ORIGINAL ARTICLE ASIAN JOURNAL OF MEDICAL SCIENCES

Knowledge and counseling skills of Accredited Social Health Activists on Infant and Young Child Feeding: A community-based study in a rural block of West Bengal, India

Aprajita Jha[1], Pramit Goswami[2], Sutapa Mandal[3], Pranita Taraphdar[4], Arif Hossain[5], Suman Sannigrahi[6]

[1,5,6]Junior Resident, [2]Assistant Professor, [3]Associate Professor, [4]Professor and Head, Department of Community Medicine, Burdwan Medical College and Hospital, Bardhaman, West Bengal, India

Submission: 06-09-2024 Revision: 22-09-2024 Publication: 01-11-2024

ABSTRACT

Background: Nutrition is critical to the health and development of infants and children. Nutritional deficiencies in early life result in long-term impairment in growth. Optimal infant and young child feeding (IYCF) practices are one of the most effective interventions in improving child health. **Aims and Objectives:** The study was conducted to assess the knowledge and counseling skills of Accredited Social Health Activists (ASHAs) regarding IYCF in Bhatar community development block of Purba Bardhaman District. **Materials and Methods:** A descriptive and cross-sectional study was conducted among 110 study subjects selected randomly from 17 subcenters and 38 health and wellness centers of Bhatar block of Purba Bardhaman District. It was conducted using a pre-designed, pre-tested schedule having a total score of 16, from November 2023 to February 2024. **Results:** Mean knowledge score of ASHAs regarding IYCF was 12.05 ± 2.24. On further analysis, good, average, and poor knowledge about IYCF was observed among 9.1%, 78.2%, and 12.7% of the ASHA workers, respectively. On univariate analysis, level of knowledge was found to be significantly associated with duration of service (P = 0.001) and training status (P = 0.00) of ASHAs. It was observed that messages regarding the addition of oil/ghee and proper hand washing after handling child's excreta were mostly missed during counseling sessions. **Conclusions:** Most ASHA workers had correct knowledge on IYCF but during counseling sessions, most of the key messages were not provided by them to mothers. Thus, it was concluded that a change in training approach is necessary for enhancing counseling skills and knowledge-sharing by ASHAs.

Key words: Accredited social health activists; Counseling skills; Infant and young child feeding; Knowledge

Access this article online

Website: http://nepjol.info/index.php/AJMS

DOI: 10.3126/ajms.v15i11.69430

E-ISSN: 2091-0576

P-ISSN: 2467-9100

INTRODUCTION

Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child, and maternal health, stronger immunity, safer pregnancy, and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular diseases), and longevity.[1] Thus, nutrition is an issue of survival, health, and development for current and succeeding generations and any sort of nutritional problems will result in an intergenerational cycle of malnutrition, with severe consequences. Nutritional deficiencies in early life result in long-term impairment in growth and health. When many children in a population are malnourished, it has implications for national development. The overall functional consequences of malnutrition are thus immense.[2] Malnutrition has a wide spectrum, ranging from undernutrition (wasting, stunting, and underweight), and micronutrient deficiencies to overweight, and obesity. In India, undernutrition is a national problem and children are the most affected. According to the National Family

Address for Correspondence:
Dr. Pranita Taraphdar, Professor and Head, Department of Community Medicine, Burdwan Medical College and Hospital, Bardhaman, West Bengal, India. **Mobile:** +91-7044781731. **E-mail:** publicationcm2024@gmail.com

Health Survey-5 (NFHS-5), children of under-5 years who are stunted, wasted and underweight are 36%, 19%, and 32%, respectively.[3] The major reason for the poor nutritional status among children is inappropriate, inadequate, and faulty Infant and Young Child Feeding (IYCF) practices, mainly due to lack of knowledge of the mothers and caretakers.

IYCF is a set of well-known and recommended appropriate feeding practices for newborn and children up to 2 years of age. Optimal IYCF practices rank among the most effective interventions to improve child health.[2] Proper practice of IYCF is very essential for children's health, growth, development, protection against illnesses, and ultimately reduction in their mortality.

Optimal IYCF Practices includes:[4]

- Initial Breastfeeding – early initiation of breastfeeding immediately after birth preferably within 1 h
- Exclusive Breastfeeding – exclusive breastfeeding for the first 6 months of life
- Complementary feeding (CF) – timely introduction of complementary food (maintaining adequate diet and dietary diversity) beyond 6 months along with continued breastfeeding.

Early initiation of breastfeeding, within 1 h of birth, protects the newborn from acquiring infection and reduces newborn mortality.[5] When a mother initiates breastfeeding within 1 h after birth, production of breast milk is stimulated. The yellow or golden milk produced during the 1st day is called colostrum which is an important source of antibodies and hence provides immune protection to the newborn. The advantages of exclusive breastfeeding compared to partial breastfeeding are the reduction in risk of death from diarrhea and respiratory illness.[6,7] For the mother, exclusive breastfeeding can delay the return of fertility. From the age of 6 months, an infant's need for energy and nutrients starts to exceed and only breast milk is not enough, from this time CF becomes necessary to fill the energy and nutrient gap. If complementary foods are not introduced at this age or if they are given inappropriately, an infant's growth may falter. The period of CF from 6 to 23 months is the time of peak incidence of growth faltering, micronutrient deficiencies, and infectious illnesses.[2] Therefore, to meet the evolving nutritional requirements of infants, they should receive nutritionally adequate and safe complementary foods while breastfeeding should be continued for up to 2 years of age or beyond. However, in reality, many mothers are unable to practice IYCF as advised. According to NFHS-5, only 64% of children under age 6 months have been exclusively breastfed, and more worrisome is that only 11% of breastfeeding children aged 6–23 months receive an adequate diet.[3] Thus, promotion and support of IYCF are the need of the hour. In India, National Rural Health Mission is a flagship program for ensuring health for all and under this program Accredited Social Health Activists (ASHAs) have been recruited as key resource personnel for awareness creation and demand generation for health. ASHAs, therefore, play a pivotal role in the promotion of breastfeeding and IYCF. ASHAs can effectively influence and appropriately guide mothers on optimal IYCF practices provided they are well-equipped with adequate knowledge and counseling skills. According to the 5th Report of Assessment of India's Policy and Programs on IYCF 2018, there are several gaps in the indicator for mother support and community outreach. There is insufficient reach of community-based support systems to women for IYCF counseling, inadequate coverage of women who receive counseling and support for initiation of breastfeeding within an hour of birth, and inadequate skill training to community health workers to support breastfeeding initiation and continuation.[8,9]

Thus, the role of ASHAs, as community health workers and as first point of contact in need for mothers during antenatal and postnatal period, is unparalleled. Assessment of their knowledge and counseling skills regarding IYCF is vital for the unhindered continuation of their role. With this background, the present study was conducted in Bhatar, a community development (CD) block of Purba Bardhaman district to assess the knowledge and counseling skills regarding IYCF among ASHA workers.

Aims and objectives

The aims of this study were as follows:

1. To assess knowledge of ASHAs regarding IYCF in Bhatar CD Block of Purba Bardhaman District, West Bengal
2. To find out the relationship, if any, between knowledge of ASHAs regarding IYCF and their sociodemographic characteristics
3. To observe the counseling skills of ASHAs for promotion of optimal IYCF practices among mothers of their areas.

MATERIALS AND METHODS

This was a community-based descriptive study, with cross-sectional design conducted between November 2023 and February 2024 in Bhatar CD Block of Purba Bardhaman District, West Bengal. The district has 23 CD blocks; Bhatar was selected as it is the Rural Field Practice area of the Department of Community Medicine, Burdwan Medical College. This CD Block consisting of 17 subcenters and 38 Health and Wellness Centers (HWCs) was the study area for the current study.

The study population were ASHA workers currently working in the villages of Bhatar CD Block who gave informed consent to participate in the study. According to NFHS-5, the prevalence of children above 6 months receiving complementary food and breastmilk was 46%.[3] Considering this prevalence (P) with a confidence interval of 95%, absolute allowable error d=10%, and using the formula: $n=[(Z_{1-\alpha/2})^2 \times P (1-P)]/d^2$, the estimated sample size was 95. Further adding the dropouts as 10%, the final calculated sample size was 105.

As mentioned earlier, the study area comprised of 55 facilities, that is 17 subcenters and 38 HWCs. A line list of ASHAs in each facility was prepared with the help of the Block Programme Coordinator (ASHA) of Bhatar CD Block which served as the sampling frame. From this sampling frame, two ASHAs were selected from each facility using the simple random sampling technique. Selecting two ASHAs from each facility gave a total of 110 study subjects which satisfied the minimum required sample size of 105 study subjects. This sample size was for objectives 1 and 2.

For objective 3, that is, for observing the counseling skills of ASHAs for promotion of optimal IYCF practices among mothers, 50% of the calculated sample size, that is, one ASHA from each facility was considered due to feasibility issues.

In this study, a pre-designed schedule was used for collecting sociodemographic information of study subjects and a pre-designed, pre-tested, structured, validated questionnaire was used to assess knowledge of the study subjects regarding IYCF. The questionnaire was designed with the help of IYCF, one day sensitization module by Ministry of Health and Family Welfare, Government of India.[10] Guidance from Infant and Young Feeding, Model Chapters for textbooks by the World Health Organisation[2] was also taken. Content validity of the study tool was evaluated by subject experts. The questionnaire was translated into Bengali and back translated to English for semantic and linguistic equivalence. For assessing knowledge, the questionnaire consisted of 16 closed-ended questions with a total score of 16, 1 for each correct response.

A checklist was used to observe the counseling skills of ASHAs for the promotion of optimal IYCF practices among mothers of their areas. The checklist was designed with the help of a document released under the National Health Mission program and named as "Jeevandayi Dakshata, 6th and 7th training module 2023, for ASHAs."[11]

The self-administered questionnaire was used to collect data about knowledge on IYCF. For observation of counseling skills, selected ASHA workers were asked to counsel mothers whose babies were going to complete 6 months of age in their respective households.

Ethics

Data were collected after approval of the Institutional Ethics Committee of Burdwan Medical College (BMC/I.E.C./012 dated February 01, 2024). Cooperation of the concerned authority was sought before actual data collection. Study participants were briefed about the purpose and process of the study and their informed consent to participate in the study was obtained and confidentiality and anonymity of study participants was assured and maintained.

Statistical analysis

Collected data were checked for completeness and consistency and then entered in the computer on Microsoft Excel (2019, Version 18.2301.1131.0) Data Sheets. The principles of descriptive statistics were applied to organize and present the data in tables and diagrams. For univariate analysis, the knowledge of ASHA workers was classified as poor, average, and good according to the scores they obtained. Score < (mean −1SD) was categorized as a poor, score from (mean −1SD) to (mean +1SD) was categorized as average, and score >(mean +1SD) was categorized as good. Test of association was done by the Chi-square test using Statistical Package for the Social Sciences software (version 23).

RESULTS

A total of 110 study subjects participated in the study which was conducted in Bhatar CD Block with an aim to assess the knowledge and counseling skills of ASHA workers regarding IYCF.

A total of 110 ASHAs, aged 40.7±5.5 years, were assessed in the study area. Majority (90%) of them were married, three-fourths (75.5%) were Hindus, more than half (56.4%) were from unreserved castes, 58.2% had completed secondary education and about 61% belonged to the nuclear family. As per the modified B.G. Prasad scale, 44.5% of study subjects were from the middle socioeconomic class, 37.3% belonged to lower middle and lower socioeconomic status and the rest were from upper and upper middle socioeconomic status. The mean duration of service was 6.2±3.6 years. More than two-thirds (67.3%) had received modular training on child health and nutrition (ASHA Module 7) which included topics of IYCF such as breastfeeding, CF, care during illness, and skills of communication and counseling.

Knowledge of ASHA workers regarding various components of IYCF is shown in Table 1.

Table 1: Distribution of study subjects according to the correct knowledge regarding various topics of infant and young child feeding practice (n=110).

Components of IYCF	No. of Accredited Social Health Activists with correct knowledge	Percentage
1. Time of initiation of breastfeeding	105	95.5
2. Advice on pre-lacteals	105	95.5
3. Benefits of Colostrum feeding	101	91.8
4. Correct attachment of baby during breastfeeding	98	89.1
5. Duration of exclusive breastfeeding	102	92.7
6. Ways to recognize that breastfeeding is adequate for baby	91	82.7
7. Age of introducing complementary feeding	103	93.6
8. Consistency of complementary feeding	85	77.3
9. Frequency of meal during complementary feeding at the age of 6–8 months	64	58.2
10. Amount of food at each meal during complementary feeding at the age of 6–8 months	63	57.3
11. Frequency of meal during complementary feeding at the age of 9–11 months	70	63.6
12. Amount of food at each meal during complementary feeding at the age of 9–11 months	59	53.6
13. Frequency of meal during complementary feeding at the age of 12–24 months	52	47.3
14. Amount of food at each meal during complementary feeding at the age of 12–24 months	65	59.1
15. Feeding during illness	85	77.3
16. Breastfeeding in maternal HIV during the first 6 months	87	79.1

Out of a total score of 16, the mean knowledge score of ASHAs regarding optimal IYCF practices was 12.05±2.24, and the minimum and maximum scores obtained by them were 6 and 16, respectively. Correct knowledge regarding time of initiation of breastfeeding, pre-lacteals, colostrum feeding, duration of exclusive breastfeeding, and age of introduction of CF was observed among more than 90% of study subjects. Less than two-thirds (59%) of ASHAs had optimal knowledge about the amount of food while less than half (47%) of the ASHAs had adequate knowledge about frequency of meal during CF for children aged 12–24 months. Approximately 80% of participants had correct knowledge regarding breastfeeding in HIV-positive mothers.

On categorizing the knowledge score obtained by study subjects into poor, average, and good, more than three-fourths (78%) of the study participants found to have average knowledge regarding IYCF. Poor and good knowledge was found among 13% and 9% of the study subjects, respectively.

Level of knowledge of ASHA workers was further analyzed for its association with certain sociodemographic characteristics of the participants using the Chi-square test of association which is shown in Table 2.

It was found that the level of knowledge regarding IYCF was significantly associated with the duration of service of study subjects and their status of training on IYCF with P=0.001 and P=0.000, respectively.

Figure 1 shows the various key messages which ASHA workers have communicated to mothers of babies who were going to complete 6 months of age regarding infant feeding and hygiene practices. Message for proper hand hygiene before feeding was conveyed by majority (91%) of ASHA workers. Least number of ASHAs, that is, 62% had delivered the message regarding proper handwashing after handling babies' excreta.

DISCUSSION

The present study was conducted with the aim of knowledge and counseling skills assessment of ASHA workers as they are a crucial component of the health system and play a key role in influencing community members. The study involved 110 ASHAs with mean age of 40.7±5.5 years and duration of service of ASHAs was 6.2±3.6 years which is comparable with finding of a study done by Kohli and Chadha[12] where mean age of ASHAs was 39±6.5 years and mean duration of service was 5.9±2.9 years. More than half (58.2%) of ASHAs were educated up to class tenth, 61% were from nuclear families and 44.5% ASHAs were from the middle socioeconomic class. In a study done by Kaur et al.,[13] 57% ASHAs were educated up to matriculation which is very much similar to what was found in the present study. Furthermore, proportion of study subjects belonging to middle socioeconomic status in the study from Patiala[13] was 38% which is consistent with the finding of the present study. About 35% of ASHAs in the present study had duration of service of <5 years, a similar result was obtained in a study conducted in Karnataka[14] where 42% of ASHAs had <5 years of duration of service. In the study by Kohli and Chadha[12] cent percent ASHAs had received modular training on topics such as breastfeeding, CF, and care during diarrhea while in the present study, only two-thirds (67.3%) had received modular training on child health and nutrition.

Table 2: Association between level of knowledge of ASHA workers regarding IYCF and their sociodemographic characteristics (n=110)

Sociodemographic characteristics	Level of knowledge regarding IYCF frequency (row%)				Test of significance (χ^2 value, P value, df)
	Poor (Score < [mean−1SD])	Average ([mean-1SD] to [mean+1SD])	Good (score > [mean+1SD])	Total	
Age					
26–35 years	2 (9.5)	19 (90.5)	0 (0.0)	21 (100.0)	5.84, 0.212, 4
36–45 years	12 (15.0)	60 (75.0)	8 (10.0)	80 (100.0)	
>45 years	0 (0.0)	7 (77.8)	2 (22.2)	9 (100.0)	
Total	14 (12.7)	86 (78.2)	10 (9.1)	110 (100.0)	
Education					
Middle school	2 (50.0)	2 (50.0)	0 (0.0)	4 (100.0)	7.39, 0.117, 4
Secondary school	8 (12.5)	52 (81.3)	4 (6.3)	64 (100.0)	
Higher secondary school and above	4 (9.5)	32 (76.2)	6 (14.3)	42 (100.0)	
Total	14 (12.7)	86 (78.2)	10 (9.1)	110 (100.0)	
Duration of service					
0–4 years	11 (28.9)	27 (71.1)	0 (0.0)	38 (100.0)	19.39, **0.001** , 4
5–8 years	3 (8.1)	30 (81.1)	4 (10.8)	37 (100.0)	
9–12 years	0 (0.0)	29 (82.9)	6 (17.1)	35 (100.0)	
Total	14 (12.7)	86 (78.2)	10 (9.1)	110 (100.0)	
Modular training on IYCF					
Received	3 (3.9)	64 (84.2)	9 (11.8)	76 (100.0)	18.08, **0.000**, 2
Not received	11 (32.4)	22 (64.7)	1 (2.9)	34 (100.0)	
Total	14 (12.7)	86 (78.2)	10 (9.1)	110 (100.0)	

ASHA: Accredited social health activists, IYCF: Infant and young child feeding, Values in bold shows statistically significant p-value

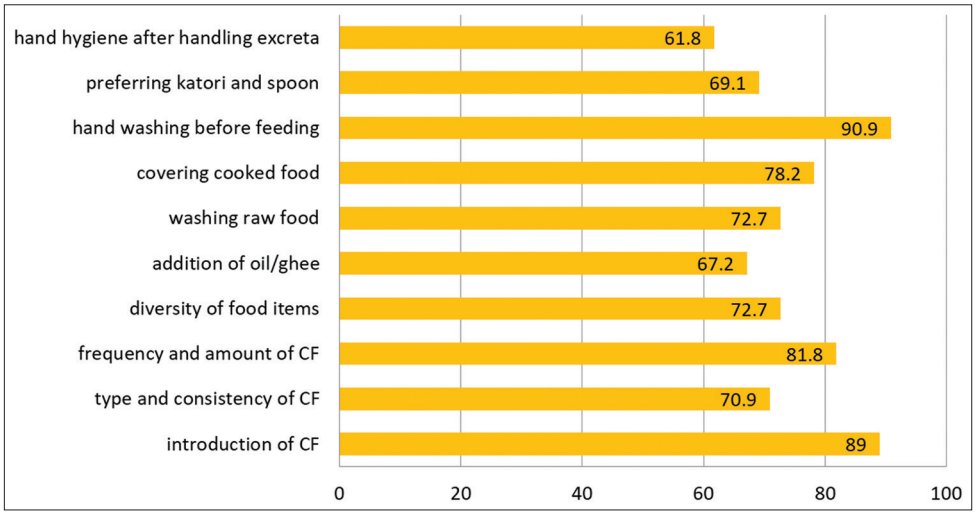

Figure 1: Distribution of study subject according to the key message delivered to the mother about infant and young child feeding

In the current study, the mean knowledge score regarding optimal IYCF practices was 12.05±2.24 out of a total score of 16. About 93%, 92%, and 94% ASHAs had proper knowledge regarding the duration of exclusive breastfeeding, benefits of colostrum feeding, and age of introduction of CF, respectively. The study from Delhi[12] showed consistent results where 94% ASHAs had proper knowledge about exclusive breastfeeding and the duration, 91% of ASHAs told colostrum was necessary to the baby and 94% of ASHAs knew the appropriate age of weaning. Another study from Madhya Pradesh[15] also revealed similar findings where 91% of health care providers (HCPs) knew about the importance of colostrum but regarding the duration of EBF and age of weaning, only 68% and 65%, respectively, of HCPs had complete knowledge, which was substantially lower than the findings of this study (93% and 94%, respectively). Knowledge about correct attachment during breastfeeding was observed in 89% of ASHAs in the present study, which is comparable with the study from Madhya Pradesh[15] where 85% of HCPs had knowledge about proper attachment.

On carrying out univariate analysis in the present study, the level of knowledge of ASHA workers regarding

IYCF was found to be significantly associated with their duration of service and status of training on IYCF with P=0.001 and P=0.000, respectively. Conversely, the educational qualification of ASHA workers was not significantly associated with their level of knowledge. This finding diverges from a study done in Gujarat[16] which revealed a significant association between education of primary care providers and child-feeding practices.

During counseling on CF practices, in the study conducted in Delhi,[12] nearly two-thirds (63.3%) promoted introduction of CF on completion of 6 months and (68.4%) advised on the type and consistency of feeds, whereas in the current study, the proportion was found to be 89% and 71%, respectively. This difference could be due to the modular training received by ASHAs and its positive impact on their knowledge level. More than half (53.3%) of the ASHAs had advised mothers on the frequency and amount of complementary feed to be given to their infants, in the study at Delhi[12] whereas in the present study, the proportion was much higher (82%).

Limitations of the study

The study was conducted only in one CD block of Purba Bardhaman District due to feasibility issues and resource constraints, which somewhat reduces the external validity of the study so, it could be taken as a pilot study for this location.

CONCLUSIONS

Although the knowledge of ASHA workers regarding most of the components of IYCF was encouraging, there existed a paucity of knowledge related to the amount and frequency of meals for infants, consistency of CF, and feeding during illness. Thus, there is an urgent need for repeated in-service re-orientation training of ASHAs to improve their knowledge and also for proper implementation of IYCF. Monthly meetings may be used as a platform for regular reinforcement of various aspects of IYCF among ASHAs.

ACKNOWLEDGMENT

We acknowledge Chief Medical Officer of Health, Purba Bardhaman, and Block Programme Coordinator (ASHA) of Bhatar CD Block for their cooperation, without which this study would not have been possible. Furthermore, we sincerely thank all the participants for their invaluable support in this study.

REFERENCES

1. Nutrition. World Health Organization. Available from: https://www.who.int/news-room/facts-in-pictures/detail/nutrition [Last accessed on 2023 Oct 07].
2. World Health Organization. Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals. Geneva: World Health Organization; 2009. Available from: https://iris.who.int/bitstream/handle/10665/44117/9789241597494_engpdf sequence=1 [Last accessed on 2023 Oct 07].
3. National Family Health Survey (NFHS-5) 2019-21. Compendium of Fact Sheets Key Indicators India and 14 States UTs (Phase-II). Ministry of Health & Family Welfare. Government of India. Available from: https://mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf [Last accessed on 2023 Oct 07].
4. Khandelwal S, Kondal D, Chakravarti AR, Dutta S, Banerjee B, Chaudhry M, et al. Infant young child feeding practices in an Indian maternal-child birth cohort in Belagavi, Karnataka. Int J Environ Res Public Health. 2022;19(9):5088.
https://doi.org/10.3390/ijerph19095088
5. Indicator Metadata Registry Details. The Global Health Observatory. World Health Organisation. Available from: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/early-initiation-of-breastfeeding [Last accessed on 2023 Oct 08].
6. Christensen N, Bruun S, Søndergaard J, Christesen HT, Fisker N, Zachariassen G, et al. Breastfeeding and infections in early childhood: A cohort study. Pediatrics. 2020;146(5):e20191892.
https://doi.org/10.1542/peds.2019-1892
7. Abdulla F, Hossain MM, Karimuzzaman M, Ali M and Rahman A. Likelihood of infectious diseases due to lack of exclusive breastfeeding among infants in Bangladesh. PLoS One. 2022;17(2):e0263890.
https://doi.org/10.1371/journal.pone.0263890
8. Arrested Development. 5th Report of Assessment of India's Policy and Programmes on Infant and Young Child Feeding. World Breastfeeding Trends Initiative. Available from: https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-India-Report-2018.pdf [Last accessed on 2023 Oct 07].
9. Reddy KD and Pattela NT. Infant and young child feeding practices in the rural field practice area of a government medical college in Andhra Pradesh. Int J Acad Med Pharm. 2024;6(2):882-886.
https://doi.org/10.47009/jamp.2024.6.2.181
10. Mothers' Absolute Affection. Infant and Young Child Feeding. One Day Sensitization Module. Ministry of Health and Family Welfare. Government of India. Available from: https://www.nhm.gov.in/maa/one_day_sensitization_module/one day_sensitization_module_english_lowres.pdf [Last accessed on 2023 Sep 15].
11. Jibandayee Dakshata, 6th and 7th Training Module 2023, for ASHAs. State ASHA Cell. National Health Mission. Government of India, Ministry of Health and Family Welfare, Nirman Bhavan: New Delhi ; 2023. p. 114-118.
12. Kohli S and Chadha R. Counselling skills of Accredited Social Health Activists for promotion of optimal Infant and Young Child Feeding practices. Indian J Commun Health. 2020;32(1):137-144.
https://doi.org/10.47203/IJCH.2020.v32i01.028
13. Kaur M, Oberoi S, Singh J, Kaler N and Balgir RS. Assessment

of knowledge of ASHA workers regarding MCH services and practices followed by mothers - A field study. J Family Med Prim Care. 2022;11(12):7863-7869.

https://doi.org/10.4103/jfmpc.jfmpc_812_22

14. Rohith M and Angadi MM. Evaluation of knowledge and practice of ASHAs, regarding child health services in Vijyapaura District, Karnataka. J Family Med Prim Care. 2020;9(7):3272-3276.

https://doi.org/10.4103/jfmpc.jfmpc_371_20

15. Silawat S, Goswami VP, Rai S, Shrivastava A, Dixit S and Silawat G. Awareness, perception and practices regarding infant and young child feeding among health care providers in two districts of Madhya Pradesh: A cross-sectional study. Global J Med Public Health. 2023;12(6):264-271.

16. Choraria N, Patni MA, Vaidya J, Nimavat H and Akikwala M. Infant and young child feeding practices and infections pattern in children up to 24 months age attending outdoor patient department of a tertiary care hospital of South Gujarat. Natl J Community Med. 2023;14(3):172-179.

https://doi.org/10.55489/njcm.140320232683

Authors' Contributions:
AJ- Conception and design, literature review, preparation of the first draft of manuscript, data collection, data analysis, manuscript preparation and submission of article; **PG**-Intellectual content development, data analysis, and interpretation and reviewing the article; **SM**- Conception and design, interpretation of data, editing and manuscript revision; **PT**- Intellectual content development and critical review of the manuscript; **AH**- Literature survey, data acquisition, and analysis; **SS**- Literature survey, data acquisition, and analysis.

Work attributed to:
Burdwan Medical College and Hospital, Purba Bardhaman, West Bengal, India.

Orcid ID:
Aprajita Jha- https://orcid.org/0009-0005-7073-4581
Pramit Goswami- https://orcid.org/0009-0009-4153-9137
Sutapa Mandal- https://orcid.org/0009-0007-9824-3906
Pranita Taraphdar- https://orcid.org/0000-0001-5877-7638
Arif Hossain- https://orcid.org/0009-0000-1129-6845
Suman Sannigrahi- https://orcid.org/0009-0007-6300-2934

Source of Support: Nil, **Conflicts of Interest:** None declared.