Knowledge, Attitude and Practices of Mothers on Exclusive Breastfeeding and Complimentary Feeding in Jaipur and Jhunjhunu District, Rajasthan

By

Vibhor Kaushik

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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(HLFPPT), Jaipur

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HLFPPT
Partners for Better Health

Certificate of completion of Internship/dissertation

The certificate is awarded to

Name Mr. Vibhor Kaushik

In recognition of having successfully completed his
Internship in the department of

Social Franchising

and has successfully completed his Project on

Knowledge, Attitude and Practices of mothers with under two years child on exclusive breastfeeding and complimentary feeding in Jaipur and Jhunjhunu District

From 19th February 2020

Hindustan Latex Family Planning Promotion Trust

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 endeavors.

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Acknowledgement

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Vibhor Kaushik

MBA-Hospital and Health Management

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LIST OF ABBREVIATIONS

Acronym	Full Form
HLFPPT	Hindustan Latex Family Planning Promotion Trust
NHM	National Health Mission
ANC	Antenatal Care
PNC	Postnatal Care
ANM	Auxiliary Nurse Midwife
SAM	Severe Acute Malnutrition
CMTC	Child Malnourished Treatment Centre
OPD	Outpatient Department
IPD	In 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

Knowledge, Attitude and Practices of Mothers on Exclusive Breastfeeding and Complimentary Feeding in Jaipur and Jhunjhunu District, Rajasthan

About Organization: HLFPPT (Hindustan latex family planning promotion trust)

HLFPPT Partners for Better Health

HLFPPT is promoted by HLL Life care Ltd (a Mini Ratna PSU under the Ministry of Health and Family Welfare, GOI). It was founded in 1992 and is registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act, 1955. For the last 25 years, we have been serving communities across India with health solutions and contributing towards Health System Strengthening through direct program implementations, technical assistance, and capacity building. Today, HLFPPT has emerged as India's leading organization in Reproductive and Child Healthcare and a pioneer in promoting public health through Social Marketing and Social Franchising strategies. Hindustan Latex Family Planning Promotion Trust (HLFPPT) is a national not-for-profit health services organization, working on the entire spectrum of RMNCH+A (Reproductive, Maternal, Newborn, Child & Adolescent Healthcare), including HIV Prevention & Control and Primary Healthcare.

SERVICES

Family Planning

HLFPPT contributes to National Family Planning Programme by:

- Social Marketing of contraceptives, thus offering increased basket of choice
- Counselling on family planning methods & empowering couples with informed choice
- Building capacities of health providers on family planning services
- Creating a network of affordable health facilities with family planning services

WASH

HLFPPT has forayed into promoting:

- Water, Sanitation & Hygiene (WASH) as per WHO guidelines
- Affordable drinking water solutions to underserved communities

Skill Development

HLFPPT aims to:

- Address the global shortage of skilled health professionals
- Contribute towards the Central Government's flagship Skill India Mission
- Develop a cadre of skilled human resources in healthcare & other allied sectors through quality trainings
- Offer sustainable livelihood options to the youth

CSR Partnerships

By aligning with the corporate sector, HLFPPT:

- Takes primary healthcare services to underserved communities
- Establishes Sustainable Models of Development that are replicable & scalable
- Provides technical assistance & advisory services to its corporate partners
- Facilitates project design & implementation
- Does advocacy with government agencies & local communities

HIV Prevention & Control

HLFPPT works for:

- Awareness on HIV prevention, early diagnosis & treatment
- Controlling HIV transmissions
- Facilitating a better life for PLHIV (people living with HIV)
- Advocacy efforts for the rights & social inclusion of PLHIV

Adolescent Healthcare

HLFPPT works for:

- Adolescent Reproductive and Sexual Health (ARSH) issues

- Government's Rashtriya Kishor Swasthya Karyakram (RKSK) as a National Training Partner
- Imparts Life Skills Education to the youth as per WHO guidelines
- Promotes menstrual health management among adolescent girls

Maternal & Child Healthcare

HLFPPT works for:

- Spreading awareness on pregnancy &new-born care among underserved communities
- Providing antenatal care, institutional deliveries, postnatal care, immunization, etc
- Managing a Social Franchising health network that offers quality MCH services
- Educating communities on exclusive breastfeeding, childhood diarrhoea management, etc

Rajasthan State Profile

As per official census 2011 data Rajasthan has population of 6.8 crores, out of total population of Rajasthan, 24.9 percent people live in urban regions and 75.1 percent live in rural.

Jaipur and Jhunjhunun District Profile

If we see the district data of Jaipur than according to census 2011, the total population were 66.2 lakh among them 52.4 percent are from urban area and 47.6 percent live in rural.

If we see the district data of Jhunjhunun than according to census 2011, the total population were 21.3 lakh among them 22.9 percent are from urban area and 77.1 percent from rural area.

Knowledge, Attitude and Practices of Mothers on Exclusive Breastfeeding and Complimentary Feeding in Jaipur and Jhunjhunu District, Rajasthan

1.Introduction

Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

Research shows that breastfeeding provides many health benefits for mother and baby. But it also can be difficult to manage breastfeeding in today's hurried world. Learning all women can before women give birth can help. The decision to breastfeed is a personal one. As a new mom, women deserve support no matter how women decide to feed baby.

The American Academy of Pediatrics recommends breastfeeding as the sole source of nutrition for baby about 6 months and can be continued for as long as both mother and baby desire it. The following articles help explain how breastfeeding not only provides excellent nutrition, but also sets baby up for healthy growth and development.

Breastfeeding is the most natural way to feed baby. It provides all the nutrition baby needs during the first six months of life, satisfies their hunger and thirst at the same time. It also helps to create a loving bond between women and baby. When a child reaches two years, below nutrition will result in inversible physical and psychological damage. Kid suffers the accourage 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 complimentary feeding and dietary practises.

According to NFHS-4 data 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 Rajasthan, affecting 16 percent of children under three years of age.

Breast milk has several health benefits for your baby:

- Breast milk contains all the nutrients your baby needs for the first 6 months
- It also satisfies the baby's thirst
- It helps develop the eyes and brain and other body systems
- The act of breastfeeding helps with jaw development
- It helps the baby resist infection and disease, even later in life
- It reduces the risk of obesity in childhood and later in life
- It contains a range of factors that protect your baby while their immune system is still developing

Breastfeeding also has many benefits for mothers. Not only is it convenient, cheap, and always available, it also:

- reduces the risk of haemorrhage immediately after delivery
- reduces your risk of breast and ovarian cancer
- is convenient and cheap
- can soothe your baby
- prolongs the amount of time before you get your period again

Position and attachment

The key to successful breastfeeding is comfortable positioning and good attachment.

The baby needs to be well-attached to the mother's nipples so that the mother will be less likely to experience breastfeeding problems like cracked nipples, and the baby will get the most amount of milk out of the mother's breast.

Signs for the good attachment of the baby to mothers' breast:

- more of the areola is visible above the baby's top lip than below the lower lip;
- the baby's mouth is wide open;
- the baby's lower lip is curled outwards;
- the baby's chin is touching or almost touching the breast.

Breast milk is the best food for new-born. The Canadian Paediatric Society recommends exclusive breastfeeding for the first 6 months of life. After 6 months of age, baby can have complimentary diet along with mothers' milk.

1.1 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, available age for introducing solid foods into a child's diet and the type of solid foods to introduce, frequency of child feeding, diet during illness 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.

These are few studies have been done to access mother's knowledge on exclusive breastfeeding. Some of the studies have showed that 90.8% knew that colostrum's was good for the baby and 96% of the mothers had good knowledge that exclusive breastfeeding should be practiced it. There is a study done in Kenya Yatta division showed only 1.8% of the mothers exclusively breastfed their children for six months. 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 months. 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 and United Nation's Children 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 longer.

There is also lack of knowledge on the correct time to initiate complimentary foods with some mothers introducing complimentary foods or long after six months of age. The complimentary foods may be inadequate for the inappropriate frequency, quality, or quantity. Majority of mothers introduce complementary foods before six months of age. In Kenya complimentary foods are introduced as early as the first month and by 6 months 84% of infants are already receiving complimentary feeds. Unfortunately, these complimentary foods which 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 infection and diarrhoea, which are the two major cause of infant mortality worldwide.

Nutrition foods are considered to be expensive by some mothers, 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

1.2 Attitude

The mothers claimed that long term breast feeding caused under nutrition and stop breastfeeding was the appropriate intervention. 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 digest. Few foods have been associated with causing illness. In India feeding bananas and curd to a child in the rainy and winter seasons is thought to cause cold and cough. 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 colostrum was not fed to children by majority of mothers as it is considered heavy, thick, dirty and harmful to children’s health. Inappropriate beliefs led to inadequate diet, the consequences is under nutrition.

1.3 Practices

Globally, the rates of practicing 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 the first six months of life can contribute to a high prevalence of malnutrition. Forty two percent shows that pre-lacteal feeds mothers in the rural areas being more likely in practice feeding than those in the urban areas according to KDHS 2008-09.

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

Study also shows that reason given for stopping breastfeeding included: Inadequate milk secretion, perception that the feeds should be reduced during illness and belief that breast-feeding milk should stop during illness. Reason for delayed introduction of complimentary foods included: advice of the mothers-in-law that milk sufficient for the child till the age of one year, an introduction of complimentary foods, lack of knowledge of when to start complimentary foods.

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 centres showed that initially 41% 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%.

2.Literature review

Nutrition is crucial for child's growth and development. It is 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 behavioural development.

In 2006 a research was done on Information scanning about the best practices of breastfeeding. It describes some of the methods keeping in touch with best practice in breastfeeding. This paper describes some of the methods practitioners (those directly involved with helping mothers) can use to scan the environment for up-to-date information about best practice in breastfeeding. By keeping in touch – with other practitioners and International Board-Certified Lactation Consultants (IBCLC), with researchers, with decision makers, and with research findings – practitioners can ensure they help mothers most effectively.[4]

In 2012 a research was done on Global trends in exclusive breastfeeding and estimated that suboptimal breastfeeding practices are responsible for more than 1 million child deaths annually and even more striking levels of childhood morbidity. In line with the Global Strategy put forward 20 years ago , UNICEF's strategy and actions in support of infant and young child feeding underline the importance of multi-sectoral approaches to improve health and nutrition and support of proven activities at national, health system and community levels, such as behaviour and social change related to optimal infant feeding practices. The vision for improving the nutritional status of children worldwide is clear and the importance of the first 1,000 days of life from conception to two years of age, then we will acknowledge there is much room for improvement. Child nutrition programmes worldwide continue to require investments and commitments to improve infant feeding practices to have maximum impact on children's lives.[6]

In 2019 a research was done on Regional prevalence and determinants of exclusive breastfeeding in India. while the North-East had the lowest prevalence. The determinants of EBF also varied across regional lines, where higher birth order was the only common factor associated with non-EBF in all regions. Key modifiable determinants of non-EBF included higher maternal education in the South and belonging to rich households in Central India. Efforts to improve EBF in India would require a multipronged approach, where political will and dedicated funds for those public health actions and the establishment of IYCF policy and programmes interventions remain core priorities.[5]

3.Research Question

What is the level of existing knowledge, attitude and practices of mothers with children less than two years regarding exclusive breastfeeding and complimentary feeding in Jaipur and Jhunjhunu District, Rajasthan?

4.Objective

To assess the knowledge, attitude and practices (KAP) of Mothers with Children Less Than Two Years Regarding Exclusive Breastfeeding and Complimentary Feeding in Jaipur & Jhunjhunu Districts of Rajasthan.

5.Methodology

5.1 Study Design: Observational Descriptive Study

5.2 Study Location- Jaipur and Jhunjhunun Districts of Rajasthan

5.3Duration of Study: 3 months (19th February to18th May 2020)

5.4 Sample size: 100 Respondents

5.5 Sampling Technique:

- Using purposive sampling of mothers who had children under the age group of two years and visited the health facilities of Jaipur & Jhunjhunu districts of Rajasthan.

5.6 Data collection procedure:

- Semi structured questionnaire

5.7 Tool of analysis: Analysis were done using-

- Microsoft Excel 2016
- Graphical representation

5.8 Data collection instrument: Semi structured questionnaire to contains sections on

- Demographic parameters 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 two years of age of Jaipur and Jhunjhunun District of Rajasthan.
- The Data was collected by interviewing the mothers who has visited below mention health care facilities for routine immunization and seeking paediatric consultation purpose in Jaipur and Jhunjhunun districts of Rajasthan: -

  Hospitals covered in Jaipur District are Prakash Mother and Child Hospital, Goyal Hospital, Akhila Hospital, Vinayak Janana and Doorbeen Hospital, R.P Memorial Hospital.

  Hospitals covered in Jhunjhunun District are Oxford hospital, Raj Hospital, Kedia Hospital, kajla hospital and Sharda Hospital.

  From Jaipur and Jhunjhunun each district 5 facility selected and from each facility 10 respondents selected randomly.

5.10 Inclusion criteria:

- Mothers with under Two Years child

5.11 Exclusion criteria:

- Caregivers of the child other than the mother were not a part of study.

6. Ethical consideration:

Respondents were thoroughly explained about purpose of this study and implication of it then clearing any doubts of him, the informed consent were obtained ensuring him safety security of the data obtained. The data collected was used for research study only.

7. RESULTS

Table 1 Background information of the respondents

Characteristics	Numbers (n=100) 100%
Mothers age in Years	
<21	25%
22-30	70%
31-40	5%
Religion	
Hindu	74%
Muslim	26%
Marital Status	100%
All the women are married	
Employment	
Self employed	26%
Formal employed	28%
Unemployed	46%
No. of children having a mother	
One	38%
Two	42%
Three	12%
>=Four	8%

Table number 1 shows maximum no. of mothers 70% are between 22-30 years of age and. 74% are Hindu. All the women which are included in this sample of this study are married.46% women are unemployed,28% women are formally employed(working on the fields of others) 26% are self-employed.42% of ladies have two children and 8% have equivalent to 4 or more than children.

Table 2 Characteristics of Children

Characteristics	Numbers (n=100)
Gender	
Male	53%
Female	47%

Age (Months)	
<6	15%
6-12	54%
13-24	32%
Birth order	
1	38%
2	42%
3	12%
>4	8%

Table no. 2 Shows that 53% children are male and 47% are female whose mothers are included in the study. 54% children are of age group between 6- 12 months, 32% children are of age group 13-24 months, 15% children are of age group less than 6 months.

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.

7.1Knowledge

Table- 3 Knowledge of mothers about Breastfeeding and complimentary feeding

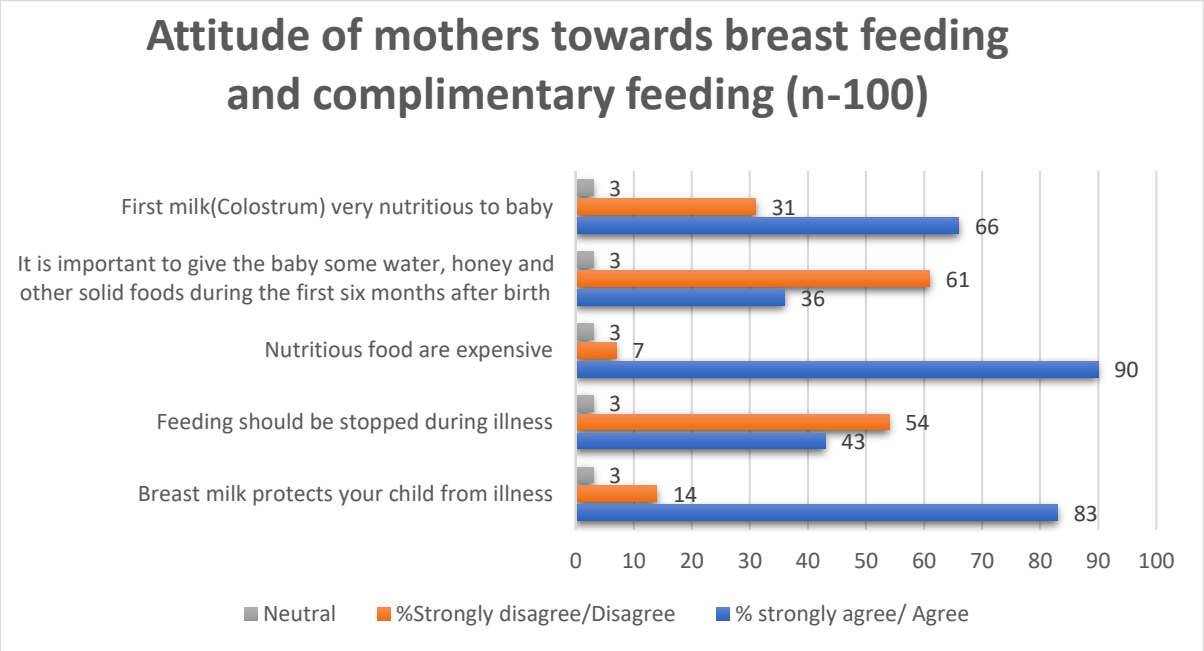
Attribute	Numbers (n=100)
Time of initiating breastfeeding	
Within one hour after birth	52%
After one hour	35%
After one day	10%
Do not know	3%
Frequency of breastfeeding	
On demand (Crying of child)	65%

According to the routine (Every two hourly)	20%
Do not know/ Not sure	15%
Duration of breastfeeding after initiating complimentary foods	
Less than 18 months	26%
18 months	18%
>18-24 months	46%
>24 months	10%
After Time to initiate complimentary foods	
6 months	**77%**
After 6 months	10%
Source of getting information on Complimentary feeding	
Health worker	35%
Family & relatives	62%
Media	3%

The above table 3 shows that only 52% of the babies receive mothers' milk within one hour of birth and 10% receive after one day. 65% of the mothers feed their baby on demand (when baby cries). 46% of the mother start complimentary feeding of the child in between 18-24 months. 77% of mothers are aware to start the complimentary feeding at the age of 6 months. 62% of mothers get to know about initiation of complimentary feeding from family and relatives.

7.2ATTITUDE

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

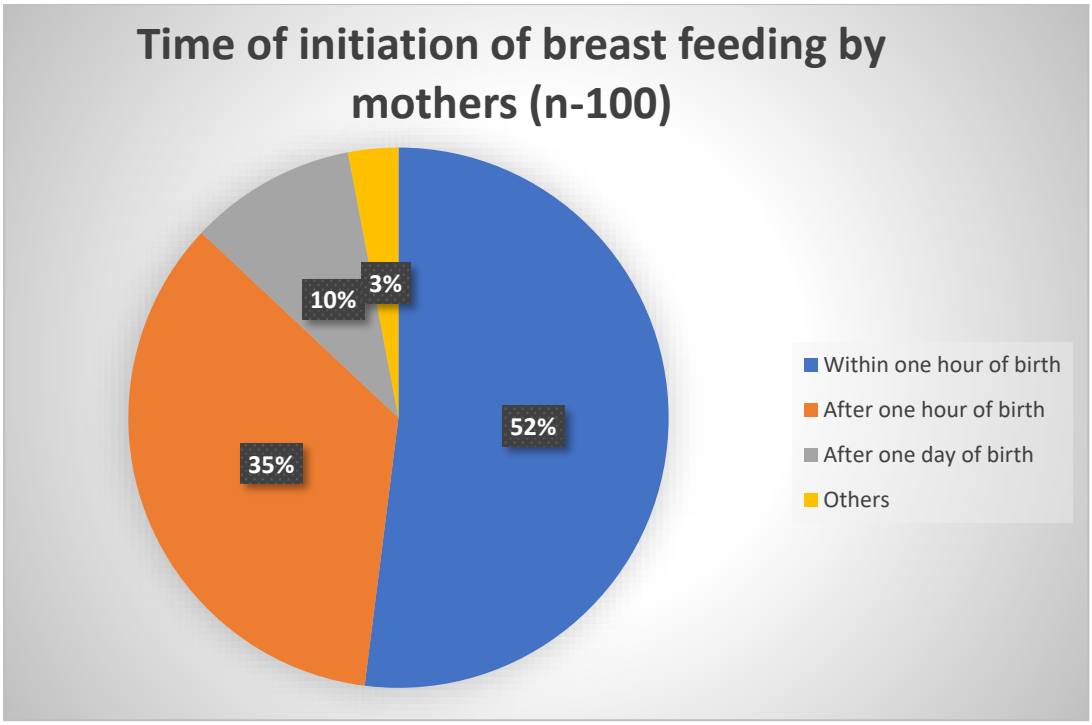


The fig. no. 2 shows the attitude of mothers towards breast feeding and complimentary feeding of 100 mothers. It says that 66 percent mothers strongly(agree) that the colostrum i.e. first milk of mothers is nutritious to their baby. Further the attitude towards the exclusive breastfeeding, the 61 percent mothers strongly (disagree) that they should not give any food other 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.

7.3 Practice

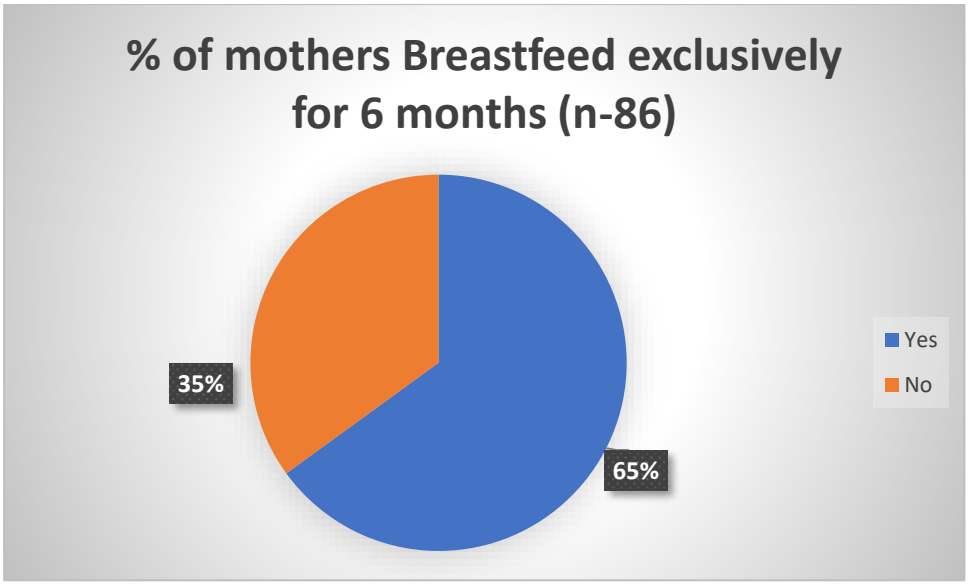
Practice about Breastfeeding and Complimentary feeding:

Fig. 1.1 Time of breast feeding was initiated



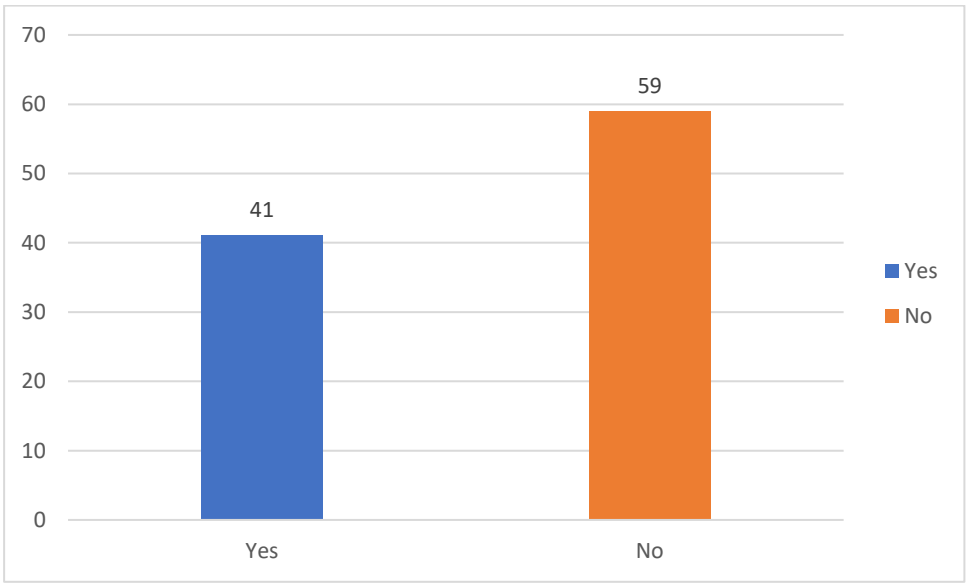
The above figure 1.1 shows of the mothers that is 52 percent was breast feed their baby within one hour, after one hour of birth followed by 35 percent, after one day of birth 10 percent.

Fig. 1.2 Breastfeed exclusively for six months



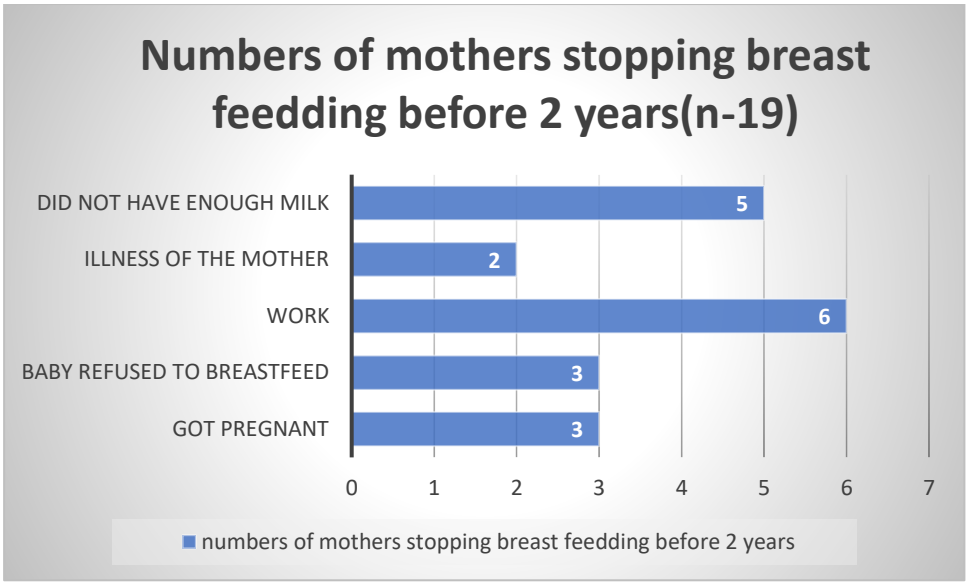
The fig. no.-1.2 is about duration of practice of exclusive breast feed and the data shows that out of 86 mother's 65 percent exclusively breast feed their child for 6 months and 35 percent said No.

Fig. 1.3- Out of 86 mothers of child whose age is above 6 months still breast feeding



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

Fig. 1.4- Reasons of mothers stopping breast feeding before two years



The fig no. 1.4 is about 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), may refused breastfeed (3) and (2) due to illness of mothers. The findings need to be interpreted with caution as number small.

8. Recommendations

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 the long chronic disease is well established.

Infants should be fed breast milk exclusively for the first 6 months after birth. Exclusive breastfeeding means that the infant does not receive any additional foods (except vitamin D) or fluids unless medically recommended.

After the first 6 months and until the infant is 1 year old, the AAP recommends that the mother continue breastfeeding while gradually introducing solid foods into the infant's diet.

After 1 year, breastfeeding can be continued if mutually desired by the mother and her infant.

Infants be exclusively breastfed for the first 6 months after birth to achieve optimal growth, development, and health.

After the first 6 months, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to 2 years of age or beyond

9. Conclusion

The study has shown that there are some gaps in terms of knowledge & Practice about breastfeeding and complimentary feeding

Breastfeeding is the gold standard of infant feeding up to 6 months. It remains the most cost-effective way for reducing the risk of diseases.

52 percent of mothers out of 100 mothers have appropriate knowledge that feeding should initiate after one hour of birth and 41 percent of mothers have knowledge about correct duration of exclusive breastfeeding. And the major reason for stopping breast feeding is due to work and not having enough milk. Further it is considering that 85 percent belief that nutritious food is 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:

Questionnaire

My name is Vibhor Kaushik. I am a MBA student in Health and Hospital Management at the IIHMR University, Jaipur (Rajasthan). As part of my studies, I am carrying out a research study on the "**Knowledge attitude and practices of mothers with children less than two years regarding exclusive breastfeeding and complimentary feeding in Jaipur and Jhunjhunun District, Rajasthan".** 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 identity will be treated with utmost confidentially. The information will not be used for purpose other than the ones disclosed in this study.

Interview date……. Serial No…….

Section A: Socio demographic information

Mother's bio data

1. Mother's age (years)……
2. Marital status: Single…..Married…….Separated…..Divorced…… Widow……
3. Mother's 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….

Section B: Knowledge on breastfeeding

1. At what time should the new-born 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…
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)

Section 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 the birth
    d) Other (Specify)
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 (Colostrum)?

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 complimentary foods…..

a) Baby was crying a lot

b) Work

c) Mother didn't have enough milk

d) Illness

e) Others (Specify)

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

b) Grandmother

c) Husband

d) Older children

e) Other relative (Specify)

f) Neighbours/friends

g) Other (Specify)

Section D: Attitudes

S.No	Statement	Strongly agree	Agree	Undecided	Disagree	Strongly Disagree
1.	First milk (Colostrum) Very nutritious to baby					
2.	It is important to give some water, honey and other solid foods during the first six months after birth.					
3.	Nutritious foods are expensive					
4.	Feeding should be stopped during illness.					