

COMPARATIVE EVALUATION OF INFANT FEEDING PRACTICES IN URBAN
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ABSTRACT

Background: Optimal infant and young child feeding practices are critical for child survival, growth, and long-term health outcomes. Despite national efforts, breastfeeding behaviors vary across regions due to socio-cultural and demographic factors. This study evaluated and compared key breastfeeding and complementary feeding practices in urban communities of Chandigarh and Jalandhar (Punjab). **Methods:** A cross-sectional survey was conducted using a multi-stage sampling design among 340 eligible mothers with children under one year of age (160 from Jalandhar, 180 from Chandigarh). Data on socio-demographic characteristics, breastfeeding practices, and complementary feeding were collected through structured face-to-face interviews. Statistical analysis was performed using SPSS version 26.0 using descriptive statistics and chi-square tests. **Results:** Overall, 64.7% of mothers initiated breastfeeding within one hour of birth, 80.3% fed colostrum to their newborns, and 52.9% practiced prelacteal feeding. Exclusive breastfeeding (EBF) practice was low at 22.6%. Timely initiation of complementary feeding was reported by 37.6% of participants. In Chandigarh study reported higher rates for early initiation (67.8% vs. 61.3%), colostrum feeding (81.1% vs. 79.4%), and timely complementary feeding (41.1% vs. 33.8%). Conversely, exclusive breastfeeding rate was higher in Jalandhar (26.3% vs. 19.4%). However, none of these city-wise differences were statistically significant ($P > 0.05$). **Conclusion:** Although early initiation of breastfeeding and colostrum administration rates was relatively high, low exclusive breastfeeding and widespread prelacteal feeding persist in both urban settings. These findings highlight the need for targeted community-based health education interventions to address traditional feeding misconceptions and promote optimal infant feeding practices.

KEYWORDS: Breastfeeding Practices, Exclusive Breastfeeding, Early Initiation, Colostrum Feeding, Prelacteal Feeding, Complementary Feeding.

INTRODUCTION

Breastfeeding is universally recognized as one of the most effective and economical public health interventions for ensuring optimal child survival, growth, and development. Breast milk provides complete nutrition during infancy and contains essential nutrients, antibodies, enzymes, hormones, and bio-active components necessary for healthy growth and immune system maturation. Breastfeeding significantly contributes to child survival, cognitive development, emotional bonding, and long-term protection against

non-communicable diseases. It also offers several health benefits to mothers, including improved birth spacing and reduced risk of breast and ovarian cancers. Multiple studies have demonstrated benefits of breast feeding to mothers and their babies.^[1-7] Breastfeeding extends benefits beyond infancy and contributes substantially toward lifelong health outcomes. Appropriate breastfeeding practices therefore remain central components of child survival strategies and public health nutrition programme.^[8]

The World Health Organization (WHO) and UNICEF emphasize the importance of the first 1,000 days of life—from conception until completion of two years—as the most critical period for nutritional interventions. During this period, optimal nutrition contributes substantially toward physical growth, neurological development, immune maturation, and long-term health outcomes.^[9] WHO recommends initiation of breastfeeding within one hour after birth, exclusive breastfeeding during the first six months, and continued breastfeeding along with complementary feeding up to two years or later.^[10] Global improvements in breastfeeding indicators have been observed over recent decades; however, substantial inequalities continue across countries and population groups. Low- and middle-income countries frequently encounter barriers related to healthcare accessibility, educational disparities, poverty, and inadequate maternal support systems.^[11]

Urbanization and modernization have further influenced infant feeding practices. Increasing female workforce participation, changing family structures, delayed childbearing, and lifestyle transitions have contributed toward modifications in traditional breastfeeding behavior.^[12] India has also demonstrated improvements in breastfeeding indicators over recent years; however, breastfeeding practices continue to vary considerably due to socio-cultural, economic, educational, and healthcare-related determinants. National Family Health Survey findings indicate persistent regional disparities in breastfeeding practices and infant feeding indicators.^[13] Traditional practices continue influencing breastfeeding behaviour in several communities. Delayed initiation, administration of pre-lacteal feeds, misconceptions regarding breast milk adequacy, and discarding colostrum remain prevalent challenges affecting breastfeeding continuation.^[14-17]

Punjab and Chandigarh are regions experiencing rapid urban growth and lifestyle transitions. Urban communities within these areas demonstrate diverse socioeconomic characteristics, educational backgrounds, and healthcare accessibility patterns that may influence breastfeeding behaviour. Although various breastfeeding promotion programmes are being implemented, region-specific evidence regarding breastfeeding practices and associated determinants remains limited. Understanding maternal feeding behaviours can contribute to the development of targeted health education programmes, evidence-based public health interventions, and policy measures aimed at improving breastfeeding outcomes. Therefore, region-specific assessments remain essential for generating evidence supporting targeted interventions and strengthening breastfeeding promotion strategies. Present study attempted comparative evaluation of infant feeding practices by investigating rates of colostrum feeding, early initiation of breastfeeding, pre-lacteal feeding, exclusive breastfeeding and complementary feeding in selected two urban communities of Chandigarh and Punjab.

MATERIAL AND METHODS

Settings

The present cross sectional study was conducted in selected clusters of Chandigarh (UT) and the selected Jalandhar District of Punjab.

Sampling Design

A multi-stage sampling technique was adopted for the study. In the first stage, Chandigarh and Jalandhar were selected as the study areas. In the second stage, two urban clusters were selected from each city. Total four urban clusters from Chandigarh and Jalandhar (Punjab) were included. In the final stage, eligible mothers meeting the inclusion criteria were selected randomly from each cluster for participation in the study.

Sample size estimation and sampling strategy

Sample size was calculated using the following formula:

$$n = Z^2 \times p \times (1 - p) / d^2$$

Where:

n = Required sample size

Z = Standard normal deviate at 95% confidence level (1.96)

p = Expected prevalence of exclusive breastfeeding (67% or 0.67)

d = Permissible error (5% or 0.05)

Assuming 67% optimal feeding rate reporting in literature, sample size was computed as

$$n = (1.96)^2 \times 0.67 \times (1 - 0.67) / (0.05)^2$$

The calculated sample size was 339.6, which was rounded off to 340 participants. The sample was allocated proportionally across the selected study area. A total of 340 mothers participated in the study, including 160 mothers from Jalandhar and 180 mothers from Chandigarh.

Inclusion criteria

- Mothers aged 18–45 years who had been residing in the study area for at least six months.
- Mothers having a child below one year of age.
- Mothers willing to participate in the study and provide informed consent

Exclusion criteria

- Mothers with a previously diagnosed psychiatric or cognitive disorder.
- Mothers who had delivered multiple babies.
- Mothers experiencing medical complications affecting infant feeding, or whose infants had medical conditions affecting feeding practices.
- Mothers who were not willing to participate in the study.

Data Variables

Information was collected regarding socio-demographic characteristics of the study participants including age, age at marriage, working status, socioeconomic status, delivery type, breastfeeding practices of mothers and breastfeeding outcomes. Information was collected

through face-to-face interviews using an interview questionnaire.

Statistical Analysis

Data collected through the structured questionnaire were checked for completeness, consistency, and accuracy before statistical analysis. Descriptive statistical methods including frequencies, percentages, means, and standard deviations were used wherever appropriate to summarize socio-demographic characteristics and breastfeeding practices among study participants. Breastfeeding indicators including early initiation of breastfeeding, pre-lacteal feeding practices, colostrum feeding, exclusive breastfeeding practices, and complementary feeding practices were analyzed using descriptive statistical techniques. Statistical analysis was performed using Statistical Package for Social Sciences (SPSS) version 26.0 was used for data analysis.

RESULTS

Study included 340 mothers, 160 from Jalandhar and 180 from Chandigarh. Selected socio-demographic characteristics of mother in two cities are shown in Table-1. The age distribution of the study participants (n=340) showed that the highest proportion of mothers belonged to the 30–35-year age group, 122 (35.9%), followed by the 25–29 years age group, 113 (33.2%) as. Mothers aged 18–21 years and 22–24 years constituted 48 (14.1%) and 47 (13.8%) of the study population, respectively, whereas only 10 (2.9%) mothers were aged above 35 years.

Among mothers from Jalandhar (n=160), the largest proportion belonged to the 30–35 years age group, 67 (41.9%), followed by 25–29 years, 49 (30.6%). The proportions of mothers aged 18–21 years and 22–24 years were 23 (14.4%) and 16 (10.0%), respectively. Mothers aged above 35 years accounted for 5 (3.1%) of the participants. Among mothers from Chandigarh (n=180), the highest proportion was observed in the 25–29 years age group, 64 (35.6%), followed by the 30–35 years age group, 55 (30.6%). Mothers aged 22–24 years constituted 31 (17.2%), while 25 (13.9%) belonged to the 18–21 years age group. Only 5 (2.8%) mothers were aged above 35 years. The findings indicate that the majority of participants in both study areas were within the 25–35 years age group, representing the predominant age range of mothers included in the study.

The distribution of study participants according to working status is also presented in this Table. Majority of mothers were non-working, 255 (75.0%), while 85 (25.0%) were engaged in paid employment. Among mothers from Jalandhar (n=160), 120 (75.0%) were non-working and 40 (25.0%) were working. Similarly, among mothers from Chandigarh (n=180), 135 (75.0%) were non-working and 45 (25.0%) were working. Overall, non-working mothers constituted the majority of the

study population 255 (75.0%), whereas working mothers accounted for 85 (25.0%). The distribution of working status was identical in both study areas. The age at marriage profile of the study participants showed that the highest proportion of mothers belonged to the above 35-year category, 122 (35.9%), followed by 18–21 years, 76 (22.4%) and 25–29 years, 71 (20.9%) as shown in the Table. Mothers reporting age at marriage between 30–35 years constituted the smallest group, 21 (6.2%). Among mothers from Jalandhar (n=160), the highest proportion was observed in the 25–29-year category, 47 (29.4%), followed by 18–21 years, 43 (26.9%) and 22–24 years, 35 (21.9%). A smaller proportion of participants reported age at marriage between 30–35 years, 18 (11.3%), and above 35 years, 17 (10.6%).

Among mothers from Chandigarh (n=180), more than half of the participants belonged to the above 35-year category, 105 (58.3%). The proportions of mothers reporting age at marriage between 18–21 years, 33 (18.3%), 25–29 years, 24 (13.3%), and 22–24 years, 15 (8.3%) were lower. Only 3 (1.7%) participants reported age at marriage between 30–35 years. The distribution of study participants according to delivery type (n=340) showed that 251 (73.8%) mothers had undergone normal vaginal delivery, whereas 89 (26.2%) had delivered through caesarean section.

Among mothers from Jalandhar (n=160), 115 (71.9%) reported normal vaginal delivery and 45 (28.1%) reported caesarean delivery. Similarly, among mothers from Chandigarh (n=180), 136 (75.6%) had normal vaginal delivery, while 44 (24.4%) had undergone caesarean section. Normal vaginal delivery constituted the predominant mode of delivery in both study areas. The distribution of delivery type was broadly similar between Chandigarh and Jalandhar, with approximately three-fourths of the mothers reporting normal vaginal delivery and about one-fourth reporting caesarean delivery.

Distribution of socioeconomic status varied across the two study cities as shown in Table-2. Among participants from Jalandhar, the majority belonged to lower middle socioeconomic status 61 (38.1%), followed by upper socioeconomic status 50 (31.3%) and upper middle socioeconomic status 44 (27.5%), whereas only 5 (3.1%) participants belonged to lower socioeconomic status. In contrast, among participants from Chandigarh, the majority belonged to lower socioeconomic status 91 (50.6%), followed by lower middle socioeconomic status 45 (25.0%). Comparatively fewer participants belonged to upper socioeconomic status 31 (17.2%) and upper middle socioeconomic status 13 (7.2%). Overall, participants belonging to upper middle and upper socioeconomic categories were more frequently observed in Jalandhar, whereas lower socioeconomic status participants were predominantly from Chandigarh.

Table 1: Distribution of Study Participants According to socio-demographic characteristics and clusters.

Age Group (years)	Jalandhar n%	Chandigarh n (%)	Total n (%)
18-21	23(14.4)	25(13.9)	48(14.1)
22-24	16(10.0)	31(17.2)	47(13.8)
25-29	49(30.6)	64(35.6)	113(33.2)
30-35	67(41.9)	55(30.6)	122(35.9)
Above 35	5(3.1)	5(2.8)	10(2.9)
Total	160(100.0)	180(100.0)	340(100.0)
Working Status			
Working	40(25.0)	45(25.0)	85(25.0)
Not Working	120(75.0)	135(75.0)	255(75.0)
Total	160(100.0)	180(100.0)	340(100.0)
Age at Marriage			
18-21	43(26.9)	33(18.3)	76(22.4)
22-24	35(21.9)	15(8.3)	50(14.7)
25-29	47(29.4)	24(13.3)	71(20.9)
30-35	18(11.3)	3(1.7)	21(6.2)
Above 35	17(10.6)	105(58.30)	122(35.9)
Total	160(100.0)	180(100.0)	340(100.0)
Delivery Type			
Normal	115(71.9)	136(75.6)	251(73.8)
Caesarean	45(28.1)	44(24.4)	89(26.2)
Total	160(100.0)	180(100.0)	340(100.0)

Table 2: Distribution of Study Participants According to Socioeconomic Status by City.

City	Lower	Lower Middle	Upper Middle	Upper	Total
Jalandhar	5	61	44	50	160
% within city	3.1%	38.1%	27.5%	31.3%	100.0%
% within socioeconomic	5.2%	57.5%	77.2%	61.7%	47.1%
Chandigarh	91	45	13	31	180
% within the city	50.6%	25.0%	7.2%	17.2%	100.0%
% within socioeconomic	94.8%	42.5%	22.8%	38.3%	52.9%
Total	96	106	57	81	340
% within city	28.2%	31.2%	16.8%	23.8%	100.0%
% within socioeconomic	100.0%	100.0%	100.0%	100.0%	100.0%

Breastfeeding behaviour among study participants showed variation across different infant feeding indicators. Early initiation of breastfeeding within one hour of birth was reported by 220 (64.7%) mothers, while 120 (35.3%) mothers-initiated breastfeeding after one hour. Prolactal feeding was practiced by 180 (52.9%) mothers, whereas 160 (47.1%) mothers reported not giving prolactal feeds. A total of 273 (80.3%) mothers provided colostrum to their newborns, while 67 (19.7%) mothers did not practice colostrum feeding. Exclusive breastfeeding was reported by 77 (22.6%) mothers, whereas 263 (77.4%) mothers did not exclusively breastfeed their infants.

With respect to complementary feeding, 128 (37.6%) mothers initiated complementary feeding at the recommended age, while 42 (12.4%) reported early initiation. Additionally, 170 (50.0%) participants were categorized as not yet started/not applicable at the time of the survey. Overall, the findings indicate relatively higher prevalence of early breastfeeding initiation and colostrum feeding, whereas exclusive breastfeeding practices remained comparatively low among the study participants.

Table 3: Breastfeeding Behaviour Outcomes among Study Participants.

Outcome variables	Category	Frequency (n)	Percentage (%)
Breastfeeding initiation	Within one hour	220	64.7
	After one hour	120	35.3
Prolactal feeding	Given	180	52.9
	Not given	160	47.1
Colostrum feeding	Given	273	80.3
	Not given	67	19.47

Exclusive breastfeeding	Practiced	77	22.6
	Not Practiced	263	77.4
Complementary feeding	Timely	128	37.6
	Early start	42	12.4
	Not started/N.A.	170	50.0

Breastfeeding practices demonstrated slight variation between study participants from Jalandhar and Chandigarh as shown in Table-4. Early initiation of breastfeeding was reported by 122 (67.8%) mothers from Chandigarh compared to 98 (61.3%) mothers from Jalandhar. Similarly, colostrum feeding was slightly higher among mothers from Chandigarh 146 (81.1%) than Jalandhar 127 (79.4%). In contrast, exclusive breastfeeding was reported more frequently among mothers from Jalandhar 42 (26.3%) compared to Chandigarh 35 (19.4%). Prelacteal feeding practices

were almost similar in both cities, being reported by 85 (53.1%) mothers from Jalandhar and 95 (52.8%) mothers from Chandigarh. Overall, only minor differences were observed across breastfeeding indicators between the two cities. Statistical analysis demonstrated no significant association between city of residence and breastfeeding initiation ($\chi^2 = 1.581$, $p = 0.209$), prelacteal feeding ($\chi^2 = 0.004$, $p = 0.949$), colostrum feeding ($\chi^2 = 0.161$, $p = 0.688$), or exclusive breastfeeding practices ($\chi^2 = 2.240$, $p = 0.135$).

Table 4: City- wise comparison of Breastfeeding Practices among study participants.

Outcome	Jalandhar n(%)	Chandigarh n(%)	P value
BF initiation (Within 1 hour)	98(61.3)	122(67.8)	0.209
Pre-lacteal feeding (Given)	85(53.1)	95(52.8)	0.949
Colostrum feeding (Given)	127(79.4)	146(81.1)	0.688
EBF practiced	42(26.3)	35(19.4)	0.135

Complementary feeding practices demonstrated slight variation according to city of residence among study participants as shown in Table-5. Timely initiation of complementary feeding was reported by 74 (41.1%) mothers from Chandigarh and 54 (33.8%) mothers from Jalandhar. Early initiation of complementary feeding was observed among 23 (12.8%) mothers from Chandigarh and 19 (11.9%) mothers from Jalandhar. A higher proportion of participants from Jalandhar 87 (54.4%) were categorized under “not yet started/not applicable” compared to Chandigarh 83 (46.1%).

Overall, complementary feeding practices were broadly comparable between the two cities, with only minor differences observed across feeding categories. Statistical analysis demonstrated no significant association between city of residence and complementary feeding practices ($\chi^2 = 2.432$, $p = 0.296$), indicating no statistically significant association between city and complementary feeding practices among study participants. Figure-1 depicts area specific breastfeeding rates based on survey findings. Whereas, Figure-2 depicts area specific complimentary feeding rates based on survey findings.

Table 5: City -wise comparison of Complementary Feeding practices among study participants.

City	Timely n (%)	Early start n (%)	Not Yet Started / N.A n (%)	Total	P value
Jalandhar	54(33.8)	19(11.9)	87(54.4)	160(100.0)	
Chandigarh	74(41.1)	23(12.8)	83(46.1)	180(100.0)	
Total	128(37.6)	42(12.4)	170(50.0)	340(100.0)	0.296*

*Not statistically significant

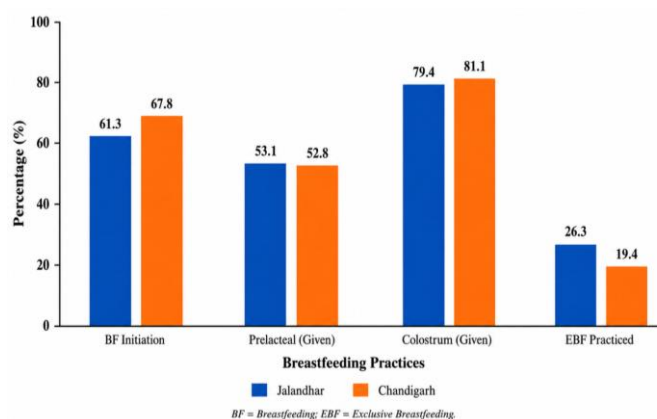


Figure 1: City -Wise Comparison of Breastfeeding Practices Among Study Participants (%).

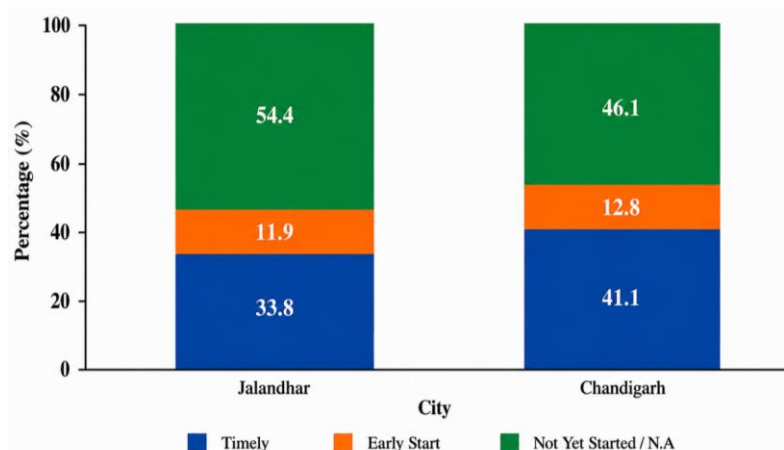


Figure 2: City-wise comparison of complementary feeding practices among study participants (Jalandhar vs Chandigarh) (%).

DISCUSSION

The present study was conducted to assess breastfeeding practices of 340 mothers from selected urban areas of Chandigarh and Jalandhar. The study evaluated breastfeeding indicators including breastfeeding initiation practices, prelacteal feeding, colostrum feeding, exclusive breastfeeding, and complementary feeding. The findings demonstrated that breastfeeding initiation within one hour of birth was observed among a substantial proportion of participating mothers, indicating comparatively favourable adherence to recommended breastfeeding initiation practices. Colostrum feeding practices were also comparatively encouraging within the study population. However, prelacteal feeding remained prevalent among participants, indicating persistence of traditional feeding behaviours and highlighting opportunities for strengthening breastfeeding awareness. Exclusive breastfeeding prevalence remained comparatively low, suggesting gaps in adherence to recommended infant feeding guidelines. Complementary feeding practices indicated the need for continued strengthening of infant and young child feeding education initiatives.

Comparison of the two study areas showed some variation across different breastfeeding and infant feeding indicators. Early initiation of breastfeeding was reported by 122 (67.8%) mothers in Chandigarh compared to 98 (61.3%) mothers in Jalandhar. Colostrum feeding was also slightly higher in Chandigarh, where 146 (81.1%) mothers practiced colostrum feeding, compared to 127 (79.4%) mothers in Jalandhar. Timely initiation of complementary feeding was reported by 74 (41.1%) mothers in Chandigarh and 54 (33.8%) mothers in Jalandhar. In contrast, exclusive breastfeeding was more prevalent among mothers from Jalandhar, where 42 (26.3%) mothers practiced exclusive breastfeeding compared to 35 (19.4%) mothers in Chandigarh. Prelacteal feeding practices remained common in both cities and showed minimal variation, being reported by 95 (52.8%) mothers in Chandigarh and 85 (53.1%) mothers in Jalandhar. Overall, among mother in

Chandigarh relatively better performance was found with respect to early initiation of breastfeeding, colostrum feeding, and timely complementary feeding practices, whereas among mother in Jalandhar, comparatively better exclusive breastfeeding rate was observed. However, the differences observed between the two cities were not statistically significant.

The present study observed that 64.7% of mothers initiated breastfeeding within one hour of birth, while delayed initiation was observed among 35.3% participants. Early initiation of breastfeeding is an important component of infant feeding because it promotes early mother–infant contact and supports neonatal nutrition. Higher early initiation rates were observed in the present study compared to earlier studies.^[18,19,20,21,22] Comparable findings were reported by Kumar D et al. (2006) and Pradhan and Sobti (2023).^[23,24] Variations across studies may be related to differences in study settings, maternal characteristics, healthcare services, and infant feeding practices.

The present study observed prelacteal feeding prevalence of 52.9%, indicating persistence of traditional feeding behaviours despite breastfeeding recommendations discouraging administration of substances other than breast milk during the neonatal period. The prevalence observed in the present study was comparatively higher than 19.0% and 40.0% reported in earlier studies.^[18,23] Some studies demonstrated substantially higher prevalence.^[19,20] Findings remained relatively comparable with 50.6% 55.7% reported in earlier studies.^[24,25]

The study reported colostrum feeding among 80.3% of mothers. Comparable findings were observed by 81.0%, 84.1%), and 84.7%.^[17,22,24] Lower prevalence rates were reported 49.4%), 36.3%, and 73%.^[18,19,23] Exclusive breastfeeding prevalence observed in the present study remained comparatively low (22.6%), indicating substantial gaps in adherence to recommended infant feeding practices. The prevalence observed was lower

than Kalia M et al. (2024) (94.6%), Singh G et al. (2020) (65.5%), Kaur K et al. (2024) (74%), Ahuja A et al. (2023) (53%) and Pradhan and Sobti (2023) (52.6%), and.^[17,18,19,21,23] However, findings remained comparable with Kumar D et al. (2015) (23.1%) and Nagar SK et al. (2025) (27.1%).^[20,24]

The present study reported timely complementary feeding among 37.6% of mothers. Comparatively higher prevalence was observed by Kalia M et al. (2024) (46.6%). Singh G et al. (2020) (93.8%), Nagar SK et al. (2025) (53.8%), and Kumar D et al. (2015) (53.1%).^[17,18,20,22] Differences in breastfeeding outcomes may be related to variation in cultural practices and study population characteristics.

Following table presents comparative overview of Comparison of Present Study Findings with Previous Literature

Study	BF Initiation	Prelacteal	Colostrum	EBF	CF
Present study	64.7%	52.9%	80.3%	22.6%	37.6%
Kalia et al. (2024)	2.3%	19.0%	81.0%	94.6%	46.6%
Nagar SK et al. (2025)	36.8%	NR	NR	27.1%	53.8%
Singh et al. (2020)	2.3%	76.8%	49.4%	65.5%	93.8%
Pradhan & Sobti (2023)	54.8%	50.6%	36.3%	52.6%	NR
Ahuja et al. (2023)	30.7%	NR	NR	53.0%	NR
Kumar et al. (2006)	58.9%	40.0%	84.1%	NR	NR
Kumar et al. (2015)	NR	55.7%	84.7%	23.1%	53.1%
Kaur et al. (2024)	3.0%	82.0%	73.0%	74.0%	NR

Strengths

The study assessed multiple key indicators of breastfeeding and infant feeding practices, including early initiation of breastfeeding, prelacteal feeding, colostrum feeding, exclusive breastfeeding, and complementary feeding, thereby providing a comprehensive assessment of infant feeding behaviours among the study population. The inclusion of mothers from urban communities in both Chandigarh and Jalandhar also enabled comparison of breastfeeding practices across two different urban settings, enhancing the contextual relevance of the findings.

Limitations

The study was conducted in selected urban areas of Chandigarh and Jalandhar; therefore, the findings may have limited generalizability to other geographical areas and populations. Data on breastfeeding and infant feeding practices were based primarily on participants' self-reported responses and may have been affected by recall or reporting bias. The cross-sectional design limited the ability to assess changes in breastfeeding and infant feeding behaviours over time and precluded the establishment of causal relationships between associated factors and feeding practices. In addition, certain cultural, behavioural, socioeconomic, and contextual factors influencing infant feeding practices may not have been fully explored. Availability of eligible mothers for interviews was occasionally limited because of household responsibilities and work commitments, requiring repeated visits in some cases.

CONCLUSION

Overall, the findings of the present study showed regional variations across different breastfeeding indicators indicating socio-cultural constructs affecting breastfeeding practices of mothers which need to be investigated further. Early initiation of breastfeeding and

colostrum feeding were reported by a majority of mothers, whereas prelacteal feeding remained common and exclusive breastfeeding prevalence was comparatively low. These findings highlight the importance of continued efforts to promote recommended infant and young child feeding practices within the study population. Future longitudinal studies involving larger and more diverse populations are warranted to provide a broader understanding of the determinants and evolution of breastfeeding and infant feeding practices.

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