

Original Research Article

Comparative study of feeding practices among children less than two years attending rural and urban primary health centers, Mysuru, Karnataka

Nagendra Lokesh, Praveen Kulkarni*, Pragadesh R., Sayana Basheer, Sunil Kumar D., Vanmathi A.

Department of Community Medicine, JSS Medical College, Mysuru, Karnataka, India

Received: 06 February 2023

Revised: 27 July 2023

Accepted: 08 August 2023

*Correspondence:

Dr. Praveen Kulkarni,

E-mail: praveenkulkarni@jssuni.edu.in

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Breastfeeding is considered one of the most significant aspects of a child's health and survival. Breastfeeding is unquestionably the "GOLD STANDARD" dietary intake during the first six months after birth. So it is necessary to know about the feeding practices among children less than two years in both rural and urban areas. Aim of study was to compare the feeding practices among children less than two years attending the urban and rural Primary health centers under JSS Medical College, Mysuru.

Methods: This analytical cross-sectional study was conducted among 280 mother and their children residing in both rural and urban areas of Mysuru for six months. A pretested structured questionnaire was used to collect the socio-demographic characteristics and feeding practices. Feeding practices among study subjects were analyzed using SPSS 23 software.

Results: In the present study, 35% had poor, 57.1% had average and 7.9% had good infant and early child feeding practices in rural areas, on the other hand, 19.3% had poor, 55.0% had average and 25.7% had good in urban. In this study, the frequency of breastfeeding practices, pre-lacteal feeding, and overall feeding practices were significantly associated with place of residence.

Conclusions: This study concludes that though pre-lacteal feeding and bottle feeding were more in urban areas, the overall feeding practices were poorer in rural than urban.

Keywords: Feeding practices, Infant and young child feeding, Rural areas, Urban areas

INTRODUCTION

Breastfeeding is considered one of the most significant aspects of a child's health and survival. During the first six months of life, the newborn's only source of sustenance is the mother's milk.¹ WHO and UNICEF advise that mothers should start breastfeeding within the first hour of delivery and continue to exclusively breastfeed for the initial six months of the infant that is, consuming no other foods or liquids. Newborns should be

breastfed on demand, which means whenever the child wants, day or night.² The WHO and the AAP advocate exclusive nursing for the initial 6 months of infant life, nutritively appropriate and prudent complementary foods, and lactation should be continued until two years or longer. Breastfeeding should be started as soon as feasible, according to baby-friendly approach guidelines, because it's essential to numerous objectives for the infant, the mother.³ Inadequate feeding patterns of behavior that are inconsistent with child health and child

feeding recommendations. The key suggested infant and young child feeding behaviors encompass starting breastfeeding for newborns within the first hour of life, continuing breastfeeding for two years and even beyond, with nutrient and appropriate safe supplementary feedings introduced during the sixth month.⁴

Exclusive breastfeeding indicates that the infant only consumes mother milk and no additional fluids or solids, including plain water, with the exemption of oral rehydration remedy, syrup, or drops of essential vitamins, minerals, or medicine. The WHO (World Health Organization) strongly recommends exclusive breastfeeding for 6 months, with supplementary foods introduced at 6 months of age although the mother continues to feed her infant up to two years of age. Breastfeeding exclusively offers numerous established benefits for both the infant and the mother.⁵ Any food provided to neonates before breastfeeding begins in the first three days of life is referred to as pre-lacteal foods.⁶

Delayed breastfeeding initiation, colostrum deprivation, supplemental trying to feed mothers milk substitutes, advanced initiation of complementary feeding, with improper weaning from mother milk are all regular occurrences around the world.⁷ So it is necessary to know about the feeding practices among children less than two years in both rural and urban areas.

In this context, the present study will be held to determine the feeding practices among young children under the age of two and to compare the feeding practices among children less than two years attending the urban and rural Primary health centers under the Department of Community Medicine, JSS Medical College, Mysuru.

METHODS

This analytical comparative cross-sectional study was conducted in the primary health center in urban and rural field practice areas of the department of community medicine, JSS Medical College, Mysuru for 6 months from January to June 2022 among mothers with children less than two years after obtaining ethical clearance from the institutional ethical committee. Based on the prevalence of exclusive breastfeeding among children less than 2 years as per NFHS-5 to be 79.1 percent with 5% absolute allowable error, an alpha level of 5 percent, and a 95% confidence level, the sample size calculated is 254.⁸ Considering a 10% non-response rate, the study sample size would be 279 which was rounded off to 280.

The sampling technique used in this study is purposive sampling with children less than two years of age and their mothers are included in the study. Mothers not consenting to participate in the study were excluded. 280 consecutive Children less than two years of age and their mothers attending these Primary Health Centres (140 in rural and urban areas each) were interviewed after taking

written informed consent using a pre-tested structured questionnaire.

The questionnaire included sociodemographic characteristics like age of the child, gender, age of the mother, education status of the mother, occupation of mother and father, socio-economic status, BPL card, type of family, family size, birth order, birth weight of the baby, type of delivery, place of delivery and feeding practices of children as per IYCF like pre lacteal feeds, initiation of breastfeeding, colostrum feeding, exclusive breastfeeding, duration of feeding, demand feeding, weaning practices, and complementary feeding practices were collected.⁹

Data analysis

The data was imported into Microsoft Excel and analyzed with the Statistical Package for Social Sciences (SPSS) version 23. (Licensed to JSSAHER). Descriptive statistics like percentages, mean, and standard deviations are applied for socio-demographic characteristics. To examine the comparison of feeding practices among study subjects in rural and urban areas, inferential statistics methods such as the chi-square test/fisher exact test will be used. At p less than 0.05, the link was deemed statistically significant. The data were presented as tables where appropriate.

RESULTS

Of the 280 mothers who were interviewed, 140 (or 50%) were from urban regions and 140 (or 50%) were from rural ones. Participants in the study were on average 25±3 years old. The majority of the 280 children involved in the study, 142 (50.71%), were female, and 138 (49.29%) were male. Among them, 82 (29.29%) belonged to the 19-24 month age group, 71 (25.36%) to the 0-6 month age group, 67 (23.9%) to the 7-12 month age group, and 60 (21.4%) to the 13-18 month age group.

Out of 280 study participants, 12 (4.29%) were illiterates and 99 (35.36%) had degrees. 263 (93.93%) of the mothers did not have jobs, while 17 (6.07%) did.

Among 280 subjects, 157 (56.07%) were delivered through full-term normal vaginal delivery, and 123 (43.93%) were delivered by lower-segment cesarean section. And among those, 251 (89.64%) children had normal birth weight, and 29 (10.36%) has low birth weight (Table 1).

Comparison of feeding practices between rural and urban women

In this study, 98.6% in rural areas and 100% in urban areas had breastfed their children (Table 2). 73.6% of women residing in rural areas and 71.4% in urban areas had exclusively breastfed their children. 37.1% of mothers breastfed their child on demand and 62.9% of

mothers breastfed at times decided by themselves. The frequency of breastfeeding and the residence were statistically significantly correlated. Additionally, it was

noted that 30% of the infants were bottle-fed. 34.3% of urban women and 25.7% of rural women have breastfed their infants in a bottle.

Table 1: Socio-demographic characteristics of the study participants.

Characteristics	Variables	Frequency	Percentage
Age of the mother	Less than 20	9	3.2
	20-25	146	52.1
	26-30	105	37.5
	31-35	14	5.0
	35 and above	6	2.1
Age of the child	1-6 months	71	25.4
	7-12months	67	23.9
	13-18months	60	21.4
	19-24months	82	29.3
Mother education	Illiterate	12	4.3
	Primary school	7	2.5
	High school	104	37.1
	Higher secondary	58	20.7
	Graduate and above	99	35.4
Gender of the child	Male	142	50.7
	Female	138	49.3
Birth order of the child	First	164	58.6
	Second	98	35.0
	Third	16	5.7
	Fourth	2	0.7
Total number of children	One	154	55.0
	Two	107	38.2
	Three	15	5.4
	Fourth	4	1.4
Residence	Urban	140	50.0
	Rural	140	50.0
Religion	Hindu	230	82.1
	Muslim	49	17.5
	Christian	1	0.4
BPL card	Present	224	80.0
	Absent	56	20.0
Mother working status	Working	17	6.1
	Not working	263	93.9
Father education	Illiterate	26	9.3
	Primary school	17	6.1
	High school	116	41.4
	Higher secondary	47	16.8
	Graduates	74	26.4
Type of delivery	Full term normal vaginal delivery	157	56.1
	Lower segment caesarean section	123	43.9
Birth weight of the baby	Normal weight	251	89.6
	Low birth weight	29	10.4

In a sample of 280 mothers, 52.5% began breastfeeding within 30 minutes of delivery and 5% did so after two hours. It was noted that 97.5% of the infants ingested colostrum. Colostrum was given to 94.6% of babies in cities and 98.6% of babies in rural areas.

In the three days following delivery, 16.1% of the women were found to have fed their children. In the first three days following delivery, 26.4% of babies living in urban areas and 5.7% of babies living in rural regions respectively received pre-lacteal feed. Pre-lacteal feeding

and place of residence are statistically significantly related. In our study, 41.4% of them in the rural area got breastfeeding education from a nurse and 46.4% in urban areas got breastfeeding education from doctors (Table 3).

Table 2: Distribution of study subjects based on breastfeeding in rural and urban women.

Response	Residence		Total	Chi-square	P-value
	Rural	Urban			
No	2 (1.4)	0	2	2.014	0.156
Yes	138 (98.6)	140	278		
Total	140	140	280		

From Table 4, it has been observed that among 140 each rural and urban populations 72.8% and 76.4% of mothers started to give fortified food. Among them, in rural, all the children, and in urban 96.3% of children got fed with porridge, ragi, bread, rice, or any other food made from grains. 98% of the rural and 94.4% of urban children got fed pumpkin carrots, squash, or sweet potatoes. In rural 97% and 94.4% of the urban children had any green leafy vegetables. 67.6% and 60.7% of the rural and urban children had eggs. 67.6% and 86% of rural and urban children did not have liver, kidney, heart, or any other organ meat. There was a statistically significant association between any fortified food and foods made from grains given to the babies at their place of residence. Also, there is a significant association between meat and sea foods in the place of residence (Table 4).

Table 3: Distribution of study subjects based on breastfeeding practices in rural and urban women.

Characteristics	Response	Residence		Total	Chi-square	p
		Rural	Urban			
Exclusive breastfeeding practice	No	37 (26.4)	40 (28.6)	77 (27.5)	0.161	0.688
	Yes	103 (73.6)	100 (71.4)	203 (72.5)		
Frequency of breast-feeding practice	On-demand	27 (19.3)	77 (55.0)	104 (37.1)	38.243	0.001*
	On regular timings as decided by me	113 (80.7)	63 (45.0)	176 (62.9)		
Type of breast-feeding (currently)	Exclusive breast-feeding	33 (23.6)	30 (21.4)	63 (22.5)	4.025	0.134
	Mixed feeding	53 (37.9)	40 (28.6)	93 (33.2)		
	Stopped	54 (38.6)	70 (50.0)	124 (44.3)		
Initiation of breastfeeding	Within 30 mins of birth	77 (55.0)	70 (50.0)	147 (52.5)	0.7451	0.688
	30 Mins to 2 Hours	56 (40.0)	63 (45.0)	119 (42.5)		
	More than two hours	07 (5.0)	07 (5.0)	14 (5.0)		
Bottle feeding	No	104 (74.3)	92 (65.7)	196 (70.0)	2.449	0.118
	Yes	36 (25.7)	48 (34.3)	84 (30.0)		
Breastfeeding by any other women	No	137 (97.8)	140	277 (98.9)	3.032	0.220
	Yes	3 (2.2)	0	3 (1.1)		
Whether the baby received colostrum	No	2 (1.4)	5 (3.6)	7 (2.5)	1.319	0.251
	Yes	138 (98.6)	135 (96.4)	273 (97.5)		
Pre-lacteal feeding practices	No	132 (94.3)	103 (73.6)	235 (83.9)	22.26	0.001*
	Yes	8 (5.7)	37 (26.4)	45 (16.1)		
Age of supplementary feeding started	< 6 Months	35 (33.4)	34 (32.4)	69 (33.0)	1.066	0.785
	6 Months and above	69 (66.3)	71 (67.6)	140 (67.0)		
Source of breastfeeding education	Doctors	54 (38.6)	65 (46.4)	119 (42.5)	2.169	0.338
	Mother	28 (20.0)	28 (20.0)	56 (20.0)		
	Nurse	58 (41.4)	47 (33.6)	105 (37.5)		

From Table 5, it has been observed that, overall, 27.1% of women had poor, 56.1% average and 16.8% had good infant and early child feeding practices. The association between the locality and overall feeding practices was

found to be statistically significant. Among 140 women included in rural areas, 35% had poor, 57.1% had average and 7.9% had good infant and early child feeding practices on the other hand, in urban areas, 19.3% had

poor, 55.0% had average and 25.7% had good infant and early child feeding practices (Table 5).

Table 4: Distribution of study subjects based on supplementary feeding according to IYCF guidelines.

Category of food	Response	Residence		Total	Chi-Square	P-Value
		Rural (102)	Urban (107)			
Any fortified food	No	0	4 (3.7)	4 (1.9)	3.887	0.049*
	Yes	102	103 (96.3)	205 (98.1)		
Porridge, ragi, bread, rice, or any other food made from grains	No	0	5 (4.6)	5 (2.4)	4.883	0.027*
	Yes	102	102 (95.4)	204 (97.6)		
Pumpkin, carrots, squash, or sweet potatoes	No	2(2)	6 (5.6)	8 (3.8)	1.886	0.170
	Yes	100 (98)	101 (94.4)	201 (96.2)		
White potatoes, white yama, or any other food made from roots	No	3 (3)	9 (8.5)	12 (5.8)	2.887 ^c	0.089
	Yes	99 (97)	98 (91.5)	197 (94.2)		
Any green leafy vegetables	No	3 (3)	6 (5.6)	9 (4.3)	0.901	0.343
	Yes	99 (97)	101 (94.4)	200 (95.7)		
Ripe mangoes, papayas, banana	No	8 (7.8)	6 (5.6)	14 (6.7)	0.786	0.518
	Yes	94 (92.2)	101 (94.4)	195 (93.3)		
Any other fruits or vegetables	No	8 (7.8)	5 (5.7)	13 (6.2)	0.900	0.343
	Yes	94 (92.2)	102 (95.3)	196 (93.8)		
Liver, kidney, heart, or any other organ meats	No	69 (67.6)	92 (86)	161 (77)	9.922	0.002*
	Yes	33 (32.4)	15 (14)	48 (23)		
Any meat, such as beef, pork, lamb, goat, chicken	No	39 (38.2)	55 (51.4)	94 (45)	3.658	0.038*
	Yes	63 (31.8)	52 (48.6)	115 (55)		
Eggs	No	33 (32.4)	42 (39.3)	75 (35.9)	1.080	0.299
	Yes	69 (67.6)	65 (60.7)	134 (64.1)		
Fresh or dried fish, shellfish, or seafood	No	50 (49)	68 (63.5)	118 (56.4)	4.486	0.034*
	Yes	52 (51)	39 (36.5)	91 (43.6)		
Any foods made from beans, peas, lentils, nuts, or seeds	No	12 (11.8)	14 (13)	26 (12.4)	0.083	0.773
	Yes	90 (88.2)	93 (87)	183 (87.6)		
Cheese, yogurt, or other milk products	No	18 (17.6)	16 (15)	34 (16.3)	0.278	0.598
	Yes	84 (82.4)	91 (85)	175 (83.7)		
Any oil, fats, butter, or foods made with any of these	No	27 (26.5)	23 (21.5)	50 (24)	0.710 ^c	0.399
	Yes	75 (73.5)	84 (78.5)	159 (76)		
Any sugary food such as chocolates, sweets, candies, pastries, cake, or biscuits	No	21 (20.6)	17 (15.9)	38 (18.2)	0.776	0.379
	Yes	81 (79.4)	90 (84.1)	171 (81.8)		
Condiments for flavor, such as chilies, spices, herbs, or fish powder	No	54 (53)	57 (53.3)	111 (53.1)	0.002	0.962
	Yes	48 (47)	50 (46.7)	98 (46.9)		
Foods made with red palm oil, red palm nut, or red palm nut pulp sauce	No	77 (75.5)	69 (64.5)	146 (69.9)	3.003	0.348
	Yes	25 (24.5)	38 (35.5)	63 (30.1)		

Table 5: Distribution of study subjects based on overall feeding practices between rural and urban areas.

Category	Residence		Total	Chi-square	p-value
	Rural	Urban			
Poor	49 (35.0)	27 (19.3)	76 (27.1)	19.72	0.001*
Average	80 (57.1)	77 (55.0)	157 (56.1)		
Good	11 (7.9)	36 (25.7)	47 (16.8)		
Total	140	140	280		

DISCUSSION

In rural 60% of the mother got normal delivery and 40% had a cesarean and in urban 52% of women got normal delivery and 48% had a cesarean delivery. A study done

in the rural area of north India by Mahmood et al reported that about 94.3% of the deliveries were normal.¹⁰ According to a study done by Bagul et al in the urban slum area of Nagpur, India reported that cesarean sections were done in 21.66%.¹¹ In our study 10.3% of the babies

are underweight. 10.7% and 10% of rural and urban newborns are measured as underweight. The study done by Kaur et al on Malaysian women reported that in urban areas 2% and in rural 9.8% of babies are underweight.¹²

In our study, breastfeeding practices in rural and urban areas were compared. Among 140 women from both rural and urban areas, 98.6% in rural areas and 100% in urban areas breastfed their children. The study done by Gao et al reported that nearly 98.0% of urban and 99.0 % of rural mothers started breastfeeding.¹³

Also in the present study, 72.5% of the mothers exclusively breastfeed their children in the study. 73.6% of rural women and 71.4% of urban women exclusively breastfed their children for six months.

Balogun et al reported that in rural 79.8% of participants had used or were practicing exclusive breastfeeding.¹⁴ The study done in the rural area of north India by Mahmood et al reported that 22.8% of the newborns have not been exclusively breastfed.¹⁰ Jennifer et al reported that 68.4% of children had received exclusive breastfeeding.¹⁵

In our study, 62.9% of study participants practiced on regular schedules determined by them. In rural 80.7% of women feed on regular timings as decided by them and 55.0% in urban areas have practiced demand breastfeeding. It shows statistically significant $p < 0.05$ concerning the frequency of breastfeeding and residence. The study done by Ashwini et al shows that 38.75% and 67.89% of urban and rural women practiced on-demand feeding and it shows statistically significant.¹⁶ In the study done by Ausvi et al, 66% and 64% of urban and rural mothers practiced on-demand feeding practiced.¹⁷

With regards to the initiation of breastfeeding 52.5% of the study participants started breastfeeding in less than 30 minutes of delivery. 55% of women residing in rural areas breastfeed in less than 30 minutes of delivery and 50% in urban areas start breastfeeding within 30 minutes of delivery. It was not statistically significant initiation of breastfeeding and place of residence. The study done by Yadav et al reported that in rural 54.2% and urban 71.8% initiated breastfeeding in less than one hour and it is statistically significant.¹⁸ According to the study done by Senanayake et al reports that overall, 41.5% of mothers initiate breastfeeding in the first hour of birth. And in the rural population, the prevalence of early breastfeeding initiation was 41.0%, and 42.9% in the urban. Population.¹⁹ According to Hitachi et al study reported that 90.5% and 69.2% of urban and rural mothers initiated breastfeeding in the first hour of birth.²⁰

25.7% of women residing in rural have given bottled feed and 34.3% in urban areas have given bottled feed to their children. The study done by Ausvi et al reported that 19% of urban and 26% of rural women practiced bottle feeding.¹⁷ The study done by Yadav YS et al reported that

in rural 35% of babies received bottle feeding and in urban 19.4% of babies received bottle feeding.¹⁸

Overall, in the study 97.5% of the babies received colostrum. 98.6% and 96.4% of babies received colostrum concerning rural and urban areas. Hitachi et al reported that colostrum was given to 98.7% of in urban and 97.9% of rural areas children, and it shows a similar finding to our study.²⁰

Related to pre-lacteal feeding in our study, 5.7% of babies in rural areas and 26.4% of babies in urban areas are fed by any pre-lacteal feed in the first three days after delivery. P value is significant. The study done by Yadav et al reported that in rural 50.2% and in urban 18.4% of babies received pre-lacteal feeding.¹⁸ According to a study done by Bansal et al in an urban district of India, 25% gave prelacteal feeds which are nearly similar to our study.²¹

In the present study, 66.3% of women in the rural area start supplementary feeding after six months and 67.6% of urban women start supplementary feeding after six months. The study done by Ausvi et al reported that 68.5% and 65% of urban and rural women started supplementary feeding after six months.¹⁷

In our study, the questionnaire was used to collect the data on feeding practices which is subjected to recall bias. This is considered a limitation of the study.

CONCLUSION

This study concludes that in urban areas, demand feeding, pre-lacteal feeding, and bottle feeding were more common. Nearly 33% of both rural and urban were started supplementary foods before 6 months of age. The frequency of breastfeeding practices and pre-lacteal feeding were significantly associated with place of residence. There was a statistically significant association between any fortified food, foods made from grains, meat, and sea foods given to the babies, and place of residence. It also observed that in rural areas, 35% had poor, 57.1% had average and 7.9% had good infant and early child feeding practices on the other hand, in urban areas, 19.3% had poor, 55.0% had average and 25.7% had good infant and early child feeding practices. The association between the locality and overall feeding practices was found to be statistically significant. From this study, though pre-lacteal feeding and bottle feeding were more in urban areas, the overall feeding practices were poorer among rural than urban, so it is important to take necessary steps to improve feeding practices among rural populations.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

- Jayanandan R, Manjunath R, Kulkarni P, Ashok N. Perception and practices of mothers on breastfeeding and its influence on childhood illness in rural Mysore. *International J Recent Sci Res*. 2014;5(1):285.
- WHO. Breastfeeding. Available at: <https://www.who.int/health-topics/breastfeeding>. Accessed 4 Aug 2022.
- Kamath SP, Garg D, Khan MohdK, Jain A, Baliga BS. Perceptions and practices regarding breastfeeding among postnatal women at a district tertiary referral government hospital in southern India. *Scientifica*. 2016;2016:5430164.
- Public-Health-Importance-of-Optimal-IYCF-IS-072015. Available at: <https://www.bpni.org/docs/Public-Health-Importance-of-Optimal-IYCF-IS-072015.pdf>. Accessed 10 Jul 2022.
- Reddy SN, Sindhu KN, Ramanujam K, Bose A, Kang G, Mohan VR. Exclusive breastfeeding practices in an urban settlement of Vellore, southern India: Findings from the MAL-ED birth cohort. *Int Breastfeed J*. 2019;14(1):1-6.
- Sorrie MB, Amaje E, Gebremeskel F. Pre-lacteal feeding practices and associated factors among mothers of children aged less than 12 months in Jinka Town, South Ethiopia, 2018/19. *PLoS ONE*. 2020;15(10 OCTOBER):1-13.
- Inayati DA, Scherbaum V, Purwestri RC, Hormann E, Wirawan NN, Suryantan J, et al. Infant feeding practices among mildly wasted children: a retrospective study on Nias Island, Indonesia. *Int Breastfeed J*. 2012;7:3.
- National Family Health Survey (NFHS-5). Available at: http://rchiips.org/nfhs/factsheet_NFHS-5.shtml. Accessed 1 May 2023.
- WHO. Infant and young child feeding. Available at: <https://www.who.int/news-room/factsheets/detail/infant-and-young-child-feeding>. Accessed 16 Jul 2022.
- Mahmood SE, Srivastava A, Shrotriya VP, Mishra P. Infant feeding practices in the rural population of north India. *J Fam Community Med*. 2012;19(2):130-5.
- Bagul AS, Supare M sahebrao. The infant feeding practices in an urban slum of Nagpur, India. *J Clin Diagn Res JCDR*. 2012;6(9):1525.
- Kaur S, Ng CM, Badon SE, Jalil RA, Maykanathan D, Yim HS, et al. Risk factors for low birth weight among rural and urban Malaysian women. *BMC Public Health*. 2019;19(S4):539.
- Gao H, Wang Q, Hormann E, Stuetz W, Stiller C, Biesalski HK, et al. Breastfeeding practices on postnatal wards in urban and rural areas of the Deyang region, Sichuan province of China. *Int Breastfeed J*. 2016;11:11.
- Balogun MR, Okpalugo OA, Ogunyemi AO, Sekoni AO. Knowledge, attitude, and practice of breastfeeding: a comparative study of mothers in urban and rural communities of Lagos, Southwest Nigeria. *Niger Med J J Niger Med Assoc*. 2017;58(4):123-30.
- Jennifer HG, Muthukumar K. A cross-sectional descriptive study was to estimate the prevalence of the early initiation of and exclusive breast feeding in the rural health training centre of a medical college in Tamilnadu, South India. *J Clin Diagn Res JCDR*. 2012;6(9):1514-7.
- Ashwini S, Katti S, Mallapur M. Comparison of breastfeeding practices among urban and rural mothers: A cross-sectional study. *Int J Med Public Health*. 2014;4(1):120.
- Ausvi SM, Ausavi MM, Patnaik JK, Prasad BJ, Naik RB. Comparative study of the knowledge, attitude and practices (KAP) of the breast feeding and weaning amongst mothers from the urban and rural areas. *MedPulse res Pub*. 2019;9(2).
- Yadav YS, Yadav S, Rathi S, Dhaneria M, Singh P. Comparison of Infant feeding practices among rural and urban mothers: an observational study. *Int J Med Res Rev*. 2015;3(6):547-53.
- Senanayake P, O'Connor E, Ogbo FA. National and rural-urban prevalence and determinants of early initiation of breastfeeding in India. *BMC Public Health*. 2019;19(1):1-3.
- Hitachi M, Honda S, Kaneko S, Kamiya Y. Correlates of exclusive breastfeeding practices in rural and urban Niger: a community-based cross-sectional study. *Int Breastfeed J*. 2019;14:32.
- Bansal SC, Odedra R, Talati K, Morgaonkar VA, Shinde M, Nimbalkar SM. Infant and young child feeding (IYCF) practices and their determinants in two Urban districts of India. *J Fam Med Prim Care*. 2021;10(8):3137-43.

Cite this article as: Lokesh N, Kulkarni P, Pragadesh R, Basheer S, Sunil KD, Vanmathi A. Comparative study of feeding practices among children less than two years attending rural and urban primary health centers, Mysuru, Karnataka. *Int J Community Med Public Health* 2023;10:3219-25.