

Comparative study of the knowledge, attitude and practices (KAP) of the breast feeding and weaning amongst mothers from the urban and rural areas

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Abstract

Background: Early initiation of breastfeeding within one hour and exclusive breastfeeding for first 6 months are key interventions to achieve Millennium Development Goals (MDG) 1 and 4, related to child malnutrition and mortality respectively. The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age at which the breast-fed child is weaned. **Objectives:** To study the knowledge, attitude and practices about breastfeeding and weaning among urban mothers and rural mothers. To compare knowledge, attitude and practices about breastfeeding and weaning among urban and rural mothers. **Methodology:** This cross-sectional study was conducted on 400 mothers (200 from urban area and 200 from rural area) who had a youngest child aged two years or less were selected by simple random sampling. A questionnaire for structured interview to assess existing knowledge, attitude and practice among mothers on breastfeeding and weaning was formulated and data was obtained and analyzed. **Result and conclusion:** The knowledge of urban mothers about breastfeeding and weaning (Urban 70.42 %, 68.66 % and Rural 63.5 %, 62.5 % respectively) was little bit better than that of rural mothers. Similarly, average score for attitude about breastfeeding was 64.28 % and 60.5 % respectively in urban and rural mothers. The average score for attitude about weaning among urban and rural mothers was 70.66 and 70 % respectively. The average score of breastfeeding practices among urban mother (43.64 %) was near about same that of rural mothers (41.42 %). In weaning practices, average score (57.33%) of urban mothers was higher than that of rural mothers (50 %). Present study concluded that there is a little bit difference in breastfeeding and weaning practices among urban and rural mothers. There is a gap in knowledge, attitude and practices among urban as well as rural mothers.

Key Word: breastfeeding, weaning, exclusive breastfeeding, colostrum, KAP

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INTRODUCTION

Since ancient age, breast feeding is well recognized to be the best feeding for a neonate. Early initiation of breastfeeding within one hour and exclusive breastfeeding for first 6 months are key interventions to achieve Millennium Development Goals (MDG) 1 and 4, related to child malnutrition and mortality respectively¹. In India effective implementation of these interventions is yet to be achieved. National Family Health Survey (NFHS-4) data show only 42% children were breastfed within 1 hour of birth and only 55% were exclusively breastfed². Adequate nutrition is critical to child health and development. Growth during the first year of life is greater than at any

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other time after birth.³ Good nutrition during this period of rapid growth is vital to ensure that the infant develops both physically and mentally to the fullest potential.⁴ The optimal practice of breastfeeding (BF) is exclusive breastfeeding for the first six months of life and thereafter cereals are introduced while BF is continued till the age of two years and beyond.⁵ The World Health Organization recommends a gradual weaning period from 6 months to 2 years.⁶ The beneficial effects of breastfeeding depend on breastfeeding initiation, its duration, and the age at which the breast-fed child is weaned.⁷ Absorption of breast milk iron altered with early introduction of cereals and particularly vegetables, while iron deficiency anemia noted when late weaning started.⁸ Poor infant feeding practices predispose infants to malnutrition, growth retardation, infection, diseases and high mortality.⁹ Poor feeding practices in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance and reduced productivity in later life.¹⁰ The prevalence of breastfeeding differs from one country to another and from one society to another, this is due to different cultural and religious beliefs.¹¹ Delayed breastfeeding initiation, colostrum deprivation, supplementary feeding of breast milk substitutes, early introduction of complementary feeding, and incorrect weaning from breast milk are commonly found practices in communities around the world.¹² Data from 86 countries revealed that there are very large differences in breast-feeding practices between countries, between population groups within countries and within different groups over a period of time.¹³ The barriers for breastfeeding and weaning practices include lack of mothers' knowledge regarding breastfeeding and weaning practices, inadequate information, education and communication activities in hospital, advertisement of breast milk substitutes, lack of support for the act and also many women identify employment as barrier.^{14, 15} India has many different regions and weaning practices which differ from one region to another. An attempt is made to unveil certain important aspects of the KAP prevalent among lactating mothers related to breast feeding and weaning practices.

AIMS AND OBJECTIVES

- To study the knowledge (K), attitude (A) and practices (P) about breastfeeding and weaning among urban mothers.
- To study the knowledge (K), attitude (A) and practices (P) about breastfeeding and weaning among rural mothers
- To compare knowledge (K), attitude (A) and practices (P) about breastfeeding and weaning among urban and rural mothers

MATERIALS AND METHODS

Sample size estimation: Crude birth rate of Andhra Pradesh for the year 2013 according to SRS 2013¹⁶ was 17.4 per 1000 population.

$$\begin{aligned} &\text{Expected no. of live births per year} \\ &= \frac{\text{Birth rate per 1000 population} \times \text{Population of the area}}{1000} \end{aligned}$$

$$= (17.4 \times 19975) / 1000$$

$$= 347.5$$

$$= 348$$

10% nonresponse was added (348 + 35) which became 383, which was rounded off to 400.

Study population: the study was conducted in the field practice area of medical school. Four hundred mothers (200 from urban area and 200 from rural area) who had a youngest child aged two years or less were selected by simple random sampling. A mother having youngest child of more than 2 years of age children were excluded to minimize recall bias. The study duration was of 6 months; Feb 2017- July 2017.

Development of tool: A questionnaire for structured interview to assess existing knowledge, attitude and practice of subjects on breastfeeding and weaning was formulated. Total 30 questions were included. Ten questions each regarding knowledge, attitude and practice on areas of breastfeeding and weaning were included.

Formulation of questions and scoring: Knowledge was assessed using questions with multiple choice types with one correct answer and three distracters. Correct answer was scored 1 and incorrect as 0. To assess attitude a summation attitude scale (Likert type) was formulated. The 5 points constituting the scale of responses were given in the form of strongly agree (SA) that scored 5, agree (A) scored 4, undecided (UD) scored 3, disagree (D) scored 2, strongly disagree (SD) scored 1 and reverse scoring for wrong attitude. Practices were assessed using close ended questions having yes or no option. Practices were assessed using frequency and percentages.

Validation of questionnaire: The prepared questionnaire along with the aims and objectives were submitted to four experts. One in the field from Nursing, one Obstetrician and Gynaecologist, one Paediatrician and one expert in the field of Statistics for developing an appropriate tool. The items of the tool were scrutinized, selected and checked for any overlapping. The tool was finalized with the valuable suggestions of the experts and after administering the same to 5 mothers each from urban and rural area.

Data collection procedure: permission from institutional ethics committee was obtained prior to initiation of study. The interviews of mothers were taken after obtaining written informed consent by using a structured

questionnaire. The socio-demographic features such as age, religion, education, type of family and monthly family income were obtained. Data obtained from mothers was the knowledge, attitude and practice related to pre-lacteal feeding, time of BF initiation after delivery, colostrum, exclusive BF, bottle feeding, on demand feeding, total duration of breastfeeding etc. The data regarding weaning related to knowledge, attitude and practice of age of initiation of weaning, type of weaning food, introduction

of one food at a time and use of oil and ghee during weaning was collected.

Statistical analysis: Data was entered in excel sheet and was analyzed by using Epi Info 7 software. The information was analyzed and results were expressed in frequency, percentages, chi-square tests (χ^2) and unpaired 't' test. The p value less than 0.05 was considered as statistically significant.

RESULTS

A total of 400 mothers, 200 from urban and 200 from rural area participated in this study. The demographic characteristics of the participants are given in Table 1.

Table 1: Demographic characteristics of study population (n = 400)

Demographic Characteristics	Urban (n1=200)	Rural (n2 =200)	Total (n=400)
A) Age Group (years)	Frequency (%)	Frequency (%)	Frequency (%)
< 20	22(39.29)	34(60.71)	56 (14)
20-24	131(49.43)	134 (50.57)	265 (66.25)
25-29	42(57.53)	31(42.47)	73 (18.25)
30-34	5(83.33)	1(16.66)	6 (1.5)
B) Education Status			
Illiterate	12(40)	18(60)	30 (7.5)
Primary	80(44.20)	101(55.80)	181(45.25)
Secondary	42(51.21)	40(48.78)	82 (20.5)
Higher Secondary	41(64.06)	23(35.94)	64 (16)
Graduate	25(58.13)	18(41.87)	43 (10.75)
C) No of Children			
One	114(58.47)	81(41.53)	195 (48.75)
Two	62(41.89)	86(58.11)	148 (37)
more than two	24(42.10)	33(57.89)	57 (14.25)
D) Family -			
Nuclear	112(68.3)	52(31.70)	164 (41)
Joint	38(29.23)	92(70.76)	130 (32.5)
Third generation	50(47.16)	56(52.84)	106 (26.5)
E) Religion			
Hindu	146(50.34)	144(49.66)	290 (72.5)
Christian	42(51.21)	40(48.79)	82 (20.5)
Muslim	7(70)	3(30)	10 (2.5)
Others	5(27.78)	13(72.22)	18 (4.5)

In the age group of 30-34 years, a greater number of mothers were from urban area (83.33% of total mothers in that age group) whereas in the age group of < 20 years a greater number of mothers were from rural area (60.71% of total mothers of that age group). Total 65.5% of urban mothers were in the age group 20-24 years and 67% of rural mothers were in younger age group of 20-24 years. There was variation of education among the urban and rural mothers as 9 % mothers from rural area and 6% mothers from urban area are still illiterate. Among urban mothers 33% were educated up to higher secondary or graduation but only 20.5% mothers from rural area were educated upto higher secondary or graduation. Most of the rural mothers (59.5%) had education upto primary level or below that. Majority of the urban mothers were having one (57%) or two (31%) children while 43% rural mothers had two children and 16.5% of them had more than 2 children. Majority of mothers (56%) belonged to nuclear family in urban area while in rural area majority belonged to joint family. Majority of mothers were from Hindu religion; both in urban and rural area. (73% and 72% respectively) followed by Christians (21% in urban and 20% in rural area) (Table 1).

Table 2: Comparison of knowledge about breastfeeding and weaning among urban and rural mothers (n=400)

Knowledge about	Urban (n1=200)		Rural (n2=200)		O R	'P' value
	Correct n(%)	Incorrect n (%)	Correct n(%)	Incorrect n (%)		
Provides immunity against infection	172 (86)	28 (14)	165(82.5)	35 (17.5)	1.303	0.3366
Initiation of breastfeeding	170 (85)	30(15)	185(92.5)	15 (7.5)	2.176	0.01762
Exclusive breastfeeding	176 (88)	24 (12)	151(75.5)	49 (24.5)	2.38	0.0012
Proper breastfeeding techniques and different positions of BF.	148 (74)	52(26)	32 (16)	68 (34)	1.46	0.0808
Higher IQ in breastfed babies	154 (77)	46 (23)	127(63.5)	73 (36.5)	1.924	0.03147
Duration of breastfeeding	82 (41)	118 (59)	70 (35)	130 (65)	1.291	0.2168
Protection against ovarian and breast cancer	84 (42)	116 (58)	59 (29.5)	141(70.5)	1.731	0.009
Age for starting weaning	128 (64)	72 (36)	111(55.5)	89 (44.5)	1.425	0.08306
One food item should be started at one time.	144 (72)	56 (28)	133(66.5)	67 (33.5)	1.295	0.1339
Family pot feeding at 1 year	140 (70)	60 (30)	131(65.5)	69 (34.5)	1.229	0.3357

Majority (86%) of urban mothers knew that protective antibodies are present in breast milk which provides immunity against infections like ARI and diarrhoea while 82.5 % rural mothers also knew the same. The difference was not statistically significant. Most of the mothers from urban (85%) and rural (92.5%) knew about initiation of breastfeeding and the difference was statistically significant. About three fourth of total mothers (88% urban and 75.5% rural) knew about exclusive breastfeeding upto the age of 6 months and difference between their knowledge was statistically significant. Seventy four percent urban mothers and 66% of rural mothers knew about proper breastfeeding techniques and different positions of breastfeeding. Only 77% urban and 63.5% rural mothers had knowledge that the breastfed babies have higher IQ than non breastfed babies but the difference in knowledge was statistically significant. Fortyone percentage of urban and 35% of rural mothers knew that breastfeeding should be continued for more than 2 years. Only 35.75% of the total mothers (42 % of urban and 29.5 % of rural) were knowledgeable about the protection provided by breastfeeding against ovarian and breast cancers and this difference was statistically significant. Knowledge about age of starting weaning was seen in 64% of urban mothers and 55.5% of rural mothers. Majority of urban (72%) and 66.5% of the rural mothers knew that one food item should be started at one time. Majority (76%) of urban and 65.5% rural mothers knew that baby should get food from family pot from one year of age. (Table-2)

Table 3: Comparison of attitude about breastfeeding and weaning among urban and rural mothers (n=400)

Attitude related to	Urban(n1=200)		Rural (n2=200)		't' test	Significance
	Mean	SD	Mean	SD		
Initiation of breastfeeding within 1 hour	4.4	0.4	3.7	1.1	8.4577	0.0001
On demand breastfeeding should be given	3.2	1.0	2.9	0.3	4.0637	0.0001
Extra water during summer	2.7	0.8	3.3	0.7	7.9823	0.0001
Breastfeeding maintains body shape of mother	2.8	1.0	2.6	0.5	2.5298	0.0118
Burping is necessary after breastfeeding	2.7	1.1	3.0	0.4	3.6247	0.0003
HIV transmission through breastmilk	2.6	0.6	2.2	0.8	5.6569	0.001
Bottle feeding results in diarrhea	4.1	0.5	3.5	0.7	9.8639	0.0001
Weaning before 6 months is not beneficial	3.0	0.7	2.8	0.4	3.5082	0.0005
Locally available food is superior than commercial formula preparations	3.0	0.3	4.0	0.8	16.5521	0.0001
Infant at 1 year of age should take family pot feeding	4.6	0.2	3.7	0.6	20.1246	0.0001

The mean attitude score of urban mothers was 3.31 with SD of 0.66, while the mean attitude score of rural mothers was 3.17 with SD 0.63. The difference in the attitude of urban and rural mothers in all aspects of breastfeeding and weaning was statistically significant. (Table 3).

Table 4: Comparison of practices about breastfeeding and weaning among urban and rural mothers (n=400)

Practices followed	Urban (n1=200)		Rural (n2=200)		Total (n=400)	
	Frequency	%	Frequency	%	Frequency	%
Prelacteal feed	38	19	47	23.5	85	21.2
Initiation of breastfeeding	126	63	112	56	238	59.5
Colostrums given	105	52.5	101	50.5	206	51.5
Demand feeding	132	66	128	64	260	65
Bottle feeding used	38	19	52	26	90	22.5
Exclusive breastfeeding	66	33	53	26.5	119	29.7
Continued or will continue breastfeeding upto 2 years	106	53	87	43.5	193	48.2
weaning started at 6 months	137	68.5	130	65	267	66.25
Use of semisolid food for weaning	97	48.5	64	32	161	40.25
Use of oil or ghee	110	55	106	53	216	54

Rural mothers were using prelacteal feed (23.5%) and bottle feeding (26%) more frequently than urban mothers. More number of urban mothers (63%) initiated breastfeeding within 1 hour of birth. Colostrum was given by 52.5% urban and 51.5% rural mothers which was near about equal in urban and rural area. Both urban and rural mothers were practicing demand feeding equally which was 66% in urban and 64% in rural mothers. Exclusive breastfeeding rate was 33% among urban mothers and 26.5% among rural mothers. Practice of continuing breastfeeding or going to breastfed upto 2 years or longer was more prevalent among urban mothers (53%) than rural mothers (43.5%). Starting of weaning at 6 months of age and use of oil/ghee in complementary feed was more or less equal in urban and rural mothers. Use of semi solid food while starting weaning was more among urban mothers (48.5%) than rural mothers (32%) (Table 4)

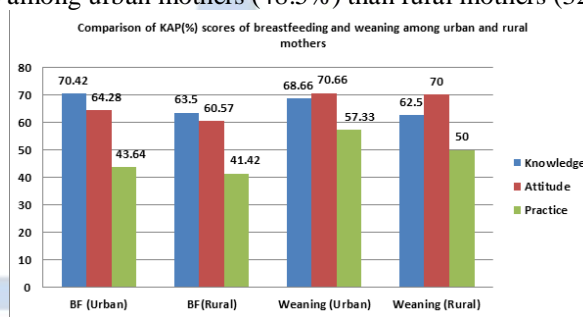


Figure 1: Comparison of KAP (%) scores about breastfeeding and weaning among urban and rural mothers

The knowledge of urban mothers about breastfeeding and weaning (Urban 70.42 %, 68.66 % and Rural 63.5 %, 62.5 % respectively) was little bit better than that of rural mothers. Similarly, average score for attitude about breastfeeding was 64.28 % and 60.5 % respectively in urban and rural mothers. The average score for attitude about weaning among urban and rural mothers was 70.66 and 70 % respectively. The average score of breastfeeding practices among urban mother (43.64 %) was near about same that of rural mothers (41.42 %). In weaning practices, average score (57.33%) of urban mothers was higher than that of rural mothers (50 %). (Figure 1)

DISCUSSION

Due to various social, cultural and demographic variables, there are wide variations in breastfeeding and weaning practices. There are only few studies available from India which highlights comparative study of breastfeeding and weaning practices among mothers belonging to urban and rural areas.

Knowledge about infant feeding

a) Breast feeding: Breastfeeding provides immunity against infections due to presence of antibodies in it. In present study 86% urban women and 82.5% rural women knew this fact which is higher comparative to others studies in India like study by Maiti *et al*¹⁷ and Maheshwari *et al*¹⁸ where the importance of colostrum was known to

40.21% and 58 % of the mothers respectively. Tiwari *et al*¹⁹ also found near about similar results (90%) like present study. Nigam *et al*²⁰ found that knowledge about benefits among mothers was scarce, only 17% were aware of anti-infective properties. The majority (68.7%) of the participants knew that colostrum feeding is very nutrient for baby in a study conducted by Goyal M K *et al*.²¹ For successful lactation, timely initiation of breastfeeding i.e. within 1 hour of normal delivery and within 4 hours of caesarean delivery is essential. In present study (88.75%) of the total mothers knew about this fact (85% urban and 92.5% rural). In a study conducted by Karnawat *et al*²² total 84.2% (86% urban and 82.5% rural) mothers knew it, which is similar to present study. A study conducted in

South India by Shafi M²³ 47% were aware of early initiation of BF. Exclusive breastfeeding is recommended for first six months of life. In present study we found that total 81.75% mothers (88% urban and 75.5% rural) knew about exclusive breastfeeding. In a study conducted by Karnawat²² it was observed that 63.3% urban and 40% rural mothers knew about correct period of exclusive breastfeeding. For satisfactory lactation mothers should be aware of proper breastfeeding techniques and different breastfeeding positions. Present study found that 70% women (74% urban and 66% rural) were aware about it. In a study conducted by Maiti *et al* Proper breastfeeding technique was known to 44.7% mothers.¹⁷ Breastfed babies have 10 points higher IQ than non-breastfed babies. In present study 70.2% mothers (77% urban and 63.5% rural) knew the fact that breastfed babies have higher IQ than non-breastfed babies which is more or less similar to the study where 81.4% of the mothers knew that breast milk increases the intelligence of child.²³ As far as maximum period of breastfeeding (i.e. up to 2 years or longer) is concerned, only 40% of urban and 36% of rural mothers were knowledgeable about it according to the study conducted by Karnawat.²² Present study also reported similar finding where 38% (41% urban and 35% rural) mothers were aware about it. present study revealed that only 42% urban and 29.5% rural mothers were knowing that breastfeeding provides protection against ovarian and breast cancer. In a study conducted by Mohammed E S, minor percentage of the participant mothers (4.6%) stated that breastfeeding protects mothers against cancer.²⁴ Thus it can be seen from above discussion that in present study most of the mothers had inadequate knowledge about breastfeeding.

b) Weaning: Institution of complementary food is recommended at six months of age to meet the increased physiological requirements of the growing infant. Current study revealed that 59.75 % of total mothers (64 % of urban and 55.5 % of rural) knew about correct age of start of weaning food. In a study conducted by Maiti *A et al*, 55.9% mothers knew that 6 months is the suitable age for starting weaning¹⁷ which is near about similar to present study. Study conducted by Karnawat *et al* revealed that only 20% of total mothers (23.3% of urban and 16.7% of rural) were knowledgeable about correct age of start of complementary feeding.²² Ideally one item should be introduced at one time during weaning. This was known to 72% urban and 66.5% rural mothers. At one year of age child should get food from family pot which is known by 70% urban and 65.5% rural mothers in present study. While in study conducted by Karnawat *et al*, a large majority (90% of urban mothers) knew that an infant at 1 yr of age should be taking family pot feeding whereas only 56.7% or rural mothers knew this fact.²² In present study

mean knowledge percentage of weaning in urban mothers was 68.66% and in rural area was 62.5% which is higher than the mean knowledge percentage conducted by Pattan A *et al*²⁵ where it was 64.23% and 53.45% in urban and rural area respectively .

Attitude about infant feeding: In present study the mean attitude score of urban mothers was 3.31 with SD of 0.66, while the mean attitude score of rural mothers was 3.17 with SD 0.63. The significant difference in the attitude of urban and rural mothers in all aspects of breastfeeding and weaning was observed. This suggests that urban women have more positive attitude towards breastfeeding and weaning than rural women. The mean percentage of attitude of breastfeeding was less than mean percentage of knowledge of breastfeeding which means there is a gap between knowledge and attitude of breastfeeding whereas it is exactly opposite to weaning where mean percentage of knowledge is less than attitude; both in urban and rural areas.

Practices related to infant feeding

a) Breastfeeding: The current study observed that prelacteal feeds were given most frequently by rural mothers (23.5%) than urban mothers (19%) whereas it was almost same proportion of 54.25% mothers in urban and 57.11% mothers in rural areas in a study conducted by Ashwini S.²⁶ contrary to the observations of present study, in a study conducted by Qiu *et al*.²⁷ total 62% mothers in urban area and 39 % mothers in rural area gave prelacteal feeds. Probably, low education level and younger age of mothers in rural area can be held responsible for more rural mothers giving prelacteal feeds to their infants than urban areas. Present study revealed that initiation of breast feeding within 1 hour of birth was 63% in urban mothers and 56% in rural. This observation is similar to the results found in a study conducted by Ashwini S²⁶ where it was 75.50% in urban and 66.31% rural mothers. Hence, mothers need appropriate physical and mental support in the hospital, post-delivery by healthcare professionals and family members. In present study 52.5% urban and 50.5% rural mothers gave colostrum to their babies which was lower than the study conducted by Ashwini S²⁶ where 85.25% urban and 74.21% rural mothers fed colostrum to the babies. Whereas, in a study carried out by Yadav²⁸ in Bihar it was seen that 37.50% urban and 33.60% rural mothers gave colostrum which is lower than current study. Though demand feeding which actively involves the infant in controlling the breast milk intake is desirable, only 66 % urban and 64 % rural mothers practiced it. It has been observed that many mothers were working women hence; probably it was not possible for them to practice demand feeding due to tight work schedule and non-availability of breastfeeding chambers at work place. On the contrary, a study on infant feeding practices by Parekh *et al*.²⁹ in Parel,

Mumbai showed that feeds were given on demand by as many as 73.68% mothers and yet another study by Panda *et al.*³⁰ in Cuttack showed that 90.10% of mothers fed their infants on demand. There was use of bottle feeding among mothers which was higher in rural area (26%) than urban area (19%), may be this difference is due to lower educational level of mothers in rural than urban area. Bottle feeding was practiced in 22% and 11% children in a study conducted by Ananth Lakshmi³¹ and by Bhosle N A.³² Exclusive breast-feeding rate in present study was as low as 33% in urban and 26.5% in rural area. Exclusive breast-feeding rate at 6 months in a study conducted by Ashwini S²⁶ was as low as 16.25% in urban and 15.26% in rural area. National survey³³ had showed that rural area is better than urban area in breastfeeding practices summerized as exclusive breastfeeding being 48.3% in rural and 40.3% in urban area. In present study 53% urban and 43.5% rural mothers continued breastfeeding upto 2 years or going to continue breastfeeding for 2 years. Reason for early stoppage of breastfeeding was working status of the mother. Yadav *et al*²⁸ conducted a KAP study about breastfeeding in Bihar, reported that most of the mothers in their study, breastfed their babies upto more than 1 year of age. A national survey³³ had showed that rural area is better than urban area in breast feeding practices summarized as exclusive breast feeding being 48.3% in rural and 40.3% in urban area. In the present study, the observation was contrary to what was observed in the national survey. Urban area appeared better in all the aspects of breast feeding than rural area which is similar to the study results by Ashwini S²⁶ However, breast feeding practices were still suboptimal in both the areas.

b) Weaning: In present study, 68.5% Urban and 65% rural mothers started weaning at 6 months which was contrary to the study conducted by Maiti *et al*¹⁷ and Sharma M³⁴ where only 15.8% mothers and 25% mothers had initiated supplementary feeding in infants above 6 months. This high rate of starting of weaning in urban as well as rural area may be due to health education given by community health workers in particular area. Weaning should be started with semi solid foods rather than liquid for providing adequate nutrition to the growing baby. This practice of starting weaning with semi solid food was seen in 48.5% in urban and 32% in rural area in present study. Taneja *et al* (2003) in their study found that semisolid foods were started in only half the children at 6 month of age and even at 9 months of age, one-fourth of the infants were not receiving appropriate semisolid feed.³⁵ Similarly in present study use of oil and ghee in weaning food is done by 55% urban and 53% rural mothers. Education regarding nutritional content and nutritional value of locally available foods should be emphasized to mothers.

CONCLUSION

Present study concluded that there is a little bit difference in breastfeeding and weaning practices among urban and rural mothers. There is a gap in knowledge, attitude and practices among urban as well as rural mothers. This gap should be filled up earlier for successful breastfeeding, weaning and prevention of malnutrition. It is evident from above results that there is lack of knowledge, wrong attitude and faulty practices among both urban and rural mothers in some vital aspects of breastfeeding and weaning. Poor knowledge of mothers about nutritive and anti-infective value of human milk, timely initiation of breastfeeding, duration of exclusive breastfeeding and total duration of breastfeeding and negligent attitude about transmission of HIV through breast milk, bottle feeding predisposes baby to diarrhea, extra water is not needed during first 6 months of life, harmful effects of commercial formula preparations etc is a matter of great concern; because these practices substantially contribute to subsequent malnutrition. Similarly, there was lack of knowledge about correct age of initiation of weaning food, introduction of one food at a time, use of semi solid food for weaning, feeding one-year child from family pot among all mothers. Urban and rural women had satisfactory knowledge about the advantages of breastfeeding for baby and mother. However, some attitudes and practices of the mothers were suboptimal. This might be due to a low level of education. Measures can be taken for improving knowledge, which included creating awareness among mothers through appropriate educational interventions.

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