

# Knowledge and Practices of Breastfeeding among Mothers in Mechinagar

Rita Koirala<sup>1</sup>

Jiban Mani Paudel, PhD\*<sup>2</sup>

## Abstract

*Although breastfeeding is a universal practice, it varies across social, economic, cultural, and educational variables in society. In this context, this paper explores knowledge and practices of breastfeeding among the mothers (N=132) in two culturally different groups, namely hill-origin and Tarai-origin, who live in Mechinagar, a village of the eastern Tarai of Nepal. This study was carried out based on mixed methods in which data were collected through Individual Survey (IS), Key Informant Interview (KII), and Focus Group Discussion (FGD). The findings of the study show that the knowledge of and behavior of breastfeeding among mothers are influenced and shaped by socio-demographic, cultural, and health-related factors, such as – caste and ethnic backgrounds, occupation, age, the birth interval between children, education, social belief, cultural values, etc. Consequently, the mother is not a homogeneous group, but rather a more diverse group that demands the concept of social heterogeneity for a better understanding of breastfeeding knowledge and behaviors in a diverse society. It will help to develop appropriate maternal educational programs to improve breastfeeding practices in society.*

**Keywords:** Breastfeeding, knowledge, practices, mothers, socio-demography

## Introduction

Breastfeeding is a practice in which mothers feed the baby with milk from their breast that benefits both mother and baby (WHO 2008). The early suckling stimulates breast milk production and facilitates the release of oxytocin, which helps the contraction of the uterus and reduces post-partum blood loss to the mother (NDHS 2006). Breast milk contains colostrum which is highly nutritious and has antibodies for protection for the newborn baby from different kinds of diseases (Labbok 2001;

---

<sup>1</sup>Koirala, is currently associated with Mantra Education & Researches as a researcher.

<sup>2</sup>\*Dr Poudel is the corresponding author of this article, a lecturer at Central Department of Anthropology, Tribhuvan University. Email: [jiban.poudel@cda.tu.edu.np](mailto:jiban.poudel@cda.tu.edu.np).

## Knowledge and Practices of Breastfeeding among Mothers in Mechinagar

NDHS 2006; Sattari et al. 2019). It is considered the most cost-effective intervention for reducing childhood mortality and morbidity (WHO 2008; Ulak et al. 2012). Early initiation of breastfeeding also fosters the social bonds between mother and child (NDHS 2006).

The breastfeeding practice is common in the world including Nepal. It is a subject matter of health sciences and social sciences, including population studies. Demographers are more concerned with the study of population dynamics like migration, fertility, and mortality (Shryock & Siegel 2004; Bhande & Kanikar 2004), and the latter two components are rested on breastfeeding behaviors. Among many other short-term, medium, and long-term benefits of breastfeeding, there is a low chance of pregnancy among mothers who feed their breast milk to their children for a long time (Labbok 2001 & Sattari et al. 2019). In this way, fertility behavior and breastfeeding practices are interconnected to each other. Therefore, it is one of the important subject matters of population studies.

Breastfeeding is a social norm and practiced universally. Socio-demographic variables such as age, occupation, caste and ethnicity, and mothers' education have relations with breastfeeding practices that enhance the survival rate of children by reducing morbidity and mortality. Properly breastfed infants grow better and experience less sickness and fewer deaths than other infants who are not breastfed (El-Kariri and Kanoa 2007). Each year, it saves about six million infant lives by preventing diarrhea and acute respiratory infection (John 2005).

Nepal is a multi-caste and ethnic country having diverse cultural practices (Bista 1972; Sharma 2008). The cultural values of the society also influence the breastfeeding behavior among mothers (Benett 1976; Paneru 1981; Zeitlyn & Rawshan 1997; NDHS 2006; Aryal 2005 & 2007; Daglas & Antoniou 2012; Ulak et al. 2012). Hence, feeding breast milk is also a sociocultural phenomenon rather than nutritious and anti-biotic values for the growth of a child and protection from various diseases (Paneru 1981; Zeitlyn & Rawshan 1997; Paudel 2022). Therefore, different cultural groups in a society have different perceptions of it (El-Kariri and Kanoa 2007). It is, therefore, not only a subject matter of health or medical sciences but also an

interesting issue for population studies. In this context, this paper explores the knowledge and practices of breastfeeding among the hill-origin and Tarai-origin mothers who live in Mechinagar, a village of the eastern Tarai of Nepal by linking it with caste and ethnicity, occupation, and educational backgrounds of mothers.

### **Methods and Study Area**

This study was carried out as a part of a master's degree in population studies in 2011. The study was conducted among breastfeeding mothers in Mechinagar, Jhapa district which was selected purposively.

Both qualitative and quantitative data were collected during the study. Quantitative data were collected from IS from 69 Tarai-origin mothers (Rajbansi, Kisan, & Danuwar) and 63 hill-origin mothers (Brahmin & Chhetri, Magar, and Limbu) (see Table 1). The mothers who had less than 5 years old babies were only included in the study. Before doing the IS, the researcher met the community health workers who provided information about the mothers who had less than 5 years old of kids. In addition, the recommendation of the mothers also helped the researcher to find the mothers for IS.

Qualitative data were collected through FGDs and KII. Three FGDs were done separately with different groups like mothers, men, and women. Besides it, six KII were done with two mothers, two mothers-in-law, one man, and one community health worker).

Table 1: Socio-demographic characteristics of the respondent

Socio-demographic characteristics of respondents	Frequency
Total	132
Place of Origin	
Tarai Origin	69
Hill Origin	63
Caste and Ethnicity	
Rajbansi	44
Brahmin/Chhetri	35
Kisan	22
Magar	18
Limbu	10
Danuwar	3
Education Status	
Illiterate	51
Literate	30
Primary	11
Lower Secondary.	16
Secondary	15
SLC +	15

Source: Field Survey 2011

Quantitative data were presented in tables and analysis was done by using simple statistical methods whereas qualitative data were presented in words by considering the theme. The data were interpreted logically.

### **Caste and Ethnicity and Knowledge and Practices on First Breastfeeding**

First breast milk is considered the most important and valuable object due to the higher amount of colostrum that may help the physical development of children as well as their immune to fight against infectious diseases (WHO 2008). The primary

understanding of the importance of first breast milk provides insightful knowledge for the successful practices of first breast milk feeding to their children.

As shown in Table 2, more than two-thirds of mothers have good knowledge of feeding first breast milk to the baby in which caste and ethnicity or place of origin of mothers do not play a significant role in it, although the variation existed. For instance, in the Rajbansi community, however, 13.6% of mothers did not know to feed first breast milk to their babies.

Table 2: Knowledge of First Breast Milk Feeding by Caste/Ethnicity

Important of first milk	Tarai Origin			Total	Hill Origin			Total
	Rajbansi	Kisan	Danubar		Brahmin / Chhetri	Magar	Limbu	
Yes	72.8	100.0	100.0	82.6	100.0	83.3	70.0	90.5
No	13.6	-	-	8.7	-	-	-	-
Not state	13.6	-	-	8.7	-	16.7	30.0	9.5
Total	44	22	3	69	35	18	10	63

Source: Field Survey 2011

The findings show that breastfeeding is a common practice among the studied groups, as well as socially and culturally acceptable behavior. However, it is determined by socioeconomic background, educational level, and cultural values and beliefs (Aryal 2007). As Aryal stated, this study also found the gap between knowledge and behavior regarding the first breast milk feeding among the caste and ethnic backgrounds of the respondents. For instance, avoiding the first breast milk to feed the baby was higher among the Kisan (54.5%), followed by Rajbansi (20.5%), and Magar (16.7%). They believed that the first milk will hurt the stomach of a baby. It means the knowledge about the anti-biotic values against diseases of the first breast milk is still poor among Kisan, Rajbansi and Magar mother as compared to others.

Table 3: Feeding Practices First Breast-milk by Caste/ethnicity

Feeding of First milk	Tarai Origin			Total	Hill Origin			Total
	Rajbansi	Kisan	Danuwar		Brahmin/Chhetri	Magar	Limbu	
Yes	79.5	45.53	100.0	69.6	100.0	83.3	100.0	95.2
No	20.5	54.5	-	30.4	-	16.7	-	4.8
Total	44	22	3	69	35	18	10	63

Sources: Field Survey 2011

To understand the perception of feeding breast milk to infants and young children, the researcher asked key informants as well as mothers, mother-in-laws, and men during the FGD in the study area. The overall perception among mothers, mother-in-laws, and husbands was not so varied. They considered breastfeeding important due to its high nutritious values that help to make the child strong, active, and healthy. It also contributes to the growth of the baby. In the FGDs with mother groups and three key informants linked with a social bond in it. A mother said,

Breast milk feeding fosters the social bond between mother and baby and makes it stronger and helps to increase the love and affection for each other. If a child sucks her mother's breast, he/she will not only grow well and become healthy, but he/she will take care of his/her mother in the future. If a mother does not feed her milk, the children also won't express their love and affection towards their mother in her elderly days. (K. Rajbansi, 45 years old woman)

A similar perception was found in a male respondent. He believed that breastfeeding makes mother-child relations very healthy. These statements manifest that breastfeeding is more than nutritional and health value to babies and mothers as claimed by medical sciences or health organizations. Carsten (1995) argues that feeding is a vital component in the long process of becoming a person and

participating fully in social relations. Agreeing with Carsten, the social value of breastfeeding is more to the local people than nutritional one that binds mothers and children to each other socially, culturally, and emotionally.

### Education and Knowledge and Practices of First Breastfeeding

It is claimed that women who have a higher level of education are slightly more likely to have sound knowledge about first breastfeeding their children than women with lower levels of education (NDHS, 2006). This study also supports the NDHS findings. The school-attended mothers have better knowledge about the feeding of first breast milk than the mothers who did not attend the formal education at all. It does not mean that formal school education not attended mothers did not know about it. They gained that knowledge from other sources like kins, neighbors, community health workers, health workers, mass media, and so on. The findings also reveal that there is still a gap between knowledge and practices regarding the feeding of first breast milk to babies among the mothers on their educational status. As data shown in Table 3, however, the feeding of first breastmilk is extensively increased as the educational level of the mother is increased. All mothers who attended formal education fed their first milk to their babies whereas it was only 64.3 % and 75% to literate and illiterate mothers correspondingly.

Table 4: Knowledge and Practices on First Breastfeeding by Mothers' Education

Educational status	Knowledge		Practices		Total
	Yes	Not state	Yes	No	
Illiterate	74.5	24.5	64.7	35.3	51
Literate	87.5	12.5	75.0	25.0	24
Primary	100.0	-	100.0	-	11
Lower Secondary	100.0	-	100.0	-	16
Secondary	100.0	-	100.0	-	15
SLC	100.0	-	100.0	-	12
IA and Above	100.0	-	100.0	-	3
Total	81.8	18.1	81.8	18.1	132

Source: Field Survey 2011

### Knowledge and Practices on Initiation of Breastfeeding

## Knowledge and Practices of Breastfeeding among Mothers in Mechinagar

Immediate breastfeeding after delivery is considered most important due to the higher amount of colostrum which may help the physical development of children as well as their immune to fight against infectious diseases (WHO 2008). However, the knowledge about the importance of initiation of breastfeeding is equally important to apply it in practical life. There was no variation in knowledge on the initiation of breastfeeding to the babies by caste and ethnic backgrounds as well as the place of origin of mothers in the study area, although it was varied in practice among them. Except for the Danuwar, the majority of the mothers fed their first breast milk to their babies after an hour of delivery.

Table 5: Caste and Ethnic-wise Initiation of Breastfeeding

First Breastfeeding	Tarai Origin			Total	Hill Origin			Total
	Rajbansi	Kisan	Danuwar		Brahmin / Chhetri	Magar	Limburu	
Within a hour of delivery	40.9	27.3	100.0	39.1	40.0	33.3	70.0	42.9
After one hours of delivery	45.5	72.7	-	52.2	51.4	66.7	30.0	52.4
Both	-	-	-	-	8.6	-	-	4.8
Not stated	13.6	-	-	8.7	-	-	-	-
Total	44	22	3	69	35	18	10	63

Source: Field Survey 2011.

### Knowledge and Practices on Duration and Frequency of Breastfeeding

World Health Organization also recommend exclusive breastfeeding for about the first 6 months, with continued breastfeeding along with introducing appropriate complementary foods for up to 2 years of age or longer (WHO 2008). Even the health



organizations recommended, breastfeeding practices adopted by mothers are still lacking in terms of late initiation of an early starting of complementary feeding among urban-dwelling mothers in Nepal (Subba et al. 2006). The findings show that all mothers know about breastfeeding their babies, although variations in the duration of sucking breast milk existed. The knowledge of the duration of breastfeeding was slightly weak among Tarai-origin mothers than among hill-origin mothers. It also varied within the caste and ethnic backgrounds of the mothers.

Table 6: Caste/ethnic wise knowledge on the duration of breastfeeding

Knowledge of breast milk	Tarai Origin			Total	Hill Origin			Total
	Rajbansi	Kisan	Danuwar		Brahmin / Chhetri	Magar	Limbhu	
One year	6.8	45.5	-	18.8	-	-	-	-
Two years	-	-	-	-	17.1	19.0	-	14.3
More than two years	63.7	13.6	-	44.9	74.3	19.0	70.0	57.1
Not stated	29.5	40.9	100.0	36.2	8.6	62.0	33.3	28.6
Total	44	22	3	69	35	18	10	63

Source: Field Survey 2011

The findings of the study reveal the multiple responses of mothers about the importance of breastfeeding for up to 2 years and longer to their babies. Among the total respondents, 59.1% of mothers informed that breastmilk had more nutritional value than other food items for their babies. Similarly, 5.3% of respondents said that it can protect their babies from diseases and make them healthy and stronger. However, slightly more than one-third of mothers did not respond to the answer at all. It means these categories of mothers might not know about it.

Table 7: Practices of Breast-Feeding by Caste/Ethnic Background of Mothers

Breastfeeding in year	Tarai Origin			Total	Hill Origin			Total
	Rajbansi	Kisan	Danuwar		Brahmin/Chhetri	Magar	Limbu	
Less than One	18.9	18.2	100.0	21.7	8.6	33.3	70.0	25.4
Less than two	13.6	40.9	-	21.7	-	33.3	-	9.5
Upto two	6.8	-	-	4.3	34.3	16.7	-	23.8
More than two	18.2	40.9	-	24.6	50.0	-	-	26.9
Multiple year	43.2	-	-	27.5	8.6	16.7	30.0	14.3
Total	44	22	3	69	35	18	10	63

As data presented in Table 7, 30.4% of Tarai-origin mothers fed their breast milk to their babies for two and more years whereas this figure was 50.8% among the hill-origin mothers. Similarly, 27.5% of Tarai-origin and only 14.8% of hill-origin mothers gave multiple responses. It means feeding mother milk to a baby up to the age of 2 years is still not fully practiced in the study area as recommended by health organizations. Among the hill-origin people, Brahmin and Chhetri mothers fed longer duration to their offsprings than other ethnic groups like Magar and Limbu. This reflects that knowledge of breastfeeding and its application in practical maternal life is higher among hill-origin mothers, especially Brahmin and Chhetri than others. In Nepal, insufficient breast milk was the main reason for introducing other foods, especially semi-solid porridge (*lito*), before six months of age (Ulak et al., 2012). Besides insufficient breast milk, the short birth space between the first child and the second child, and the stop of breast milking, to give the continuity of study by mothers were the main reasons behind giving up breastfeeding their babies.

In the study area, knowledge about feeding the first breast milk and feeding the breast milk up to 2 years of the baby was shaped by the access to different agencies and institutions which was not found the same. Educated mothers learned and internalized the knowledge from formal institutions such as schools, colleges, reading materials, and mass media than informal institutions whereas uneducated mothers learned it from informal institutions like family members, kins, neighbors, community health workers, mass media, and so on.

Table 8: Mothers' educational status and knowledge on the duration of breastfeeding to babies and its practices

Educational status	Knowledge (in years)				Practices (in years)				Total
	≤1	≤2	<2	Not stated	≤1	≤2	<2	Multiple responses	
Illiterate	15.9	5.9	47.1	31.4	17.6	29.4	29.4	23.5	51
Literate	20.8	12.5	54.2	12.5	-	-	87.5	12.5	24
Primary	-	27.3	54.5	18.2	-	27.3	18.9	54.5	11
Lower Secondary	-	-	100.0	-	50	-	-	50	16
Secondary	-	-	100.0	-	20.0	-	20.0	60.0	15
SLC	-	-	100.0	-	-	-	100.0	-	12
IA and above	-	-	100.0	-	-	-	100.0	-	3
Total	9.8	6.8	67.4	15.9	15.6	13.6	42.4	28.8	132

Source: Field Survey 2011

This study reveals that the lactation period of the baby was not the same among the mothers. It was shaped by the mother's occupation and the age of the baby. The breastfeeding frequency was more in the lower age of the baby, and it gradually decreased along with the age of the baby going up. Generally, they started to feed solid and non-solid items to their children after performing the rice-feeding ritual which takes place in the 6<sup>th</sup> month and the 5<sup>th</sup> month for son and daughter respectively in Brahmin, Chhetri, and Magar. It was in the 4<sup>th</sup> month for the son among Kisan and in the 3<sup>rd</sup> month for the daughter. However, there is no special month for the rice-

feeding ceremony among Limbu, Rajbansi, and Danuwar. However, it held between five to nine months before growing up of first teeth.

Victor Turner, a symbol anthropologist, claims that ritual is a process of separating a person from one stage to another (1970). Agreeing with Turner, there are various rituals among many cultural groups through which mother-children, in particular relationships are symbolically separated. Among them, a rice-feeding ceremony is one. It is not only a function of introducing solid items to the baby, but it is a symbol of weakening the nursing relationship between mother and children ritually. Bennet (1976) stated that the end of the nursing relationship between mother and son is ritualized when the mother feeds her son with yogurt before he sets off with the marriage party to bring back the bride. Similarly, some ritual activities in the marriage ceremonies like *durdai* among Newar, a system of payment of one and a half rupees to the girl's mother among Magar, payment of a bottle of local brew, leg of goat and two and a half rupees to the bride's mother in Sunuwar and Jirel (Bista 1972) are the symbol of separating the relationship between milk and body i.e., mothers and son/daughter (Bennett 1976). Moreover, the mother also claims her rights over children by her biological capacity of gestation for 9 months in the womb and feeding of breast milk (Poudel). Hence, breastfeeding is a cultural symbol and a salient way of expressing the power over children by mothers in a patriarchal society.

### **Breastfeeding Time**

In the study area, the respondents said that they feed their breast milk to their babies both day and night, however, the daytime feeding was varied according to occupation than class, caste, and ethnic background, as well as the educational status of mothers. Housewife mothers sucked their breast milk when they felt their children hungry whereas working mothers, who were not at home during working hours, sucked their breast milk to their babies in the morning, the evening, and at night (see Box).

R. Rajbansi was the age of 31 and lived in a joint family. In her family, she had a mother-in-law, a husband, and three children (two daughters and a son). Her daughters were seven and four years old and her son was 9 months. Her family depended upon wage labor for livelihood. Both her husband and she worked in the labor market. Her husband was a rickshaw puller, and she was a wage laborer and

worked in a broom-grass seller's factory. Her working place was about 25 minutes away from her home. Her work began at 8 a.m. and closed at 5 p.m. Therefore, she fed her baby at 7.33 am and fed after returning home in the evening.

D. Poudel, (a 29-year-old mother) worked at a government office located at Mechinagar. She had a son. As per the rule, she got a maternal leave for one and a half months after delivery. After over maternal leave, she rejoined the office. Her office was about 35 minutes' walking distance from her home. There was no provision for baby care at her office. She used to leave her baby to her mother. Before leaving the home for an office, she used to feed her breast milk to her baby. In the daytime, her mother fed cow milk to the baby. When she backed home from the office, she again used to feed breast milk to her son.

The cases presented in the box show that working women had a positive attitude but work place and short maternity leaves had a negative impact on breastfeeding. This is common among working women in urban areas (Sivakami 2003; Khassawneh et al. 2006, Al-Ruzaihan et al. 2016; Altamimi et al. 2017).

### **Influencing Factors of Breastfeeding Behaviors**

Birth space, the mother's health, and the willingness of children to suck their mothers' milk were also influenced by the duration of breastfeeding children rather than the sex. A mother shared her experience on how her health problem influenced the duration of breastfeeding for her daughter and son differently.

R Sharma, (35-year-old mother) had two children. The first one was the daughter who was born after two years of marital life. The second one was the son who was born after nine years of the first child. She was healthy and no health problems occurred. Then, she fed her for more than two years. After that, she gave up sucking breasts because she was interested in other solid and non-solid items. However, the health problem occurred during the son's period. She checked up at the nearby hospital and the medical report showed stone in her kidney. Then, the doctor advised her for an operation as soon as possible. Then, she had an operation. Therefore, she became

weak and the lactation of breast milk gradually became drier day by day. Consequently, her son sucked breast milk only for six months.

Unlike the findings of various studies (Paneru 1987; Zeitlyn and Rowshan 1997; Daglas and Antoniou 2012), the case presented in the box gives the message that gender does not have an important role to determine the longer period of breastfeeding but the health of the mother, as well as the willingness of children toward mother's milk, also play an important role for determining the longer period of breastfeeding.

In society, people have different social and cultural norms and values that determine the mother's decision about breastfeeding to son and daughter differently. The mother gave more priority to the son for breastfeeding in a patriarchal society (Paneru 1981; Zeitlyn and Rowshan 1997; Daglas and Antoniou 2012). In society, cultures give more value to sons than daughters, and the daughter is restricted in the intake of food including breastfeeding. However, such a belief system is gradually weakening in society nowadays (Khan et al. 2017). This study also shows that there was no variation in mother responses regarding a long time of breastfeeding by sex (see Table 7).

Table 9: Responses of Mothers Who Breastfeed Long Duration by Sex<sup>3</sup>

Sex	Frequency	%
Son	39	36.8
Daughter	39	36.8
Both	11	10.4
Not stated	17	16.0
Total	106	100

Source: Field survey 2011

In the study area, some of the mothers informed that they were forced fully to give up feeding breast milk to their baby when they reached 2 years and more. S. Magar, a 25-year-old mother, shared her experience like this;

She gave birth to her first child at the age of 22. She continuously fed her breast milk to her baby when he was two years old... Then her

<sup>3</sup>Mother who had a single child was not included in the figure table.

relatives suggested using a pastemade from bitter objects like mugwort (*Artemisia vulgaris*) and neem (*Azadirachtaindica*) to the nipples. She did it, but the baby did not give up sucking breast milk. Therefore, she pasted the nail polish to the nipples and its rounds. After that, the baby gave up sucking her breast milk and began to eat solid items properly.

The case reveals that mother generally gives up feeding breast milk to their baby at the age of 2 years. It may be the influence of the knowledge dissemination by WHO that has been promoting feeding breast milk up to the age of 2 years to the baby through different agencies like health organizations, community health workers, government and non-government agencies, mass media, and so on. Hence, this reflects that the breastfeeding practice is not isolated from the global health discourse. The global health discourse on the duration of breastfeeding to the baby to protect them from various diseases and local practices of breastfeeding are moving together.

### **Concluding Remarks**

The findings of the study show that the knowledge of and behavior of breastfeeding among mothers are closely intertwined with and influenced by many factors like socio-demographic variables, cultural values of a society, economic life, and the health status of mothers, etc. Therefore, we should equally consider the socio-demographic variables like caste and ethnic backgrounds, occupation, age, birth-spacing between children, education of mothers as well as cultural values of a society that shape the knowledge and guide the behavior of breastfeeding practices.

Breastfeeding is neither a matter of sucking breast milk to babies by mothers for relief from hunger nor a cost-effective mechanism to protect babies from the different kinds of diseases as strongly claimed by medical scientists and health organizations. It also fosters the socialbond between mother and children to each other and strongly supportsthe entryof kinshiprelations socially, culturally, and emotionally. Therefore, breastfeeding should be taken as a vital component and an entry point of being relatives i.e., mother-son/daughter kin.

Women, including mothers, are commonly conceptualized as a homogenous group irrespective of their location, their social class or caste, degrees of education or access to resources, embeddedness in social networks, and so forth (Demetriades and Esplen 2009). However, the findings of the study strongly claim that the knowledge and practices of breastfeeding arevaried and significantly associated with

educational status, caste and ethnicity, cultural beliefs, social bond, and occupations of mothers. Therefore, it is essential to upset down the conventional conception to see the mother in general. It demands the concept of social heterogeneity that focuses on intersectionality and context-specific study that will be helpful for a better understanding of breastfeeding behaviors in a diverse society. Such understanding will be beneficial for the effective intervention of the maternal health program, including breastfeeding in a heterogeneous society.

### References

- Al-Ruzaihan, S. A., Al-Ghanim, A. A., Bu-Haimed, B. M., Al-Rajeh, H. K., Al-Subaiee, W. R., Al-Rowished, F. H., & Badger-Emeka, L. I. (2017). Effect of maternal occupation on breast feeding among females in Al-Hassa, southeastern region of KSA. *Journal of Taibah University Medical Sciences*, 12(3), 235–240. doi: 10.1016/j.jtumed.2016.08.013
- Altamimi, E., Al Nsour, R., Al dalaen, D., & Almajali, N. (2017). Knowledge, attitude, and practice of breastfeeding among working mothers in South Jordan. *Workplace Health & Safety*, 65(5), 210–218. doi: 10.1177/2165079916665395
- Aryal, T. R. (2005). Differentials of breastfeeding among rural women of western Nepal: a survival analysis". *Journal of Nepal Health Research Council*, 3(2).
- Aryal, T. R. (2007). Breastfeeding in Nepal: patterns and determinants. *Journal of Nepal Medical Association*, 46(165), 13–19.
- Bennett, L. (1976). Sex and motherhood among the Brahmins and Chetri of central Nepal. *Contribution to Nepalese Studies*, 3, 1–52.
- Bhande, A., & Kanitkar, T. (2004). *Principles of population studies*. Himalaya Publishing House.
- Bista, D. B. (1972). *People of Nepal*, Ratna Pustak Bhandar. Kathmandu, Nepal.: Ratna Book Bhandar.



- Carsten, J. (1995). The substance of kinship and the heat of the hearth: feeding, personhood, and relatedness among Malays in PulauLangkawi. *American Ethnologist*, 22(2), 223–241.
- Daglas, M., & Antoniou, E. (2012). Cultural views and practices related to breastfeeding. *Health Science Journal*, 6(2), 353–361.
- Demetriades, J., & Esplen, E. (2009). *Social dimensions of climate change: equity and vulnerability in a warming world*. World Bank.
- El-Kariri, M., & Kanoa, B. (2007). Infant feeding in Gaza strip: mother knowledge, attitudes and practices. *Annals of Alquds Medicine*, 3, 58–65.
- John, R. (2005). Knowledge, attitude and practice of employed mothers about breastfeeding. *Nursing Journal of India*, 96(4), 85–86.
- Khan, G. N., Ariff, S., Khan, U., Habib, A., Umer, M., Suhag, Z., ... Soofi, S. (2017). Determinants of infant and young child feeding practices by mothers in two rural districts of Sindh, Pakistan: a cross-sectional survey. *International Breastfeeding Journal*, 12(1). doi: 10.1186/s13006-017-0131-z
- Khassawneh, M., Khader, Y., Amarin, Z., & Alkafajei, A. (2006). Knowledge, attitude and practice of breastfeeding in the north of Jordan: a cross-sectional study. *International Breastfeeding Journal*, 1(1). doi: 10.1186/1746-4358-1-17
- Koirala, R. K. (2011). *A comparative study of breastfeeding practices among hill and Tarai origins mothers: a case study of Mechinagar municipality*.
- Labbok, M. H. (2001). Effects of breastfeeding on the mother. *Pediatric Clinics of North America*, 48, 143–158. doi: 10.1016/s0031-3955(05)70290-x
- Nepal demography and health survey. Ministry of Health and Population. (n.d.). In *NDHS 2006*.

## Knowledge and Practices of Breastfeeding among Mothers in Mechinagar

- Pandey, J. (2006). *Determinants of breastfeeding practices affecting infants mortality in Nepal. A Thesis submitted to Population and Reproductive Health Research for Graduate Studies at Mahidol University. Thailand.*
- Paneru, S. (1981). Breast feeding in Nepal: religious and cultural beliefs. *Contribution to Nepalese Studies*, 8, 43–54.
- Paudel, D. R., Gupta, D. K., & Giri, A. (2022). Knowledge, attitude and practice of mothers in breast feeding: a hospital based study. *Janaki Medical College Journal of Medical Sciences*, 10(1), 14–23.
- Poudel, J. M. (n.d.). Nepalkosandarbhama surrogacy: kubelakokheto or baudikabahaskobisaya. In *Sahid Samark College Rajat Jyanti Smarika 2072/73* (pp. 89–92).
- Sattari, M., Serwint, J. R., & Levine, D. M. (2019). Maternal implications of breastfeeding: a review for the internist. *The American Journal of Medicine*. doi: 10.1016/j.amjmed.2019.02.0
- Sharma, P. (2008). *Unravelling the mosaic: spatial aspects of ethnicity in Nepal*. Himal Books.
- Shryock, H. S. (2004). *The methods and materials of demography* (2nd ed.; J. S. Siegel, H. S. Shryock, E. Stockwell, & D. Swanson, Eds.). Emerald Group Publishing.
- Sivakami, M. (2003). The impacts of maternal work participation on duration of breastfeeding among poor women in South India. *Asia Pacific Population Journal*, 18(3), 69–89.
- Subba, S. H., Chandrashekar, T. S., Binu, V. S., Joshi, H. S., Rana, M. S., & Dixit, S. B. (2007). Infant feeding practices of mothers in an urban area in Nepal. *Kathmandu University Medical Journal*, 5(1), 42–47.
- Turner, V. (1970). *The forest of symbols: aspects of Ndembu ritual*. Cornell University Press.

Ulak, M., Chandyo, R. K., Mellander, L., Shrestha, P. S., & Strand, T. R. (2012). Infant feeding practices in Bhaktapur, Nepal: a cross-sectional, health facility based survey. *International Breastfeeding Journal*, 7(1).

WHO. (2008). *10 facts on breastfeeding: 2008*. Retrieved from [www.who.net](http://www.who.net)

Zeitlyn, S., & Rowshan, R. (1997). Privileged knowledge and mothers' 'perceptions': The case of breast-feeding and insufficient milk in Bangladesh. *Medical Anthropology*, 11(1), 56–68.