



Knowledge and practices of breastfeeding among the lactating mothers of Lambashia Rohingya Refugee Camp at Cox's Bazar

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ABSTRACT

Refugee crises adversely impacts on infant growth, development and even survival. Breastfeeding has a key role in infant health and well-being in this crises situation. Therefore, breastfeeding is children's fundamental right for achieving Sustainable Development Goal-2 and Goal-3. The purpose of this study was to provide an overview of Rohingya mothers' knowledge and practices regarding breastfeeding. A cross-sectional descriptive study was carried out among purposively and conveniently selected Rohingya refugee lactating mothers living in selected areas of Bangladesh. Data were collected through interview using a semi-structure questionnaire. Data was entered into SPSS and descriptive analysis was done. A total of 396 Rohingya refugee mothers aged ≤ 20 , 21-30 and ≥ 31 years 32%, 62% and 6% constituted the participants of this study. Highest proportion (86%) lactating mothers found to have "Very Good Knowledge" and 14% had "Good Knowledge". Greater proportion (61%) were found with "Good Practice" level and the rests (39%) were with average practice level. The overall knowledge level of Rohingya lactating mothers on breastfeeding was very good among the mothers. About two-third of them had a good level of breastfeeding practice and others were found with average level. As the Rohingya refugees are receiving various health services through different national or foreign organizations, this may be why the level of knowledge and practice of breastfeeding among Rohingya mothers was observed to be better than that of the mothers of host country.

INTRODUCTION

Breastfeeding for human milk is the natural and normative practice for infant feeding and thereby nutrition. Neuro-developmental incontestable advantages of breastfeeding, infant nutrition should be calculated as a significant public health issue and not only a lifestyle choice (Eidelman et al., 2012). Knowledge of breastfeeding was good but practice was not satisfactory (Al Ketbi et al., 2018). Exclusive breastfeeding is significantly associated with a strong immune system and optimal development of the baby. The importance of breastfeeding is still underestimated. Lack of parental knowledge and unhealthy milk donation practices, breastfeeding deprives babies of their basic right to their mother's milk. IMR and malnutrition high in other developing countries including Pakistan. Healthy breastfeeding

practices can bring about positive changes in child health status. Breastfeeding is critical to achieving Sustainable Development Goals #2 and #3, which aim to reduce hunger, promote healthy nutrition and well-being (Yalçin et al., 2022)

Breastfeeding is the best way to feed infants for the first six months suggest by national and many other health organizations (UNICEF, 2018) In early childhood, poor nutrition can negatively impact a child's physical and as well as emotional development for both the short and long-term and interfere adulthood achievement and productivity. Breast milk is a universal food that provides essential nutrients to the baby up to two years of age (Cascone et al., 2019). Breastfeeding particularly is one of the major strategies which help improve infants' nutritional status with which at least half of the almost 10 million deaths of

children younger than 5 years old every year are a directly or indirectly related (Do Nascimento et al., 2010). Though the breastfeeding is a natural process but socio-cultural factors and habits can influence the initiation and sustainability of breastfeeding (Yalçın et al., 2021).

The study on breastfeeding in refugee camps is one which engages an ongoing, still underexplored context, which is highly significant in the light of present emergency situations of the mothers who are pushed out from the country they were living. The intended study sample of lactating mothers have been migrated by last few years from Rohingya province of Myanmar, usually are living as refugees in various refugee camps at Cox's Bazaar district of Bangladesh. As they are not usually as the permanent people of Bangladesh, the infants are vulnerable to be sufferer from malnutrition. Understanding the knowledge and practice of breastfeeding may be a necessary step to help improve practices among Rohingya lactating mothers as a means of reducing infant morbidity and mortality. Furthermore, findings from this study may be used as a basis for the design of future breastfeeding promotion programs to improve the knowledge and practice of breastfeeding among the refugee lactating mothers in Bangladesh and as well as the refugee or migrant mothers beyond the country. This study is intended to identify gaps in knowledge and practice of breastfeeding among Rohingya lactating mothers living in Lambashia Refugee Camp. Therefore, the objectives of this study are to assess the knowledge regarding breastfeeding among Rohingya lactating mothers, and to determine the breastfeeding practice pattern among the respondents

METHODS AND MATERIALS

Research design

The cross-sectional study was performed on Rohingya mothers of Lambashia Refugee Camp of Ukhia, Cox's Bazar from June, 2022 to November, 2022. The purposive convenience sampling technique was used for this study. All the available lactating mothers attending Camp Health Center for Nutritional Service with their children were

included in this study. Finally 396 data were retained for analysis.

Ethical considerations

Every Rohingya lactating mother was oriented on the research topic and study objectives. The entire procedures were discussed with them. They were assured that their given data would be kept strictly confidential. After inform all about the study, a written consent was obtained from the respondents.

Data collection and analysis

A pre-tested questionnaire was used in the study. Face to face interview was taken for each participant. All questionnaires were thoroughly checked for completeness. The data were entered into computer with the help of the software Statistical Package for Social Science (IBM SPSS) 15.0 version. The data were recoded and score were computed where required. Overall knowledge was leveled as Scores ≤ 20 for Poor Knowledge, 21-40 for Average Knowledge, 41-60 for Good Knowledge and 61-80 for Very Good Knowledge. Overall practices were leveled as scores (≤ 15) for Poor Practice, 16-30 for Average Practice and 31-45 for Good Practice.

RESULTS

Socio-demographic characteristics

Age of the respondents

Highest proportions (62%) of the respondents were 21-30 years old followed by 32% (≤ 20) years old mothers. Least proportion (6%) of respondents were ≥ 31 years old. The minimum, maximum and mean age of the respondents was 16, 40 and 24 years respectively (Table 1).

Age of children of the respondents

Highest proportion (39%) of mothers were breastfeeding with 7- 2 months old children followed by 37% of mothers who had ≤ 6 months old lactating children. Among the mothers, 16% were lactating with 12-18 months old babies. Least

(8%) mothers found with ≥ 19 months old lactating children (Table 1).

Table 1: Distribution of respondents by their age (n=396)

Socio-demographic characteristics		N (%)
Age (Years)	≤ 20 Years	125 (32)
	21- 30 Years	246 (62)
	≥ 31 Years	25 (6)
Age group (months)	≤ 6 months	146 (37)
	7-12 months	154 (39)
	12-18 months	65 (16)
	≥ 19 months	31 (8)
Education	Illiterate	78
	primary/equivalent	19
	secondary/equivalent	3
Occupation	house wives	98
	daily workers	2
Number of family members	≤ 5	240(61)
	6-9	143(36)
	≥ 10	13(3)
Marital status	married	95
	divorced	2
	separated	1
	widow	2
Monthly Income (BDT)	< 5 thousand	112(28)
	6-10 thousand	231(58)
	≥ 11 thousand	53(14)
Number of children	≤ 2 children	217(55)
	3-5 Children	144(36)
	≥ 6 Children	35(9)
pregnancy	pregnant	32 (8)
	non-pregnant	364 (92)
Vaccination status of children	immunized	99
	Non-immunized	1
Birth control status	not adopt	219 (55)
	adopt	157 (40)
	Widow/Separated	20 (5)

Education and occupation of respondents

Almost (78%) of the respondents were illiterate. About one-fifth (19%) of the respondents were found with primary/equivalent education level and 3% were found with secondary/equivalent education. Almost all of the women respondents were house wives except 2% daily workers mothers.

Number of family members

Highest number (61%) of the respondents were found with ≤ 5 family members. More than one-third (36%) of the respondents had 6-9 members. Least (3%) were found with ≥ 10 family members.

Marital status of the respondents

Almost (95%) all of the respondents were living with their husbands. Widowed and divorced were equally distributed (2%). Only 1% respondents were found separated from their husbands.

Monthly family income of the respondents

Among the respondents, highest (58%) reported BDT 6000-10000 per month family income where 28% were found with BDT < 5000 . Only 14% of respondents had monthly family income BDT ≥ 11000 .

Number of respondents' children

55% of respondents had ≤ 2 children. More than one third (36%) of the respondents had 2-5 children. Among 9% of respondents had ≥ 6 children.

Current pregnancy status of respondents

Among the respondents only 8% were pregnant and others (92%) were non-pregnant.

Vaccination status of children

Almost children of the respondents were found immunized except least 1%.

Birth control status of respondents

Highest 219 (55%) of the respondents did not adopt any birth control method. On the other hand 157 (40%) of them were found to use birth control measure. 20 (5%) were found Widow/Separated from husband.

Knowledge on breastfeeding

Knowledge about breastfeeding initiation time after birth

Majority (81%) of the Rohingya mothers told that breastfeeding was initiated within 1 hour after birth. Only 17% of them knew that a newborn baby is initiated breastfeeding 1 hour after birth. Very few (2%) had this knowledge (Table 2).

Knowledge about interval of breastfeeding

When Rohingya mothers were asked how often they had to breastfeed their infants, at majority 64% knew that they had to breastfed every 1 hourly. However 26% thought that the baby should be breastfed every two hourly (Table 2).

Table 2: Distribution of respondents by their knowledge related characteristics (n=396)

Knowledge related Characteristics	Responses	N (%)
Knowledge about breastfeeding initiation time after birth	Within 1 hour after birth	322(81)
	After 1 hour of birth	66(17)
	Any time after birth	8(2)
Knowledge about interval of breastfeeding	1 Hour	252(64)
	2 Hour	111(28)
	3 Hour	9(2)
	Any time	12(3)
	When a baby cries	12(3)
Awareness about breastfeeding position	Aware	17(4)
	Not aware	379(96)
Concept about attachment for breastfeeding	Yes	388(98)
	No	8(2)
Knowledge regarding duration of breastfeeding	1 Year	8(2)
	2 Year	175(44)
	>2 Year	101(26)
	Don't know	112(28)
Knowledge regarding duration of exclusive breastfeeding	< 6 month	24(6)
	6 months	347(88)
	>6 months	25(6)

Awareness about breastfeeding position

Almost all of the Rohingya mothers (96%) were unaware of the proper position of mothers holding

their baby while breastfeeding. Only 4% of mothers were aware in this regard (Table 2).

Concept about attachment for breastfeeding

Most of the mothers know about the attachment of the breast while breastfeeding their infant except (2%) (Table 2).

Knowledge regarding duration of breastfeeding

When asked Rohingya mothers, how long the baby needs to be breastfed, maximum 44% said 2 years. On the other hand, 26% of them did not know how long they have to breastfeed their infants. A large proportion of them (28%) knew that infants had to be breastfed for more than two years (Table 2).

Knowledge regarding duration of exclusive breastfeeding

When the respondents were asked regarding the duration of exclusive breastfeeding, equal proportion of them told <6 months and >6 months. They constituted 6% in each group. The rests, almost (88%) knew that the duration of EBF is 6 months (Table 2).

Knowledge on importance of feeding colostrums

While Rohingya mothers were asked about importance of feeding colostrum, highest proportion (61%) thought that this was important for mental health of baby. 29% of them told that feeding colostrum was important for baby's immunity. Some of them (9%) thought that feeding colostrum was important for the baby's betterment. Very few (1.5%) knew that feeding colostrum was important for mothers' health (Table 3).

Knowledge on importance of breastfeeding

While Rohingya mothers we questioned on importance of breastfeeding, except (2%) almost all of them answered that this was important for bonding between mothers and babies. The rests thought that breastfeeding was important for bonding between fathers and babies (Table 3).

Knowledge on disease prevention by breastfeeding

Almost (87%) of them told that breastfeeding prevents cancer of babies. Some mothers (9%) knew that breastfeeding prevent any type of cancer of mothers. Only 5% mothers told that breastfeeding prevents mothers' breast cancer.

Awareness on breastfeeding during Diarrhea and Pneumonia

The Rohingya mothers were enquired for awareness on breastfeeding during diarrhea and pneumonia. Almost 86% mothers were found aware. Few of them (12%) were found unaware in this regard. Only 2% were found not sure (Table 3).

Table 3: Distribution of respondents by their knowledge related characteristics (n=396)

Knowledge related Characteristics	Responses	Frequency (%)
Knowledge on importance of feeding colostrum	Baby's immunity power	114 (29)
	Mother's health	6 (1.5)
	Mental health of baby	242 (61)
	Betterment of baby	34 (9)
Knowledge on importance of breastfeeding	Bonding between father and baby	8(2)
	For bonding between mother and baby	388(98)
Knowledge on disease prevention by breastfeeding	Cancer of baby	343 (87)
	Breast cancer of mother	19 (5)
	Any cancer of mother	34 (9)
Awareness on breastfeeding during Diarrhea and Pneumonia	Yes	340(86)
	No	48(12)
	Not sure	8(2)
Knowledge on age for initiating supplementary food	At 6 months	376(95)
	After 6 months	20(5)

Knowledge on age for initiating supplementary food

Regarding initiation of supplementary food, almost respondents (95%) told that the baby is initiated supplementary food at 6 months. Only 5% knew that supplementary food is initiated after 6 months (Table 3). The relevant knowledge among the respondents are described in Table 4.

Table 4: Distribution of respondents by their knowledge about advantages of supplementary food in addition to breastfeeding (n=396)

Knowledge related Characteristics	Response	Frequency (%)
Due to inadequate breast milk	Yes	388(98)
	No	8(2)
For growth & development of infant	Yes	380(96)
	No	16(4)
For infant's extra demand of food	Yes	384(97)
	No	12(3)
For withdrawing breastfeeding	Yes	387(98)
	No	9(2)
For mother's wellbeing	Yes	65(16)
	No	331(84)

Overall knowledge level of Rohingya mothers regarding breastfeeding

Among the respondents almost (86%) had Very Good Knowledge regarding breastfeeding. The rests (14%) were found with Good Knowledge in this regard.

Practices of breastfeeding

Item(s) fed at first the baby after birth

While Rohingya mothers were asked for item(s) fed at first the baby after birth, more than half (52%) were found to give breastfeed. Second highest proportion (37%) told that they had fed their baby honey after birth. Least (11%) conceded that they had fed their baby Sugar/Glucose water after birth.

Reason of feeding honey or sugar

The mothers who fed honey or sugar were asked, why they had fed their baby honey or sugar. Most of them confessed that it was their customs to feed the baby honey or sugar after birth. Rests (4%) were divided equally. The two groups formed 2%

and 2% respectively. One of the groups believed that honey/sugar was nutritious food for baby and another was not sure at this point.

Time of breastfeeding initiation after birth in case of current baby

Most of the Rohingya mothers (84%) had initiated breastfeeding to their current baby within 1 hour after birth. An important part (12%) mothers had initiated breastfeeding to their baby between (1-2) hours after birth. Among the mothers (4%) were found to initiated breastfeeding after 3 hours of their baby was born.

Feeding of colostrum

The mothers were enquired if they had fed their baby colostrum after birth. Almost all of them (94%) had fed their babies colostrum. Rests 4% did not fed their babies.

Apparent personal hygiene conditions of respondents

Apparent personal hygiene condition of Rohingya mothers were observed and their hygiene condition were leveled as Poor, Good, and Very Good. Almost all of them were found in Good hygiene condition. The respondents with Poor and Very Good were distributed equally. They formed a total of 4% (Table 5).

Hand hygiene condition of mothers

While hand hygiene condition was observed, almost all of them (94%) were found with Good hygiene condition. The mothers with Poor and Very Good condition were equally distributed. They formed a total of 6% of the respondents.

Washing hand before breastfeeding

The mothers were asked if they wash their hands before breastfeeding. Almost all of them (94%) told that they wash their hands before breastfeeding. The rests 6% didn't used to hand wash.

Table 5: Distribution of respondents by their practice related characteristics

Practice related characteristics	Responses	Frequency (%)
Item(s) fed at first the baby after birth (n=396)	Breast milk	207(52)
	Honey	147(37)
	Sugar/Glucose	42 (11)
Reasons of feeding honey/sugar (n=189)	Did it as custom	181(92)
	Nutritious food for baby	4(2)
	Not sure	4(2)
Time of breastfeeding initiation after birth in case of current baby (n=396)	Within 1 hour	336(84)
	1-2 hours	51(12)
	After 3 hours	9(4)
Feeding of colostrum (n=396)	Yes	374(94)
	No	22(6)
Apparent hygiene conditions of respondents (n=396)	Poor	8(2)
	Good	380(96)
	Very good	8(2)
Hand hygiene condition of mothers (n=396)	Poor	12(3)
	Good	376(94)
	Very good	12(3)
Washing hand before breastfeeding (n=396)	Yes	373(94)
	No	23(6)
Washing breast before feeding (n=396)	Yes	372(94)
	No	24(6)
Washing personal Garments regularly (n=396)	Yes	384(97)
	No	12(3)
Spitting on breast before feeding (n=336)	Yes	143(36)
	No	253(64)

Washing breast before feeding

Almost (94%) all of the Rohingya mothers used to wash breast before feeding their babies. A very small part (6%) didn't do that (Table 5).

Washing personal garments regularly

Except 3% almost all of respondents reported that they used to wash their personal garments or clothes regularly.

Spitting on breast before feeding

A significant proportion (36%) of mothers who participated in the study admitted to spitting up milk before breastfeeding (Table 5).

Overall practice status of breastfeeding among Rohingya mothers

Among the Rohingya mothers, 61% were found with Good Breastfeeding Practice level and 39% were with Average Practice level in this regards.

DISCUSSION

Age of the respondents

As a socio-demographic characteristics age of the respondents is important. In current study highest proportion (62%) of the respondents were 21-30 years old followed by 32% (≤ 20) years old mothers. Least proportion (6%) of respondents were >31 years old. In a study was conducted by Halasa et al. (2022) reported that the childbearing age of Syrian refugee mothers is higher than that of Rohingya refugee mothers.

Age of breastfeeding children of the respondents

Current study confirmed highest proportion (39%) of mothers were breastfeeding with 7-12 months old children and Least (8%) mothers found with ≥ 19 months old lactating children. Azad et al. (2019) revealed the mean age and SD 3.08 ± 1.72 years of breastfeeding children.

Educational qualification of respondents

About one-fifth (19%) of the respondents were found with secondary/equivalent education level in this study whereas in other study among the Syrian refugee mothers, majority of the mothers' education level was lower than high school 83.0% (Halasa et al., 2022).

Occupation of respondents

Almost all respondents were house wives except 2% daily workers mothers Whereas observation

made by Halasa et al. (2022) confirmed 97.5% were unemployed.

Marital status of the respondents

In this current study, almost (95%) all the respondents were living with their husbands. Similar study was observed in urban refugee mothers revealed more than 80% mothers' were living with their partners (Jino et al., 2011).

Occupation of husbands

In this study, 44% of the husbands of the respondent women were unemployed. More than one-third (36%) of the husbands worked on a daily basis. Among respondents' husband 13% were found service holders. Whereas 88% spouse of Syrian refugee mothers were working Halasa et al. (2022).

Monthly family income of the respondents

Of the respondents the family income of 58% Rohingya mothers was 6-10 thousands BDT per month, 28% were found with <5 thousand BDT. Only 14% of respondents had monthly family income ≥ 11 thousand. Study conducted in Syrian refugee revealed the family monthly income in Jordanian dinar (JOD) ranged from 30 to 940 JOD ($M \pm SD = 223.44 \pm 105.45$) (1 JOD = 1.41 U.S.D) Halasa et al. (2022).

Number of respondents' children

Maximum (55%) respondents have ≤ 2 children. More than one third (36%) of the respondents had 3-5 children. Similar observation was found with the Syrian refugee mothers (79.3%) who had average 3.21 children (Halasa et al., 2022).

Knowledge about breastfeeding initiation time after birth

About 81% Rohingya mothers had knowledge about breastfeeding initial time 1 hour after birth. Only 17% of them knew that a newborn baby is initiated breastfeeding 1 hour after birth. Very few (2%) knew that a new born baby is initiated breastfeeding any time after birth. A study

conducted among urban and rural mothers confirmed about half of total mothers (50% urban and 46.7% rural) knew that breastfeeding should be initiated within one hour of birth (Karnawat et al., 2022) Most of the Rohingya mothers knew about the initiation of breastfeeding among the participants in these two studies.

Concept about attachment for breastfeeding

When mothers were wanted to know about the attachment of the breast while breastfeeding their infant except (2%) almost all (98%) of them were found aware in this regard.

Knowledge regarding duration of exclusive breastfeeding

In current study when the respondents were asked regarding the duration of exclusive breastfeeding, equal proportion of them told <6 months and >6 months. They constituted 6% in each group. The rests 88% knew that the duration of EBF is 6 months. A comparative study between urban and rural mother revealed 63.3% urban and 40% rural mothers had correct knowledge that the baby should be exclusively breastfed up to 6 months of age (Karnawat et al., 2022).

Knowledge on importance of feeding colostrum

While Rohingya mothers were asked about importance of feeding colostrum, highest proportion (61%) thought that this was important for mental health of baby. Next highest proportion (29%) of them told that feeding colostrum was important for baby's immunity power. Some of them (9%) thought that feeding colostrum was important for the baby's betterment. Very few (1.5%) knew that feeding colostrum was important for mothers' health.

Awareness on breastfeeding during Diarrhea and Pneumonia

In current study 86% mothers were found aware. Another study confirmed only 52.4 mothers have knowledge regarding exclusive breast feeding that prevents respiratory tract infections and Diarrhea (Thakur et al., 2020).

Practices of breastfeeding

Item(s) fed at first the baby after birth

In this study 52% were found to give breastfeed. The study is in accordance with the study of Das et al. (2019) who reported half of study subjects had given pre-lacteal feeds in the form of honey or sugar water to their babies.

Feeding of colostrum

The mothers were enquired if they had fed their baby colostrum after birth. Almost all of them (94%) had fed their babies colostrum. Rests 4% did not fed their babies. A study conducted by Verma et al. (2017) explored around 36.27% of mothers had not given any pre-lacteal feeds to their newborns.

Apparent personal hygiene conditions of respondents

Personal hygiene was considered important in relation breastfeeding practice. In current study almost all of them were found in Good hygiene condition. A study found that mother's illiteracy, low socio-economic status, unhygienic practice, poor hand washing habits, hand washing without soap were responsible for severe diarrhea in their children. Even children of rural areas had more severe diarrhea than urban children (Tariq et al. (2020).

CONCLUSION

Though the overall knowledge level of Rohingya lactating mothers regarding breastfeeding was very good among almost mothers. The rests of them were found with Good knowledge. Overall breastfeeding practices of Rohingya lactating mothers were satisfactory except some practices. Among them, about two-thirds of Rohingya mothers have a good level of breastfeeding practice and others were found with average level. The relevant findings and experiences of the present study can be helpful for further research on breastfeeding knowledge, attitudes and practices of mothers to bridge the knowledge gap in other areas of breastfeeding knowledge and practices of Bangladesh.

RECOMMENDATIONS

Study provides that the mothers need to be aware the disadvantages of pre-lacteal food and spitting on the breast before breastfeeding their child. As the Rohingya refugees are receiving various health services through different domestic or foreign organizations, this may be why the level of knowledge and practice of breastfeeding among Rohingya mothers was observed to be higher than that of the mothers of host country. Therefore, more vigorous research is needed in the future controlling the confounding factors.

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