

Effect of Infant and Young Child Feeding Practices among Rural Mothers on Anthropometry of Children Aged Up To Twenty-Four Months in South Rajasthan

Sayan Das¹, Subhajit Dutta², Deeya Paul³

¹Senior Resident, Department of Paediatrics, IPGMR & SSKM Hospital, Kolkata, West Bengal, India

²Senior Resident, Department of Paediatrics, North Bengal Medical College and Hospital, Siliguri, West Bengal, India

³Junior Resident-3, Department of Pathology, IPGMR & SSKM Hospital, Kolkata, West Bengal, India

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Corresponding author: Dr. Sayan Das

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Abstract

Introduction: In the first two years of life, Infant and young child feeding (IYCF) practices are fundamental for growth, development, and survival. Risk of malnutrition, infections, and childhood mortality reduces if appropriate breastfeeding and complementary feeding are practised. Despite many efforts, suboptimal IYCF practices is very common in many rural communities due to inadequate knowledge, cultural beliefs, and socioeconomic factors. This study aimed to assess IYCF practices among rural mothers of children aged below 24 months attending a tertiary care hospital in Udaipur, Rajasthan, India.

Methods: A hospital-based descriptive observational analytical study was conducted in the Department of Pediatrics, Pacific Institute of Medical Sciences, Udaipur, and Rajasthan. A total of 350 mother-child pairs were included using purposive sampling. Data were collected using a predesigned, pretested, semi-structured questionnaire. Associations between sociodemographic factors and IYCF practices were analyzed using the Chi-square test or Fisher's exact test, ($p < 0.05$ considered statistically significant).

Results: The mean maternal age was 24.88 ± 1.92 years, and 56.0% mothers were aged 20–24 years. Exclusive breastfeeding was present in 62.3% children, colostrum feeding in 95.7%, prelacteal feeding in 41.7%, timely initiation of breastfeeding in 85.1%, and complementary feeding at six to eight months in 67.4% of children. Maternal age, education, occupation, socioeconomic status, and child sex were significantly associated with IYCF practices.

Conclusion: This study shows that many infant and young child feeding (IYCF) practices, like timely initiation of breastfeeding, colostrum feeding, continued breastfeeding, and complementary feeding, were satisfactory among rural mothers; but important gaps present in some areas like maternal knowledge, exclusive breastfeeding, avoidance of prelacteal feeding, and timely complementary feeding.

Keywords: Infant and young child feeding; Exclusive breastfeeding; Complementary feeding; Prelacteal feeding; Maternal knowledge; Rural; Child nutrition.

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Introduction

Malnutrition is a condition of triple burden for children: underweight, hidden hunger and overweight. These three burdens often coexist in the same country, even in the same family. Childhood malnutrition is a public health problem globally which increases morbidity and mortality. [1] Mother's malnutrition during pregnancy contributes significantly to intrauterine growth retardation (IUGR), as well as premature birth. [2] Child's ability to meet the growth standards is determined by the nutritional value of diet and exposure to diseases. Infants below six months

must be exclusively breastfed to attain optimal growth and development. Thereafter, infants must receive adequate nutritious supplementation to satisfy their growing nutritional needs, while breastfeeding lasts for up to 2 years. WHO and UNICEF says almost every mother can breastfeed. Lancet Nutrition Series [2] of 2008 reaffirmed the importance of IYCF in child survival. The Optimal IYCF (breast-feeding alone) prevented about 1.4 million deaths annually among under five children. Increasingly evidence suggests early breastfeeding reduces infant mortality. Breast milk has Secretary

Ig A, Lactoferrin, kappa casein, oligosaccharides, and cytokines as anti-bacterial factors. It also has epidermal growth factor, nerve growth factor and transforming growth factor. Breast milk also contains enzymes, like glutathione peroxidase, platelet-activating factor and nucleotides.

All these factors together make breast milk protective against diarrhoea, urinary tract infection (UTI), otitis media, necrotising enterocolitis, infant botulism, diabetes mellitus, septicaemia, celiac disease, crohn disease, leukemia, lymphoma and allergy. [3] Children of age 6 -23 months who continue breast feed had lower all-cause mortality than those who were not breastfed. After six months of age, breast milk should be supplemented with other foods to meet all the nutritional needs of the baby. [2]

IYCF practices only can reach every woman if they have access to a community based IYCF counseling support system. Efforts should be made to upgrade training of health workers and follow the Baby Friendly Hospital Initiative (BFHI). [4,5] On this backdrop, a study was conducted to assess the IYCF practices among mothers of children below 24 months attending PIMS, Umarda, Udaipur and to evaluate their effect on various anthropometric parameters (weight, height, head circumference, MUAC).

Materials and methods

It was a descriptive type of observational study, analytical in design; conducted in Department of Pediatrics, Pacific Institute of Medical Sciences (PIMS), Umarda, Udaipur, Rajasthan.

All rural mothers of children up to 24 months attending the outpatient department for routine immunization, check-ups, or treatment of minor illnesses, along with their children were included in this study.

Children with congenital anomalies, metabolic disorders affecting growth, recurrent respiratory infections, diarrhoea within the preceding 15 days, measles within the previous 3 months, chronic illnesses (such as congenital heart disease, chronic renal failure, tuberculosis, malabsorption syndromes and haematological disorders), previous surgical procedures, migration after birth, adopted children, children whose mothers were ill, and mothers and children from urban areas were excluded.

In a recent similar study done in South Rajasthan the previous year Prevalence of Under nutrition in Rural (tribal/non-tribal) Children was found to be between 30 40% that is approximately 35%. So via using the Formulae $N = \frac{z^2 (2) pq}{d^2 (2)}$. Sample Size=350.[35].

A calculated sample of 350 mother-child pairs was selected using purposive sampling (based on prevalence of undernutrition of 40.1%⁶, 95% confidence interval, 5.13% absolute error).

Tools & Techniques: Pre-designed, pre-tested schedule for background characteristics, infant and young child feeding practices, portable weighing scale, infantometer, non-stretchable measuring tape for mid-upper arm circumference (MUAC) and head circumference measurements were used.

Data Collection, Management, Analysis and Ethical Considerations:

Data were collected after obtaining ethical approval from the Institutional Ethics Committee of the Institute (already approved, Memo No-STU/I.E.C./2021/27) and approval of the synopsis by the University. The schedule was pretested before data collection. Study subjects were selected as described in the methodology. Prior to data collection, the nature and purpose of the study were explained to the study subjects, and informed consent was obtained from each respondent. A pre-designed, pre-tested, semi structured schedule was used for interviewing them and available records were reviewed as well. It was followed by anthropometric measurements for weight, length, mid-upper arm circumference, and head circumference. Confidentiality and anonymity of information was maintained.

Results

A total of 350 mother-child pairs were included in the study. The mean age of mothers was 24.88 ± 1.92 years, and 56.0% were aged 20–24 years. Of the mothers, 41.5% were illiterate, 68.0% were not working, and 88.6% belonged to the lower-middle or lower socioeconomic classes. More than half (56.4%) belonged to three-generation families. The mean age of the children was 10.28 ± 9.02 months; 38.6% were aged ≥ 12 months and 56.4% were female. Most children (92.9%) were fully immunized.

Table 1: Sociodemographic characteristics of the study participants (N=350):

Characteristics	Category	n (%)
Maternal age (years)	<20	8 (2.3)
	20–24	196 (56.0)
	25–29	134 (38.3)
	30–34	11 (3.1)
	≥35	1 (0.3)
Maternal education	Illiterate	145 (41.4)
	Primary school	70 (20.0)
	Middle school	45 (12.9)
	Higher school	34 (9.7)
	Pre-university	30 (8.6)
	Degree	26 (7.4)
Maternal occupation	Working	112 (32.0)
	Not working	238 (68.0)
Family type	Nuclear	40 (11.4)
	Joint	111 (31.7)
	Three-generation	199 (56.9)
Socioeconomic status	Lower-middle/lower classes	310 (88.6)
	Other classes	40 (11.4)
Child age (months)	≤6	91 (26.0)
	6–8	27 (7.7)
	9–11	97 (27.7)
	≥12	135 (38.6)
Child sex	Male	152 (43.4)
	Female	198 (56.6)
Immunization status	Fully immunized	325 (92.9)
	Partially/not immunized	25 (7.1)

Community health workers were the most common source of child-feeding information (55.7%), followed by mothers/mothers-in-law (28.6%) and doctors (15.7%). Most deliveries (90.3%) happened in hospitals. Nearly half of the mothers (50.3%) reported no advice received about breastfeeding during antenatal, intranatal or postnatal visit. Only 6.9% received advice in antenatal period, whereas 29.7% received during postnatal period. More than

half (52.9%) of mothers knew that breastfeeding should be initiated within one hour after birth, while 47.1% did not. Only 47.1% knew the importance of colostrum, and 10.9% knew that prelacteal feeds should not be given. Half of the mothers had knowledge about exclusive breastfeeding, while 44.6% knew that complementary feeding should be initiated after six months.

Table 2: Maternal knowledge and selected infant and young child feeding practices (n=350):

Domain	Indicator	n (%)
Knowledge	Breastfeeding should be initiated within 1 hour	185 (52.9)
	Knowledge regarding colostrum	165 (47.1)
	Prelacteal feeds should not be given	38 (10.9)
	Exclusive breastfeeding recommended for 6 months	175 (50.0)
	Complementary feeding should start at/after 6 months	156 (44.6)
Practice	Colostrum given	335 (95.7)
	Breastfeeding initiated within 1 hour	298 (85.1)
	Prelacteal feeds given	146 (41.7)
	Bottle feeding practiced	34 (9.7)
	Commercial infant feeds given	100 (28.6)
	Complementary feeding initiated at 6–8 months	236 (67.4)
	Freshly prepared complementary food given	296 (84.6)
	Breastfeeding continued during maternal illness	312 (89.1)
	Breastfeeding continued during child illness	340 (97.1)

The WHO-recommended IYCF indicators showed that 62.3% were exclusively breastfed, 70.0% of

children aged six-eight months received complementary foods, 78.9% and 65.5%

respectively met minimum meal frequency and minimum dietary diversity. 100% and 94.3% of

eligible children continued breastfeeding at one and two years, respectively.

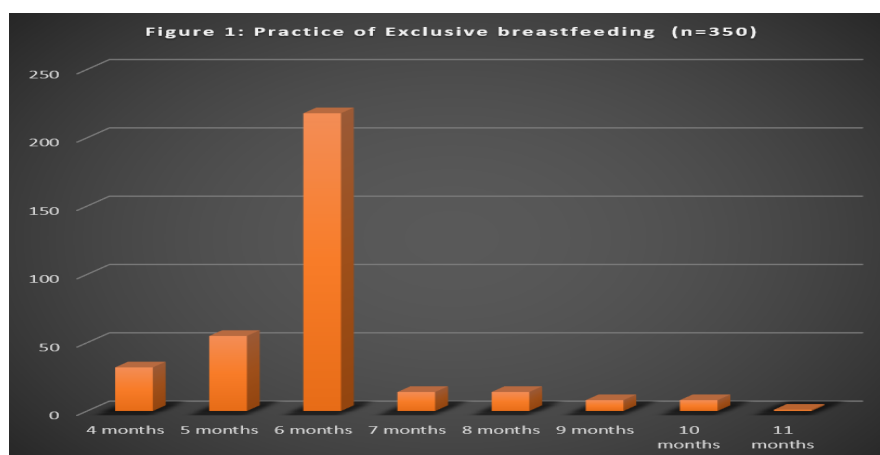


Figure 1: Practice of Exclusive breastfeeding (n=350).

Table 3: Selected WHO infant and young child feeding indicators reported in the study

IYCF indicator	Percentage (%)
Exclusive breastfeeding	62.28
Introduction of solid, semi-solid or soft foods	70.00
Minimum meal frequency	78.85
Minimum dietary diversity	65.50
Continued breastfeeding at 1 year	100.00
Continued breastfeeding at 2 years	94.26

Table 4: Association of sociodemographic characteristics with selected infant and young child feeding practices

Feeding practice	Sociodemographic characteristic	Category	Practice present, n/N (%)	p-value
Colostrum feeding	Maternal age	≤24 years	212/222 (95.5)	0.016†
		≥25 years	128/128 (100.0)	
Breastfeeding initiated within 1 hour	Maternal age	≤24 years	175/216 (81.0)	0.003†
		≥25 years	124/134 (92.5)	
	Child sex	Male	148/172 (86.0)	0.020†
		Female	167/178 (93.8)	
	Socioeconomic status	Upper	184/190 (96.8)	<0.001†
		Lower	128/160 (80.0)	
Prelacteal feeding	Child sex	Male	39/199 (19.6)	0.001†
		Female	11/151 (7.3)	
	Socioeconomic status	Upper	15/194 (7.7)	<0.001
		Lower	34/156 (21.8)	
Exclusive breastfeeding for 6 months	Child sex	Male	112/144 (77.8)	0.025
		Female	179/206 (86.9)	
	Maternal education	Illiterate/primary	127/185 (68.6)	<0.001†
		Middle school or higher	159/165 (96.4)	
	Maternal occupation	Working	161/171 (94.2)	<0.001†
		Not working	111/179 (62.0)	
	Socioeconomic status	Upper	165/176 (93.8)	<0.001†
		Lower	114/174 (65.5)	
Timing of complementary feeding	Maternal age	≤24 years	<6 mo: 10 (6.0); 6–8 mo: 64 (38.1); >8 mo: 94 (56.0)	0.001
		≥25 years	<6 mo: 7 (4.1); 6–8 mo: 36 (21.2); >8 mo: 127 (74.7)	

† P-value calculated using Fisher's exact test.

Significant associations were observed between maternal age, child sex, and socioeconomic status and IYCF practices. Colostrum feeding was also significantly associated with maternal age. Initiation of breastfeeding within one hour was significantly associated with maternal age {more frequent among aged ≥ 25 years (92.5% vs. 81.0%; $p=0.003$)}, female children (93.8% vs. 86.0%; $p=0.020$), and upper socioeconomic status (96.8% vs. 80.0%; $p<0.001$). Prelacteal feeding was more frequently found among male vs. female children

(19.6% vs. 7.3%; $p=0.001$) and lower socioeconomic status (21.8% vs. 7.7%; $p<0.001$). Six-month exclusive breastfeeding was significantly associated with female sex (86.9% vs. 77.8%; $p=0.025$), maternal education (middle-school or above) (96.4% vs. 68.6%; $p<0.001$), maternal employment (94.2% vs. 62.0%; $p<0.001$), and upper socioeconomic status (93.8% vs. 65.5%; $p<0.001$). Maternal age was significantly associated with complementary feeding timing ($p=0.001$).

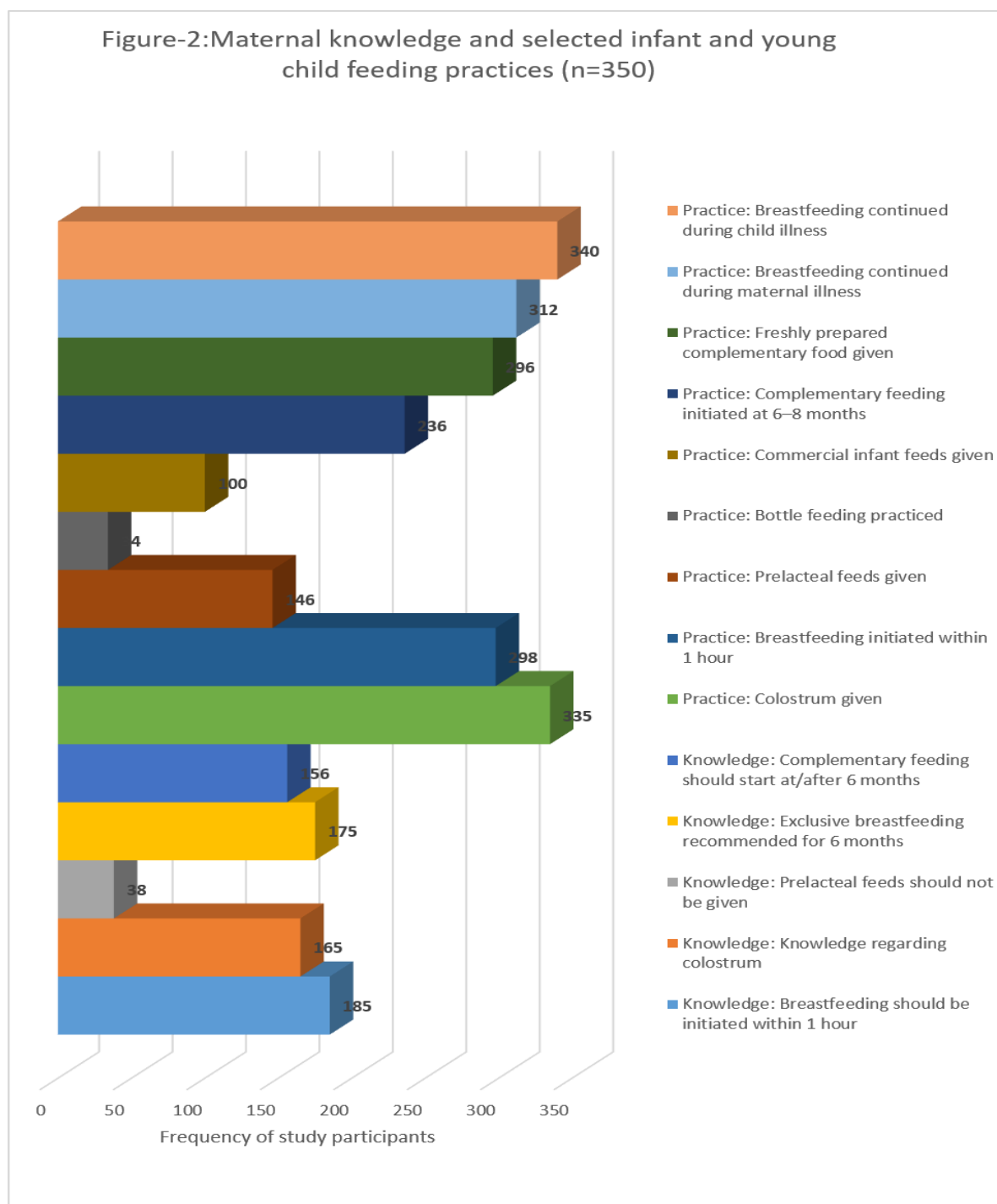


Figure 2: Maternal knowledge and selected infant and young child feeding practices (n=350).

Discussion

In the present study, the mean age of mothers was 24.88 ± 1.92 years and majority of mothers were in the 20-24 years age group (56%). Maximum number of mothers were illiterate (41.42%). 20% of mothers had completed primary education. 12.85% of mothers had studied up to middle school. Only around 15.9% of mothers had completed their education up to pre-university and graduation. 68% were homemakers. 32% of mothers were working mothers. 56% belonged to a three-generation family and 31% to a joint family. Only 11% belonged to a nuclear family. The mean age of children was 10.28 ± 9.02 months. 38% of children belonged to more than 12 months age group while 26% infants were in the age group of below 6 months; 7.71% were in the age group of 6 to 8 months and 28% belonged to 9 to 11 months. In the present study, female children are more (56%) as compared to male children (43%). 90.3% had hospital delivery while 10% had home deliveries. Most of the children belonged to first and third birth order. 27% were in the first while 36% were in the third birth order. 4% were in 5th birth order.

Comparing with the NFHS-5 [7] data, children aged 12-23 months were fully vaccinated based on information from either vaccination card or mother's recall were 75.5% in Urban and 76.8% in Rural area while children aged 12-23 months fully vaccinated based on information from vaccination card only were 83.3% in Urban and 84% in Rural area. Hence, the present study shows more percentage of children vaccinated. In the present study 55% mothers of study group had received advices from health workers on child feeding while 15% mothers had received guidance regarding child feeding from doctors during health checkup. Other members in the study group were guided by their family members. 29% mothers got advice on child feeding during PNC visits. Only 6% of mothers had advice regarding child feeding during ANC visits. 50% did not had any advice regarding child feeding during their visits to health care centers. 53% had correct knowledge about initiating breastfeeding immediately after birth within one hour while 47% had no correct knowledge about it. 85% of mothers had started breastfeeding within one hour after birth while 15% had started after one hour of birth. This disparity in knowledge and practice may be due to lack of awareness, low literacy rate and poverty among rural mothers of South Rajasthan along with institutional deliveries, counselling by health-care workers. In study conducted by Sunil Kumar et al [8] in Uttarakhand found that only 37.2% had correct knowledge regarding initiation of breast feeding. Praween Senanayake et al. [9] conducted a study on 94401 mothers from 2015-16 NFHS,

which concluded more than half (41.5%) Indian mothers delayed breastfeeding initiation with different urban – rural prevalence. Key modifier factors higher maternal education and frequent health survey contacts were associated with early initiation of breast feeding in India. There is significant association of early initiation of breast feeding with female child (p value 0.01). Our results are consistent with study conducted by Priti K et al [10] in Wardha in rural area. The timely initiation of breast-feeding was seen significantly more for female child (62.3%) compared to male child (37.6%) (p value 88.8% mothers think colostrum is good for baby. This difference in knowledge could be due to studies being conducted in different states, different religious, cultural beliefs. Though knowledge is not good in our study subject but practice is good this may be due to more institutionalized delivery. There is significant association between age of the mother and colostrum feeding and early initiation of breast feeding. Those belonging to age more than 25 years had 100% fed colostrum to their babies as compared to those belonging to less than 25 years of age. Those with age >25 years (92.5%) have initiated breast feeding within one hour as compared to those with age < 25 years (80.01%). It was significantly higher than studies done by Md Arfin Islam et al [11] which stated only 49.6% newborns were given colostrum within 1 hour of life. This could be due to increased parity with age, more interactions with health care workers, more awareness of benefits of colostrum to neonate health due to experience in previous pregnancy, and less hesitancy in initiation of breast feeding as early as possible. There is no significant difference between other socio demographic factors and colostrum feeding. In the present study, majority of mothers had no knowledge that pre-lacteal feeds should not be given to newborn (90%), while only 10% said that pre-lacteal feeds should not be given to the newborn. In spite of this, 41% of mothers had given pre lacteal feeds to their children. Majority, 59% had not given any pre-lacteal feedings. In study conducted by Manas Pratim Roy et al [12] only 40.1% lactating women were giving prelacteal feeds. The disparity in knowledge and practice may be due to increased interaction with health care workers, more visits to hospital. High level of pre lacteal feeds given in our study is due to false beliefs and lower education of the mothers in rural areas of South Rajasthan. There is significant difference with higher percentage of pre lacteal feeds being given to male child (19.59%) as compared to female child (7.28%). This could be due to gender bias as they consider honey, jaggery to be superior food over breast milk for baby. There is also significant difference (p value 0.001) between upper socioeconomic status (92.26%) as compared to lower socioeconomic status (78.20%)

and not giving pre lacteal feeds. This could be due to better education, improved awareness and more access to health services among higher socioeconomic status families. There is no significant difference between other socio demographic factors and pre lacteal feedings. 62% of mothers had EBF upto 6 months and 14% infants were given EBF > 6 months. 3% started early weaning at around 4 months. The most common reason for early weaning was said 62 insufficient breast milk. Also that majority of mothers continued to feed their children with breast milk even when the child was ill. Only 3% mothers did not gave their breast milk when the child was suffering from mild illness. The study is similar to study conducted by Madhu et al. [13] where 40% respondents knew that EBF to be continued for 6 months. 53% mothers prematurely started weaning the child due to insufficient feed. However in study of Reny Joseph et al. [14] found 70.4% mothers gave EBF till 6 months. Also we found significant association of higher education, employment status and upper socioeconomic status with exclusive breast feeding. Our results were similar to studies conducted by Shivani Sunil Akulwar et al. [15] In the present study, 62.3% babies were exclusively breastfed for 6 months and longer while the breastfeeding was given for less than 6 months in 41.2% babies. NFHS-5 [7] has revealed that 59.6% babies in urban and 65% babies in rural India are exclusively breast fed till 6 months. The mean duration of EBF is estimated to be more than 6 months in many states in India, ranging from 6.7 months in Tamil Nadu to 10.8 months in Andhra Pradesh. Poverty and ignorance are the main reason for this practice. [7] In this study, 44% respondents correctly knew that complimentary feeding should be started on or after 6 months of age. 9% of mothers had false knowledge of early initiation of complimentary feeding before 6 months. 45% mothers did not start complementary feeding till 1 year of age. This result was similar to study by Madhu et al. [13] where 60% mothers prematurely started weaning the child. The main reason for the mother to start weaning early was insufficient milk which may be due to the early age of marriage and early child birth. Adejoke M Idowu et al. [16] found 45.1% babies were weaned between 6 to 8 months of age and among children between ages 6 to 23 months proportion of minimum meal frequency, minimum dietary diversity and minimum acceptable diets were 36%, 21% and 9.1%, respectively. There is significant difference between age of mother and initiation of complimentary feeding Females with > 25 years have started complimentary feeding at more than 8 months of age. However, there is no correlation between other socio demographic factors with complimentary feeding. In the present study, around 42% of children were in the category of

SAM and 35% were in MAM according to weight for age which is in contrast to data by done by NFHS-5 [7] where 27% children in Urban India and 33% of children in rural India were in the category of SAM according to weight for age.

As compared to statistics of Rajasthan where 25% of urban Rajasthan and 28% rural Rajasthan were in SAM category for low weight for age, our data showed higher SAM percentage in our study population. 43% of the children were stunted in our study and 25.7% were in the category of Mean -2 SD to -3 SD compared to NFHS-5 [7] data whereas 30% children in Urban and 37% children in rural India are stunted. In Rajasthan, 28% urban and 32% rural children were stunted. Thus, our study revealed a higher percentage of undernutrition along with stunting.

Conclusion

This study shows that many infant and young child feeding (IYCF) practices, like timely initiation of breastfeeding, colostrum feeding, continued breastfeeding, and complementary feeding, were satisfactory among rural mothers; but important gaps present in some areas like maternal knowledge, exclusive breastfeeding, avoidance of prelacteal feeding, and timely complementary feeding. IYCF practices were significantly influenced by maternal age, education, occupation, socioeconomic status, and child sex.

AI was NOT used: No artificial intelligence (AI) or AI-assisted tools were used in the writing, data analysis, or creation of figures for this manuscript.

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