent under-five deaths by 19% [2]. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life and the addition of complementary feeds from six months onwards, with continued breastfeeds till at least two years of age [3, 4]. Apart from exclusive breastfeeding initially, time of introduction, content, and consistency of complementary feeds are critical for early nutrition. The early introduction of complementary feeds before the age of six months can lead to displacement of breast milk and increased risk of infections, besides the babies being physiologically immature. Similarly, inadequate and inappropriate complementary feeding with unhygienic practices leads to recurrent and persistent infections and malnutrition which is followed by growth retardation, immunodeficiency, and eventually fatal outcomes. This is a concern for Indian scenario, where previous studies have suggested inability to maintain exclusive breastfeeding and late introduction of complementary feeds [5–7]. Evidence based studies have stressed the importance of human milk and concluded that infant feeding should be considered as basic health issue rather than lifestyle choice [8]. Breastfeeding though is a natural act; it is a behavior that needs to be learned. Mothers and other caregivers need active assistance for optimum breastfeeding practices. The Global Strategy for Infant and Young Child Feeding describes the essential interventions to promote, protect, and support exclusive breastfeeding [9].

However, there is paucity of information regarding the practice of breast feeding among mothers of < 2 years age. Hence the present study has been conducted to study the practices prevalent of breast feeding among those mother who have children < 2 years of age and to study the significance of association of risk factors with breast feeding among mothers of rural health training centre of JNUIMSRC, Jaipur.

MATERIAL AND METHODS

It was a Community Based Cross sectional study conducted in field practices areas of rural health training centre, New Research Centre, Jaipur, JNU Institute for medical sciences & Research Centre, Jaipur.
Sample size calculation: Considering the Prevalence of adequate practice of breast feeding is 85% at 5% level of significance and absolute precision was 5% (d). The prevalence of exclusive breastfeeding of 85.6% in a study conducted by Nimbalkar A S et al [10]- Newborn Care Practices and Health Seeking Behavior in Urban Slums and Villages of Anand, Gujarat. The Sample size was calculated by using the formula \( n = 4pq/ d^2 \). After calculation the sample size was 204. Thus sample size of 204 were taken for study.

Sampling Method: Purposive sampling method was followed. All the consenting mothers were taken in to study till our sample size was achieved (ASHA and Anganwadi workers of area had an updated list of all mothers having children <2years of age).

Inclusion criteria: All consenting mothers having children <2 years of age were interviewed.

Exclusion criteria : Those who are not willing to participate in the study, and those who could not be contacted in spite of two visits due to their engagement in other official / personal works.

Data analysis: Data analysis was done by SPSS 22.0 version. Descriptive statistics was expressed in frequency and percentages. Chi square statistics was applied to assess the association between different variables. P value < 0.05 was taken as significant.

Ethical Consideration: Ethical clearance was obtained from Institutional ethics committee, JNUIMSRC, Jaipur.

RESULT

Table 1: Demographic Characteristics of Respondents among lactating mothers

| Characteristics | Respondents | Frequency (N) | Percentage (%) |
|-----------------|-------------|---------------|----------------|
| Age (Mother)    |             |               |                |
| 18-22           | 90          | 44.1          |                |
| 23-27           | 43          | 21.1          |                |
| 28-32           | 68          | 33.3          |                |
| >32             | 3           | 1.5           |                |
| Age (Children)  |             |               |                |
| ≤6 months       | 78          | 38.24         |                |
| >6 months       | 126         | 61.76         |                |
| Education       |             |               |                |
| Illiterate      | 42          | 20.6          |                |
| Primary         | 117         | 57.4          |                |
| Secondary       | 45          | 22.1          |                |
| Family          |             |               |                |
| Nuclear         | 179         | 88            |                |
| Joint           | 25          | 12            |                |
| Economic status |             |               |                |
| Class III       | 24          | 11.7          |                |
| Class IV        | 112         | 54.9          |                |
| Class V         | 68          | 33.3          |                |

Table 2: Behavioral Pattern Practice of breast feeding among lactating mothers

| Characteristics | Respondents | Frequency (N) | Percentage (%) |
|-----------------|-------------|---------------|----------------|
| Antenatal visit |             |               |                |
| ≥3              | 44          | 21.6          |                |
| 3               | 31          | 15.2          |                |
| 4               | 43          | 21.1          |                |
| >5              | 86          | 42.2          |                |
| Pre-lactal feed |             |               |                |
| Pre-lactal feed given | 62         | 30.39         |                |
| Illiterate      | 24          | 38.7          |                |
| Primary         | 33          | 53.2          |                |
| Secondary       | 5           | 8.06          |                |
| Breast feeding Practice |     |               |                |
| ≤6 mts & Not Weaning | 55      | 26.9          |                |
| ≤6 mts & Weaning  | 23         | 11.27         |                |
| >6 mts & Not Weaning | 11   | 5.39          |                |
| >6 mts & Weaning  | 115         | 56.37         |                |
| Practice of EBF |             |               |                |
| EBF given       | 55          | 26.9          |                |
| EBF not given   | 149         | 73            |                |

DISCUSSION

Early initiation of breastfeeding and exclusive breastfeeding of children below six months are considered the most decisive indicators for assessing breastfeeding practices [11]. Exclusive breastfeeding during the first 6
Table 3: Factors affecting practice of breast feeding among lactating mothers

| Characteristics | < 4 Antenatal visit | ≥ 4 Antenatal visit | P Value |
|-----------------|---------------------|---------------------|---------|
| Age (Yrs)       |                     |                     |         |
| 18-22           | 35                   | 55                  | 0.01    |
| 23-27           | 7                    | 36                  |         |
| 28-32           | 32                   | 36                  |         |
| >32             | 1                    | 2                   |         |
| Education       |                     |                     |         |
| Illiterate      | 27                   | 15                  | 0       |
| Primary         | 44                   | 73                  |         |
| Secondary       | 4                    | 41                  |         |
| Pre-lactal feed given |             | No Pre-lactal feed |         |
| Age (Yrs)       |                     |                     |         |
| 18-22           | 34                   | 56                  | 0.13    |
| 23-27           | 9                    | 34                  |         |
| 28-32           | 19                   | 49                  |         |
| >32             | 0                    | 3                   |         |
| Education       |                     |                     |         |
| Illiterate      | 24                   | 18                  | 0       |
| Primary         | 33                   | 84                  |         |
| Secondary       | 5                    | 40                  |         |
| EBF             |                     | No EBF              |         |
| Age (Yrs)       |                     |                     |         |
| 18-22           | 28                   | 6                   | 0.06    |
| 23-27           | 12                   | 4                   |         |
| 28-32           | 14                   | 13                  |         |
| >32             | 1                    | 0                   |         |
| Education       |                     |                     |         |
| Illiterate      | 9                    | 12                  | 0       |
| Primary         | 34                   | 10                  |         |
| Secondary       | 12                   | 1                   |         |

months and therefore timely introduction of complementary feeding have many proven advantages to both the mother and the child and are therefore the prime focus in infant feeding promotional activities. In our study we observed 26.9% of the infants exclusively breastfeed till complete six months. Similar rates were observed by Das et al. (58.7%) and Banapurmath et al. (60%) [12,13]. In our study, 78% of the respondents had education level up to primary level. So, Study conducted by Rehman et al showed that Lower literacy in mothers, in addition to lack of knowledge about correct practices and recommendations, makes routine counseling by community health workers also ineffective [14].

The prevalence of pre-lactal feeding practice was 20.6% in a study conducted by Amele E A et al in Pre-lactal feeding practice and its associated factors among mothers of children age less than 24 months old in Southern Ethiopia [15] and in a study conducted by Jha R K et al in breast feeding practices in rural community of Moradabad, Uttar Pradesh showed 38% of mothers had given pre-lactal feed [16] whereas in our study prevalence of pre-lactal feeding practice was 23.39%.

**CONCLUSION:** Undesirable cultural practices such as giving pre-lactal feeds and not giving exclusive breast feeding are still prevalent among the mothers and these are more among illiterate mothers. Better monitoring of antenatal visit at primary care level may help in improving exclusive breast feeding practices. These should be encouraged by proper IEC activities, door to door visit by conducting more outreach activities to improve their breast feeding practices.

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