(International Print/Online Journal)

SJIF IMPACT FACTOR: 4.617
PUBMED-National Library of Medicine ID-101739732

ISSN (Print): 2209-2870
ISSN (Online): 2209-2862

International Journal of Medical Science and Current Research (IJMSCR)
Available online at: www.ijmscr.com
Volume2, Issue 2, Page No: 443-454
March-April 2019

Awareness and Practices Regarding Infant and Young Child Feeding Among Mothers In Chandigarh

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Type of Publication: Original Research Paper
Conflicts of Interest: Nil

ABSTRACT

Background: Infant and young child feeding practices influence the growth and development of children. The present study was conducted with an objective to find the awareness and practices regarding infant and young child feeding in Chandigarh. **Materials and methods:** The cross-sectional study was conducted from February to April 2016 among 300 mothers from randomly selected urban, rural and slum areas in Chandigarh. The data was collected using the pre-designed, structured and pre-tested questionnaire on awareness and practices of mothers regarding infant and young child feeding. Descriptive analysis was done. Chi-square test was used as test of significance taking level of significance, $p < 0.05$. **Results:** The knowledge-practice gap for initiation of breastfeeding, feeding of colostrum, no pre-lacteal feeding, and exclusive breastfeeding for six months was found to be 03.0% (p=0.45), -03.6% (p=0.17), -0.2.0% (p=0.61) and 54.4% (p=0.00), respectively. The difference between gender of child and colostrum given was found to be significant (p = 0.04). No significant difference was found for sociodemographic variables and last pregnancy related variables with pre lacteal feeding and with exclusive breastfeeding. Most of the participants (74.0%) were aware of the suitable age for weaning. Most commonly given complementary food was found to be *dal* water / rice water (37.7%). **Conclusion:** There was a lack of knowledge about initiation of breastfeeding and type of food for starting complementary feeding. The knowledge-practice gap for exclusive breastfeeding for six months was found to be significantly high in urban, rural and slum areas of Chandigarh.

Keywords: Chandigarh, Infant And Young Child Feeding

INTRODUCTION

Breastfeeding is vital to infant and maternal health as it is the normal way of providing young infants with the nutrients required for healthy growth and development [1]. It has been estimated that 823 000 annual deaths could be prevented in children younger than five years by scaling up of breastfeeding [2]. The beneficial effects of breastfeeding depend on time of breastfeeding initiation, its duration and the age at which the breastfed child is weaned. As per World Health Organization, infants should be exclusively breastfed for the first six months of life. Thereafter, infants should receive safe and nutritionally adequate complementary foods to meet their evolving needs while breastfeeding continues for up to two years of age or beyond [3]. Decisions regarding early initiation and duration of breastfeeding in low-income developing countries are influenced by many factors including education,

employment, place of delivery, family pressure and cultural values [4]. Virtually all mothers can breastfeed. But the practice of breast feeding is declining with urbanization, infant milk substitutes and working of women. Despite the strong evidences in support of exclusive breast feeding, its prevalence has remained low worldwide [5-7]. Socio-cultural and economic factors have influenced breastfeeding practices in India [8]. Early initiation of breastfeeding is not seen in 59.0% of the children, and 45.1% of children are not exclusively breastfed [9]. Information on the factors influencing infant feeding knowledge and practices is limited for Chandigarh, especially for slums. With this background, the present study was conducted with an objective to know about awareness and practices regarding infant and young child feedings of mothers in urban, rural and slum areas of Chandigarh.

MATERIAL AND METHODS

Study area, Study design & Study period

The community based cross sectional study was carried out from 1st February 2016 to 30th April 2016 in randomly selected two urban areas, two rural areas and two slum areas, using simple random sampling technique from the list of sectors, villages and slum areas in Chandigarh. Chandigarh is the Union Territory (UT) of India and capital of two states, Punjab and Haryana, with population of 10.54 lakhs [10].

Study population & sample size

Mothers who have children less than two years of age, residing in the selected study areas were selected for participation in the study. Three hundred mothers were selected randomly for participation in the study (100 mothers from each urban, rural and slum areas.) Sample size was calculated by using formula $N = 4pq/l^2$ where p is the prevalence of knowledge regarding infant and young child feeding (50%) and l is the allowable error (10%). Sample size was calculated as at least 120 mothers considering 95% confidence level and 20% possible non-response.

Data collection

The data was collected by first author herself at participants' households, using the pre-designed, structured and pre-tested questionnaire. A list of households was prepared to trace the eligible participants. For rural areas, house numbers of eligible mothers were collected from the *anganwadi* centres of the respective areas. For slum areas, house to house survey was conducted without any previously prepared list of household. For urban areas, household numbers were sorted out from immunization schedule register of local civil dispensary. Fifty participants were interviewed from each area, out of total six areas. The participants were interviewed after establishing a rapport with them and maintained confidentiality. Information regarding sociodemographic profile, education of mother, occupation of mother, natal care, knowledge about infant and young child feeding practices including breastfeeding practices and complementary feeding practices etc. was obtained. A pilot study was initially done in a randomly selected area of Chandigarh, other than the study areas to ensure the validity of the interview schedule and the results of the pilot study were not included in this study.

Data analysis & Ethics

Data entry and analysis was done in Microsoft Office Excel 2007 and SPSS16v. Descriptive analysis was done using frequency, percentages, and mean (± S.D.). The knowledge-practice gap was defined when a mother knew about the benefit but did not perform the corresponding practice. This gap was analysed according to place of residence of participants. Chi-square test was used as test of significance taking level of significance, $p < 0.05$. The study got approval from experts committee at Centre for Public Health, Panjab University, Chandigarh, India. The privacy and confidentiality of information obtained was assured. Informed consent was duly taken from the participants after establishing rapport and explaining research objectives before starting the interview.

RESULTS

The socio-demographic profile of participants is shown in Table 1. Mean age ± S.D. of participants in urban, rural and slum areas were 28.9 ± 4.1 years, 26.1 ± 3.6 years and 24.7 ± 4.1 years, respectively. More than half 55 (55.0%) of participants in slum and one forth 25 (25.0%) of participants in rural area were illiterate where as in urban area majority (60, 60.0%) of participants were educated up to graduation or postgraduation. Almost all the participants in rural (99, 99.0%) and in slums (93,

Volume 2, Issue 2; March-April 2019; Page No. 443-454

93.0%) area were homemaker as compare to 80% of participants in urban area. Majority of participants in slum (78, 78.0%) and rural (57, 57.0%) areas belonged to lower class whereas in urban area majority (85, 85.0%) of participants belonged to middle and upper class.

More than half (179, 59.7%) of participants were multiparous, and 02 (00.7%) participants had adopted child. Out of 179 multiparous participants, 87 (48.6%) had birth interval of less than 3 years. Majority of participants (136, 45.3%) had normal vaginal delivery followed by assisted vaginal delivery (91, 30.3%) and caesarian section (71, 23.7%).

Participants were significantly more aware about exclusive breastfeeding should be done for six months rather than doing practice for same (p=0.00). Majority of participants (93.3%) had opinion that the best nutrition for child is breast feeding. One third of the participants (118, 39.3%) gave breast milk as the first feed to child after delivery, followed by honey (94, 31.3%), milk other than breast milk (43, 14.3%), and water and sugar solution (24, 8.0%). Main reasons for not giving colostrum as mentioned by participants were that it's not good for baby (11, 34.3%) and no milk secretion (10, 31.3%). Reasons for not giving exclusive breast feeding for initial six months were practice of pre-lacteal feeds (182, 89.7%) followed by inadequate milk secretion (49, 52.6%) and concern about mother health (15, 16.1%). The gap between knowledge and practices regarding breastfeeding are shown in Table 2.

General beliefs of participants regarding breastfeeding revealed that 178 (59.3%) and 142 (47.3%) agreed that it foster bond between mother and child, and it prevent from going to work, respectively. Avoidance of the breastfeeding during mother and child sickness were disagreed by 162 (54%) and 208 (69.3%) participants, respectively. Two third of the participants (200, 66.7%) received counselling regarding breastfeeding during antenatal care visits.

Whether breastfeeding should be initiated within an hour of delivery, 42.0%, 44.0% and 39.0% participants in urban, rural and slum area respectively had knowledge regarding it (p = 0.00). Majority of participants were aware about exclusive breast feeding for six months e.g. 91.0%, 83.0% and 86.0% in urban, rural and slum area respectively (p=0.24). Regarding colostrum, 94.0%, 87.0% and 76.0% participants in urban, rural and slum area respectively were aware that it should be given (p = 0.01). Majority of participants (68.0%) in rural area had opinion that pre-lacteal feed should be given to child followed by 61.0% in slum and 59.0% in urban area (p=0.38).

Most of the participants in slum area (45.0%) had initiated breastfeeding within an hour of delivery followed by rural (42.0%) and urban (29.0%) (p=0.04). Majority of participants had given colostrum to their child e.g. 93.0%, 90.0% and 85.0% in urban, rural and slum area respectively (p=0.18). Pre lacteal feed was given to the child by 66.0%, 55.0% and 61.0% in urban, rural and slum area respectively (p=0.28). Exclusive breastfeeding for first six months was given by 32.0%, 36.0% and 29.0% in urban, rural and slum area respectively (p=0.18).

The gap between knowledge and practices about breast feeding according to place of residence is shown in Table 3. Participants were significantly more aware about breastfeeding should be initiated within an hour of delivery in urban area rather than doing practice for same (p=0.03). However, participants were significantly more aware about exclusive breastfeeding should be done for six months rather than doing practice for same in urban (p=0.00), rural (p=0.00) and slum (p=0.00) area.

Colostrum was found to be given significantly higher in case of male child (p=0.004). None of other variable was found to be significantly associated with colostrum. No significant difference was found for sociodemographic variables and last pregnancy related variables with pre lacteal feed and with exclusive breastfeeding (Table 4).

Most of the participants (74.0%) were aware of the suitable age for starting complementary feeding to be completion of six months while 16.3% participants replied that it can be started at any age. Most of the participants in urban area (91.0%) had adequate knowledge regarding starting of complementary feeding age at completion of six months followed by (84.0%) in rural area while in slum area participant's awareness was less than half (47.0%). The difference was found to be significant (p = 0.00). Most commonly given complementary food was found to

Volume 2, Issue 2; March-April 2019; Page No. 443-454

be *dal* water / rice water (37.7%) followed by *daliya* (porridge) / *khichadi* (22.0%). Seven percent children were being fed with only 0-1 meal per day *i.e.* 25.0%, 15.2% and 03.6% in age group of 6-8 months, 9-11 months and 12-24 months, respectively. In age group 6-8 months, maximum children (46.9%) were being fed with 2-3 meals and above in a day followed by 1-2 meals (28.1%). In age group 9-11 months, maximum children (47.2%) were being fed with 2-3 meals per day followed by 3-4 meals and above (21.7%). Almost equal proportion of children in age group 12-24 months were being fed with 3-4 meals and above (38.2%) followed by 2-3 meals (36.4%).

DISCUSSION

The present cross-sectional study was conducted among mothers in Chandigarh, India to found about the awareness and practices regarding infant and young child feeding (IYCF). IYCF knowledge and practice of mothers greatly influence the health and wellbeing of the children along with nurturing care provided.

In present study, majority of the participants (39.7%) were in the age group of 21-25 years followed by age group of 26-30 years (36.7%), with mean age as 26.6 (± 4.4) years. This was in accordance with studies by Pal *et al.* [11] in West Bengal (2014), Maiti *et al.* [12] in Odhisha and Wagh *et al.* [13] in Maharashtra. Almost one third of the participants (28.7%) were illiterate followed by educated up to graduation or postgraduation (24.3%) in our study whereas in the study done by Maiti *et al.* [12], 35.66% mothers were educated up to secondary level and only 11.89% were illiterate. Maximum participants (90.7%) in our study were homemaker as also found by Pal *et al.* [11] and Mahmood *et al.* [14] in Uttar Pradesh *i.e.* 73.0% and 99.1% mothers were homemakers, respectively.

Initiation of breast feeding

Early initiation of breastfeeding i.e. immediately or within one hour after birth is important for both the mother and the child. In our study, four in ten participants (41.7%) were aware that breast feeding should be initiated within one hour of delivery whereas 38.7% participants had initiated breast feeding within one hour. Similar findings were seen in fourth round of District Level Household Survey (DLHS-4) [15] and fourth round of National Family Health Survey (NFHS-4) [16] for Chandigarh (34.8% and 33.5%, respectively). However, these findings were lower compare to third round (DLHS-3) [17] for Chandigarh in which it was found that 50.0% children were breastfed within one hour of birth. At National level, the percentage of initiation of breast feeding within one hour of birth has nearly doubled from 23.4% (NFHS-3) [18] to 41.6% (NFHS-4) [8]. Raval *et al*. [19] in study from Gujarat had also early initiation of breastfeeding reported by 32.6% participants. However, studies have found higher rate of initiation of breast feeding within one hour i.e. 80.43% by Wagh *et al.* [13], 72.6% by Dhiman *et al.* [20] in Chandigarh tricity, 63.0% by Khan *et al*. [21] in Aligarh, 60.5% by Radhakrishnan and Balamuruga [22] in Tamil Nadu, 57.9% by Bhatt *et al*. [23] in Vadodara city of Gujarat, and 50.5% by Parashar *et al*. [24] in Himachal Pradesh. This difference may be due to local culture beliefs and practices that existed in different states within the country.

The knowledge-practice gap was observed for urban (42.0% *vs.* 29.0%) and rural (44.0% *vs.* 42.0%) areas whereas it was found that more participants had initiated (45.0%) breastfeeding within an hour than having knowledge (39.0%) about it in slum areas. Similar finding was found in DLHS-4 [15] where breastfeeding was initiated within one hour of birth in 44.6% for rural area whereas only 30.4% children breastfed within an hour of birth in urban area of Chandigarh. No separate data was available for slum population in DLHS. On comparison with findings of DLHS-3 [17], it was found that percentage remain almost same in rural area (44.5%) but it was much higher in urban area (50.7%). Kumari *et al.* in Andhra Pradesh [25] and Ashwini *et al.* [26] in Karnataka also found that 31.8% and 42.5% mothers from urban area, and 40.5% and 42.9% mothers form rural area had initiated breast feeding within one hour.

Exclusive breast feeding

The child must be exclusively breastfed in the first six months of his/her life as breastmilk contains all the nutrients needed by child in the first six months. Majority (93.3%) of the participants in our study were aware that human milk is the best food for newborn while in the study done by Maiti *et al.* [12] only 34.9% mother had this knowledge. In our study, almost equal proportion of participants in different areas knew about it *i.e.* 91.0%, 83.0% and 86.0%

Volume 2, Issue 2; March-April 2019; Page No. 443-454

participants in urban, rural and slum areas, respectively. In the study conducted by Karnawat *et al.* [27] in Rajasthan, it was found that 93.3% urban and 56.7% rural mothers knew that human milk is best food for child. In the present study, significant overall knowledge-practice gap was found for exclusive breastfeeding (86.7% *vs.* 32.3%) as well as for urban (91.0% *vs.* 32.0%), rural (83.0% *vs.* 36.0%) and slum (86.0% *vs.* 29.0%) areas. Our findings are comparable to that of DLHS-4 [15] for Chandigarh in which it was found that children exclusively breastfed for at least six months were 28.8% (28.9% for urban and 28.8% for rural). At national level, children under age six months exclusively breastfed were found to be 54.9% (52.1% in urban and 56.0% in rural) (NFHS-4) as compare to 46.4% during NFHS-3 [8,18]. In other studies the proportion of exclusive breastfeeding for six months was found to be as low as 05.13 % by Vyas *et al.* [28] in Uttarakhand, 28.33% by Roy *et al.* [29] in an urban slum of Kolkata (West Bengal), to high as 60.8% by Maiti *et al.* [12] and 61.0% by Dhiman *et al.* [20] Contrary to the recommendations for exclusive breastfeeding for initial six months after birth, main reason for not exclusive breast feeding in our study were found to be practice of pre-lacteal feeds (89.7%) followed by inadequate milk secretion (52.6%) and concern about mother health (16.1%).

Colostrum

Colostrum, the first breastmilk, is highly nutritious and has high concentration of antibodies that protect the newborn from diseases. In the present study, no knowledge-practice gap was found regarding colostrum. The participants had knowledge on the importance of colostrum as 85.7% mothers emphasized that it should be given, which is higher than study done in Odisha where only 40.2% had knowledge about colostrum [12]. Nine in 10 participants (89.3%) had given colostrum in our study as also observed by Vyas *et al.* [28] and Obulareddy & Narreddy [30] where 87.2% and 88.2% mothers gave colostrum. However, lower rates of colostrum feeding were found in studies i.e. 77.6%, 76.3% and74.8% [31,32,12]. In the present study it was found that 90.0% and 85.0% participants gave colostrum to their children from rural and slum area respectively despite 87.0% (rural) and 76.0% (slum) participants had knowledge about it. Colostrum was found to be given significantly higher in case of male child which could be due to gender preference.

Pre lacteal feeding

Pre lacteal feeding i.e., feeding newborns anything other than breastmilk before initiation of breastfeeding should be discouraged. Overall, 62.7% participants in our study responded that pre lacteal feed should be given to the child, with maximum respondents from rural area (68.0%), followed by slum (61.0%) and urban (59.0%) areas. On the contrary, in a study done by Ashwini *et al.* [26] observed 51.7 % in urban and 48.6% mothers in rural area were in favour of pre lacteal feed. The present study observed that pre lacteal feeds were given by 60.7% participants. Similar result was found by Raval *et al.* [19] in Gujarat where prevalence of pre lacteal feed was found to be 61.9%. Studies in Maharashtra (Shaikh and Nagaonkar) [33], Kolkata (Roy *et al.*) [29], Tamil Nadu (Jennifer and Muthukumar) [34] and Chandigarh tricity (Dhiman *et al.*) [20], found lower prevalence of pre lacteal feeding (26.9%, 29.2%, 29.3% and 35.3%, respectively) whereas higher prevalence of pre lacteal feeding was found as 91.6% by Yadavannavar and Patil [35] in Karnataka and 80.0% by Khan *et al.* in Uttar Pradesh [21].

In present study, most commonly given pre lacteal feed was found to be honey (31.3%) followed by top milk (14.3%). Similarly, Verma *et al.* [36] observed in their study in rural area of Lucknow that 35% of mothers administered honey as pre lacteal feed. However, Wagh *et al.* [13] and Shaikh & Nagaonkar [33] found that 61.5% and 48.1% mothers gave honey as pre lacteal feed, respectively while only 27% were given honey in the study done by Deshpande *et al.* [37]. In urban slum of Delhi, Rahi *et al.* [38] found that 19.5% mothers gave top milk as pre lacteal feed. Most commonly given pre-lacteal feed in study by Dhiman *et al.* [20] was cow's/buffalo's milk (43.0%) followed by powered milk (31.7%) and honey (21.0%). Probably, this shows that there is a strong custom prevailed of giving pre lacteal feeds to newborns in urban, rural as well as slums areas. Umar and Oche [39] in Nigeria reported that mothers waited for establishment of clean and safe milk, so during this period they give animal milk, boiled water, boiled leaf extract, and sometime honey instead of colostrum.

Volume 2, Issue 2; March-April 2019; Page No. 443-454

The knowledge about infant and child feeding especially breastfeeding may not necessarily be translated into practice. In present study, the knowledge-practice gap for initiation of breastfeeding within one hour after birth, feeding of colostrum and exclusive breastfeeding for six months was found to be 03.0%, -03.6% and 54.4%, respectively. Vincy *et al.* [40] in study done in south India found the gap for early initiation of breastfeeding, colostrum and exclusive breastfeeding was 12.5%, 04.0% and 12.5%, respectively. Tuan *et al.* [41] in their study among Vietnamese mothers found the gap for early initiation of breastfeeding and exclusive breastfeeding was 34.0% and 66.0%, respectively. Kaur *et al.* [42] also found that knowledge about breastfeeding was high among mothers coming to health centres in Chandigarh but the gap exists in its practice due to misconceptions regarding breastfeeding. Kumar *et al.* [43] found that IYCF practices were not satisfactory in Chandigarh.

Except for gender of child and colostrum given, none of the variable was found to be significantly associated with colostrum, pre lacteal feed and exclusive breastfeeding for six months, meaning thereby mothers were at higher risk of not adopting infant and young child feeding practices irrespective of their socio-demographic characteristics included in the analysis.

Complementary feeding

In present study, most of the participants (74.0%) had awareness about suitable age for initiation of complementary feeding, which is higher than in study done in rural Karnataka by Kumar *et al.* [44] who found that 43.6% mothers had the knowledge on initiation of complementary food. Although mothers were aware about right age for starting complementary feeding in present study but there was lack of correct knowledge about type of food to be given. In present study, most commonly given complementary food was *dal* water / rice water (37.7%), which may fill up the small stomach of child. However, 22.0% of participants were rightly giving semisolid food *viz. daliya* (porridge) / *khichadi* to child. Shaikh and Nagaonkar [33] found that 54.4%, 37.8% and 30.0% infants received semisolid food, milk, and *dhal- khichadi*, *ghee khichadi*, respectively.

There are few limitations in the present study. Due to cross-sectional nature of study, there may be chances of recall bias by participants regarding infant and young child feeding. The qualitative study is required to understand the gap between awareness and practices, and the long-established custom of pre lacteal feeding.

CONCLUSION

There was a lack of knowledge about initiation of breastfeeding, type of food for starting complementary feeding, and on the other hand, pre-lacteal feed practices were still prevalent in the community. The knowledge-practice gap for exclusive breastfeeding for six months was found to be significantly high in urban, rural and slum areas of Chandigarh. To reduce the knowledge-practice gap in infant and child feeding, specific health education strategies, suitable for urban, rural and slum areas are required. Ante natal care visits and immunization sessions should be used as an opportunity to educate mothers regarding benefits of breastfeeding and complimentary feeding, respectively.

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Volume 2, Issue 2; March-April 2019; Page No. 443-454

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Volume 2, Issue 2; March-April 2019; Page No. 443-454

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Volume 2, Issue 2; March-April 2019; Page No. 443-454

Table 1: Distribution of participants according to their background characteristics

Variables	Number (N=300)	Percent
Age group (in years)		
20 and below	21	07.0
21-25	119	39.7
26-30	110	36.7
31-35	40	13.3
36 and above	10	03.0
Education of participant		
Illiterate	86	28.7
Primary, Middle & High school	106	35.3
Intermediate & above	108	36.0
Occupation of participant		
Homemaker	272	90.7
Working	28	09.3
Socioeconomic status of the family		
Lower class	150	50.0
Middle class	143	47.7
Upper class	07	02.3
Type of family		
Nuclear	173	57.7
Joint	127	42.3

Volume 2, Issue 2; March-April 2019; Page No. 443-454

Table 2: Gap between knowledge and practices about breast feeding

Variables	Knowledge N=300 (%)	Practice N=300 (%)	Chi-square; p
Breastfeeding should be initiated within one hour after birth	125 (41.7)	116 (38.7)	0.56; 0.45
Colostrum should be given to child	257 (85.7)	268 (89.3)	1.84; 0.17
Pre-lacteal feed should not be given to child	112 (37.3)	118 (39.3)	0.25; 0.61
Exclusive breastfeeding should be done for six months	260 (86.7)	97 (32.3)	183.8; 0.00*

***Significant**

Table 3: Gap between knowledge and practices about breast feeding according to place of residence

Variables	Number	Knowledge	Practice	Chi-square; p
Breastfeeding should be initiated within an hour of delivery				
Urban	100	42 (42.0)	29 (29.0)	3.69; 0.03*
Rural	100	44 (44.0)	42 (42.0)	0.08; 0.77
Slum	100	39 (39.0)	45 (45.0)	0.74; 0.39
Colostrum should be given to child				
Urban	100	94 (94.0)	93 (93.0)	0.08; 0.77
Rural	100	87 (87.0)	90 (90.0)	0.44; 0.51
Slum	100	76 (76.0)	85 (85.0)	2.58; 0.11
Pre-lacteal feed should not be given to child				
Urban	100	41 (41.0)	34 (34.0)	1.04; 0.31
Rural	100	32 (32.0)	45 (45.0)	3.57; 0.06
Slum	100	39 (39.0)	39 (39.0)	0.00; 0.99
Exclusive breastfeeding should be done for six months				

Volume 2, Issue 2; March-April 2019; Page No. 443-454

Urban	100	91 (91.0)	32 (32.0)	73.51; 0.00*
Rural	100	83 (83.0)	36 (36.0)	45.83; 0.00*
Slum	100	86 (86.0)	29 (29.0)	66.48; 0.00*

Significant

Table 4: Relationship of variables with colostrum, pre lacteal feed and exclusive breastfeeding

Variables	**Colostrum given N=268 (%)**	**Pre lacteal feed Not given N=118 (%)**	**Exclusive breast feeding for six months given N= 97 (%)**
Socio-demographic Variables			
Education of participant			
Illiterate	75 (27.9)	36 (30.5)	30 (30.9)
Literate	193 (72.0)	82 (69.5)	67 (69.1)
Chi-square; p	0.57; 0.45	0.32; 0.57	0.36; 0.55
Occupation of participant			
Housewife	242 (90.3)	111 (94.1)	91 (93.8)
Working	26 (09.7)	07 (05.9)	06 (06.2)
Chi-square; p	0.40; 0.52	2.66; 0.10	1.68; 0.19
Socioeconomic status			
Lower class	134(50.0)	65 (55.1)	53 (54.6)
Middle and upper class	134 (50.0)	53 (44.9)	44 (45.4)
Chi-square; p	0.03; 0.58	2.01; 0.16	1.23; 0.27
Type of family			
Nuclear	155(57.8)	72 (61.0)	56 (57.7)
Joint	113 (42.2)	46 (39.0)	41 (42.3)
Chi-square; p	0.02; 0.86	0.89; 0.34	0.00; 0.99

Volume 2, Issue 2; March-April 2019; Page No. 443-454

Variables related to pregnancy			
Parity			
Primiparous	110 (41.0)	50 (42.4)	41 (42.3)
Multiparous	158 (59.0)	68 (57.6)	56 (57.7)
Chi-square; p	0.55; 0.46	0.63; 0.43	0.43; 0.51
Gender of child			
Male	143 (53.4)	59 (50.0)	49 (50.5)
Female	125 (46.6)	59 (50.0)	48 (49.5)
Chi-square; p	4.12; 0.04*	0.14; 0.71	0.04; 0.84
Type of delivery (N=298)			
Vaginal delivery	205 (76.5)	95 (80.5)	78 (80.4)
Cesarean section	63 (23.5)	23 (19.5)	19 (19.6)
Chi-square; p	0.14; 0.70	2.02; 0.15	1.42; 0.23
Birth interval (N=179)			
Less than 3 years	76 (48.1)	39 (57.3)	32 (57.1)
Three years & above	82 (51.9)	29 (42.7)	24 (42.9)
Chi-square; p	0.14; 0.71	3.36; 0.07	2.38; 0.12

***Significant.**

Volume 2, Issue 2; March-April 2019; Page No. 443-454