



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>

Research Article

**KNOWLEDGE, ATTITUDE AND PRACTICES ABOUT
BREASTFEEDING AMONG LACTATING AND NON-
LACTATING MOTHERS HAVING CHILDREN LESS THAN 2
YEARS OF AGE VISITING PEDIATRIC OUT PATIENT
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Article Received: March 2019

Accepted: April 2019

Published: May 2019

Abstract:

Background: Adequate nutrition is critical to child health and development, when we talk about children under 2 years of age, the best way of food intake with sufficient nutrition is through lactation. According to the UNICEF report (2006) the infant mortality in Pakistan stands at 78/1000, making it the highest rate in the world as feeding practices in Pakistan are suboptimal. Breastfeeding is the best practice for optimal maternal and child health. The objective of this study is to assess knowledge, attitude and practices about lactation among mothers visiting Jinnah Hospital Lahore.

Methods: A cross sectional study was carried out by using non probability purposive sampling technique. A total of 200 mothers, lactating or non lactating, having children less than two years of age were selected and interviewed regarding their knowledge, attitude and practices of breastfeeding.

Result: Out of 200, there were 168(84%) lactating and 32(16%) non lactating mothers who participated in this study; out of which 135(67.5%) belonged to Lahore. The knowledge of breastfeeding is prevailing among society as 154 (77%) participants were educated about it by their mothers. There was a 99% positive attitude towards breastfeeding. There was a large percentage of mothers breastfeeding their children and the main reason for the 32(15%) of the mothers who were not lactating was insufficient milk production.

Conclusion: The overall knowledge among the mothers was at a good scale, there was a strong positive attitude towards breastfeeding and there was a healthy breastfeeding practices among the mothers.

Keywords: Breastfeeding, Knowledge, Attitude, Practices, Lactating and non lactating mothers.

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Please cite this article in press Aina Khalid et al., *Knowledge, Attitude And Practices About Breastfeeding Among Lactating And Non-Lactating Mothers Having Children Less Than 2 Years Of Age Visiting Pediatric Out Patient Department (Opd) Jinnah Hospital Lahore (Jhl), Indo Am. J. P. Sci, 2019; 06(05).*

INTRODUCTION:

Adequate nutrition is critical to child health and development.[1]when we talk about children under 2 years of age, the best way of food intake with sufficient nutrition is through lactation which is a phenomenon defined as the secretion of milk from the mammary glands and so feeding of the young. In humans the process of feeding milk is also called breastfeeding or nursing. [2]

Breast milk is the best gift a mother can give to her baby. The nutrients which are vital for the baby like carbohydrate, protein, fat, minerals, vitamins and protective antibodies are available in plain form in the breast milk. [3] Exclusive breastfeeding in early months of life is correlated strongly with increased infant survival and lowered risk of illness [4] A study suggest that post partum depression symptoms may be higher in non- exclusive breastfeeding mothers as compared to exclusive breast feeding mothers. [5] While on the other hand, the important factors associated with bottle use are age of infant, uneducated multipara mothers and large family size. [6].

LITERATURE REVIEW:

According to the UNICEF report (2006) the infant mortality in Pakistan stands at 78/1000, making it the highest rate in the world. [7]Breastfeeding is the best practice for optimal maternal and child health. As a global goal for maternal and child health, all infants must be fed exclusively on breast milk. [8]Increasing the prevalence of exclusive breastfeeding may be a crucial step towards reaching the Millennium Development Goal which is to reduce the Infant Mortality to 52/1000 by the year 2015. [9]

A cross-sectional study held at Rawal Institute of Health Sciences, Islamabad, from March to October 2013 in Outpatient and inpatient department tells that the commonest reason of failure of exclusive breastfeeding was insufficient milk production in 93.2 % women, working mother in 4.2% mothers, illness of baby in 0.65% and illness of mother in 1.9%. [10]A current research illustrates that, if newborns were breastfed within the first hour of life, infant mortality can be scaled down by 22%. Early feeding secure the newborns from a wide variety of diseases, establish bond among mothers and children, reduce the chances of breast cancer among mothers and is a natural source of birth spacing. [11]

Feeding practices in Pakistan are suboptimal, leading to tremendous adverse outcomes on child health, worsening the already poor state of child health and

nutrition, and overburdening the meager health coverage. Hence, improving breastfeeding and infant feeding practices are an important mean used by the World Health Organization (WHO) to improve child health in Pakistan and other developing countries.[12]A study across Pakistan done in 2012 showed that mothers were educated by health professionals not only about breastfeeding but they also advised formula milk and even so, after having knowledge of breastfeeding, less mothers actually practiced it.[13]The increased use of infant formula and substitutes too early in baby's life contributes to the high degree of under development and malnutrition in our children. And babies given cow's milk and formula early in their lives have over 60% more risk of being malnourished. [14]

Many studies point out that breastfeeding is associated with many health benefits for mothers , including reduced risk for metabolic syndrome and certain reproductive cancers. Furthermore, evidence suggested that breastfeeding could buffer women against biological and psychosocial stressors during the postpartum period. Although breastfeeding does require substantial time commitments for the mother, which may reduce the time available for work, but there may be some economic benefits of breastfeeding.[15] According to a study only a slight minority of mothers considered formula (0.5%) or dairy milk (1.4%) more beneficial as compared to breast milk whereas a large majority of mothers and all doctors and paramedics agreed on breast milk being most beneficial.[16]A study in Thailand revealed that majority of the women had a neutral attitude towards breastfeeding, 13% had a positive attitude towards formula feeding and 7% had a positive attitude towards breastfeeding[17]

A study held in Calcutta in 2013 showed that variables like increasing age, education, better socioeconomic status, joint family greatly affected the knowledge of breastfeeding, whereas age of mother below 20, first childbirth adversely affected the score. [18]Health outcomes of children in developed countries differ substantially for mothers who formula feed compared with those who breastfeed. For infants, not being breastfed is associated with an increased incidence of infectious morbidity, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome. For mothers, failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, myocardial infarction, and the metabolic syndrome. [19] Jordanian women had a positive

attitude but work place and short maternity leaves had a negative impact on breastfeeding. 77% of all women in a study reported that "Breastfeeding is better for my baby's health" as the main reason for practicing full breastfeeding. Major concerns about infant feeding in the current study were related to mothers doubt that their milk was not sufficient (33%). However, working women and those who deliver by caesarean section were less likely to breastfeed. [20] Another study done in Malaysia in 2010 -2011 showed that the prevalence of the delay in the initiation of breastfeeding is 55.7%. The main causes of delayed in the initiation of breastfeeding in their study are those primipara and mother who was undergoing caesarean section delivery. [21]

WHO strongly recommends optimum breast feeding practices which include initiation of breast-feeding within half an hour after birth and exclusive breastfeeding on demand for the first six months of life . [22] A lack of exclusive breastfeeding contributes to over a million avoidable child deaths each year. Globally less than 40% of infants under six months of age are exclusively breastfed showing the importance of breast feeding.

Objectives:

To assess knowledge , attitude and practices about lactation among mothers visiting Jinnah Hospital Lahore.

METHODOLOGY:

Study design:

Cross sectional study.

Settings:

The study was conducted on mothers visiting Pediatric Out patient department Jinnah Hospital Lahore, a tertiary care hospital, affiliated with Allama Iqbal Medical College Lahore.

Sample size:

200 subjects including lactating and non lactating mothers having children less than 2 years of age visiting pediatric OPD in Jinnah Hospital Lahore.

Sampling technique:

The sample was collected using non probability purposive sampling.

Operational definition:

Knowledge:

It is defined as information, understanding and the skills you gain through education or experience.[23]

Attitude:

The way that you feel or think about something or the way you behave.[24]

Practice:

It is defined as actions rather than ideas.[25]

SAMPLE SELECTION:

Inclusion Criteria:

1) Lactating mothers having children less than 2 years of age. 2) Non lactating mothers having children less than 2 years of age

Exclusion Criteria:

Mothers having children less than 2 years of age who are not co operating.

VARIABLES:

Independent variables:

Knowledge (qualitative , ordinal)
Attitude (qualitative, nominal)
Practices (qualitative, nominal)
Age (quantitative, discrete)
Address (qualitative, nominal)
Qualification (qualitative, ordinal)
Occupation (qualitative, nominal)
Income (quantitative, discrete)
Parity (quantitative, discrete)

Dependent Variables:

Lactation (qualitative, nominal)
Non Lactation (qualitative, nominal)

Instructions:

It is a cross sectional study in which lactating and non lactating mothers having children less than two years of age are interviewed according to a questionnaire. These questionnaires are filled with the consent of mothers. The information is not misused rather it is only used for research purposes.

RESULTS:

There were 200 participants in this study which included lactating and non lactating mothers having children less than two years of age. Out of 200, there were 168(84%) lactating and 32(16%) non lactating mothers who participated in this study (figure 1); out of which 135(67.5%) belonged to Lahore. The education status among mothers was variable. Regarding occupation, the percentage of husbands working in private sector was maximum 84 out of 200(42%). Mothers were mostly 26 – 35 years of age (mean age 27 years) and 169(84.5%) mothers were housewives while 31(15.5%) mothers were working. The income of the family was mostly between Rs. 11,000 – 20,000 /- .Most couples 111 (55.5%) had 1-2 children .Summary of the demographic information is in table 1.

The knowledge of breastfeeding is prevailing among society as 154 (77%) participants were educated about

it by their mothers. There were 177 (88.5%) of the mothers who knew the benefits of breastfeeding and the duration of feeding to be 2 years. Most of the females thought that baby must be fed half an hour after delivery 77 (38.5%) and everytime he cries 125 (62.5%) shown in figure 2. The conditions in which baby should not be fed were known by 169(84.5%).The overall knowledge among the mothers was at a good scale shown in table 2.

There was a 99% positive attitude towards breastfeeding. Most of the mothers wanted to start immediately 75(37.5%) or half an hour 78(39%) after delivery while some wanted to start lactation few days after delivery 46(23%).Most of the mothers did not prefer formula milk over breast milk 182(91%) rather they wanted to feed their child breast milk up to 2 years 167(83.5%) shown in figure 3. There were 117(58.5%) of the mothers who would like to feed their child everytime he cries. Hence, there was a strong positive attitude towards breastfeeding shown in table 3.

There was a large percentage of mothers' breastfeeding their children and the main reason for the 32(15%) of the mothers who were not lactating was insufficient milk production. About 140(70%) mothers breastfed their children soon after delivery and large number of mothers 173(86.5%) felt comfortable breastfeeding their children. There were 55(27.5%) of mothers who breastfed for a year. There were 95(47.5%) females who were using formula milk along with breast milk. Among working mothers, 11 (5.5%) did consider their working status as an absolute obstacle in their breastfeeding practices shown in figure 4. About 110(55%) mothers fed the baby whenever he cried. The mothers 157(78.5%) were mostly supported by their families in their practice and about 125(62.5%) mothers hesitated while breastfeeding in public. There was a healthy breastfeeding practice among the mothers shown in table 4.

Table 1 Socio-demographic characteristics of participants (n-200)

QUESTIONS	CATEGORIES	FREQUENCY	PERCENT
age of mother Mean age 27yrs SD + 4.12	15-25 yrs	78	39.0%
	26-35	117	58.5%
	36-45	5	2.5%
address of mother	Lahore	135	67.5%
	outside Lahore	65	32.5%
education of mother	None	63	31.5%
	Primary	29	14.5%
	Middle	38	19.0%
	Matric	46	23.0%
	Graduation	24	12.0%
occupation of husband	Labourer	38	19.0%
	govt employee	75	37.5%
	private service	84	42.0%
occupation of mother	Housewife	169	84.5%
	Working	31	15.5%
family income	1000-10000	33	16.5%
	11000-20000	88	44.0%
	21000-onwards	79	39.5%
no. of children	1-2	111	55.5%
	3-4	77	38.5%
	5-6	12	6.0%

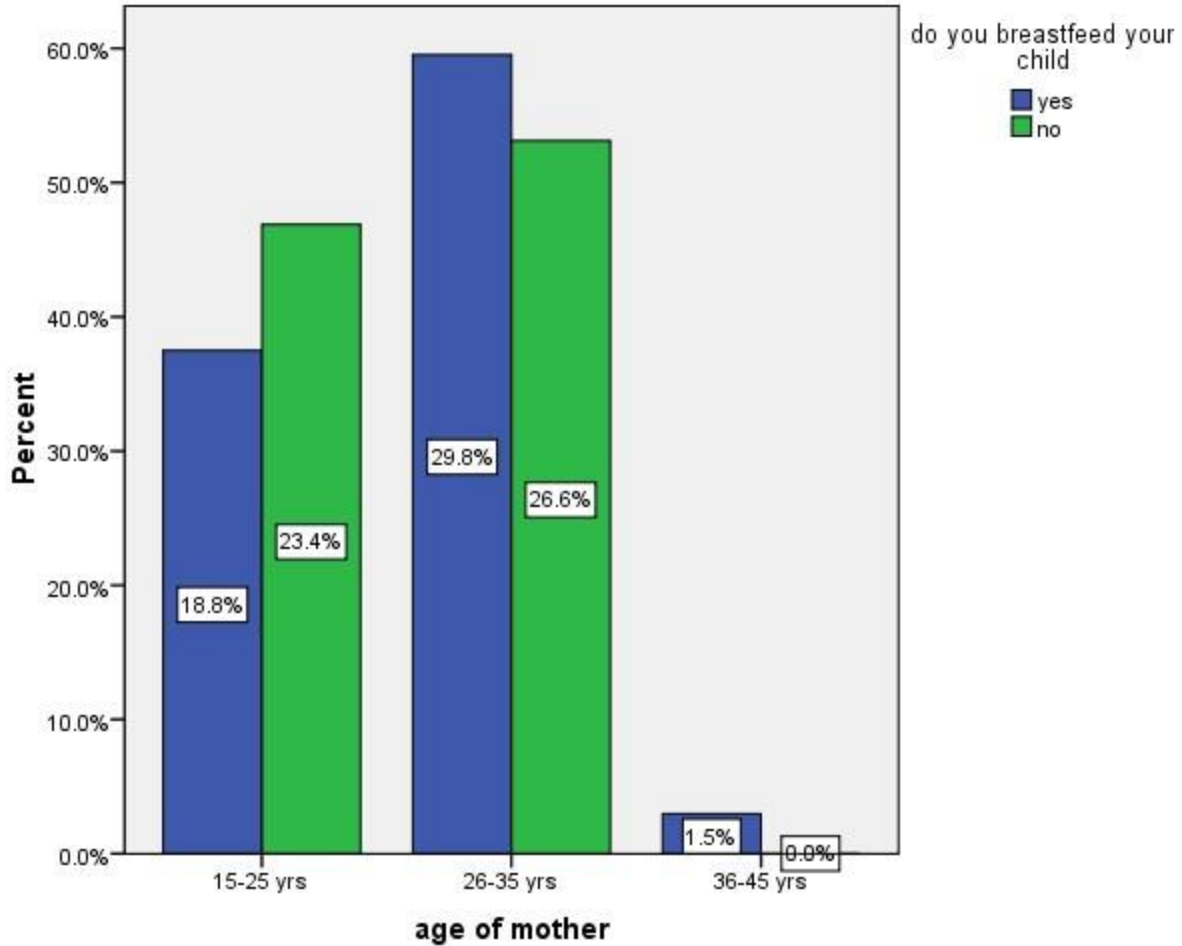


Figure 1: Lactation Practices Among Different Age Groups of Mothers

Table 2: Knowledge about Breastfeeding among mothers (n=200)

QUESTIONS	CATEGORIES	FREQUENCY	PERCENT
where learn breastfeeding	From mother	154	77.0%
	From internet	1	0.5%
	From media	2	1.0%
	From doctor	43	21.5%
are you aware of benefits of breastfeeding	yes	177	88.5%
	no	23	11.5%
how long should breastfeed	4 months	1	0.5%
	6 months	7	3.5%
	1 year	15	7.5%
	2 years	177	88.5%
when should lactation start	immediately after delivery	74	37.0%
	half hour after delivery	77	38.5%
	few days after delivery	49	24.5%

how many times should baby be fed in a day	less than 3 times a day	9	4.5%
	more than 3 times a day	49	24.5%
	whenever baby cries	125	62.5%
	depending on age of child	17	8.5%
do you know conditions in which baby should not be breastfed	yes	169	84.5%
	no	31	15.5%

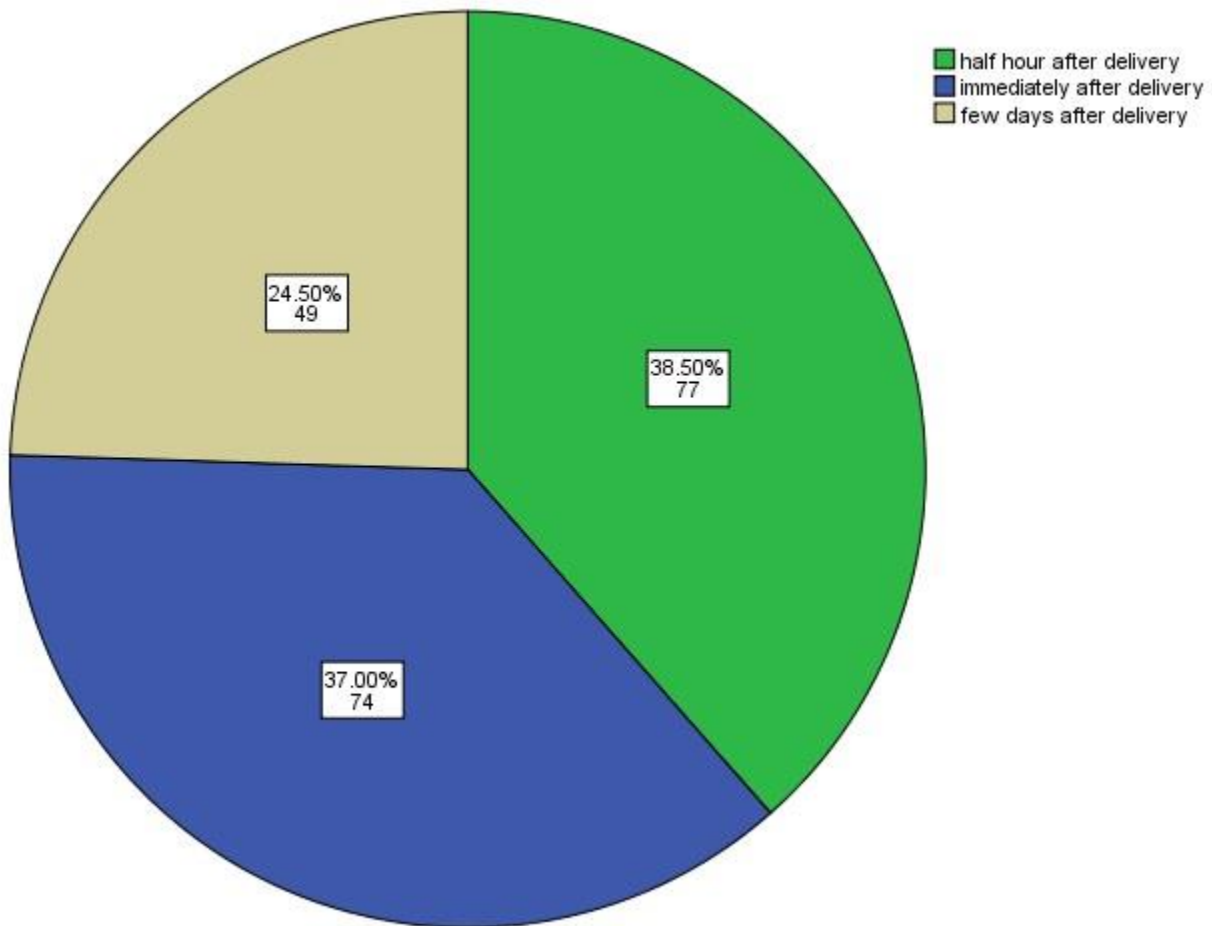


FIGURE 2: Knowledge of Mothers Regarding the Start of Lactation of Child After Delivery.

Table 3: Attitude towards breastfeeding among mothers(n=200)

QUESTIONS	CATEGORIES	FREQUENCY	PERCENT
do you want to breastfeed your child	yes	198	99.0%
	no	2	1.0%
when would you like to start breastfeeding child	immediately after delivery	75	37.5%
	half hour after delivery	78	39.0%
	few days after delivery	46	23.0%
	never	1	0.5%
how long would you like to breastfeed your child	4 months	6	3.0%
	6 months	7	3.5%
	1 year	20	10.0%
	2 years	167	83.5%
would you prefer formula milk over breastmilk	yes	18	9.0%
	no	182	91.0%
how many times would you like to feed your child a day	less than 3 times	13	6.5%
	more than 3 times	53	26.5%
	everytime child cries	117	58.5%
	depending on age of child	17	8.5%

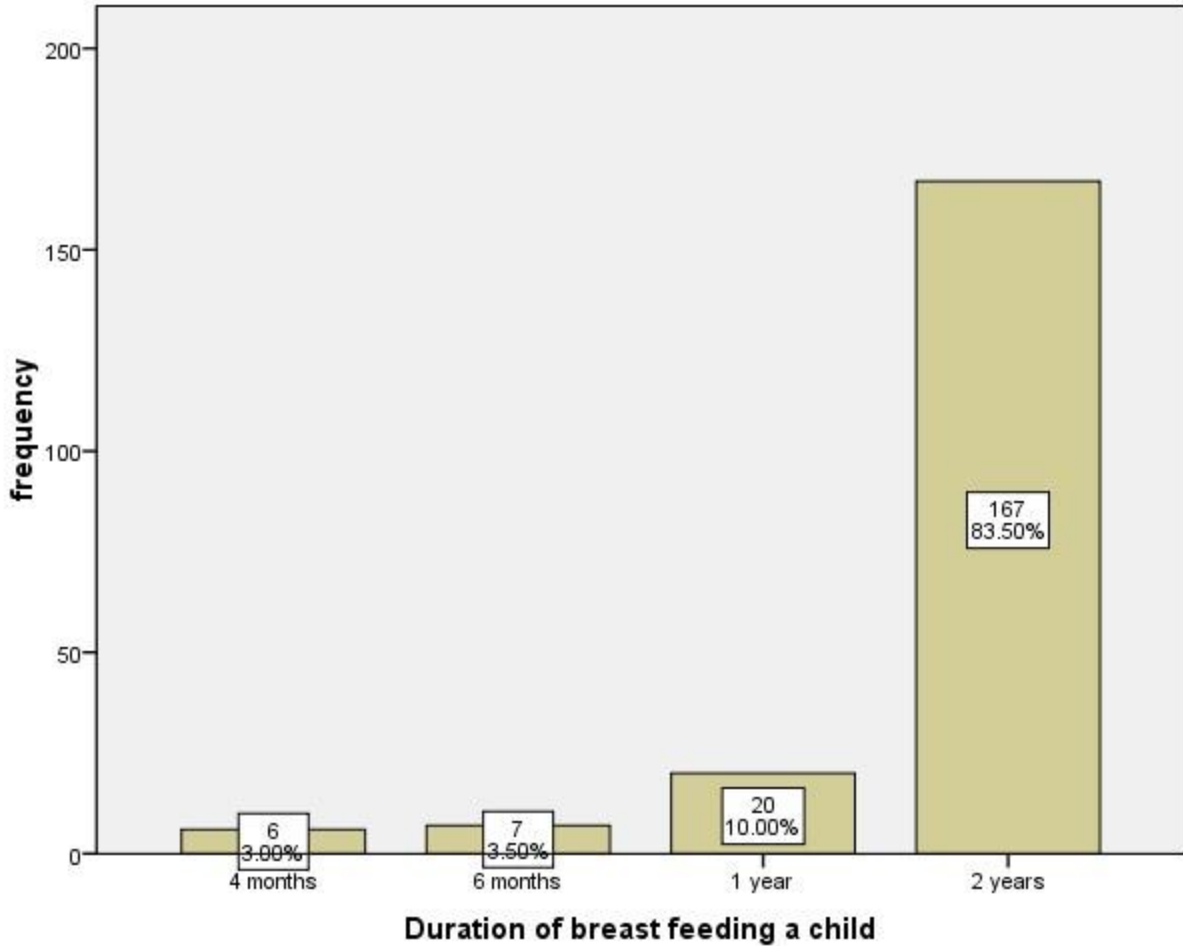


FIGURE 3: Attitude Regarding Duration of Breastfeeding Among Mothers.

TABLE 4: Practices Involving Breastfeeding Among Mothers (n= 200)

QUESTIONS	CATEGORIES	FREQUENCY	PERCENT
do you breastfeed your child	Yes	168	84.0%
	No	32	16.0%
did you breastfeed your child soon after delivery	Yes	140	70.0%
	No	46	23.0%
do you feel comfortable while breastfeeding	Yes	173	86.5%
	No	13	6.5%
how long have you been breastfeeding your child	4 months	19	9.5%
	6 months	20	10.0%

	1 year	55	27.5%
	2 years	39	19.5%
	still feeding	49	24.5%
do you use formula milk	Yes	95	47.5%
	No	87	43.5%
does your working status affect your lactation practices	Always	11	5.5%
	Sometimes	17	8.5%
	Never	16	8.0%
	not working	138	69.0%
how many times do you breastfeed a day	less than 3 times	12	6.0%
	more than 3 times	45	22.5%
	whenever baby cries	110	55.0%
	depending on age of baby	15	7.5%
does your family support your lactation practices	Yes	157	78.5%
	No	9	4.5%
	they have no concern	16	8.0%
do you hesitate breastfeeding in public	yes	125	62.5%
	No	57	28.5%

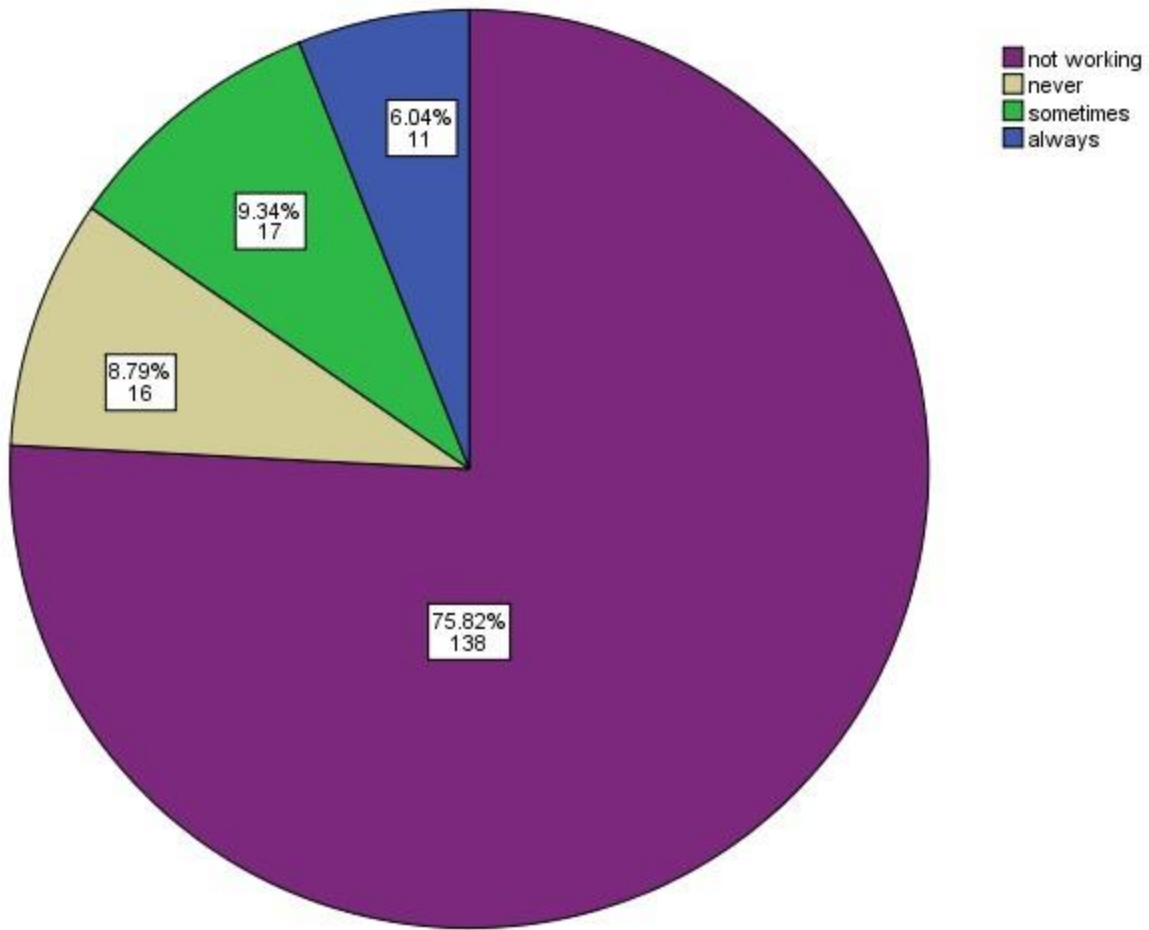


FIGURE 4: Effect of Working Status of Mothers On Breastfeeding Practices.

DISCUSSION:

Adequate nutrition is critical for child health and development (1) and for children under 2 years of age, the best way of food intake with sufficient nutrition is through lactation. The nutrients which are vital for the baby and protective antibodies are available in plain form in the breast milk (3)

Regarding the knowledge of breastfeeding, it was observed in our research that most of the women have the correct knowledge of breastfeeding which is similar to a study held in Kolkata in 2011 where more than 75 % of the women had correct knowledge about most of the aspects of breastfeeding except its initiation (18). In contrast to that inadequate knowledge regarding breastfeeding was observed in urban health clinic in India in which only 10% females knew about early initiation of breastfeeding, awareness of exclusive breastfeeding was 15% and only 30% acknowledged the benefits of breastfeeding.(8)

In our study 77% mothers learned about breastfeeding from their mothers and 21.5% learned from the doctors while in a study conducted in Noor Pur Shahan Islamabad the major contributor of awareness among the mothers were the doctors 47.8%(14)

Our study showed that 0.5% of the mothers had the knowledge about the duration of feeding to be 4 months but a cross sectional study in North of Jordan done in 2006 showed that 35% of mothers had knowledge that 3 months breastfeeding is long enough. (20)

From the data in our study 88.5% women knew the benefits of breastfeeding. There were a greater percentage of women (92%) in a cross sectional study done in Aga Khan Karachi in 2011 who knew breastfeeding benefits. This difference is may be due to better education about it given to them. (9) In similarity with our research, a study by WHO viewed that most of the females believed that breastfeeding is good for their baby as it indicates increase survival and decrease illness of the baby.(4)

The knowledge about early initiation of breastfeeding in our study was 38.5% but as compared to our study, 80% females knew about early initiation of breastfeeding in a study by Save the Children Pakistan Program (2013) (13)

In synchronization with our study, the attitude regarding breastfeeding over formula milk was strongly positive in a study conducted in Karachi published in 2006 but in both the studies formula milk

was used by many mothers due to insufficiency of milk and child refusal (6). Similarly, in a study in Ahwaz Jundishapur University of Medical Sciences, the cessation of breastfeeding due to insufficiency of lactation was 66.6% (5) In our study 90% women were found to have a positive attitude towards breastfeeding. This does not relate to the results of a study in Thailand that indicates that more women were positive to formula feeding as compared to breastfeeding which may be due to lack of known benefits or the economic development in Thailand that has led to improved marketing of breast milk substitutes (18). While in another study conducted in rural area of Thailand, 80% mothers had neutral attitude towards breastfeeding and only 7% had positive attitude regarding it.(17)

The duration of breastfeeding in our study was 1 yr in 27.5% mothers which is in accordance with the results of a study in Erbil City in 2009 in which 23.4% mothers' breastfed their child for one year. Breastfeeding was mainly stopped due to insufficient milk and baby refusal. (1) In contrast, a study in north Carolina in 2006 showed that in the United States, breastfeeding durations fall far short as in 2005, 74.2% of US infants were breastfed at least once after delivery, but only 31.5% were exclusively breastfed at age 3 months, and just 11.9% were exclusively breastfed at age 6 months. It is may be due to regional differences and attitude of mothers towards breastfeeding (19)

In relation to our study in which 62.5% females fed their child whenever the baby cried, the findings of a study in 2008 at Dow Medical College Karachi showed 78.5% females fed their child on demand. (16)

According to our study 77% women have absolutely no such issue breastfeeding because a large number of these women were housewives but maternal employment has been cited as a major reason for decline in breastfeeding in 75% in Nigeria because they don't have long enough maternity leave. (3)

In accordance with our study in which 70% women practiced early initiation of breastfeeding, a study conducted in Pakistan regarding trends of breastfeeding indicated an increase in early initiation rate of breastfeeding from 25.8% to 65.5% (12). In contrast to this, a study in Rawal Institute of Health Sciences (RIHS) in 2013, 50% females initiated breastfeeding in more than 6 hours (10). Similarly a study done in Malaysia in 2011 showed 55.7% females delayed initiation of breastfeeding, it was seen mainly in multi para and in mothers of low education.(11) In

another study, 41.8% mothers initiated early breastfeeding while delay in exclusive breastfeeding was due to prelacteal practices.(22)

The results of our study showed that 62.5% females hesitated while breastfeeding in public but according to a book on Breastfeeding and Maternal and Physical Health, places such as Mali or Nepal, women are able to breastfeed their infants in public freely and without stigmatization.(15)

CONCLUSION:

The knowledge among mothers was found satisfactory and there was a strongly positive attitude towards breastfeeding. The practices regarding breastfeeding were at a good scale but improvement regarding breastfeeding practices is still required.

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