Original Article

Barriers in exclusive breastfeeding encountered by mothers in urban slum area of a metropolitan city

Zil Gala, Sonal Shetye, Deepika M. Sadawarte, Mrunali Autade

Department of Community Medicine, Seth G.S Medical College and KEM Hospital, Parel, Mumbai, India

Abstract

Background: Breastfeeding is considered the most important source of nutrients for the baby. But owing to ignorance, lack of education, and cultural norms, exclusive breastfeeding (EBF) is not done by majority of the mothers. Hence, this study is carried out to determine various barriers faced by the mothers that influenced their decision on EBF. **Methods:** A descriptive qualitative study was conducted among the mothers whose children were less than 1 year of age visiting a well-baby clinic and Immunisation OPD of Urban Health Centre catering to the Urban Slum of Malvani in the Metropolitan city of Mumbai. In-depth interviews (IDIs) were done with 17 participants from August to November 2022. Thematic analysis was conducted on the qualitative data obtained. **Results:** Four major themes were generated from the transcripts. They are –barriers and concerns faced by mothers to exclusively breastfeed, enablers/motivators, sources of knowledge regarding EBF, and breastfeeding practices. Various barriers faced by mothers were gaps in knowledge, maternal Illness, religious reasons, inadequate milk production, bias toward top feeds, lack of autonomy to take decisions, and cultural norms, while positive family support, good knowledge about breastfeeding, and a supportive home environment motivated mothers to exclusively breastfeed their infants. Sources of knowledge were identified to be doctors and health care workers, mothers/mothers-in-law, sisters, friends, and social media. **Conclusions:** There are various challenges as well as motivators identified for EBF. Barriers, such as gaps in knowledge, and the negative influence of social media can be improved upon by health education. Therefore, it is crucial to teach expectant mothers as well as families about breastfeeding. Additionally, we advise stepping up public health education initiatives to support breastfeeding.

Keywords: Exclusive breastfeeding, maternal and child health, urban slum

Introduction

Exclusive breastfeeding (EBF) is defined as giving only breast milk to the infant, without any additional food or drink, not even water in the first 6 months of life, except mineral supplements, vitamins, or medicines.[1] Breast milk is the best source of nutrition to offer to newborn babies which is uniquely tailored to meet all the nutritional needs of human babies for the first 6 months of life.[2] The nutrients of breast milk are present in proper balance and are provided in bio-available and easily digestible forms.[3] Breastfeeding protects infants against allergies, sickness and obesity, diabetes, cancer, and various childhood infections like ear infections.[4] Breastfeeding supports healthy brain development and is associated with higher performance on intelligence tests among children and adolescents.[5] Therefore, EBF is considered an important intervention in preventing childhood deaths. In mothers, breastfeeding has been shown to decrease the frequency of hemorrhage, postpartum depression, breast cancer, and ovarian and endometrial cancer as well as facilitate weight loss.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend initiation of breastfeeding within the first hour after birth, exclusively breastfeeding for the

Address for correspondence: Dr. Deepika M. Sadawarte, Department of Community Medicine, Seth G.S Medical College and KEM Hospital, Parel, Mumbai - 400 012, India.
E-mail: ameyadeep7@gmail.com

Received: 16-06-2023 **Revised:** 19-07-2023
Accepted: 11-08-2023 **Published:** 21-11-2023

Access this article online

Quick Response Code:

Website: http://journals.lww.com/JFMPC

DOI: 10.4103/jfmpc.jfmpc_990_23

How to cite this article: Gala Z, Shetye S, Sadawarte DM, Autade M. Barriers in exclusive breastfeeding encountered by mothers in urban slum area of a metropolitan city. J Family Med Prim Care 2023;12:2690-5.

first 6 months of age, and continuation of breastfeeding for up to 2 years of age or beyond in addition to adequate complementary foods.[6] The World Health Assembly (WHA) has set a global target to increase the rate of EBF for infants aged 0–6 months up to at least 50% in 2012–2025. Adherence to these guidelines varies globally, only 38% of infants are exclusively breastfed for the first 6 months of life.[7]

Many women think breastmilk is inadequate for the child, while others suffer from various illness to continue breastfeeding for long hours. In addition, various social and cultural factors determine breastfeeding practices in women. Several factors like the education of the women, working status, socio-economic status, and the number of children impact breastfeeding practices. Many women have no guidance on the correct breastfeeding techniques which leads to less milk production; hence, breastfeeding is stopped and formula-based milk or cow's milk is started.

Therefore, it is important to sort out the local factors that influence EBF to implement strategies and interventions that could speed up the government efforts in improving EBF trends among mothers having infants aged 0–6 months.

EBF is practiced in only 38% of infants. Many factors can be starting the complementary feeding or formula-based milk in the baby. Some women think the nutritional value of breast milk is less than that of cow's milk or formula-based milk. Some educated women have misconceptions that formula-based milk is healthier because of promotion by the food industry. Many cultural and traditional practices or influences from the mother-in-laws and other family members compel women to start early complementary feeding. Some women are not advised on the proper methods of breastfeeding like positions and attachment.

Hence, this study is carried out to determine various barriers faced by the mothers which influenced their decision on EBF. In this study, we found out the knowledge about breastfeeding practices among the mothers as well as the attitude of mothers regarding EBF. This study gives us the themes that can be focussed upon for achieving EBF for which very minimal literature is available.

Material and Methods

This qualitative study using IDIs was conducted in an Urban Health Centre in Mumbai, Maharashtra, India from August to November 2022. Ethical approval was obtained from the Institutional ethics committee. The ethical approval number is EC/OA-102/2022. Mothers attending immunization clinics/ well-baby clinics were interviewed by purposive sampling. Mothers of children aged less than 1 year and more than 6 months were considered in this study. Data was saturated after 17 IDIs. The duration of the study was 3 months for which ethical approval was taken before the start of the study from the Institutional Ethical Committee. All interviews were conducted face-to-face by the Investigators. The privacy of the mother was ensured by taking the interview in a separate room. There was no interference faced during any of the interviews. Confidentiality and anonymity were assured for each participant. Written informed consent was taken from each participant. Interviews were audio recorded after collecting baseline data. No incentives were provided to any participant. Each interview lasted for about 30–40 minutes. No repeat interviews were conducted. The transcripts were prepared based on the notes of the IDI and audiotapes. Thematic analysis of the transcripts was done. It was coded using the Microsoft Word comment feature. A predominant deductive approach was used to code the IDI transcripts. Both de novo and in vivo types of codes were used. Relationships between codes were identified. Themes and categories were drawn from it.

Results

A total of 17 IDIs were conducted. The ages of 17 mothers ranged from 22 to 35 years. The majority of the mothers were Muslims (n = 12,70.5%) while five were Hindus (29.5%). All the mothers (100%) were housewives. The maximum education of the participants was till the 12th class. Most of the participants lived in a three-generational family or with an extended family (n = 13, 76.5%) while the rest (23.5%) were in a nuclear family.

Thematic analysis of the transcripts led to the development of three major themes.

Theme 1: Barriers and concerns faced by mothers to exclusively breastfeed – Certain barriers are faced by mothers owing to their role in the family and the overall attitude of the mother. The major categories under this theme are explained in Table 1.

Theme 2: Enablers/Motivators – Certain factors helped the mothers to continue EBF despite the challenges. The major categories under this theme are explained in Table 2.

Theme 3: Sources of Knowledge regarding EBF: Breastfeeding knowledge is imparted by various sources. The major categories under this theme are explained in Table 3.

Theme 4: Breastfeeding practices: Practices regarding breastfeeding influence EBF. These practices give insight into the attitude of mothers regarding breastfeeding. The major categories under this theme are explained in Table 4.

The study revealed various themes which should be concentrated upon while designing health education material for EBF.

Discussion

This study revealed the various barriers encountered by mothers to exclusively breastfeed their children.

Some of our study findings regarding the barriers in EBF resonate with those made by prior qualitative studies. Studies

Table 1: Categories and description under Theme 1: Barriers and concerns faced by mothers to exclusively breastfeed

Categories	Description	Verbatim
Health education by HCW after delivery	Due to less manpower, the staff and doctors are busy demonstrating advice regarding breastfeeding to every woman.	"*No doctors or sisters gave demonstration regarding correct feeding position and to exclusively breastfeed the baby."* (PID 1)
Knowledge gap	While mothers knew about exclusive breastfeeding, there were knowledge gaps persistent. Due to a low level of education and ignorance, mothers generally remain unaware of exclusive breastfeeding. Some mothers were having their first pregnancy and they were unprepared for delivery, post-partum care, and breastfeeding.	*"I am not a doctor, we were told to give breastmilk by elders, so I gave fed, but I dint know how long to give only breastmilk*" (PID 3) "*It was my first pregnancy; I was very scared and anxious; I did not know how to properly breastfeed. I was too shy to ask male doctors when they came for rounds…"*
Maternal Illness	Mothers usually when sick feel they would transmit the infection to the baby which scared them to breastfeed the baby. Cracked nipples or engorged breasts would often be one of the reasons that mothers are not able to breastfeed their babies.	*"…I would give my baby buffalo milk when I had a cold to prevent baby from getting sick…"* (PID 5) *"…I had a cough since the delivery, so after breastfeeding for some days I stopped breastfeeding, I feared I had TB as I had it in the past. After which I started the baby on formula milk and continuing that as my milk production has stopped now…"*
Religion	In some religions, mothers would fast for a month. In such times, breastfeeding the baby would increase her appetite and would break her fast. So, they often start babies on cow's milk when fasting.	*"I would often give my baby cow's milk during Ramzan month as breastfeeding would make me hungry and I cannot eat due to religious reasons…"* (PID 1)
Inadequate milk production	Many mothers think they have inadequate milk and the baby is hungry despite breastfeeding. More often, these mothers are not attaching the baby properly, or it's their perception that the baby is hungry. This remains one of the major reasons to start with top feed or cow's milk.	*"I would feed my baby buffalo milk as my milk wasn't sufficient for the baby. Baby used to cry even after feeds."* (PID 7)
Top feed	Mothers started babies on top feeds advised by family doctors or by themselves under the context that it is healthier and would lead to weight gain. Mothers perceived that formula milk was more nutritious than breast milk.	"*I started the baby on lactogen because he was not able to gain weight at 4 months..."* (PID 10) *"formula-milk satisfied the baby as baby slept calmly after having formula-milk while cried after breastmilk. I feel formula-milk relived hunger of baby and makes him healthy"* (PID 7)
Cultural Norms	In some cultures, colostrum is not fed to the babies as it would cause harm to the baby, which leads to a delay in the initiation of breastfeeding. Cow's milk diluted in water was given instead. In some cultures, it is widely prevalent to give ghutti or traditional medicines to the baby or some kind of pre-lacteal feed which would delay breastfeeding.	*"...my family did not allow me to breastfeed the baby for the first 3 days as its inauspicious to give thick milk. He was started on cow's milk for that duration..."* "*…my baby was delivered in the village after delivery the baby it is the custom in our village to not give breastmilk for 4 days and start the baby with Ghutti (a form of unani/ayurvedic medicine) in water. This was given to the baby 4-5 times a day. It contains vitamins and nutritious medicines which are said to be healthy for the baby..."* "*…in our culture, it is said to feed honey to the baby before giving breastmilk, it is considered lucky..."*
Decision-making	In some families, the decision to feed the child is by the grandmother or husband, and the mother has no role in the decision related to the child. Sometimes, family members would introduce the foods while caring for the child when mothers are trying to exclusively breastfeed.	*"My mother-in-law was adamant about feeding the baby with solid foods at 4 months of age, even against the doctor's advice. She said she has raised so many children, and she knows better…"*

conducted in a variety of cultural contexts and situations have consistently revealed the perceived insufficiency of breastmilk as one of the major barriers. Hidden worry regarding the inadequate milk supply was discovered in the present study. Same findings could be seen in the qualitative study conducted in Mumbai region by Ramani *et al*.[8]

EBF was hindered by the mother's busy schedule with domestic duties and household chores with no support from other family members. Similar findings were demonstrated in a study conducted by Dhammika BLK *et al*.[9] in Sri Lanka. The assistance of family members, such as husbands and mother-in-laws, was crucial for women as they attempted to overcome these obstacles. Importance of the role of support of fathers in breastfeeding can be seen in a study conducted by Giugliani *et al*.[10] which also supports our study findings. Although most of the mothers resided in three-generational family units, this did not ensure their access to social and emotional support. Mothers who lived in large extended families, especially with their husband's families, noted complicated family dynamics, more home obligations, restrictions on their decision-making abilities, and stress from family conflicts, which in turn created barriers to EBF. Similar findings of decision-making were seen in the study by Athavale P *et al*.[11]

Many mothers experienced barriers such as less knowledge, ignorance, low self-confidence, and support from family members. This can also be seen in other similar studies by

Table 2: Categories and description under Theme 2: Enablers/Motivators

Categories	Description	Verbatim
Family support	Support and help in household chores from family, especially mother-in-law and husband. The main support was provided by the mother-in-law by managing cooking, cleaning, and taking care of the child such as bathing, etc., and not insisting on the daughter-in-law for household chores while breastfeeding.	"*My mother-in-law encouraged me to breastfeed and took care of the household chores when I was breastfeeding...*" (PID 6) *"My husband always encouraged me to breastfeed as breast milk is healthy for the baby..."* (PID 2)
High knowledge of exclusive breastfeeding and perceived benefits	In the families, where after delivery mothers and mother-in-laws were imparting knowledge and advice for exclusive breastfeeding, this created a positive influence. Those mothers were taught and supported by their families in case of difficulties encountered while breastfeeding. Mothers knew about the benefits of breastfeeding generally and exclusive breastfeeding specifically.	*"... my mother in law always stressed on breastmilk and discouraged me from giving water, cow's milk or food till 6 months..."* (PID 1) *"...formula-based milk or cow's milk gives the baby diarrhea whereas breastmilk is nutritious enough to fulfill the hunger of the baby"* (PID 4) *"Baby who is breastfed becomes stronger, has good immunity and is healthier compared to other babies"* (PID 6)
Home Environment	Family members support in taking care of the baby. Grandparents usually took care of the baby when the mother was working or sleeping. Other members would play with the baby to give the mother time to rest.	"*…my mother-in-law would dress and oil the baby and brother-in-law would play with the baby so I can finish some housework and rest...*" (PID 4)
Financial Benefit	Breastmilk is easily available and free of cost, compared to feeding formula-based milk which is heavy on the pockets of low- and middle-income households.	"*My husband has a low income and we cannot afford expensive formula milk. Breast milk fulfills the hunger of the baby whenever needed and can be given anywhere. There is no preparation needed like that of formula milk*" (PID 4)

Table 3: Sources of knowledge regarding exclusive breastfeeding

Categories	Description	Verbatim
Mother and mother-in-law	As most women spent their postpartum in their maternal home, there are generally guided by their mothers regarding breastfeeding. Some women received their knowledge from their mother-in-laws during antepartum and delivery.	*"I heard about exclusive breastfeeding from my mother and mother-in-law, they were persistent in feeding breastmilk to the baby as its healthy and fulfills the nutrition requirement..."* (PID 4)
Doctors and staff nurses	Women are generally counselled by doctors and staff nurses regarding exclusive breastfeeding during ANC visits as well as post-delivery while in the hospital. They are helped on the first day with proper positioning and latching by staff nurses and doctors. They are also corrected if breastfeeding is difficult.	*"Doctor told me I should give breastmilk immediately after birth. Nurses helped me position the baby correctly when I was not able to, and the baby was taking milk adequately after attaching to breast…"* (PID 10) *"...Nurses while discharge advised me to continue breastfeeding for 6 months. Not to give food or water to the baby…"* (PID 7)
Friends, Sisters (of the same generation)	Most of the time friends and sisters who are of the same generation are thought to be of important source of knowledge. They can positively or negatively influence the mother. They have a particularly high level of trust in friends and sisters or females of the same generation.	*"…My friend had given colostrum to the baby and she told its healthy, so I also fed my baby colostrum."* (PID 8) *"…my sister's baby was started with formula milk after which the baby started gaining weight and is now golu-molu, I also want my baby to be healthy, so I have asked my husband to get the same product..." (PID 7)*
Internet	In times of modernization and social media, many mothers follow so-called "Mom bloggers" who influence the mothers. Some accounts do impart good knowledge regarding how to breastfeed and take care of the child while others simply advertise formula milk.	*"Nowadays we get all the knowledge from YouTube, I don't have a mother who stayed with me, and my mother-in-law lives in the village so I get information from the bloggers on YouTube. They suggest good products for the baby and how to prepare them..."* (PID 7)

Athavale P *et al.*, Choudhry UK *et al.* and Raman S *et al.*[11-13] In the current study, it was seen that cow's milk and top-feeds were offered to babies early because many women believed they couldn't produce enough breastmilk, the outcomes were consistent with the breastfeeding obstacles found in a study that was carried out in Mumbai, India where 99 women were interviewed by researchers at Mumbai's KEM Hospital in 2004 to assess postpartum infant feeding practices by Parekh C *et al.*[14]

In the present study, it appeared that many mothers thought that providing formula milk while the mother was busy was a good idea, and a lack of understanding of expressed breast milk may be the likely cause of this. Similar finding was seen in the study by Ratnayake HE *et al.*[15] which also had similar findings of poor knowledge and attitude of the mother toward EBF.

The present study also reveals that supplementary foods like rice porridge and diluted cow's milk are introduced to infants before the age of 6 months, sometimes even as early as 2 or 3 months. This is also found concurrently with the case studies done by Gupta *et al.*[16]

In the study conducted by Ratnayake *et al.*[15] it was seen that over 50% of the mothers received advice to start other feeds early from family members and 12% received it from healthcare professionals. In the present study, we found that there was good knowledge among family members to advice on the feeding of

Table 4: Breastfeeding practices

Categories	Description	Verbatim
Initiation of Breastfeeding	Some women started breastfeeding within an hour, while others who had any maternal or fetal outcomes such as a mother who had undergone LSCS had delayed initiation of breastfeeding.	*"I gave my baby milk within one hour of delivery, sister handed me the baby immediately and taught me to breastfeed, baby easily started sucking as soon as she was attached to breast"* *"I couldn't breastfeed my baby due to cesarean section, my breast milk dint comes out easily so doctors started the baby on formula milk. So for 3-4 days, the baby was given formula milk after that I started breastmilk"*
Duration of exclusive breastfeeding	Some women breastfed up till 6 months of age exclusively while others only for 3 months. Some of them started with the top feeds and discontinued later while some after starting solid foods and top feeds, did not begin breastmilk at all.	*"I started on cows' milk at 4 months of age and continued breastfeeding after that to fulfill babies' hunger..."* *"…when I was sick, my baby was started with top-feeds and after that my breast milk production stopped, so I continued with top-feeds after that…"*
First item introduced	Mothers usually introduce the baby to water first. During summer months, some women believe breastmilk won't relieve the thirst of the baby. Next is generally cow's milk diluted in water.	*"…during the summer months, I started with water to the baby, if I am thirsty baby is also thirsty, so I felt water should be given…"*
Commonly introduced food	Mashed rice or porridge was generally introduced before 6 months as mothers feel the child is often ready. When feeding child feels full and sleeps better which prompts the mother to introduce semi-solid foods before 6 months.	*".doctors said to not give any food to baby before 6 months but my mother-in-law insisted that nothing happens and we started the baby with rice porridge by 5 months of age…baby feels content with rice and is not hungry for a long time"* (PID 8)

the child whereas health education after delivery by professionals was less due to lack of time and manpower that may be due to more number of deliveries conducted in tertiary care settings.

Cultural norms highly influence breastfeeding. "Hot and cold" foods, food avoidance, a restricted diet after childbirth, and spending time in isolation for a while due to childbirth's polluting consequences are the key cultural practices surrounding lactation and breastfeeding in India as found in the study by Bandyopadhyay *et al.*[17] Similar findings were seen in the present study. Traditional medicines such as ghutti and pre-lacteal feeds are given to the baby prevalently as seen in the present study and which corroborates with the study by Bandyopadhyay *et al.*[17]

Recommendations

The present study gave major themes from the mothers' narratives about EBF which can be used to focus and modify programs aimed at mother and child health, including support from family. It is recommended to incorporate breastfeeding-friendly environments into city development plans for the availability of places to feed such as "Hirkani Kaksh" in hospitals. Health education and awareness programs at the primary care level should be strengthened. The efforts should be made along with the grassroots workers to spread awareness and benefits of EBF. It is important to strengthen the involvement of family members in health education sessions. Families that do not attend health education programs should receive extra attention from community health workers during home visits. We recommend that ANC clinics or immunization clinics where mothers often visit can display health information about expressing breast milk, and it may also be included in the mother–child protection card.

Families (not just mothers) need additional information about what kinds of meals to offer their babies when they start introducing solid foods and liquids at 6 months, in addition to delaying those introductions after 6 months.

Programs and breastfeeding interventions that penetrate rural communities and urban slums across the nation are urgently needed to address the practice of withholding the breastfeeding after birth, throwing away priceless colostrum, and feeding the newborn pre-lacteal feeds.

Conclusion

Barriers such as gaps in knowledge, family support, and the negative influence of social media, which are found in the study, can be improved upon by health education. Therefore, it is crucial to teach expectant mothers as well as families about breastfeeding. Stepping up public health education initiatives to support breastfeeding is most eminent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. WHO | Breastfeeding. WHO. 2018. Available from: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/. [Last accessed on 2022 May 25].
2. Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, Eidelman AI; American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics 2005;115:496-506. doi: 10.1542/peds.2004-2491.
3. DC J, R L. Position of the American Dietetic Association: Promoting and supporting breastfeeding. J Am Diet Assoc 2009;109:1926–42.
4. Why is Breastfeeding Important for your Baby?. Available from: https://www.health.ny.gov/prevention/nutrition/wic/breastfeeding/importance.htm. [Last accessed on 2022 May 25].

5. Victora CG, Horta BL, de Mola CL, Quevedo L, Pinheiro RT, Gigante DP, *et al.* Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: A prospective birth cohort study from Brazil. Lancet Glob Heal 2015;3:e199–205.
6. Breastfeeding: A mother's gift, for every child - UNICEF DATA. Available from: https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/. [Last accessed on 2022 May 25].
7. Global nutrition targets 2025: Policy brief series. Available from: https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2. [Last accessed on 2022 May 25].
8. Ramani S, Shaikh N, Das S, Pantvaidya S, Fernandez A, Jayaraman A. Everybody breastfeeds if they have milk": Factors that shape exclusive breastfeeding practices in informal settlements of Mumbai, India. Int Breastfeed J 2019;14:10.
9. Dhammika BLK, Gunawardena NS. Knowledge, practices and concerns regarding exclusive breastfeeding for six months among mothers of infants in a suburban setting in sri lanka. Sri Lanka J Child Heal 2012;41:9–14.
10. Giugliani ERJ, Bronner Y, Caiaffa WT, Vogelhut J, Witter FR, Perman JA. Are fathers prepared to encourage their partners to breast feed? A study about fathers' knowledge of breast feeding. Acta Paediatr 1994;83:1127–31.
11. Athavale P, Hoeft K, Dalal RM, Bondre AP, Mukherjee P, Sokal-Gutierrez K. A qualitative assessment of barriers and facilitators to implementing recommended infant nutrition practices in Mumbai, India. J Heal Popul Nutr 2020;39:1–12.
12. Choudhry UK. Traditional practices of women from India: Pregnancy, childbirth, and newborn care. J Obstet Gynecol Neonatal Nurs 1997;26:533–9.
13. Raman S, Srinivasan K, Kurpad A, Razee H, Ritchie J. "Nothing special, everything is maamuli": Socio-cultural and family practices influencing the perinatal period in urban India. PLoS One 2014;9:e111900.
14. Parekh C, Bavdekar SB, Shaharao V. Study of infant feeding practices: Factors associated with faulty feeding. J Trop Pediatr 2004;50:306–8.
15. Ratnayake HE, Rowel D. Prevalence of exclusive breastfeeding and barriers for its continuation up to six months in Kandy district, Sri Lanka. Int Breastfeed J 2018;13:1–8.
16. Gupta V, Downs SM, Ghosh-Jerath S, Lock K, Singh A. Unhealthy fat in street and snack foods in low-socioeconomic settings in India: A case study of the food environments of rural villages and an urban slum. J Nutr Educ Behav 2016;48:269-79.e1.
17. Bandyopadhyay M. Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. Int Breastfeed J 2009;4:1–8.