Knowledge Attitude and Practices (KAP) of Mothers with Children Less Than Twenty-Four Months Regarding Exclusive Breastfeeding and Complimentary Feeding in Urban Population of Sabarkantha District, Gujarat

By

Janmejaya Meher

Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management

Academic year, 2016-2018

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Janmejaya Meher** student of **MBA Hospital and Health Management** from The IIHMR University, Jaipur has undergone internship training at **National Health Mission Gujarat** from February 5, 2018 to May 5, 2018

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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Date:- 11/05/2018.

To Whomsoever It May Concern

The certificate is awarded to

Janmejaya Meher

In recognition of having successfully completed his

Internship in the department of

Health and family welfare

And has successfully completed his Project on

Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding breastfeeding and complimentary feeding in Urban population of Sabarkantha District, Gujarat

Duration of Study - 5th February to 04thMay 2018

Organization- National Health Mission Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him all the best for future endeavours

11/5/18

Additional District Health Officer
District Panchayat Sabarkantha
Gujarat

અધિક જિલ્લા આરોગ્ય અધિકારી
સાબરકાંઠા જિલ્લા પંચાયત
હિંમતનગર.

Date:-11/05/2018.
Place:-Sabarkantha

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding exclusive breastfeeding and complimentary feeding in Urban population of Sabarkantha District, Gujarat**" and submitted by Janmejaya Meher Enrollment No. IIHMR-U/01/2016-18/0427 under the supervision of Dr. Anoop Khanna for award of MBA in Hospital and Health Management of the University carried out during the period from February 10, 2018 to May 10, 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

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Acknowledgement

The success of any task would be incomplete without the expression the gratitude to the people who made it possible. Hereby I take this opportunity to express my deep sense of gratitude to all this who have been instrumental in successful completion of my dissertation in Health department, District Panchayat Sabarkantha , NHM Gujarat

At the onset of my report, I would like to acknowledge my sincere thanks to my institute, Institute of Health Management and Research Jaipur for providing me a platform to gain enough knowledge and skills in different aspects of health management and NHM Gujarat for believing me on my abilities.

I would like to express my gratitude to Dr. M J Fancy, Chief District Health Officer, Sabarkantha and Dr. J S Kanoria, Additional District Health Officer, Sabarkantha who have shown faith on me and helped me at various stages of my project.

I express my gratitude and respectful regards to my Guide Dr.Anoop Khanna, Professor, IIHMR University Jaipur, for his able guidance and useful suggestions, which helped me in completing the project work.

I would also like to thanks to my faculty members wit out whom this project would have distance reality.

Finally, and most importantly, I would like to thank my family for their blessings and my seniors and colleagues for their help and wishes for the successful completion of this training.

Janmejaya Meher
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LIST OF ABBREVIATIONS

Acronym	Full Form
NHM	National Health Mission
NUHM	National Urban Health Mission
NRHM	National Rural Health Mission
UHC	Urban Health Centre
ANC	Antenatal Care
PNC	Postnatal Care
GIDC	Gujarat Industrial Development Corporation
PHC	Primary Health Care
ANM	Auxiliary Nurse Midwife
PHN	Public Health Nurse
SAM	Severe Acute Malnutrition
CMTC	Child Malnourished Treatment Centre
OPD	Out Patient Department
LBW	Low Birth Weight
HBNC	Home-based New Born Care
MO	Medical Officer
KAP	Knowledge attitude and practices
MDG	Millennium Development Goals
MCH	Maternal and child health Feeding

Project report on-

Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding exclusive breastfeeding and complimentary feeding in Urban population of Sabarkantha District, Gujarat

About Organization: National Health Mission

The Government of India has launched the National Urban Health Mission (NUHM) as a sub-mission under the National Health Mission (NHM), the National Health Mission (NHM) being the other sub-mission.

NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.

NUHM would endeavour to achieve its goal through:-

- Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.
- Availability of resources for providing essential primary health care to urban poor.
- Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders.

NUHM would cover all State capitals, district headquarters and cities/towns with a population of more than 50000. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers. [1]

The urban centre of Sabarkantha district established in 2013. There are one Urban Health Centers in sabarkantah district. Their names and population coverage according to the Census 2011 is as follows.

S no.	Urban Health Centre name	Population coverage
1	UHC, Himmatnagar	81,137

The study is conducted to find out the gaps on infrastructure and various service indicators which are as follows:

I. Infrastructure

1. Building
2. Human resource

II. Service provided Indicators

1. OPD services
2. Sample taken (blood sample, sputum, diabetes screening)
3. Maternal death
4. Infant death

5. ANC registration
6. PNC check up
7. HBNC
8. Immunization
9. ANC corticosteroids
10. LBW babies
11. SAM
12. CMTC admission.
13. Sex ratio at birth
14. High risk mother

Infrastructure

According to the guidelines of Indian Public health standards. Following points should be cleared:

1. Every PHC should have its own building
2. Surrounding area should be clean.
3. It should be located at easily accessible area.
4. It should have all the basic facilities like electricity supply, water supply.
5. PHC should have compounding wall and gate.

On the basis of these points following indicators have been chosen for the comparability of infrastructure of the Urban health Centres. 1 is given to the availability of that and 0 given to the unavailability of the service. These indicators are as follows:

1. Location
2. Area
3. Sign-age
4. Entrance with barrier free access
5. Waiting area
6. Wards
7. Labour room
8. Laboratory
9. General store
10. Boundary wall/ fencing
11. Other amenities

a. Water supply
b. electricity supply
c. Water storage facility

Human resource

The human resource is well managed in urban health centers. The sanctioned human resource for the Urban Health Centre is as follows and comparison of that with the available human resource is given in key findings.

Table. 1

S no.	Sanctioned Post	Number of post
1	Medical officer(full time)	1

2	Medical officer (part time)	1
3	A.N.M	8
4	Staff nurse	2
5	Lab Technician	1
6	Pharmacist	1
7	Data Entry Operator	1
8	Peon	1
9	P.H.N	1
10	Sanitary Inspector	2
11	Aaya	1

Gujarat State Profile

As per official Census 2011data, Gujarat has population of 6.04 Crores, Out of total population of Gujarat, 42.60% people live in urban regions and 57.40% live in rural. The total children (0-6 age) living in urban areas of Gujarat were 11.47 % (2,952,359 children) of total population in urban region, where as 13.91 % (4,824,903 children) are from rural.

Sabarkantha District profile

If we see the district data of Sabarkantha district then according to census 2011 , the total population were 24,28589 among them 14.98% (363720 population) are from urban area and the child population of children 0 -6 year are 43,623 . This population is 12.44% from the total urban population of Sabarkantha district.

Definition of terms

Mother: A woman with child/children in the age group of 0-36 months

Knowledge: Refers to familiarity, awareness or understanding gained through experience or study.

Attitude: Refers to a learned tendency to evaluate certain behaviours, it can either be positive or negative judgment towards a given behaviour.

Practices: Something that is done regularly or habitually.

Exclusive breastfeeding: Refers to the practice whereby the Child receives only breast milk, not even water for the first six months of life.

Complementary feeding: Is defined as the feeding process which starts when breast milk alone is no longer sufficient to meet the nutritional requirements of infants and therefore other foods and liquids are needed, along with breast milk.

Introduction and Literature review

1. Introduction

The health of the state depends on its healthy citizen. kids square measure invaluable resources and if the state neglects their health, it'd become a nation of unhealthy citizen. Nutrition of below 2 years kids is of very importance as a result of it will result in long lasting impact on the mental and physical health of the youngsters. Globally, the kid deaths associated with below nutrition in 2011 is 3.1 million annually

Forty-five percent of children under three years of age are underweight, and 44 percent are stunted. The proportion of children who are severely undernourished is also notable—16 percent according to weight-for-age and 23 percent according to height-for-age. Wasting is also quite evident in Gujarat, affecting 16 percent of children under three years of age.

Successful implementation of nutritional intervention is an important indicator to achieve Fourth millennium development goal by which reduction of mortality by two third of under five mortality

The present study aimed at assessing the knowledge, attitude, and practices related to breastfeeding and complimentary feeding and identify the relationship between knowledge and attitude.

2. Literature review

Nutrition is crucial for child's traditional growth and development. it's well recognized that the duration from birth to 2 years getting on may be a "critical window" chance for the promotion of optimum growth, health and behavioral development. when a child reaches two years , below nutrition will result in irreversible physical and psychological damage. On every occasion associate innocent kid suffers the scourge of deficiency disease the responsibility goes to the mother, the family and to the community of pre-lacteal feeding, advantages of exclusive nursing, timely initiation of complementary feeding and dietary practices.

Malnutrition and diet are currently largest risk factors responsible for the global burden of disease—by far (Forouzanfar et al. 2015). India faces the burden of diseases in which nutritional deficiencies are most common (Gopalan,2013). Protein Energy Malnutrition (PEM) is one of the prime nutritional and health problems in India (Blössner, Monika, de Onis, & Mercedes, 2005). The PEM leads to poor growth and high level of mortality among children between 12 to 24 months, which is a major cause of 30% of death among under-five children (Park, 2007). At least 12 of the 17 Sustainable Development Goals contain indicators that are highly relevant for nutrition, reflecting nutrition's central role in sustainable development.

According to NFHS 4data Forty-five percent of children under three years of age are Underweight and 44 percent are stunted. The proportion of children who are severely Undernourished is also notable—16 percent according to weight-for-age and 23 percent According to height-for-age. Wasting is also quite evident in Gujarat, affecting 16 percent of

Children under three years of age.

Knowledge

Mothers understanding the basic nutrition and health measures strongly influence the care they provide. They are the foremost providers of primary care for children. The feature of nutrition knowledge include: duration of exclusive breastfeeding, suitable age for introducing solid foods into a child's diet and the type of solid foods to introduce, frequency of child feeding, diet during illnesses and the mother's perceptions of her own child's nutritional status. Mother's practical knowledge about nutrition is important for the child's nutritional health outcome

There are few studies have been done to access mothers knowledge on exclusive breastfeeding. Some of the studies have showed that 90.6% knew that colostrums was good for the baby and 96% of the mothers had good knowledge that exclusive breastfeeding should be practiced for six months. But despite having the correct knowledge only 68.6% practiced it1.There is a study done in Kenya Yatta division showed only 1.8% of the mothers exclusively breastfed their children for six months10. The low percentages of exclusive breastfeeding in some of the studies have been related to lack of correct knowledge that exclusive breast milk is sufficient for the first six months2.The high prevalence of malnutrition is due to not practicing exclusive breastfeeding

Exclusive breastfeeding is defined as feeding the infant only breast milk, with no supplemental liquids or solids other than for liquid medicine and vitamin/mineral supplements

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer13.

There is also lack of knowledge on the correct time to initiate complementary foods with some mothers introducing complementary foods before or long after six months of age. The complementary foods may be inadequate for the inappropriate frequency, quality or quantity. Majority of mothers introduce complementary foods before six months of age. In Kenya, complementary foods are introduced as early as the first month and by 6 months 84% of infants are already receiving complementary feeds. Unfortunately, these complementary foods which replace breast milk are low in energy and micronutrients15.When complementary foods are started there is a reduction in breast milk consumption, which can lead to a loss of protective immunity predisposing the child to infections. Breastfeeding drastically reduces deaths from acute respiratory infections and diarrhoea, which are the two major causes of infant mortality worldwide.

Nutritious foods are considered to be expensive by some mothers5, while traditional locally available foods can provide just as much nutritional value at affordable price.

Source of knowledge is also important on the kind of information the mother receives. A study done in Kenya among the Maasai community indicated that only 5.9% of the mothers had

received information on feeding their children from the Mother Child Health (MCH) clinic with 81.2% having received it from the relatives12.

Attitude

There are different beliefs on causes of breast feeding. As per a study conducted in Kenya in Kilifi on factors of Maternal perceptions to severe under nutrition among children, the mothers claimed that long term breast feeding caused under nutrition and stop breastfeeding was the appropriate intervention5. Also some of mothers noted that when they became pregnant they stopped breastfeeding.

The cultural factors and taboos have a powerful influence on feeding practices and eating patterns. Worldwide in every community there are some foods which are thought to be forbidden for children due to cultural or social taboos. Certain foods like meat, eggs and nuts are thought to be too hard for the children to digest1.Few foods have been associated with causing illnesses. In India feeding bananas and curd to a child in the rainy and winter seasons is thought to cause cold and cough2.The study done by Somalia food security analysis found out that most children were put on the breast 2-3 days after delivery and the colostrums was not fed to children by majority of mothers as it is considered heavy, thick, course, dirty, toxic, and harmful to children's health16. Inappropriate beliefs led to inadequate diet, the consequence is under nutrition.

Practices

Globally, the rates of practicing exclusive breastfeeding are still low. Lack of exclusive breastfeeding for the first six months of life can contribute to a high prevalence of malnutrition. Forty two percent shows that Pre-lacteal feeds with mothers in the rural areas being more likely to practice feeding than those in the urban areas according to KDHS 2008-09 14.

Timely introduction of complementary foods promotes good nutritional status and growth in infants and young children. Too early or too late introduction of complementary foods carries the risk of developing malnutrition. In Kenya, complementary foods are introduced as early as the first month.

Study also shows that reasons given for stopping breastfeeding included: inadequate milk secretion, perception that the feeds should be reduced during illness and belief that breast feeding should stop during illness, , and work commitments7. Reasons for delayed introduction of complementary foods included: advice of the mothers-in-law that milk was sufficient for the child till the age of one year2, vomiting on introduction of complementary foods, lack of knowledge of when to start complementary foods.

A study done in India revealed that majority of mothers, 71.1%, were not boiling drinking water and 86% used bottles for feeding1.

Lack of food fortification, inappropriate quality, inadequate quantity, thin consistency and wrong frequency of meals also affect the nutritional status of the child. Time devoted to the children during food preparation and feeding also plays a role in determining their nutritional status. A study done in Kenya Thika town revealed that the children who were malnourished had less time devoted to them for breast-feeding, food preparation and feeding and the frequency of feeds was four times less compared to the well-nourished.

Counselling of mothers on nutrition and proper dietary practices can prevent and reduce malnutrition rates among children. In India, a study involving 250 mothers with severely malnourished children in different nutritional rehabilitation centers3showed that initially41% of mothers had no correct knowledge of nutrition, 18% had the correct knowledge and 48% of the children had severe malnutrition. At the final stage, after the mothers were counselled about nutrition and dietary practices, 62.5% of the mothers had gained the correct knowledge and the percentage of children with severe malnutrition had dropped to 12%.

3. Study Question

What is the level of existing Knowledge attitude and practices of mothers with children less than twenty four months regarding exclusive breastfeeding and complimentary feeding in urban population of Sabarkantha District, Gujarat?

4. Objective

To assess the Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding exclusive breastfeeding and complimentary feeding in Urban population of Sabarkantha District, Gujarat

5. Methodology

5.1 Study design : Cross Sectional Descriptive Study

5.2 Study Location- urban area of Sabarkantha district of Gujarat

(Himmatnagar,Prantij, Idar,Vadali, Khedbrahma)

5.3 Duration of study :3 months (5^{th} February to 5^{th} may 2018)

5.4 Sample size : 100

5.5 Sampling Technique

- Using purposive sampling mothers who had children under the age of 24 months and residence of urban area of Sabarkantha District of Gujarat to be selected.

5.6 Data Collection Procedure

- Semi Structured questionnaire.

5.7 Data Analysis Procedure

- Using Microsoft Excel 2016

5.8 Data collection instrument: Semi structured Questionnaire to contain sections on

- Demographic Performa which included variables such as age, educational status and occupation.

- The knowledge regarding breastfeeding practices
- Attitude regarding breastfeeding practices
- Practices of breastfeeding

5.9 Study Population

- The study population were mothers with children less than twenty four months of urban area of Sabarkantha District, Gujarat.

5.10 Inclusion criteria

- Mothers with children less than twenty four months
- Urban population of Sabarkantha district Gujarat
- Mothers who gave allow to take part in the study.

5.11 Exclusion criteria

- Mothers who do not want to take part in the study
- Caregivers of the child other than the mother were not a part of study.

6. Ethical considerations

Respondent to be thoroughly explained about purpose of this study and implications of it then clearing any doubts of him, the informed consent is obtained ensuring him safety and security of the data obtained **.**The data collected would be used for research study only**.**

7. RESULTS

Table 2 Background information of the respondents

characteristics	Numbers (n=100)
Mothers age in Years	

<21	27
22-30	70
31-40	3
>40	0
Religion	
Hindu	73
Muslim	27
Marital Status	
Married	100
single	0
separated	0
Widowed	0
Employment	
Formal employed	18
self employed	78
unemployed	4
No. of children in the family	
one	42
two	35
three	15
>=4	8
No. of living children in the	

family	
one	43
two	34
three	15
>=4	36

Table 2.1 Characteristics of children

Characteristics	Numbers(n=100)
Gender	
male	57
female	41
Age(months)	
<6	14
6-12	54
13-24	32
Birth order	
1	45
2	34
3	13
>4	8

8. Knowledge, Attitude and Practice of Mothers about Breastfeeding and complimentary feeding

This study is considering the women who took part in the study in Knowledge, attitude and Practice regarding Breast feeding and complimentary feeding.

Table-3 Knowledge about Breastfeeding and complimentary feeding

Attribute	Numbers(n-100)
Time of initiating breastfeeding	
Within 1hour after birth	50
After one hour	33
After one Day	14
don't know	3
Infants exclusive breastfeeding for the 1st 6 months of life	
Yes	39
No	61
Frequency of breastfeeding	
On demand	67
According to the timetable	22
Don't know/Not sure	11
Duration of b/feeding after initiating complimentary foods	
Less than 18 months	24
18 months	20

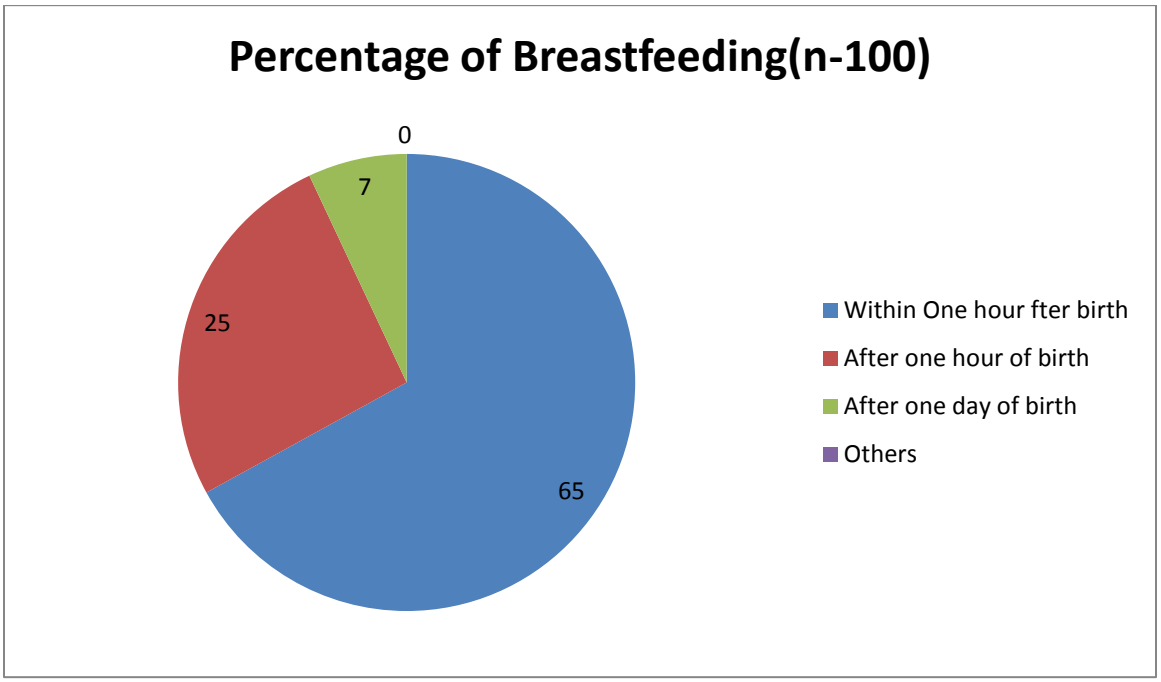
>18-24 months	48
>24 months	8
Time to initiate to complimentary foods	
<6 months	11
6 months	74
After 6 months	12
Source of Information	
Health Worker	87
Family & Relatives	62
Media	6

From the above Table 3 it shows that from 100 mothers half of them 50 percent said actual time of initiating breastfeeding , and reaming 34 percent said after one hour ,14 percent after one day , and 3 percent don't know. Again the study said that 39 percent mothers know the actual duration of exclusive breast feeding. Further I access the knowledge about frequency of breastfeeding and 67 percent mothers replayed baby will breast feed on according to numbers of demand the child made and the reaming 22 percent said according to time table .The study also access the knowledge about duration of breast feeding after initiation complimentary foods and the responses are less than 18 months 24 percent, 18months 20 percent, and 18-24 months 48 percent and remaining 8 percent said more than 24 months . Further the table shows about the knowledge of initiation of complimentary food near to 74 percent said the actual time to initiate complimentary food that is 6 month and nearly 12 percent said after 6 month

Further I access the source of information about breast feeding and complimentary feeding and from them maximum percentage that is moreover 87 percent said from health worker followed by 62 percent family and relative , and only about 6 percent from media source

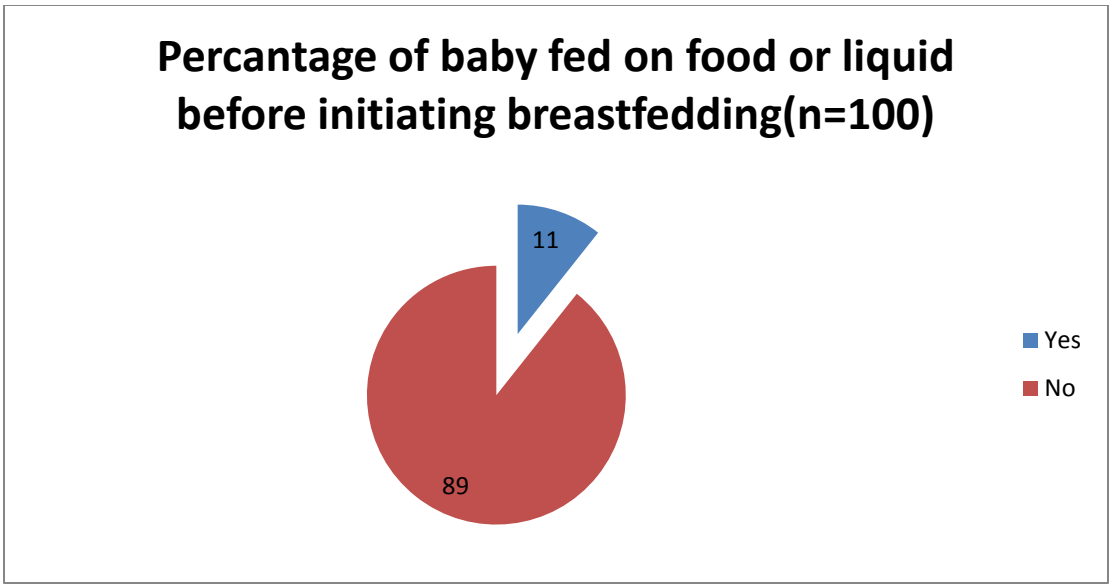
8.1 Practice about Breastfeeding and complimentary feeding

Fig. 1 Time of breast feeding was initiated



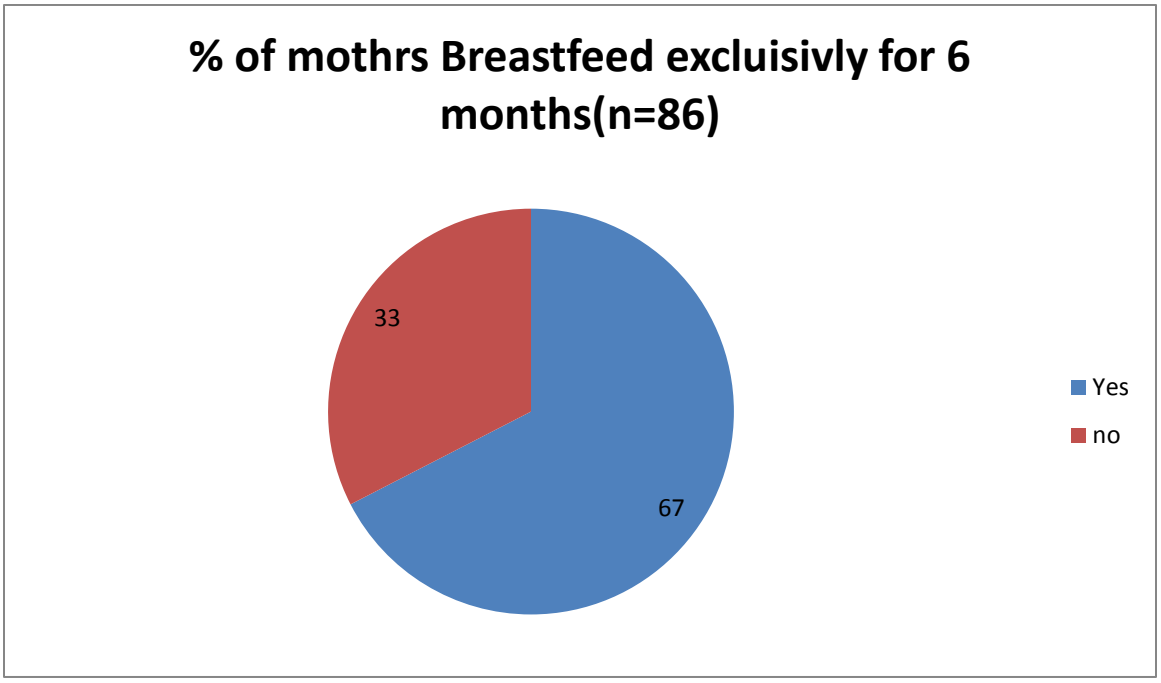
The above figure 1 saying most of the mother that is 65 percent was breast feed their baby within one hour after birth followed by 25 percent after one hour and 7 percent after one day of birth

Fig 1.1 Baby feed on food or Liquid before starting of breastfeeding



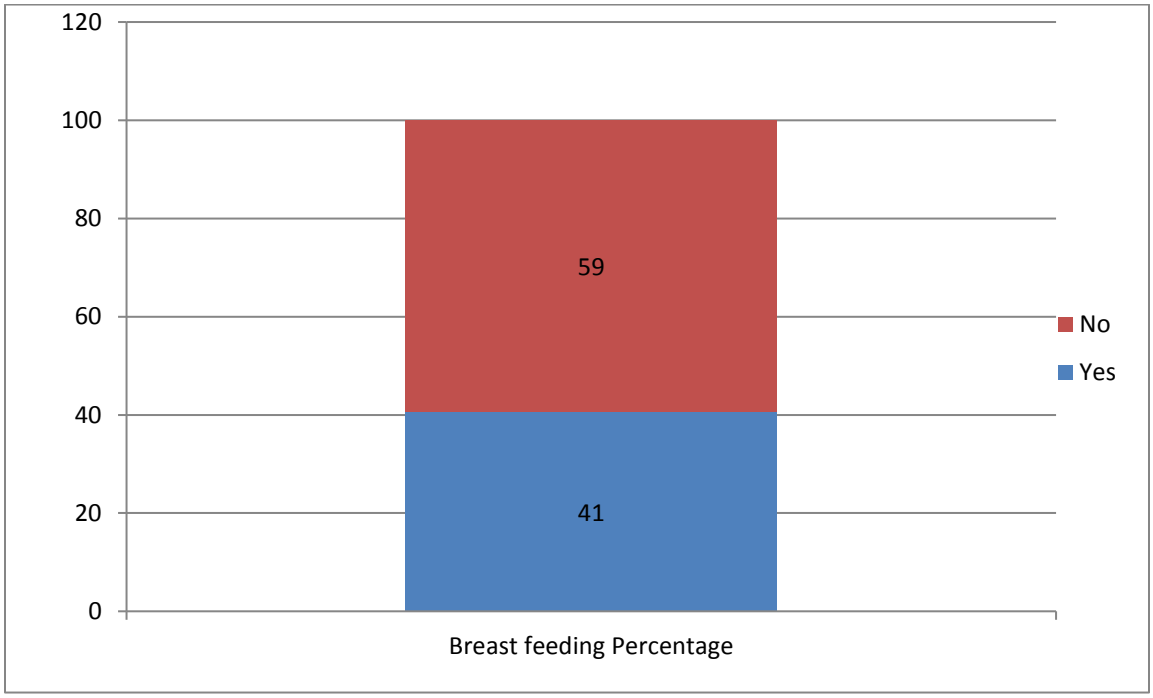
On the above figure 1.1 describe that almost all that is 89 percent of mothers do not fed any liquid or food before initiating breast feeding and only 11 percent said yes

Fig 1.2 Breastfeed exclusively for six months



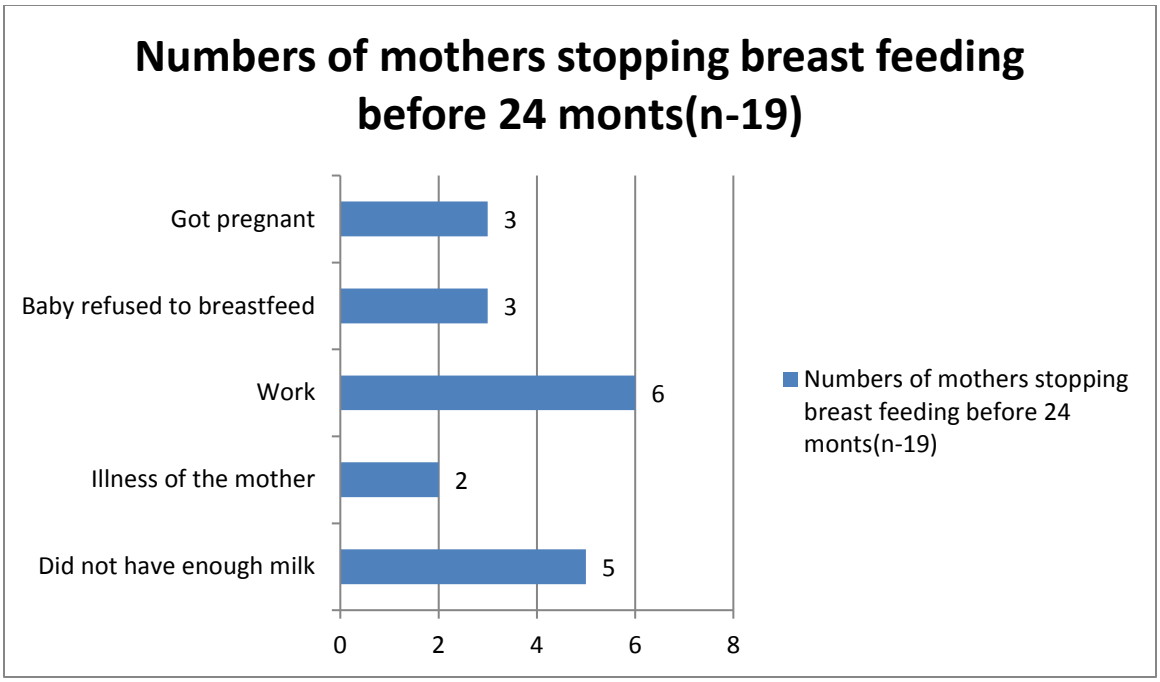
The fig no-1.2 is about duration of practice of exclusive breast feed and the data shows that out of 86 mothers 67 percent exclusively breast feed their child for months and 33 percent said no

Fig 1.3 Out of 86 mothers of child whose age is above 6 month still breast feeding



The data mentioned on above fig 1.3 said that out of 86 mothers who breast feeding their child above 6 month are 41 percent and more than half that is 59 percent not practiced

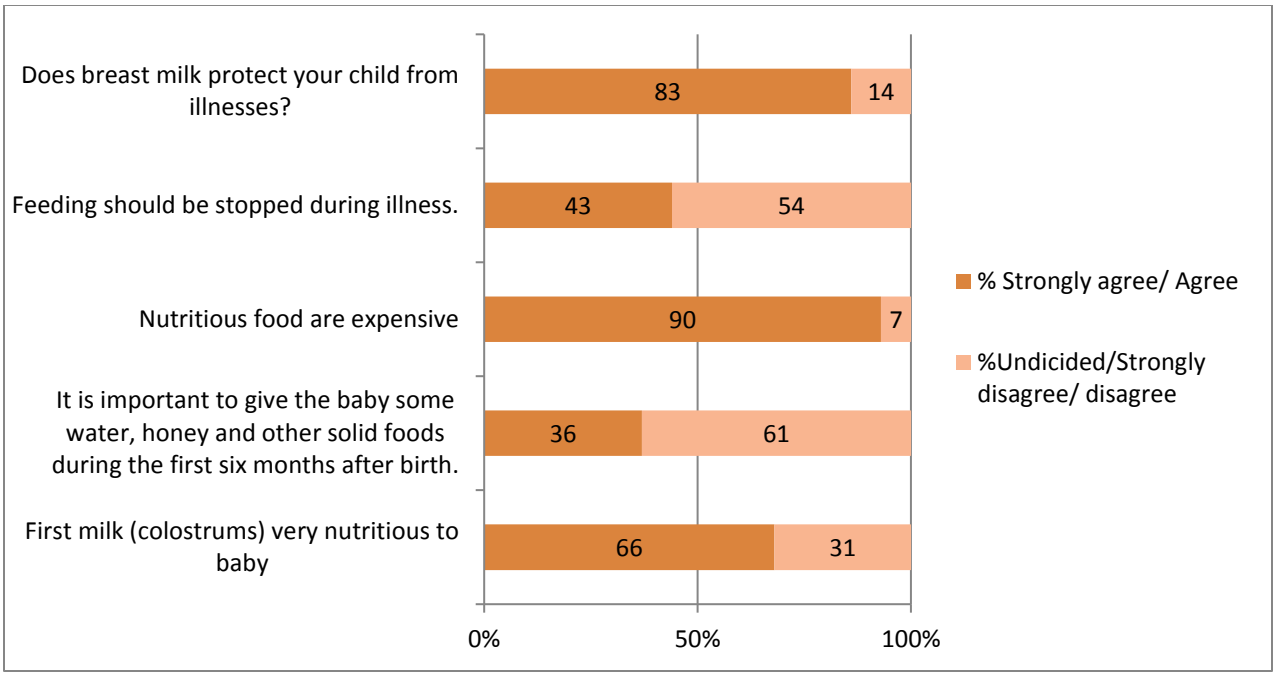
fig 1.4 - Reasons of mothers stopping breast feeding before 24 month



The fig no 1.4 is about various reasons regarding stopping breast feeding which includes due to work (6) mothers stopped their breast feeding to child, followed by did not have enough milk (5), got pregnant(3), bay refused breastfeed (3), and (2)due to illness of mothers.

9. ATTITUDE-

Fig 2- Attitude of mothers towards breast feeding and complimentary feeding (n-100)



The Fig no 2 shows the attitude of mothers towards breast feeding and complimentary feeding of 100 mother's .It says that 66 percent mothers strongly(agree) that the colostrums i.e first milk of mothers is nutritious to their baby. Further the attitude towards the exclusive breastfeeding, the 61 Percent mothers strongly (disagree) that they should not give any other food rather than breast milk. About the attitude towards nutritious food price in market almost all that is 90 percent strongly (agree) that nutritious food is expensive. Further the attitude towards feeding during illness 43 Percent Strongly (agree) that feeding should be stopped during illness. Also it the above data shows that 83 percent of mothers strongly (agree) that breast milk protect their child from illness.

10. Limitation

- Language barrier
- Time constraint in the study
- Because of small sample size it might not represent the whole universe of the study

11. Discussion

The objective of the study was to assess the Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding breastfeeding and complimentary feeding in urban population

Mother's knowledge regarding breastfeeding is very essential part for child health .The importance of breastfeeding to infant nutrition and prevention of infant morbidity and mortality and also the long chronic diseases is well established

On this study 50 percent have correct knowledge about time to initiate breastfeeding, whereas regarding exclusive breastfeeding only 39 are having appropriate knowledge but as per NFHS4 data of sabarkantha the rural area practicing 63.3 percent .The difference may due to the population of slums are not aware about the duration of exclusive breastfeeding .

About the practice of initiating breastfeeding the data shows 65 percent had initiated breastfeeding within one hour and according to NFHS4 data of Sabarkantha 47.8 percent of rural mothers of under three initiate breastfeeding within one hour, the difference may due to availability of good health service and availability of health care staff to guide the mothers of urban population.

Regarding attitude of mothers towards cost of nutritional food the 90 percent of the respondent strongly (agree) that the nutritional foods are expensive.

12. Conclusion

The study has shown that there are some gaps in terms of knowledge & Practice about breastfeeding and complimentary feeding. Like 50 percent of mothers out of 100 mothers have appropriate knowledge that breast feeding should initiate after one hour of birth and 39 percent have knowledge about correct duration of exclusive breastfeeding.. In terms of practice only 41 percent out of 86 mother's breast feed their baby more than 6 month. And the measure reason for stopping breast feeding is due to work and not having enough milk. Further it is concluding that 90 percent belief that nutritious food are expensive. Therefore there is a need to increase knowledge of urban population regarding exclusive and complimentary breastfeeding through health care staff

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Annexure

Questioners

My name is Janmejaya Meher. I am a MBA student in Health and Hospital Management at the IIHMR UniversityJaipur Rajasthan. As part of my studies, I am carrying out a research study on the **Knowledge attitude and practices (KAP) of mothers with children less than twenty four months regarding breastfeeding and complimentary feeding in Urban population of Sabarkantha District, Gujarat**. You and your child's participation in this research is entirely voluntary. You may change your mind later and stop participating even if you agreed earlier. Any information you provide including you and/or your child's identity will be treated with utmost confidentiality. The information will not be used for purposes other than the ones disclosed in this study.

Interview Date……. Study No…….

Section A: Socio demographic Information

Mother's bio data

1. Mother's age (years)……

2. Marital status: single…….. Married …….. Separated……divorced…….Widowed….

3. Mothers religion: Hindu..... Muslim .....Christian……others…….Specify .....

4. Number of children in the family……

5. Number of living children including the current one: ……..

Child's bio data

6. Age of the child (months)……..

7. Sex of the child a) male…….b) female.….

8. Birth order……

B: Knowledge on breastfeeding

1. At what time should the newborn be initiated to breastfeeding?

a. Within one hour after birth

b. After one hour following birth

c. After one day after birth

d. Other. Specify …..

e. I don't know/Not sure

2. How often should you breastfeed your baby?

a) On demand

b) According to the timetable

c) Not sure

3. How long should you breast feed before giving other feeds? …….. months.

4. When should a mother start adding foods to breastfeeding? …….months.

5. After introducing other solid foods, how long should you continue breast feeding? …...months

6. What is your source of information on feeding your child? Tick all that apply

a) Family members

b) Relatives

c) Medical staff

d) Media

e) Other (specify)

C: Feeding Practices

1. When did you initiate breastfeeding?

a) Within one hour after birth

b) After one hour following birth

c) After one day after birth

d) Other (Specify)

e) Doesn't know/Not sure

2. Did your baby receive anything else before receiving breast-milk (any food or liquid other than breast milk)?

a) Yes

b) No

If yes, specify ……

3. Did the baby receive the first milk (colostrums)?

a) Yes

b) No

4. Did you breastfeed exclusively for six months?

a) Yes

b) No

5. At what age did you start feeding the baby on complimentary foods? …..

6. If introduced earlier than six months, what were the reasons for introducing complementary foods…….

a) Baby was crying a lot e. Others (specify)

b) Work

c) Mother didn't have enough milk

d) Illness

7. Are you still breastfeeding?

a) Yes

b) No

If no, at what age did you stop breastfeeding your child? ……

8. What were the reasons for stopping breastfeeding before twenty four months?

9. How many times per day do you feed your child…….?

10. Who takes care of baby when you are away from home/work? Tick all that apply

a) Mother takes her child with her..... e) Other relative (specify).....…….....

b) Grandmother …… f) Neighbours/friends.....

c) Husband..... h) Other (specify).....

d) Older children.....

D: Attitudes

	Statement	**Strongly Agree**	**Agree**	**Undecided**	**Disagree**	**Strongly Disagree**
1	First milk (colostrums) very nutritious to baby					
2	It is important to give the baby some water, honey and other solid foods during the first six months after birth.					
3	Nutritious food areexpensive					
4	Feeding should be stopped during illness.					