

Factors Affecting Customers' Pre-Purchase Evaluation of Baby Food in Dhaka City

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Abstract: Baby food for the infants is the most sensitive one. Doctors suggest exclusive breast feeding for the infants. But for some cases like sickness, temporary disablement or for any other reasons mothers cannot breast feed to their babies. And for that they have to choose infant formula for their infants. Like any other products, parents of infant go through a selection process to choose a baby food. The main focus of this paper is to identify and analyze the pre-purchase factors considered by the parents of the infants of 0-6 months in Dhaka city. Initially a qualitative study (Focus Group Discussion) has been conducted to identify the pre-purchase evaluation factors followed by in-depth interview through a structured questionnaire. From the research it is found that quality of the baby food, suggestions of doctors and ingredients of the baby food are the important pre-purchase factors considered by the parents. Therefore, manufacturers of the baby food should consider those factors before launching any brand.

Key Words: Pre-purchase evaluation factors, baby food, breast feeding and infant formula.

1. Introduction

Baby food is one of the most delicate categories in the food sector. Especially babies between 0-6 months are very sensitive. Doctors suggest exclusive breast feeding for this age group. But parents might need to search for the alternatives of breast feeding due to some unavoidable situations or problems. Then they need to choose the right one among the existing baby foods in the market. Before selecting the baby food, customers go through a selection process by analyzing various factors. The evaluation does not stop with purchasing the product (baby food). They evaluate the product at the time of use and take the decision whether to continue it or go for any other. The focus of this paper is to identify and analyze the factors of pre-purchase evaluation of baby food in Dhaka city.

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2. Research Objectives

The objective of the study is to identify and analyze the factors of pre-purchase of baby food (0-6 months) in Dhaka city. To achieve this objective, following issues have been addressed:

- Identify the various pre-purchase factors of the baby food (0-6 months) in Dhaka city.
- Identify the factors on which customers (parents) give most importance.
- Analyze these pre-purchase factors on the basis of customer segmentation.

3. Scope and methodology of the Research

The study is confined only in Dhaka city. For the purpose of study Dhaka City has been divided into two parts namely Dhaka East and Dhaka West. Dhaka East covers the areas namely Motijheel, Kotwali, Sabujbagh, Ramna, Azimpur, Khilgaon, Mogbazar, Shantinagar, and Tejgaon. Dhaka West covers Cantonment, Gulshan, Uttara, Mohakhali, Mohammadpur, Mirpur, and Badda. The survey has been conducted on various shops on these areas such as Agora, Nondon, PQS, Family Needs, Family World, Almas, Price House, and Price Club. Target respondents of the research are the parents of the infants of 0-6 months, who come to these shops to purchase a baby food. Randomly selected respondent were interviewed with a pre-designed structured questionnaire. Although different relatives can be involved in the purchase process, it is assumed that the decision is taken mostly by the parents. So the research focuses on the parents of infants as respondents. The age limit of mothers starts from 20, which is the legal age of marriage for a girl in Bangladesh. And the age level 35 is considered because, after 35 it is very risky for a woman to conceive. The findings have been presented only on the basis of primary survey conducted for the research.

Both primary and secondary sources have been used for the purpose of the study. Secondary data have been used to provide theoretical background to the research problem. The primary data for the research were collected through Focus Group Discussion (FGD) and questionnaire survey. Primarily a FGD was conducted to extract the information probe, pre-purchase evaluation factors, of the baby food (0-6) months. The FGD was a half day session. There were four mothers and three fathers who had a baby aged (0-6) months and a Child Specialist (as specialist participant) as participant in the FGD. And on the basis of that information a questionnaire was developed and a survey was conducted on the parents who purchased a baby food from the shop in various locations. The secondary data have been collected from different journals, books and web

sites. Both Close and Open-ended questions have been included in the questionnaire. The random sampling technique was used to collect the desired data for the research. The sample size of the research was determined 100. This sample was equally distributed among the two regions, Dhaka East and Dhaka West. Proposed and Actual sample size has been given below in table 1:

Table 1: Proposed and Actual Sample

Region	Proposed Sample	Actual Sample
Dhaka East	50	53
Dhaka West	50	48
Total	100	101

4. Limitations of the Research

The limitation of the research is the absence of recognized study on customers' pre-purchase evaluation factors of baby food in the context of Bangladesh.

5. Breast Feeding and Infant Formula

5.1 The benefits of breast-feeding

Breast-feeding provides the best nutrition and protection from illness of the baby. Many studies comparing the frequency of illness between breast and formula-fed infants have demonstrated fewer illnesses and less severe illnesses in breast-fed infants (Garza et. al *Special Properties of Human Milk*, Clinics of Perinatology 14:11-32, 1987). While it is very difficult to separate all of the variables of parenting style and environment, mounting evidence shows a striking reduction in the incidence and seriousness of gastrointestinal infections, respiratory infections, and ear infections in breastfed babies (Duncan et. Al, *Protects Against Otitis Media*, Pediatrics 91:867-872 1993) The American Academy of Pediatrics found "strong evidence" that breast milk reduces the incidence and/or severity of diseases such as diarrhea, lower respiratory infections, ear infections, bacterial meningitis, and urinary tract infections. (*American Academy of Pediatrics Work Group on Breastfeeding*, Pediatrics 100:1035-1039, 1997). Other studies have shown a decrease in non-infectious diseases such as eczema and asthma. There are some factors which are existed in the breast milk are given below (*Green, A., New Jersey, 1996*).

I. Immunoglobulins

All types of immunoglobulins are found in human milk. The highest concentration is found in colostrums, the pre-milk that is only available from the breast the first three to five days of the baby's life. Secretory IGA, a type of immunoglobulin that protects the ears, nose, throat, and the GI tract, is found in high amounts in breast milk.

II. Lactoferrin

Lactoferrin is an iron-binding protein that is found in human milk, but is not available in formulas. It limits the availability of iron to bacteria in the intestines, and alters which healthy bacteria will thrive in the gut.

III. Lysozyme

Human breast milk contains lysozyme (a potent digestive ingredient) at a level thirty times higher than in any formula.

IV. Carnitine

While carnitine is present in both breast milk and formula, the carnitine in breast milk has higher bioavailability. Carnitine is necessary to make use of fatty acids as an energy source.

V. Growth Factors

Human breast milk specifically encourages the growth of Lactobacillaceae, which are helpful bacteria that can inhibit many of the disease-causing gram-negative bacteria and parasites.

VI. Allergic factors

Research has shown that without exception the important food allergens found in milk and soybean formulas are stable to digestion in the stomach for as long as 60 minutes as compared to human milk protein which is digested in the stomach within 15 minutes.

Human breast milk is the superior food for human babies for many reasons but formulas are an excellent alternative when breast feeding is not possible.

5.2 Using a breast-milk substitute- Infant Formula

Babies under age of six months are treated as infants. For this age group breast feeding is highly recommended by the doctors. But there are few established manufacturers who brought alternative of breast-milk in the market are known as infant formula.

5.2.1. History of baby food for the infant

For centuries, attempts to create a breast milk substitute resulted in high infant mortality. The first formula to significantly lower the artificial feeding death rate was developed by Henri Nestle in the 1860s in response to the high mortality rate among infants in Switzerland in foundling homes (orphanages). It was a combination of cow's milk and cereals and was called Farine Lactee.

Although the mortality and morbidity (illness) rates remained much higher in infants who did not receive breast milk, infant formula became increasingly popular during the 20th century as advertising entered its golden age. The medical community supported the use of infant formula because it was promoted as being more "scientific"--more easily measured and the nutrient content of the milk supposedly ensured.

The post World War II "baby boom" provided a market for the expanding infant formula industry. Between the years of 1946 and 1956, the already diminishing incidence of breastfeeding was halved in the United States, leaving only 25% of infants still being breastfed at the time of hospital discharge. During the 1960s, when birth rates tapered off, infant formula companies began marketing campaigns in non-industrialized countries. Since the 1980s, the USA and many other governments have made increasing breastfeeding rates a priority in improving the lifelong health of their citizens (Retrieved from [www:http://en.wikipedia.org/wiki/Infant_formula](http://en.wikipedia.org/wiki/Infant_formula)).

5.2.2. Infant formula is a breast milk substitute

Based on either cow or soy milk, infant formula strives to be an adequate artificial substitute for natural human breast milk. However, breast milk cannot be copied and remains the unequalled 'perfect food' for human infants and child nutrition. Infant formula is necessarily an imperfect approximation since:

1. The exact chemical properties of breast milk are still unknown.
2. Breast milk is bioactive, with live cells, hormones, enzymes, and growth factors that are impossible to offer in processed animal milk or soybeans. A mother's breast milk changes in response to the feeding habits of her baby and over time, thus adjusts to the infant's individual growth and development.
3. Breast milk includes a mother's immunoglobulin, specifically that help the baby to fight infections. These antibodies help the baby's immature immune system by helping the baby, recognize illness to which the mother has been exposed, but which the baby has not.

4. Breast milk includes a wide diversity of passive immune protection in addition to immunoglobulin. Formula cannot include either active or passive immune protection. Besides breast milk, infant formula is the only other infant milk which the medical community considers nutritionally acceptable for infants under the age of one year. Cow's milk is not recommended because of its high protein and electrolyte (salt) content which may put a strain on an infant's immature kidneys. Evaporated milk, although perhaps easier to digest due to the processing of the protein, is still nutritionally inadequate.

Infant formula is thought to provide adequate nutrition for infants in many instances, including but not limited to the following examples:

- If the mother is unable to produce sufficient breast milk for her infant
- If the mother is on medication that may adversely affect the quality of her breast milk
- If the infant has been adopted
- If the birth has yielded multiples
- If the mother has returned to work and has not been provided, or chooses not to use, a private space for expressing milk while she is away from her baby.

5.2.3. Nutritional content

Most of the world's supply of infant formula is produced in the United States. The nutrient content is regulated by the American Food and Drug Administration (FDA) based on recommendations by the American Academy of Pediatrics Committee on Nutrition. The following ingredient must be included in all formulas produced in the U.S shown in a table 2. (Retrieved from World Wide Web: http://en.wikipedia.org/wiki/Infant_formula):

Table 2: Ingredient of infant formulas produced in the U.S

Ingredient of infant formulas produced in the U.S		
a. Protein.	g. Pantothenic acid	In addition, formulas not made with cow's milk must include: a. Biotin b. holine c. nositol
b. Fat.	h. Calcium	
c. Linoleic acid	i. Metals: phosphorus, magnesium, iron, zinc, manganese, copper	
d. Vitamins: A, C, D, E, K, thiamin (B1), riboflavin (B2), B6, B12	j. Iodine	
e. Niacin	k. Sodium chloride	
f. Folic acid	l. Potassium chloride	

5.2.4. Recent trends of baby food (infant formula)

Initiatives have begun to encourage a resurgence of breastfeeding mothers. As a result of the International Code of Marketing of Breast-milk Substitutes, infant formula companies are now required to preface their product information with statements that breastfeeding is the best way of feeding babies and that a substitute should only be used after consultation with health professionals. However, the vast majority of infant formula manufacturers ignores other parts of the code; including the ban on advertising, free samples, and coupons.

Infant formula remains the least risky substitute when breast milk is not available or is withheld, although numerous studies have shown that infant formula provides inferior nutritional value when compared to breast milk. Not breastfeeding one's infant also increases the risk of infection and disease, both immediately and later in life, for infants and for their mothers. Infant formulas cannot come close to reproducing the bioactivity and immune protection of human breast milk.

Nonetheless, the baby bottle has become a very visible part of Western culture, and increasingly, of other developed and developing nations. This ubiquitous image leads some people to believe that bottles and infant formula are necessary to parenting an infant, whether or not this is true in an individual case.

5.2.5. Manufacturers of infant formula

Major infant formula manufacturers include:

- Mead Johnson
- Nestle": the largest producer of formula in the world
- Ross Pediatrics: a division of Abbott Laboratories
- Wyeth Nutrition
- Bright Beginnings
- Gerber
- Similac
- Enfamil

5.2.6. Baby food (infant formula) in Bangladesh

Bangladesh is a country which is economically poor. Like others around the world baby food is a very sophisticated one especially for the infants (0-6) month's babies. Here there

are few companies are selling their products of which Cerelac, Lactozen, Bio-meal etc. and Nestle is the market leader in this industry of Bangladesh.

6. Findings of the research

The survey has been conducted only in Dhaka city, where the total sample was 101. And Dhaka city has been divided into two regions - Dhaka East and Dhaka West. Fifty three and forty eight respondents (parents) have been taken from Dhaka East and Dhaka West consecutively. From Annexure: 1 we see 21.8% of the respondents are father and 78.2% was mother of the infants aged between (0-6) months). Among which eleven respondents are fathers from each region. Where, forty and thirty seven mothers were from Dhaka East and Dhaka West consecutively.

Annexure: 2 shows that Cerelac is the most purchased brand by the respondents which is about 29% of total purchased and 23% parents purchased Lactozen I for his or her baby.

About 49% parents bought the specific brand because their doctors advised them. Where, only 14% parents bought the baby food as because they perceived the baby food as the best alternative of the breast milk (Annexure: 3).

About 75% of the mothers and about 20% of the fathers are the purchase decision maker of the baby food (Infant formula and purchaser of the baby food at the same time. 69.3% mothers were aged in between 28 - 35. And 12.9% were in between 20-23 years of age (Annexure: 4).

Two third of the mothers were undergraduate. Among which 35.6% were SSC passed. And only 13.9% mothers have the masters or equivalent level of education (Annexure: 5).

38.3% parents had the average family income more than BDT 25,000. And half of them have only one child (Annexure: 6).

From Annexure: 7 it is observed that parents had given their level of preference on some factors which they consider before purchasing a baby food. 57% and 43% of parents give very high level of preference on quality and ingredients of the baby food consecutively at the time of evaluating a brand. Where, only 7% treat availability as very high, 15% give high preference on image of the store. About 29% and 30% of the parents give very high preference on both brand image and the price of the baby food consecutively, whereas, it is seen that about 30% of parents give very high level of preference on price of the baby food. About 18% says advertising is a very important factor.

Suggestion of doctors regarding baby food is a very important factor to the parents. 65% parents give high preference on suggestion of doctors. It is clear that parents are not much being biased by the reference group. Only about 28% of the parents give very high preference on reference group. Most of the parents are not much concerned about the country of origin of the baby food. Only 24% of the parents give high preference on it. Where, about two third of them give low preference on country of origin while selecting a brand of baby food. And 28% of parents are very much careful about packaging of the baby food and 21% of them treat word of mouth as high.

Percentage of Switching from the brand is very low, which is only 8%. And from the brands they switched are Lactozen, O Lac and Bio-meal. Doctor's suggestions and unsuitable for the baby were the reasons to switch from the brand.

Among the purchaser of the baby food 81 were mothers and of them 54 were housewives and rest were service holder. Twenty purchaser of the baby food are the fathers of the baby and of which sixteen are service holder and only four businessmen.

Annexure: 8 shows that quality of the baby food is the most important factor to the parents before purchasing a baby food for their baby aged between (0-6) months. Where, the mean level of preference is 1.4752. The second most important factor is the suggestion of Doctor with 1.6832 mean. And after most important factor is the ingredients of the baby food while the mean is 1.6931, for evaluating the factors 5 point scale has been used. Where 1 refers to very high level of preference, 2 refers high, 3 refers to moderately high, 4 refers to low and 5 refers to very low level of preference regarding factors.

7. Major factors of pre-purchase evaluation of the baby food

7.1 Quality of Baby Food

Quality of baby food is the most prioritized factor to the parents. Fifty seven percent mothers give very high and thirty eight percent give high level of preference on quality (Annexure: 9).

From this research it was also found that twenty six mothers give very high level of preference on Quality of the baby food who is aged between 28-31 years (Annexure: 10). The mothers, who are in between 20-23 years of age, give very high preference on quality are only 10 in number. Only three percent mothers who passed SSC give very high level of preference on quality of the baby food. And only nine percent mothers have masters or above level of education who give very high level of preference on quality of the baby food (Annexure: 11).

This research also complies that about 40 percent of parents give high level of preference, which average monthly income is above BDT 25,000 and this is shown in Annexure: 12.

7.2 Suggestion of physicians regarding baby food

36 percentages of the mothers, aged in between 28-31 years give high level of preference on the Doctor's Suggestions. About forty percent of the mothers are under graduate who give very high level of preference on Suggestion of Doctor. And thirty percent of parents who have an average monthly income above BDT 25000 give very high level of preference on the suggestion of Doctor (Annexure: 13, 14 and 15).

7.3 Ingredients of baby food

Forty three percent mothers give very high level of preference on the ingredients of the baby food (Annexure: 16). And the age of twenty percent mothers is in between 28-31 years. Moreover, about thirty percent mothers are under graduate who give high level of preference on the ingredients of the baby food. About forty percent parents give high level of preference on the ingredients of the baby food and among which 10 percent give very high level of preference.

8.0 Recommendations

Considering the findings of the study it is apparent that parents of the infants are giving high level of preference on quality of the baby food, doctor's suggestion regarding baby food and ingredients of the baby food at the time of selecting a brand. And they are not bothering about high price of the baby food. And from the findings some recommendations have been drawn in the perspective of manufacturers of infant formula which is given below:

1. From the findings of the study it is seen that Quality of the baby food is being treated as the most important factor of pre-purchase factor of baby food. Quality should be maintained strictly by the manufacturers.
2. The manufacturers should go for high level of doctor counseling. From the findings of this study it is seen that Doctor's Suggestion is the second most important pre-purchase factor of baby food to the parents of infants.
3. The manufacturers should also emphasize on the ingredients of the baby food. They need to do frequent product innovation with rich ingredients. And the major ingredients should be written in the package of the baby food. Findings of this study imply that ingredients of the baby food are given the third most important pre-purchase factor of baby food.

4. The manufacturers should increase advertising campaign on young couple. Because the findings of the study show that most of the infant formula user mothers are aged in between 28-31 years.

9.0 Conclusion

It is seen from the study that among the parents 80% are mothers who are purchasers of the baby food. The main purchase decision maker of the baby food is mother other than father of infants. Cerelac is the most purchased brand by the parents. Comparatively, those with higher income levels are the purchaser of the baby food. And the parents are not at all interested to sacrifice quality for high price. Low level of switching tendency towards the brand implies that parents are satisfied with the existing brand. And Infant formula is being a dependable substitute of breast feeding in Dhaka City.

Acknowledgement: The authors are grateful to Mr. K.M. Jahidul Islam, Lecturer, Department of Business Administration, Jahangirnagar University for his valuable help on an earlier draft.

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ANNEXURE

Annexure -1: Relation of Purchaser with the Baby

Purchaser of the Baby Food	Frequency	Percent
Father	22	21.8
Mother	79	78.2
Total	101	100.0

Annexure -2: Purchase brand of the baby food

Brand of the Baby Food	Bio-meal	Cerelac	OLac	Lactozen 1	Neutren	Prima	Complain	Myboy Eldorin	Maeil baby care	Ha by Lac	SME gold	Eldo Growth	Nan	Mother's Smile
Frequency	9	29	3	23	8	6	1	13	1	1	1	2	3	1
Percent (approx.)	9	29	3	23	7.9	5.9	1	13	1	1	1	2	3	1

Annexure -3: Reasons behind Purchasing the Brand

Reasons of purchasing the Brand	Doctor's Advice	It is specially made for baby	It is stronger & healthful	For more growth	For more nutrition	Best alternative of breast milk	Suitable for the baby	Total
Frequency	49	4	8	14	9	14	3	101
Percent (Approx.)	49	4	7.9	14	8.9	14	3	100

Annexure -4: Age of the Mother of the baby

Age of Mother of the Baby	Frequency	Percent
20 to 23 years	13	12.9
24 to 27 years	18	17.8
28 to 31 years	39	38.6
32 to 35 years	31	30.7
Total	101	100.0

Annexure -5: Education level of the Mother of the baby

Education Level of mother of the Baby	Frequency	Percent
SSC	36	35.6
HSC	31	30.7
Honors	20	19.8
Masters or above	14	13.9
Total	101	100.0

Annexure -6: Average monthly income of the family

Average Monthly Income of Family	Frequency	Percent
BDT (10000 to 15000)	30	29.7
BDT (15001 to 20000)	7	6.9
BDT (20001 to 25000)	25	24.8
BDT 25000+	39	38.6
Total	101	100.0

Annexure -7: Preferences levels of pre- purchase evaluation factors for baby Food

Pre- purchase Evaluation Factors For Baby Food	Vary High Level of Preference for Baby Food Percentage(approx)
1. Quality	57%
2. Ingredients	43%
3. Availability	7%
4. Image of the Store	15%
5. Brand Image	29%
6. Price of the baby food	30%
7. Advertising of the baby food	18%
8. Suggestion of doctors	65%
9. Reference Group	28%
10. Country of Origin	24%
11. Packaging of the baby food	28%
12. Word of mouth	21%
13. Switching tendency	8%

Annexure -8: Distribution of pre-purchase evaluation factors of baby food (0-6) months

	N	Minimum	Maximum	Mean
Preference of Quality of the Baby Food	101	1.00	3.00	1.4752
Preference of Ingredients of Baby Food	101	1.00	3.00	1.6931
Availability of Baby Food Preference	101	1.00	4.00	2.0693
Preference of Store Image	101	1.00	4.00	2.0693
Brand Image of the Baby Food Preference	101	1.00	4.00	1.9109
Price of the Baby Food Preference	101	1.00	5.00	2.3564
Advertising of the Baby Food Preference	101	1.00	5.00	2.8911
Preference of Doctor's Suggestion	101	1.00	5.00	1.6832
Reference Group Preference	101	1.00	5.00	2.8317
Preference of Country of Origin of the Baby Food	101	1.00	5.00	3.3960
Packaging of the Baby Food Preference	101	1.00	5.00	2.0990
Word of Mouth Preference	101	1.00	5.00	2.7129
N	101			

Annexure -9: Quality of the baby food preference

Level of Preference	Frequency	Percent
Very High	58	57.4
High	38	37.6
Moderately High	5	5.0
Total	101	100.0

Annexure -10: Distribution of preference of quality of the baby food and the age of mother of the baby

		Preference of Quality			Total
		Very High	High	Moderately High	
Age of Mother of the Baby	20 to 23 years	10	2	1	13
	24 to 27 years	8	10		18
	28 to 31 years	26	10	3	39
	32 to 35 years	14	16	1	31
Total		58	38	5	101

Annexure -11: Distribution of preference of quality of the baby food and education level of mother of the baby

		Preference of Quality			Total
		Very High	High	Moderately High	
Education Level of Mother	SSC	23	12	1	36
	HSC	14	14	3	31
	Honors	12	7	1	20
	Masters or above	9	5		14
Total		58	38	5	101

**Annexure -12: Distribution of preference of quality of the baby food
and average monthly income of family**

		Preference of Quality			Total
		Very High	High	Moderately High	
Average monthly income of family	BDT (10000 to 15000)	20	9	1	30
	BDT (15001 to 20000)	3	4		7
	BDT (20001 to 25000)	17	7	1	25
	Above BDT 25000	18	18	3	39
Total		58	38	5	101

**Annexure13: Distribution of preference of Doctor's Suggestions
and the age of mother of the baby**

		Preference of Doctor's Suggestion					Total
		Very High	High	Moderately High	Low	Very Low	
Age of the Mother of the Baby	20 to 23 years	10	2			1	13
	24 to 27 years	13	4			1	18
	28 to 31 years	22	11	3	1	2	39
	32 to 35 years	21	4		1	5	31
Total		66	21	3	2	9	101

**Annexure -14: Distribution of preference of Doctor's Suggestions
and education level of mother of the baby**

		Preference of Doctor's Suggestion					Total
		Very High	High	Moderately High	Low	Very Low	
Age of the Mother of the Baby	SSC	20	12	2		2	36
	HSC	21	4	1	1	4	31
	Honors	13	3		1	3	20
	Master/above	12	2				14
Total		66	21	3	2	9	101

**Annexure -15: Distribution of preference of Doctor's Suggestions
and average monthly income of family**

		Preference of Doctor's Suggestion					Total
		Very High	High	Moderately High	Low	Very Low	
Average monthly income of family	BDT (10000 to 15000)	16	9	2	1	2	30
	BDT (15001 to 20000)	5	2				7
	BDT (20001 to 25000)	14	8	1		2	25
	Above BDT 25000	31	2		1	5	39
Total		66	21	3	2	9	101

Annexure -16: Ingredients of baby food preference

Level of Preference	Frequency	Percent
Very High	43	42.6
High	46	45.5
Moderately High	12	11.9
Total	101	100.0