



# Knowledge and Practice Regarding Exclusive Breast Feeding among the Mothers of 6-12 Months aged Infants in Villages of South Surma, Sylhet District in Bangladesh

Muhammad Join Uddin  
Vice Principal,  
RTMI Nursing College, Sylhet, Bangladesh

## ABSTRACT

**Background:** Infant is considered to be tiny and powerless, completely dependent on other for life within one minute of birth the normal new born adapts from a dependent fetal existence to an independent one; capable of breathing and carrying on life process. Breast feeding is an unequalled way of providing ideal food for the healthy growth development of infants. **Research question:** What is the level of Knowledge and practice regarding exclusive breast feeding among the mothers of 6-12 months aged infants in villages of South Surma, Sylhet district in Bangladesh? **General Objective:** To assess the level of knowledge and extent of practice about exclusive breast feeding among the mothers of 6-12 months aged infants in villages of South Surma, Sylhet district in Bangladesh. **Specific Objectives:** 1. To determine the socio demographic characteristics of the mothers. 2. To assess the level of knowledge about exclusive breast feeding. 3. To evaluate the extent of practice of exclusive breast feeding among the respondent mothers. **Methods:** A cross-sectional quantitative descriptive study design was used for this study. Sample size was calculated by using sample correction formula and sample size is 100 breast feeding mothers. Final study subject were selected using non probability convenience methods. The data were collected after pre-tested the questionnaire. The analysis of the data were done with the help of MS office (word) -2007. The collected data were coded and entered to EPI-Info version 3.5.1 and data were exported to SPSS version 21.0. Finally, results were presented in texts, graphs and tables. **Result:** In my study out of 162 samples size 100 were participated in the study making the response rate of 61.72%. The general knowledge of participants on exclusive breast feeding was 79.20% good and 20.8% poor. Regarding exclusive breast feeding practice 26.22% were practiced but remaining 73.78% of respondents were not practiced. **Conclusion and Recommendation:** Most mothers have knowledge about exclusive breast feeding but not practice, even though the Study result showed presence of knowledge and Practice gap of EBF to infant baby. So it is necessary to strengthen information and health education given to mothers on EBF periodically. Further study on knowledge and practice of lactating mothers regarding exclusive breast feeding is recommended.

**Keywords:** Knowledge, practice, mothers, infants and Exclusive breast feeding.

## INTRODUCTION

Breast feeding is an unequalled way of providing ideal food for the healthy growth development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breast feeding for 6 months is the optimal way of feeding infants. Thereafter infant should receive complementary foods with continued breast feeding up to 2 years of age or beyond. Exclusive breast feeding means the infant only receive breast milk no other liquids or solids are given not even water with the exception of oral rehydration salt solution or drops or syrup of vitamins, minerals or medicines (Joshi, Angdembe, Das, Ahmed, Faruque & Ahmed, 2014).

Exclusive breast feeding in the first six months, continued till 11 months would prevent 13% of all deaths of children below five years of age in low economic countries (The daily star 24.06.2011). Breast feeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increase family and national resources, is a secure way of feeding and is safe for environment. Though Bangladesh has a culture of breast feeding, there are problems regarding lack of awareness over the right time to start nursing and complementing it with other digestible food. World Health Organization (WHO) recommends exclusive breast feeding in the first 6 months of baby's birth. 43% of infants under six months of age in the country are exclusively breast feed only for two months. Infant and young child feeding (IYCF), and

UNICEF also highly recommends that infants should not be given any sort of liquid or semi liquid food other than breast milk until six months. IYCF practices suggest introducing complementary food for a child beside breast milk only when a child is six months old. This reduces the risk of malnutrition (Inoue, Binns, Katsuki & Ouchi, 2013). The world health organization and the American Academy of pediatrics emphasize the value of breast feeding for mother as well as children. Both recommended exclusive breast feeding for the first six months of life and then supplemented breastfeeding for at least one year and up to two years or more (WHO, 2003).

## **PROBLEM STATEMENT**

Breast feeding is acknowledged as the optimal way to feed infants, and it provides health benefit to mothers and infant. Many national and international health organizations recommend exclusive breast feeding for at least 6 months and continued breast feeding for at least the first year of life or as long as desire by mother and child. Most mother tend not to feed their baby exclusively before the baby attains 6 months of age, which has led to different childhood illness such as diarrhea, malnutrition and this accounts for frequent visit for both mother and child to the hospitals. This study is thus carried out to determine the constraints to exclusive breast feeding practice among the breast feeding mothers in South Surma, Sylhet as a sample population.

To help develop a future generation with proper cognitive development it is necessary to increase awareness among the mothers about the necessity of exclusive breast feeding which will increase the extent of practice. The purpose of the study is to determine and explore the level of knowledge of the mothers about exclusive breast feeding. The findings of the study will help the policy maker to develop a proper need based awareness raise campaign among the mother about EBF which ultimately reduce the chance of occurrence of diarrhea and infectious diseases and protect malnutrition and help develop a better future generation.

Breast feeding is fundamental to the health and development of children and important for the health of their mothers. Infants who are exclusively breast feed are less likely to be exposed to contaminated foods and liquids, and this contributes to reduction in the incidence and severity of infectious disease.

## **RATIONALE**

Various studies have shown that exclusive breast feeding rates are much lower in our country. It will be very beneficial for the country if various governmental and non-governmental organizations take appropriate steps to raise awareness on health issues. People need to be made aware through various health related programs. Recent estimate predict that current breast feeding patterns are far below the recommended levels especially in Asia where rates of exclusive breast feeding for the first six months are less than 40%. In Bangladesh, infectious disease, such as diarrhea and acute respiratory infections are a cause of more than two thirds of all deaths in children aged less than one year. According to World Bank, exclusive breast feeding rate in Bangladesh in the year 2009 is 42.9% which is far below than that of the developed countries. The situation is even worse in the northern part of Bangladesh where it is well known for its poor nutritional status. In compared to the others part of Bangladesh, the level of IQ is lower in the northern Bangladesh. Lack of practice of exclusive breast feeding is considered one of the major contributors to this problem.

## **LITERATURE REVIEW**

Dr. Jesmin Akhter (2015) conducted a study on breast feeding mothers at Dhamrai Upazila in Naogaon district. She has found that, about 74.7% mothers were aware enough regarding exclusive breast feeding practice up to 6 months of age of their infant. But 32% mothers practice exclusive breast feeding. Among nonexclusive mothers, 24% mothers started complementary feeding practice within 3 months of age. But 50% mothers' opinion was on behalf of starting complementary feeding at 6 months of age.

Dhaka Shisu Hospital conducted a study (2012). Their study result was taken from the child admitted in different unit of their hospital. It has been found that 92% of the respondent mothers have perceived knowledge about exclusive breast feeding but digging deeper into the fact, it reveals that 85% of the mothers know about EBF for children until 6 months of age. Exploring this fact more deeply it has been found that only 12% of the respondent mothers know about EBF. The rest 88% of the respondents do not know about EBF.

Mr. G. Bahemuka Jino et al (2013) was conducted a study on the urban refuge women of Kigali, India. This study shows that 74.4% of the mothers have correct knowledge about the EBF, and the health facilities are reported to at 90% their main source of information 71.1% of the mothers have positive attitude towards EBF, but 34.4% practiced EBF up to 6 months.

Sasthi Narayan Chakraborty (2015) conducted a community based study on pattern of breast feeding of an eastern industrial city of India. His study shows that, 25.5% of the study populations were given pre lacteal food. Colostrums feeding were also low 58.3% proportion of EBF very low 27.6% and was statistically significant with joint family, illiteracy of the mothers and daily wage earning mother.

## METHOD AND MATERIAL

**Method of Data Collection:** This is basically a primary study where data and information were collected through questionnaire and face to face interview method. Secondary study or literature review was conducted to support the findings of the primary study.

**Study area and period:** The study was conducted in Sylhet district in Bangladesh. The study area is such selected that it should represents the North East side of Bangladesh. Sylhet is situated in the North East part of Bangladesh and it represents North East part of BD. both demographically and socio-economically. South Surma, Sylhet has been selected study area. Samples were collected from south Surma village. Study period January 2024 to June 2024.

**Duration of the Study:** The study was conducted from January 2024 to June 2024. Although a work schedule was prepared for the convenience of the study but it could not be maintained properly which results in heavy workload at the end of the study period.

**Study design:** Cross-sectional descriptive study design was used for the study.

**Study Population:** Mothers of 6-12 months aged infants were selected in villages of South Surma, Sylhet district in Bangladesh.

**Sample size and statistical basis of it:** To determine the sample size following standard formula was widely used:

$$n = \frac{Z^2 \times pq}{d^2}$$

Where,

n = Required Sample size

Z = Z for level of significance alpha (at 0.05 level of significance value of Z is 1.96)

p= 12% (according to a comparative study published by Dhaka Shisu Hospital 2012)  
= (0.12)

q= 1-p  
= (1-0.12)  
= 0.88

d= acceptable margin of error (.05)

Actual sample size

$$\begin{aligned} (n) &= Z^2 pq/d^2 \\ &= (1.96)^2 \times 0.12 \times 0.88 / (0.05)^2 \\ &= 3.84 \times 0.1056 / 0.0025 \\ &= 0.405504 / 0.0025 \\ &= 162 \text{ (approximately)} \end{aligned}$$

Using this formula, the sample respondents were approximately 162.

But due to limitation of time and budgetary constraint numbers of respondents were limited within 100 respondent mothers.

**Sampling method:** Random sampling technique was follow for this study.

### Inclusion criteria:

- Breast feeding mothers of 6-12 months aged infants from villages of South Surma, Sylhet district in Bangladesh.
- Willing to participate in the study and to provide EBF information required for study.

### Exclusion criteria:

- Unwilling to participate in the study.
- Severely ill mother.

### **Operational Definition:**

#### **Knowledge:**

- Exclusive breast feeding, Benefits of EBF, Colostrums.

**Practice:** Practice of the mothers related to her baby.

**Research Instrument:** A structured questionnaire was prepared in the light of objective. The questionnaire was self-administered. It was pre-tested. On the basis of experience and expert opinion of my guide the final questionnaire was prepared. The purpose of the study was explained clearly to the respondent before interviewed. One questionnaire was used for each respondent for data collection.

### **Variables**

#### **Dependent Variable:**

1. Knowledge about exclusive breast feeding.
2. Practice about exclusive breast feeding.

#### **Independent Variables:**

- Age
- Educational status
- Occupation
- Religion.
- Family income

**Data quality assurance:** To assure quality of the data the following measures were undertaken: Two weeks prior to the actual data collection, questionnaire was pre tested. Two days training was received on the study instrument of both interview and observation and data collection procedure. During the actual data collection process, cross checked the data on the field randomly every day for questionnaires consistency and completeness. Filled questionnaires were checked. After data collection, each questionnaire was given a unique code. Any error identified at this time was corrected after revision of the original data using the code numbers.

**Methods of data analysis:** The analysis of the data was done with the help of MS office (word) -2007. The collected data were coded and entered to EPI-Info version 3.5.1 and data were exported to SPSS version 21.0. Finally, result was presented in texts, graphs and tables.

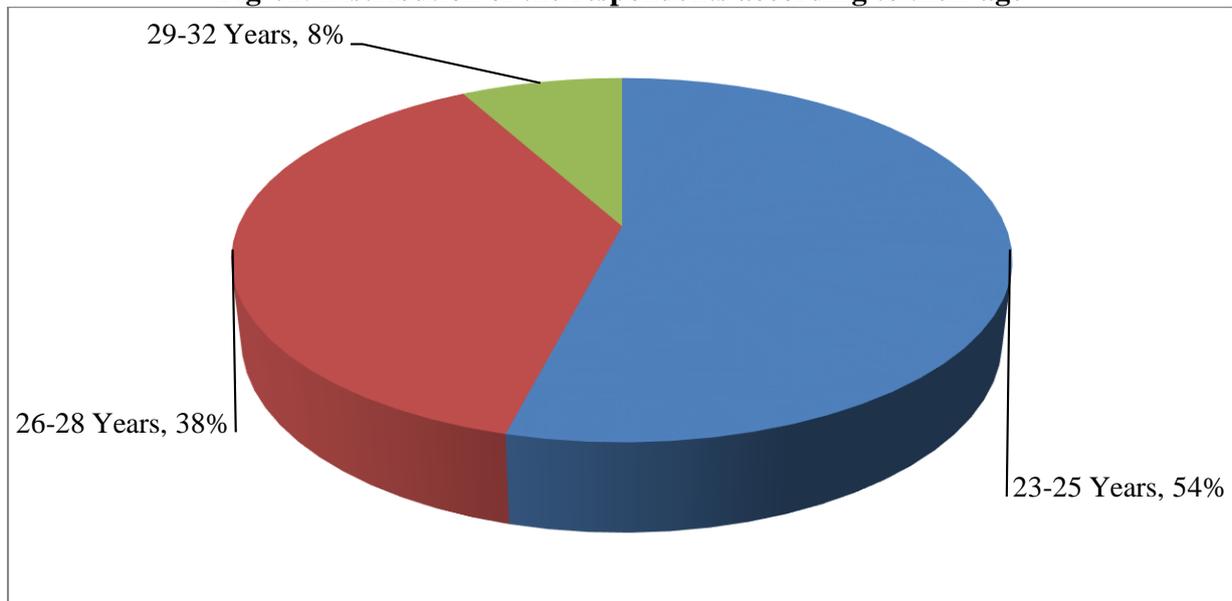
## **RESULTS**

### **Response coverage**

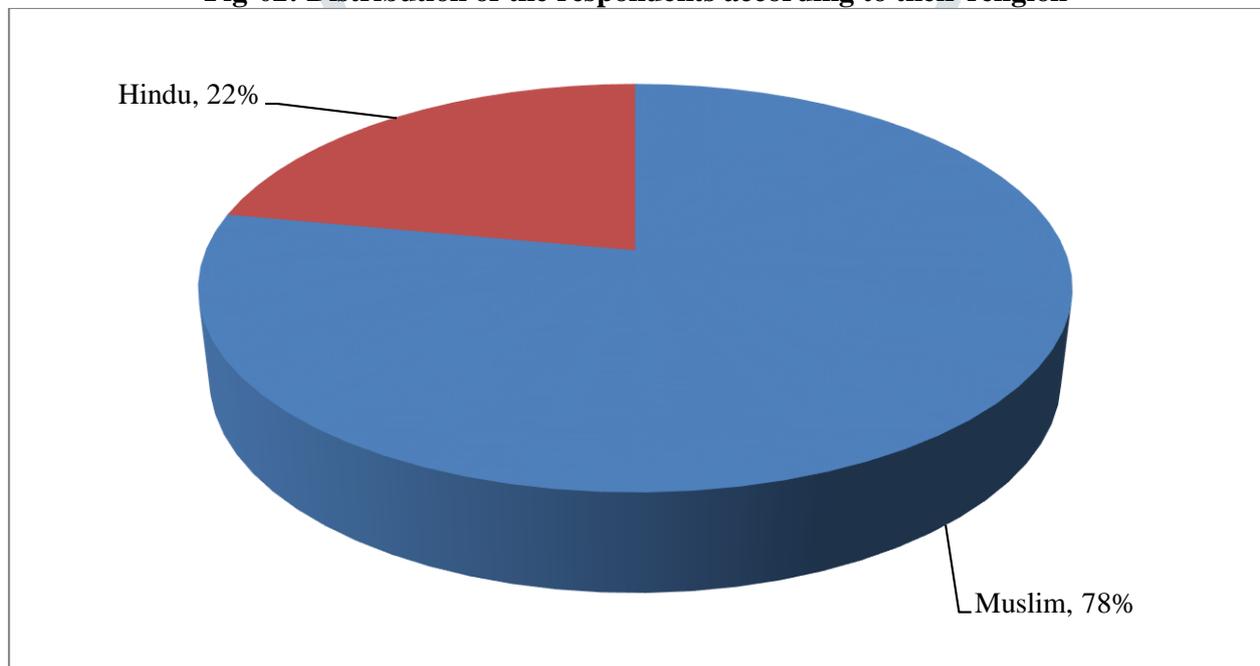
Out of 162 conveniently selected mothers 100 participated in the study majority of which gives a response rate of 61.72% were from south Surma at Sylhet district in Bangladesh.

### **Socio-demographic characteristics of study population**

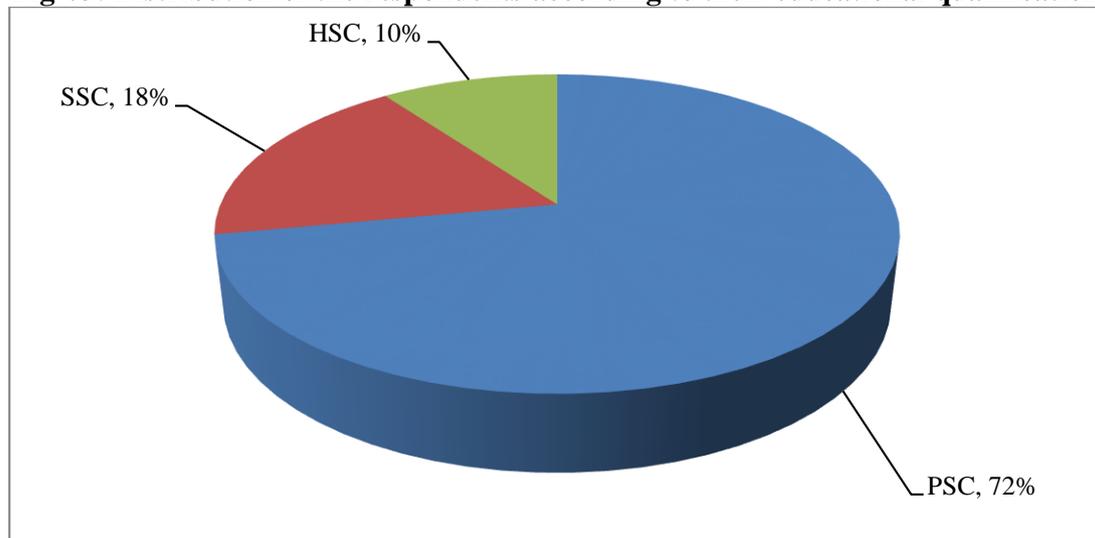
Out of 100 participant in the study, Majority 54% of the participants were in the age group of 23-25 years, followed by the age group 26-28 years (38%) and 8% were 29-32 years. Regarding their religion, Muslims were 78% and Hindu were 22%. Concerning educational status of respondents 72% were PSC, SSC 18% and HSC 10%. Majority of respondents were housewife 52% and 48% were employee. Most 52% of respondent's monthly income was below ten thousands and 48% above 30 thousands.

**Fig-01: Distribution of the respondents according to their age**

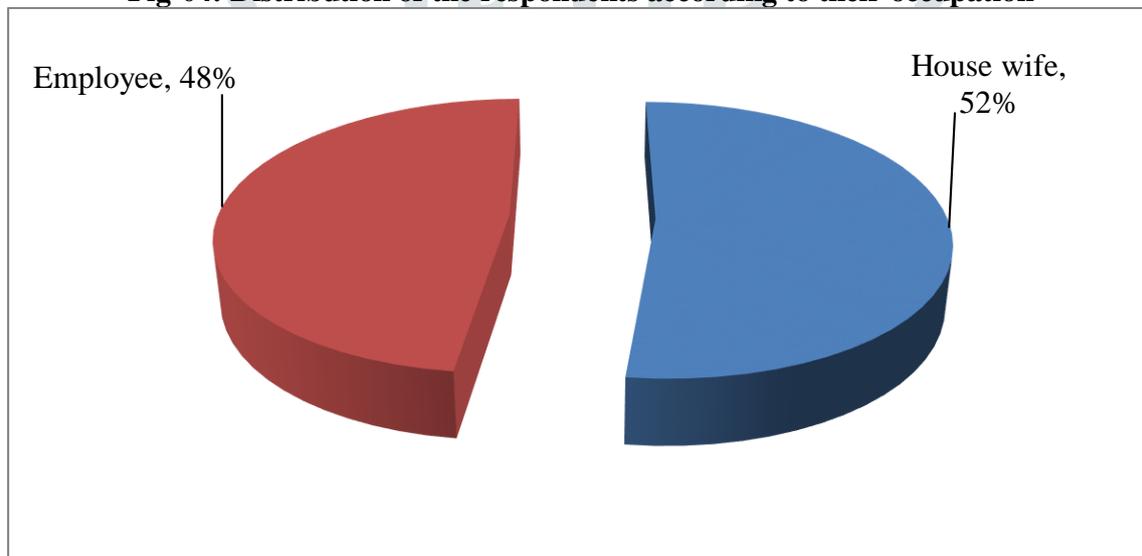
**Fig-01:** The pie chart represents the age of respondent. Out of 100 respondents 54.00% were in the group of 23-25 years, 38.00% were in the group of 26-28 years and rests of the 8.00% were in the group of 29-32 years.

**Fig-02: Distribution of the respondents according to their religion**

**Fig-02:** The pie chart represents the respondent's religion. Out of the 100 respondents 78.00% were in the group of Muslim and 22.00% were in the group of Hindu and no other any religion.

**Fig-03: Distribution of the respondents according to their educational qualification**

**Fig-03:** The pie chart represents the respondent's educational qualifications. Out of the 100 respondents 72% were PSC, SSC 18% and HSC 10%.

**Fig-04: Distribution of the respondents according to their occupation**

**Fig-04:** The pie chart represents the respondent's occupation. Out of 100, respondents 52.00% respondents were housewife on the other hand 48.00% respondents were employee.

**Table-I: Distribution of the respondents' monthly income**

Monthly income	Frequency	Percentage (%)
Below 10,000 Taka	52	52%
Above 30,000 Taka	48	48%
Total	100	100%

**Table-I:** The above table shows that the respondents' monthly income. Out of 100 respondents Most 52% of respondent's monthly income were below ten thousands and 48% were above 30 thousands.

#### **Knowledge of respondent on exclusive breast feeding**

Regarding knowledge of mothers on exclusive breast feeding average 79.20% good and 20.8% have very poor knowledge regarding exclusive breast feeding. Out of 100 respondents 60(60%) respondents answered correctly, others have no knowledge. Regarding breast feeding 100(100%) respondents answered appropriately. Regarding duration of breast feeding 96(96%) answered correctly but 4% respondents have no knowledge about duration of breast feeding. Exclusive breast feeding is beneficial for mothers 58% respondents have known but others have no knowledge about it. Regarding Exclusive breast feeding is beneficial for child's growth 94% respondents

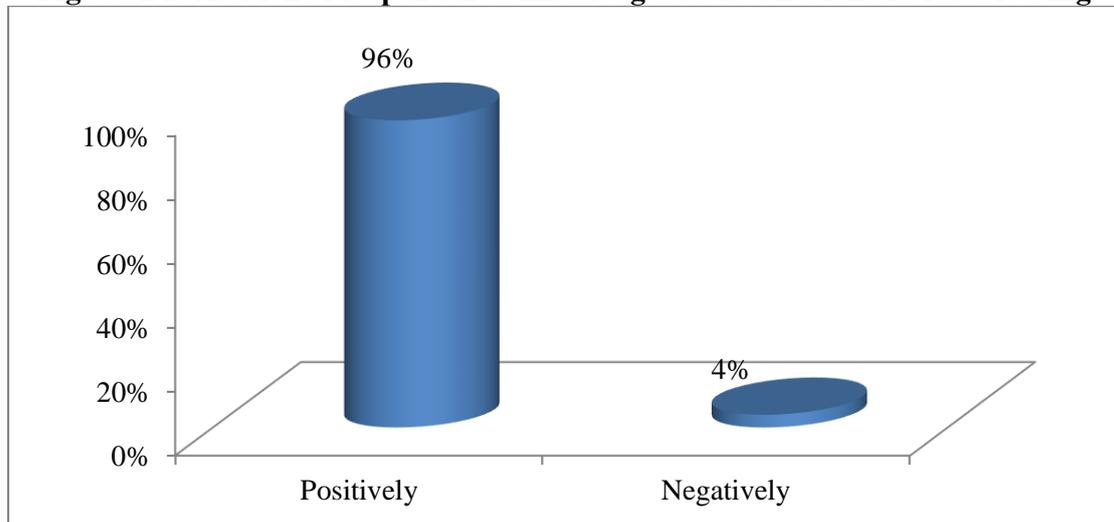
have knowledge. Knowledge regarding colostrums 72 (72%) respondents' answers correctly and others 28% have poor knowledge about it.

**Table-II: Distribution of the respondents by breast feed their baby.**

Respondents opinion	Frequency	Percentage (%)
Yes	100	100%
No	0	0%
Total	100	100%

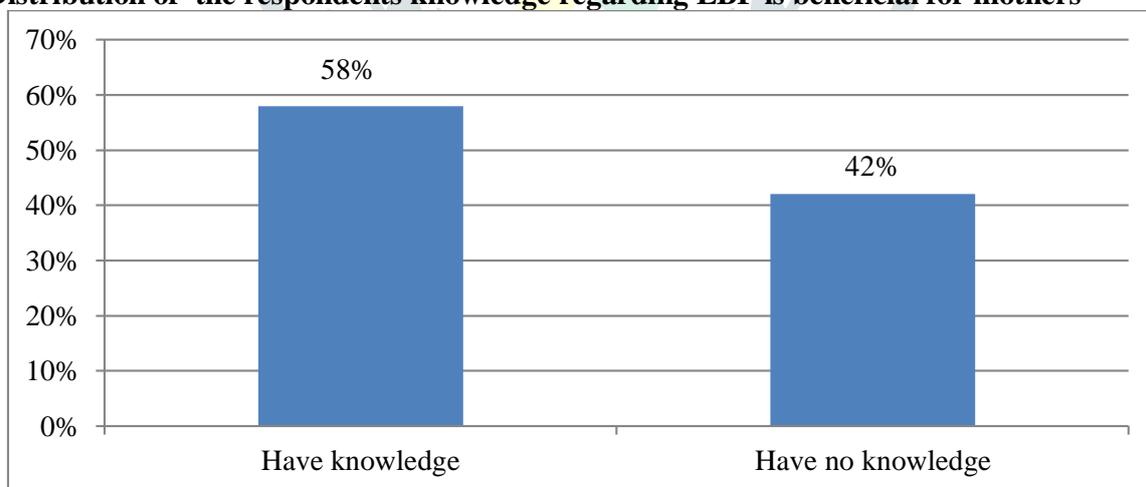
**Table-II:** The above table shows that the respondent's breast feed their baby. Out of 100 respondents 100% replied yes and no respondents replied no.

**Fig-05: Distribution of respondent's knowledge about duration of breast feeding**

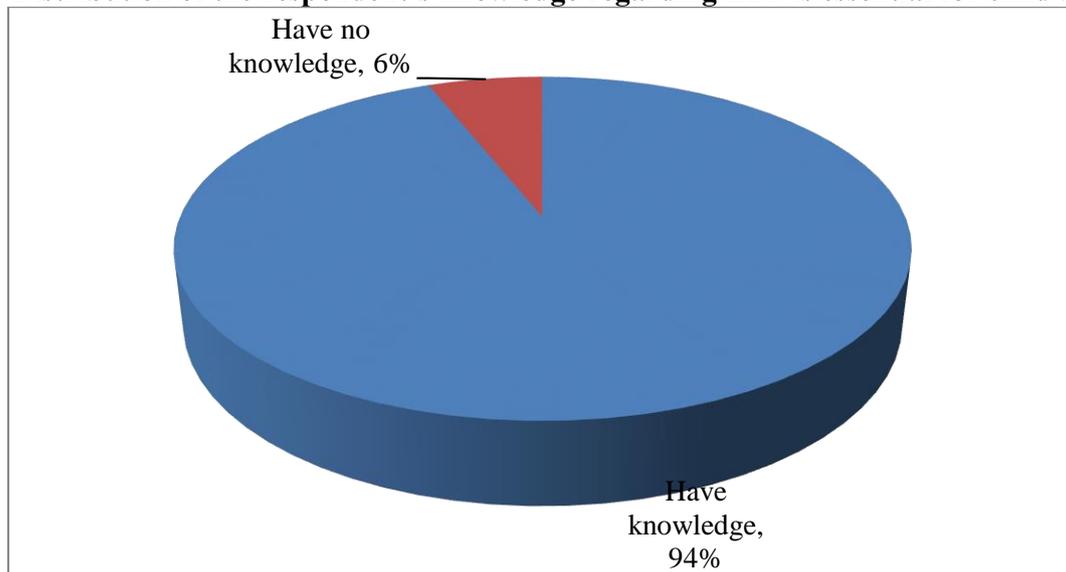


**Fig-05:** The figure shows that respondent's knowledge regarding duration of breast feeding .Out of 100 respondents have knowledge regarding duration of breast feeding 96% answered correctly but 4% respondents have no knowledge about duration of breast feeding.

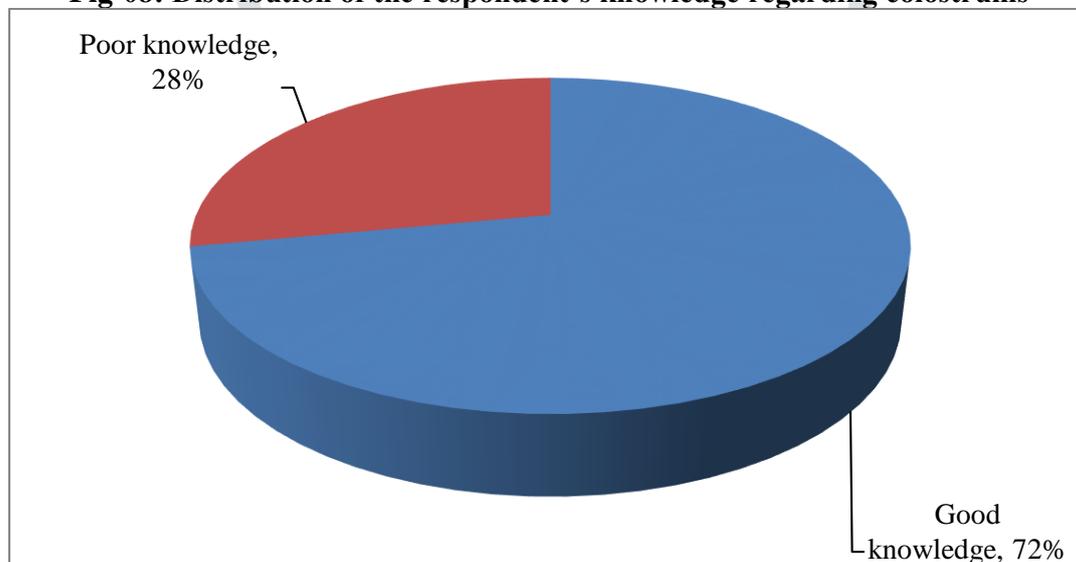
**Fig-06: Distribution of the respondents knowledge regarding EBF is beneficial for mothers**



**Fig-06:** The figure shows that Exclusive breast feeding is beneficial for mothers. Out of 100 respondents, 58% respondents have known but 42% respondents have no knowledge about it.

**Fig-07: Distribution of the respondent's knowledge regarding EBF is essential for child's growth**

**Fig-07:** The figure shows that Exclusive breast feeding is beneficial for child's growth .Out of 100 respondents; 94% respondents have knowledge about exclusive breast feeding (EBF), remaining 6% have no knowledge about it.

**Fig-08: Distribution of the respondent's knowledge regarding colostrums**

**Fig-08:** The pie chart represents the knowledge regarding colostrums. Out of 100 respondents, 72% respondents have good knowledge about colostrums and others 28% have poor knowledge about it.

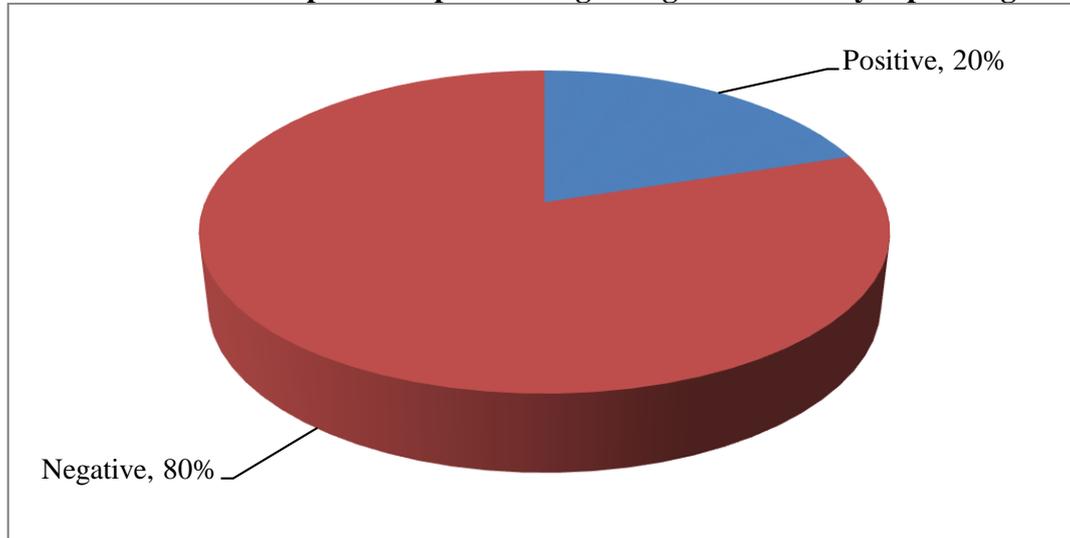
### Practice of Respondent mothers on exclusive breast feeding

The result of this survey showed that average 26.22% of respondent mothers practice correctly on EBF and others 73.78% mothers not practice appropriately. My research shows that 55% respondent's breast feed their baby 6 months, 30% are 12 months, 10% breast feed 24 months and remaining 5% breast feed their baby beyond 24 months. Regarding breast feed by expressing breast milk; 20% respondents answered positive, 80% respondents answered negative. Respondents practice regarding feed colostrums to the child; 46(46.00%) respondents answered yes and 54(54.00%) respondents answered no. Regarding breast feeding should begin; 76.00% respondents answered breast feeding starts during 1 hour of life on the other hand 24.00% respondents answered during half an hour of life. Mother feed her baby during interval; 6 (6.00%) respondents answered feed the baby 1 hour interval on the other hand 94(94.00%) respondents answered 2 hours interval. regarding given any food other than breast milk after birth; 88.00% respondents answered give other food on the other hand 12.00% respondents answered give breast milk. Pattern of pre-lacteal food given to the baby; 50.00% give honey, 30.00% are given sugar water, 10.00% give mustered oil and remaining 10.00% give others pre lacteal food. Regarding time of introducing supplementary food; 8.00% respondents answered after 8 months, 66.00% respondents answered after 1-5 months on the other hand 26.00% respondents answered after 6 months.

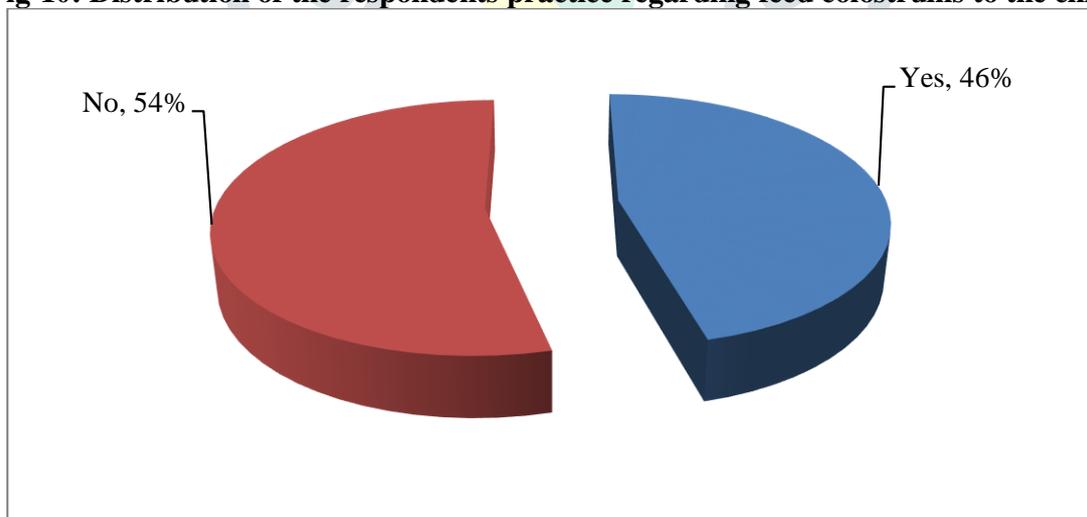
**Table-III: Distribution of the duration of breast feeding**

Duration of breast feeding	Frequency	Percentage (%)
6 months	55	55%
12 months	30	30%
24 months	10	10%
Beyond 24 months	05	5%
total	100	100%

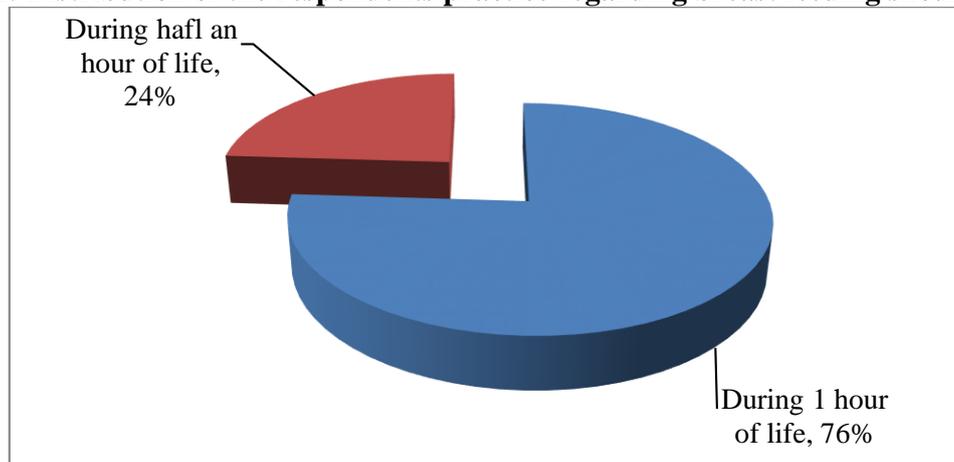
**Table-III:** The above table shows that the duration of breast feeding. Out of 100 respondents 55% breast feed their babies 6 months, 30% breast feed their babies 12 months, 10% breast feed their babies 24 months and remaining 5% breast feed their babies beyond 24 months.

**Fig-09: Distribution of the respondents practice regarding breast feed by expressing breast milk**

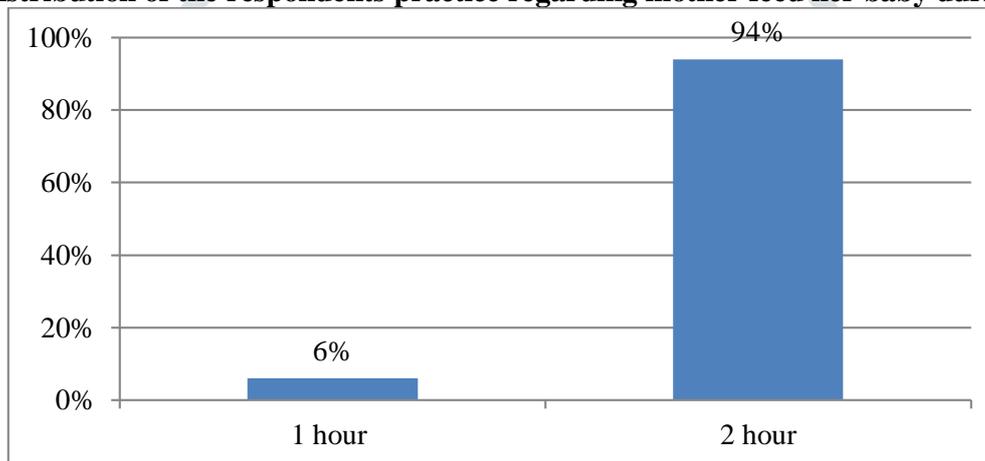
**Fig-09:** The pie chart represents breast feed the baby by expressing breast milk. Out of 100 respondents, 20% respondents answered positive, 80% respondents answered negative.

**Fig-10: Distribution of the respondents practice regarding feed colostrums to the child**

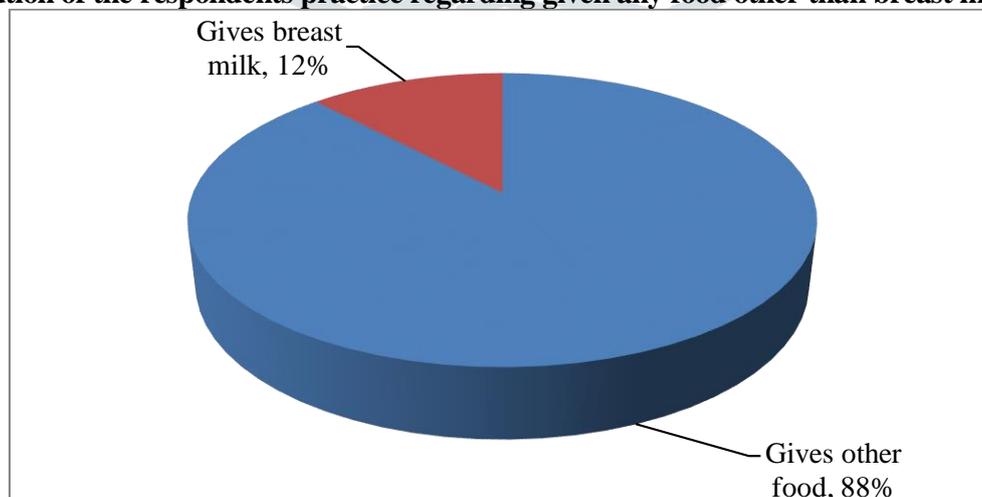
**Fig-10:** This figure shows that feed colostrums to the child. Out of 100 respondents, 46(46.00%) respondents answered yes and 54(54.00%) respondents answered no.

**Fig-11: Distribution of the respondents practice regarding breast feeding should begin**

**Fig-11:** The pie chart represents when breast feeding should start. Out of 100 respondents, 76.00% respondents answered breast feeding starts during 1 hour of life on the other hand 24.00% respondents answered during half an hour of life.

**Fig-12: Distribution of the respondents practice regarding mother feed her baby during interval**

**Fig-12:** This figure shows that how many times interval mother feed her baby. Out of 100 respondents, 6 (6.00%) respondents answered feed the baby 1 hour interval on the other hand 94(94.00%) respondents answered 2 hours interval.

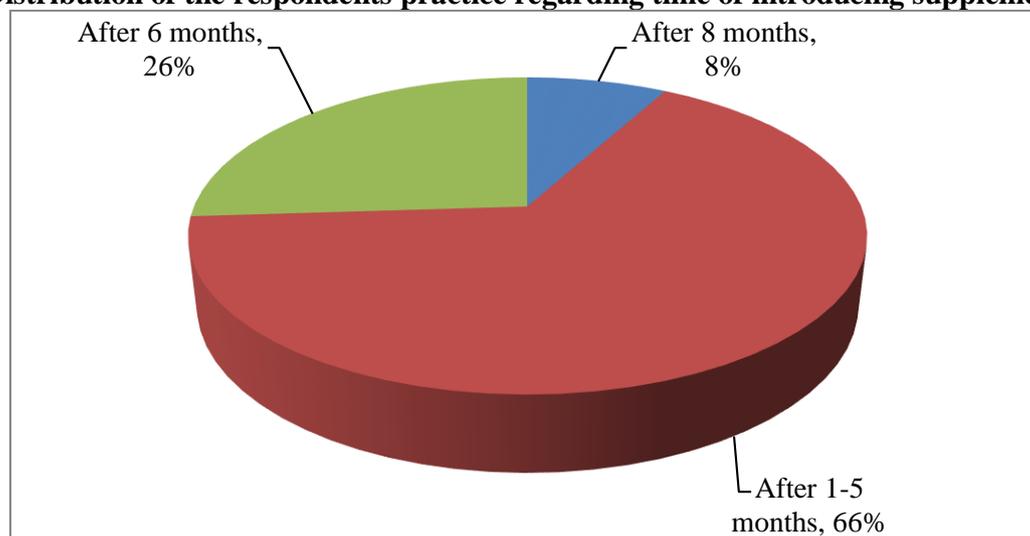
**Fig-13: Distribution of the respondents practice regarding given any food other than breast milk after birth**

**Fig- 13:** The pie chart represents given any food other than breast milk after birth; Out of 100 respondents, 88% respondents answered gives other food on the other hand 12% respondents answered give breast milk.

**Table-IV: Distribution of the Pattern of pre-lacteal food given to the baby**

Name of foods	Frequency	Percentage (%)
Honey	50	50%
Sugar water	30	30%
Mustard oil	10	10%
others	10	10%
total	100	100%

**Table-IV:** The above table shows that Pattern of pre-lacteal food given to the baby. Out of 100 respondents 50% give honey, 30% are given sugar water, 10% give mustard oil and remaining 10% give others pre lacteal food.

**Fig-14: Distribution of the respondents practice regarding time of introducing supplementary food**

**Fig-14:** The pie chart represents when introducing supplementary food. Out of 100 respondents, 8.00% respondents answered after 8 months, 66.00% respondents answered after 1-5 months on the other hand 26.00% respondents answered after 6 months.

## DISCUSSION

Birth is a major challenge for the newborn to negotiate successfully from intrauterine to extra uterine life. The first few months since birth is the most crucial period in the life of an infant for further growth and development, which is largely determined by the quality of care that the newborn and infant receives. Regarding to socio-demographic status the mean age of respondents in this survey was 25 years and 72% PSC, 10% HSC and 18% SSC in educational status.

The finding of this study reveals that all respondents had knowledge on the advantage of breast feeding and 72% had knowledge on advantage of first milk/colostrums. Among this, 46% of respondents practiced to initiate colostrums to immediately born baby.

The advantage of early initiation of breast feeding and from colostrums that will have strong bonding with their mother and could be free from infections and nutrition related problems.

In this survey, every responding mother breastfeeds her baby. But most mothers do not breastfeed their babies exclusively. 58% of mothers know about the benefits of exclusive breast feeding but 42% of mothers do not know about the benefits of exclusive breast feeding.

About 88% of respondents give the baby pre lacteal food other than breast milk after birth. Only 12% of mother's breast feed their babies after birth. Most of the respondents 50% give honey to the baby after birth.

The general knowledge of participants on exclusive breast feeding is 79.20% good and 20.8% poor. Regarding exclusive breast feeding practice 26.22% are practiced but remaining 73.78% of respondents are not practiced.

The Study result showed presence of knowledge and Practice gap of EBF to infant baby. So it is necessary to strengthen information and health education given to mothers on Exclusive Breast Feeding periodically.

## CONCLUSION

Even though most respondent mothers have knowledge about exclusive breast feeding but not practiced it. The Study results shows mothers had knowledge and practice gap on exclusive breast feeding. Significant number of mothers was squeezed out colostrums before breast feeding the newborn which ignores the baby from receiving important nutrients and immunoglobulin's. Significant number of mothers did not practice early initiation of breast feeding. They feed their babies with honey, sugar water etc. instead of breast milk after birth. Most mothers do not breast feed their babies when they are out and long period of time. Instead of breast milk, they give other foods this time. Most mothers do not practice despite having knowledge about exclusive breast feeding. In Bangladesh there are many studies that have explored exclusive breast feeding. Existing studies indicated that exclusive breast feeding in Bangladesh is still low. However, in Bangladesh Government has taken initiative to increase exclusive breast feeding and these have been implemented around the country.

## RECOMMENDATION

Based on the result findings from this study, the following recommendations could be proposed:

1. Mothers should be encouraged to breast feed their babies exclusively.
2. Awareness should be created among mothers by print and electronic Medias.
3. Support should be continued among mothers to increase knowledge and practice on exclusive breast feeding by providing information and suggestions.
4. Educational status of mothers should be upgraded by providing supports from government of the People's Republic of Bangladesh.
5. Motivations should be provided among mothers to practice exclusive breast feeding.
6. Further detail investigation on knowledge and practice of mothers on exclusive breast feeding should be recommended.
7. The findings could be used by health educators/workers to teach mothers about benefits of exclusive breast feeding.

## REFERENCES

1. Alemayehu, T., Haidar, Jemal & Habte, D. (2009). Determinants of exclusive breast feeding practice in Ethiopia. *Ethiop. J. Health Dev.* 32(1): 12-18.
2. Adewale, O.R. (2006). The lived experience of first-time breastfeeding mothers. *Journal of child birth education*, 23, 21-25.
3. Asia/Pacific, (2012). Health at a glance. OEDC/WHO.
4. Breastfeeding in Bangladesh: A review of the literature (Ted Greiner).
5. Breastfeeding knowledge and practices among Mothers in rural population of North India: A community-based study M. SaiSunali Kishore, Parveen Kumar and Arun K. Aggarwal.
6. Chatman, L. M., Salihu, H. M., Roofe, M.E.A., Wheatle, P., Henry, D., Joly, P.E. et al (2004). Influence of knowledge and attitude on exclusive breast feeding practice among rural Jamican mothers. *Birth*, 31, 265-271.
7. Dakshayani, B., & Gangadhar, M.R. (2008). Breast feeding practice among the Hakkippkkis: A tribal population of Mysore district, Karnataka. *Ethno-Medical*, 2, 127-129.
8. Giashuddin, M. S., & Kabir, M. (2003). Breastfeeding duration in Bangladesh and factors associated with it. *Indian Journal of Community Medicine*, 28, 34-38.
9. Joshi, P.C., Angdembe, M., R., Das, S., K., Ahmed, S., Faruque, A., S., G., & Ahmed, T. (2014). Prevalence of exclusive breast feeding and associated factors among mothers in rural Bangladesh: a cross – sectional study. *International breast feeding journal*, 9:7.
10. Subba, SH., Chandrashekhar, TS, Binu, VS., Joshi, HS., Rana, MS., Dixit, SB. (2007). Infant feeding practice of mothers in an urban area in Nepal. *Kathmundu University Medical Journal*, 5(1), 17: 42-47.
11. Galler, J.R., Harrison, R.H., Ramsey, F., Chawla, S., & Taylor, J. (2006) Postpartum feeding attitudes, mental depression, and breast feeding in Barbados. *Journal of infant behavior and development*, 29, 189-203.
12. Inoue, M., Binns, C., Katuski, Y., & Ouchi, M. (2013). *Asia Pac J Clin Nutr*, 22(2): 261-265. Doi: 10.6133/apjcn.
13. Knowledge and practice of Rural mother regarding infant feeding (Dr. Jesmin Akther).
14. Kronborg, H., & Vach, M. (2004). The influence of psychosocial factors on the duration of breast feeding. *Scand Journal of Public Health*, 32, 210-216.
15. Maitra, P., & Pal, S. (2004). Early child birth, Health inputs and child mortality; recent evidence from Bangladesh, Unpublished Master's thesis, Monash University: Australia.

16. United States, (2013). Breastfeeding report card. National center for chronic disease prevention and health promotion; Division of Nutrition, Physical Activity and Obesity
17. UNICEF. Progress Report. Key finding Committing to Child Survival: A promise Renewed, 2014
18. Ghana Ministry of Health. Under Five's Child Health Policy: 2007-2015

