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**PRACTICES ADOPTED BY MOTHERS FOR BREASTFEEDING :  
A SOCIOLOGICAL STUDY OF HARYANA**

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**ABSTRACT:**

Mother's milk is a natural requirement for the overall development of the infant since it contains all of the necessary nutrients required by the baby. Irrespective of the family environment, society and health care system, every mother can breastfed her baby. Mother's milk decreased neonatal mortality and morbidity. Nutrition in adequate quantity is on of the fundamental rights of an infant which he demands from the society. Thus breast milk perfectly combines the fundamental of sound and adequate nutrition of an infant, but today few people will deny The advantages of breast feeding for mother and child. However, there does not exist a substitute for breast milk. Breastfeeding has contraceptive action, cost less and decrease the health care costs of an infant by reducing the severity of illnesses. The present study was undertaken with a noble cause to create awareness in the society towards breastfeeding. The main objective of this study is to examine the practices adopted by mothers for breastfeeding in Haryana.

**INTRODUCTION:**

In India near about 2.4 million children dies every year from which 2/3 deaths are associated with unsuitable feeding to the infants. (Gones G. 2003). The survey National Family Health Survey-3 (NFHS III Survey, 2005-2006) held in India discloses that only 46% children having age between 0 to 6 months are breast-feed (NFHS-3, 2005-06)

Breast-feeding is crucial for the new-born babies which provides them an ideal as well as ample

nutrition. The dangers linked with the formulation of the breast-feeding are gradually recognized throughout the infancy, it protects the child from various communicable diseases and in long lasting, it is related with various aspects like the issues related with Cardio vascular, Intellectual aspects and various allergies.(Tarrant M, 2010).

The malnutrition in the children needs crucial steps to be taken to handle the situation. There are various interference /involvements which are based on evidence, it includes the commencement of breast-feeding should be start in first hour of birth which continues for the first six months after child's birth as well as satisfactory introduction of balanced food for the next six months, these steps are very crucial for the children who are under the category of malnutrition and it is also beneficial for the survival of the children. It's also beneficial for the mother if she is bleeding at the duration of birth it also helps to reduce the chances of breast cancer in the later age(Gupta A, 2010).

There are various factors which affects the breast-feeding rates which may differs from socioeconomic as well as demographic which may influence the commencement and the time duration. Many studies show that in the factors like increasing parental income, age, education as well as those parents who are non-smoker having that much higher ratio of breast feeding

The initial age of the children most likely first 2 years very crucial for the children's overall development and growth. Any malnutrition throughout, the age of two years would have impact on the overall intellect and cognitive development which further leads to considered educational qualifications as well as the low financial output.

There are numerous situations which reveals the factors which are linked with the complementary food and the breast-feeding are not up to the mark. These factors includes parental features like that age, profession, marital status and educational qualification; prenatal healthcare facilities associated with maternity; and their a exposer to healthcare facilities associated with maternity; and their exposer to the education as well as media; their living standard and the social and economic status; furthermore it also includes some characteristics of the child such as weight at the time of birth, type of delivery and the use of pacifiers.(Kimani-Murage EW, 2011).

Every year, near about 5.6 million new-borns die due to the non-satisfactory nutrition (Diallo FB et. al.)The World Health Organization (WHO) recommends breast feeding should be at least six months. There is projected drop-infant mortality rate by 13% by introducing breast-feeding. As compared to non-exclusive breast-feeding there is a danger to the children by being dying due to diarrhoea and with the pneumonia having an age ranges from 0 to 5 months of the child which is increased two times.(Agampodi SB, 2007).

Regardless of awareness of the people with the benefits of the breast-feeding, it's practice is not up to the mark. United Nations International Children's Emergency Fund (UNICEF) and WHO taken many initiative to achieve the goal of healthier and improved breast-feeding. Baby Friendly Hospital Initiative (BFHI) in the year of 1991 which guarantees that all maternity facilities helps the mother to make them better and appropriate decisions regarding breast-feeding. (WHO, 2011)

The advantages of exclusive breast-feeding are recognized mainly in those areas where there is a risk associated with the milk from other sources being provided to the new borns such as the contamination of milk, danger of pathogens and dilution of milk which leads to the higher risk factors related to illness and Malnutrition. Particularly in rural India breast-feeding is related to the custom and beliefs of the community which influence it drastically, it is also affected by the

communal, ethnic as well as the education of that particular area. The better breast-feeding is not only dependent on the child's mother educational qualification rather it also needs inspiration and the support from the doctors as well as the members of the family. (Kemberling SR. 1979)

In India, breastfeeding is practically widespread. In any case, the rates of early commencement, exclusive breastfeeding as well as timing of balancing feeds are a long way from alluring. There have been not many study on knowledge, attitude practices towards breastfeeding in rural India. (Kishore MS, 2008).

**Kishore and Garg (1999)** - Reported that the common substances used as pre-lacteal are honey, sweetened water (with glucose, sugar, Jaggery or honey), Plain water, boiled ghutti or herbal mixture, castor oil, cow's milk, goat's milk, gangajal, cow's urine, Kalma pani and ujwain water with (sugar) formula etc. The types of pre-lacteal feeds vary from one community to another depending on cultural beliefs, socio economic status, religion and even sex of the child. The various mode employed to administer pre-lacteal feed include unsterilized coin, cotton which finger and thereby subjecting to baby to the risk of infection.

**Mahajan (1999)** - reported that 55% of mothers from areas fed colostrums to infant especially the male child as they considered it good for the baby. Statistically significant association was observed between this notion about colostrums with sex of the infant ( $p>0.05$ ) in India. Pre-lacteal feeding has been widely in practice since ancient times and appears to be widely prevalent among all sections whether rural or urban educated on uneducated mothers. Indian mothers feed on demand. Gender bias was reported in the feeding schedule of infants. Male infants were preferably fed on regimental feeding schedule then female infants.

**Mridula Mishra (2004)** in her a study on Varanasi infants reported that breastfeeding was started at or after 36 hours of delivery and mother's education and per capita family income had no relation with initiation of breastfeeding several reasons have been cited for the delayed initiation of breast milk. The reasons differ from area to area. Some people believe that it is difficult to digest while other has the false notion that it causes illness. The lesser duration of exclusive breastfeeding was more prevalent among educated high caste and upper socio economic group mothers. Literacy status and economic level had in verse relation with length of exclusive breastfeeding”.

**Kapil (1992)** observed that 38% mothers out of the 60 mothers used tinned milk in addition to breast milk over the first five days after birth, 29% of them on the advice of the hospital staff and the remaining on relatives advice. Some mothers follow these practices as a social custom or as a tradition of the locality or because of the advice of elders or midwives or due to absence of milk. 40% of the infants are breastfed within 4 hours of the birth. Nearly half of newborns are breastfed within 4 hours of birth and very few started it within 6-8 hours. Eleven per cent of infants were breastfed within 9-12 hours and almost some per cent got in after 12 hours. 29% mother were advised the use of thinned milk by hospital staff.

WHO

**Breastfeeding Survey (2017)** recommended that “babies should be breastfeed exclusively in the first 6 months. Result of the breast feeding survey 2017 revealed that the median age of introduction of complementary food to infants was 6 months 0 week. Regarding the feeding

practice at 6 months of age 27.9% of infants were fed with breast milk without using any formula milk of this about 27% of surveyed infants continued to be fed with breast milk while taking complementary food at 6 months of age Whereas 0.9% of infants had not started complementary feeding at 6 months and was fed with breastfeeding only”.

### **THE RELIGIOUS AND CULTURAL BASES OF BREASTFEEDING PRACTICES IN INDIA:-**

After the Christianity and Islam, Hinduism is the third largest religious community. A large population of Hindus reside in India. Apart from this, Hindu population is rising to sizeable minority in the western world. Are child birth and breastfeeding practices directly affect on social and religious aspects of Hindu culture.

Breastfeeding has always been remaining one of the oldest and popular practices for feeding the newborns in Hindu culture since the ancient times. Despite this fact, the changing pattern of breastfeeding in recent times raises the serious concern. Though the breastfeeding is a most common method of baby feeding in India, significant difference have been observed among the various population groups in the country. Hinduism consists of a large number of sub-sects which differs to each other in many aspects. (Kannans, Carruth BR, Skinner J., 2004)

In India, breastfeeding is almost a universal practice and most of the children enjoy breastfeeding beyond their infancy. The religious texts of Hindus like Vedic literature and Ayurveda undermine the importance of breastfeeding in Hindu society. Though every child in Hindu society gets some breastfeeding, early initiation of breast feeding and exclusive breastfeeding for recommended duration are not much common. In Hindus, the birth of baby is celebrated by families and society and therefore breastfeeding is stronger affected by cultural and religious ceremonies. (Gupta A, Gupta, YP, 2004).

Vedic literature states: milk and breast are considered as the symbol of longevity and nectarine sweetness. The breast has been considered as a pitcher full of nectar (Atharva Veda). In another religious book called Yajurveda (verse 17/87) reflects:" Drink in the middle of the flood, Agni, this breast stored full of sap, teeming with water, welcome this fountain redolent of sweetness. Courser enter those watery dwelling.

The importance of breastfeeding and breast milk was also described in Charak Samhita and Kashyap Samhita. As per Hindu scriptures, breast milk is regarded the food having great powers for the infant. (Sharma PV, 1981)

Sushruta Samhita describes the power of breastfeeding. “May four oceans, full of milk, constantly abide in both your breasts, you blessed one, for the increase of the strength of the child! Drinking of the milk, whose sap is the sap of immortal life divine, may your baby gain long life, as do the gods by feeding on the beverage of immortality!” (Susruta, III, 10). (Bhishagratna KL, 1991).

### **TRADITIONAL TRENDS REGARDING BREASTFEEDING IN HARYANA:**

Many factors which influence breastfeeding are woman’s education, socio-economic status, demographic factors, traditions, employment, practices and religious beliefs etc. The important factors that influence breastfeeding are knowledge, attitude and practices about breastfeeding among newly mothers. Mother obtain their knowledge and attitudes regarding breastfeeding from various sources like, articles, books: internet, social media, Anganbadi and Asha workers, elders females of family and mother to mothers. There are many social, religious and cultural

factors that influence the practice of breastfeeding.

Most of the mothers waste their colostrums due to their beliefs, lack of knowledge and awareness about breastfeeding. They believe that it is of no use to their infant. They give goat and cow milk and they also given sugar water, honey and Tea. In many cases mothers do not have the knowledge of benefits of breast milk. In many countries like India cultural, religious and social beliefs about breastfeeding are the major obstacles to infant feeding practices. As per the traditional social practices and belief that the breast milk is complete food that does not have any bad effect on the newborn's weight and height, resulted in mothers giving food and water to their new born babies at too early an age. (Narayana. I, 1974)

In Haryana about 75% of the newborns received their first feed on the third day after birth, which means that the infant is denied the benefits of colostrums of the first milk that remains in the breast of mother for nine months period of pregnancy and is thus harmful. In many cases, mothers are not aware of the importance of breast milk. The colostrums is discarded due to the general perception that it is heavy food and not suitable for the infant's health.. (NFHS-2, 2000/2001)

Most of the mothers in Haryana deny the first milk because they follow the custom "Dudhidhulai" at child birth. It is the custom to call the father's sister to wash the breasts of the delivered women with milk before initiating breastfeeding. She is presented with silver, gold ornaments and some cash. This type of social custom about breastfeeding is the most significant barriers in infant feeding practices. (Naryana. I, 1980)

### **WHO RECOMMENDATION REGARDING BREASTFEEDING**

- ❖ Mother should start breastfeeding within one hour of birth
- ❖ In the six months after the birth, exclusive breastfeeding in infants is necessary for the optimal growth and development of their health. After this infants should be fed by other nutritional and complimentary diets along with the breast feeding.
- ❖ Breastfeeding may be continued for the period two years or more
- ❖ Exclusives breastfeeding means that infant should be fed only with milk without any additional food or even weather
- ❖ Child should be breastfeed on demand whether it is day or night.
- ❖ Use of bottle/tea or partier is not recommended (WHO-2011)

### **SAMPLING:**

Haryana is comprised of 22 districts. The selection of districts seems to be problematic as these districts are geographically distributed over an area of 44212 KMs. Therefore, it is not possible to include all districts in this study. To overcome this it was decided to have multi stage stratified random sampling approach.

Based on female literacy rate all the district of Haryana is divided in two categories. High female literacy rate and low female literacy rate. Based on low female literacy rate four district are selected. The names of the districts are: Mewat (37.6%), Palwal (56.6%), Fatehabad (59.63%) and Sirsa (61.2%). After that we choose civil hospitals in selected districts. Purposive sampling methods are applied for the selection of the respondents who deliver to the babies and admit in the maternity wards in civil hospitals. Sample selection of respondents is done to examine the knowledge, attitude,

and practices (KAP) regarding breastfeeding. A sample of 214 women between 18- above 35 years of age who are to deliver the babies and admit in the maternity ward are selected by purposive sampling technique from following four hospitals.

**Table 1: SELECTION OF THE RESPONDENTS**

District	Frequency	Percent
FATEHABAD	53	24.8
MEWAT	41	19.2
PALWAL	62	29.0
SIRSA	58	27.1
TOTAL	214	100.0

**Table No. 2 Breastfeed the infant soon after Birth**

	Frequency	Percent
YES	86	40.2
NO	128	59.8
Total	214	100.0

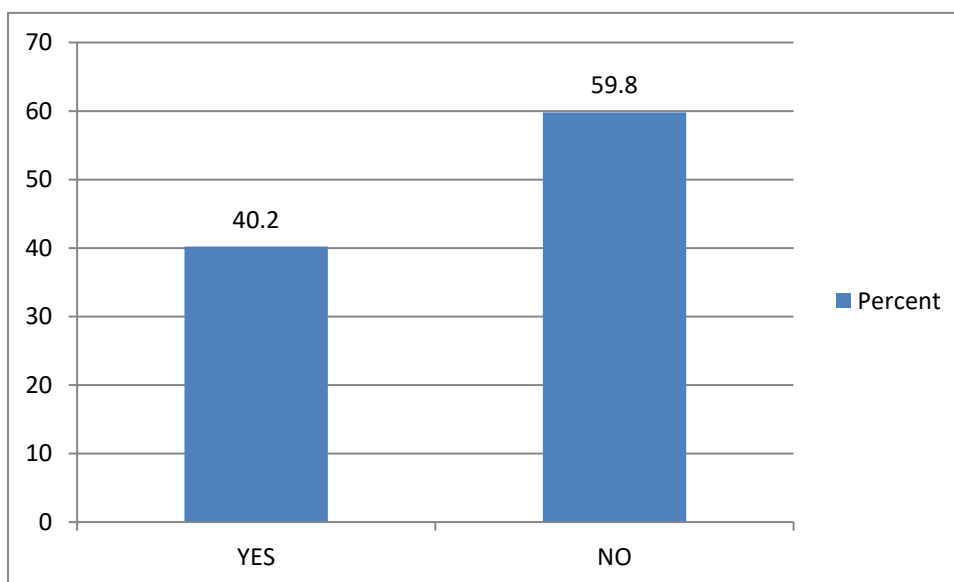


Table No. 2 reveals that 86 (40.2%) respondents breastfeed their infant soon after birth. On the other hand, 128 (59.8%) respondents do not breastfeed their infant soon after birth. Majority of the mothers believe that they follow "custom of Ghutti" before first breastfeed of the children.

**Table No. 3 Type of Pre-lacteal given to infant**

	Frequency	Percent
	86	41.1
Cow & Goat Milk	59	27.6
Ghutti	12	5.6
Honey	13	6.1
Packed Milk	35	16.4
Tea or water	9	4.2
Total	214	100.0

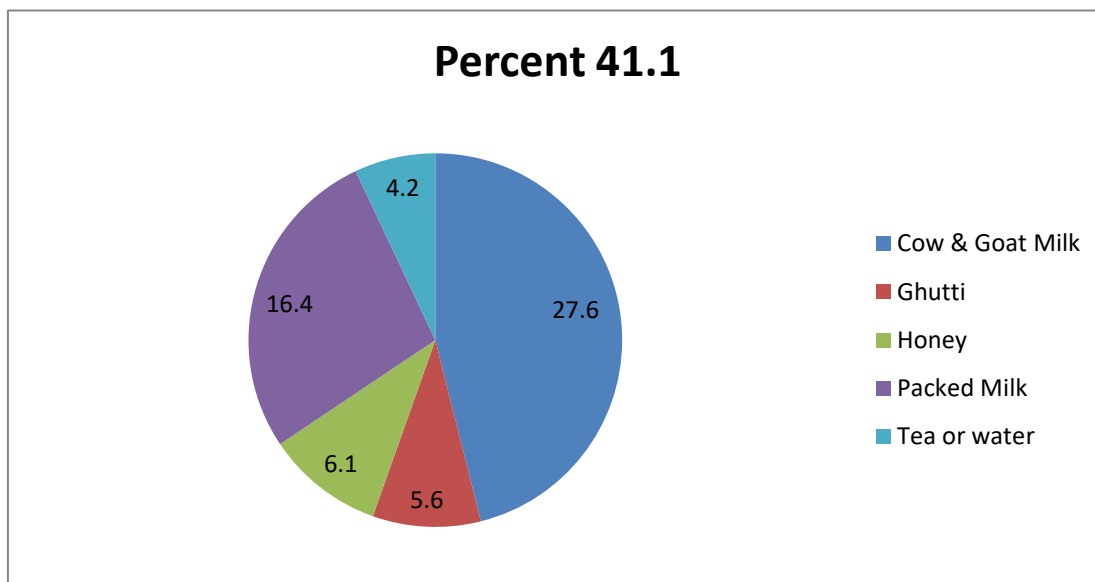
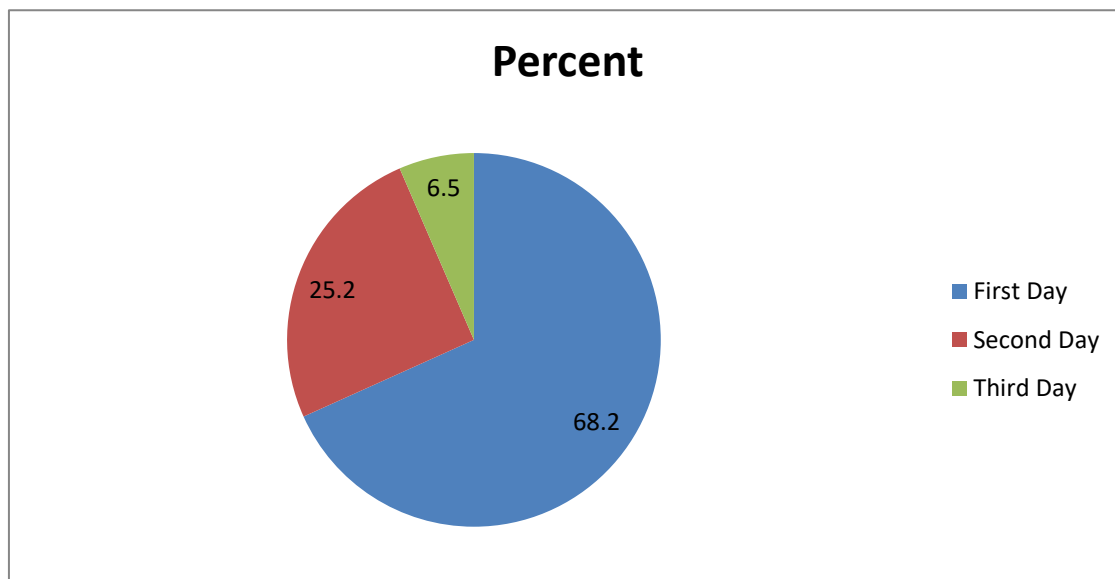


Table No. 3 shows that out of the total respondents, 59 (27.6%) give cow goat milk, 12 (5.6%) give Ghutti, 13(6.1%) give honey, 35 (16.4%) give packed milk and 9 (4.2%) give tea or water as a pre-lacteal feed. Most of the mothers give cow goat milk because they assume that cow goat milk is more digestible than first yellow thick milk of mother.

**Table No. 4 Initiation breastfeeding Start**

	Frequency	Percent
First Day	146	68.2
Second Day	54	25.2
Third Day	14	6.5
Total	214	100.0

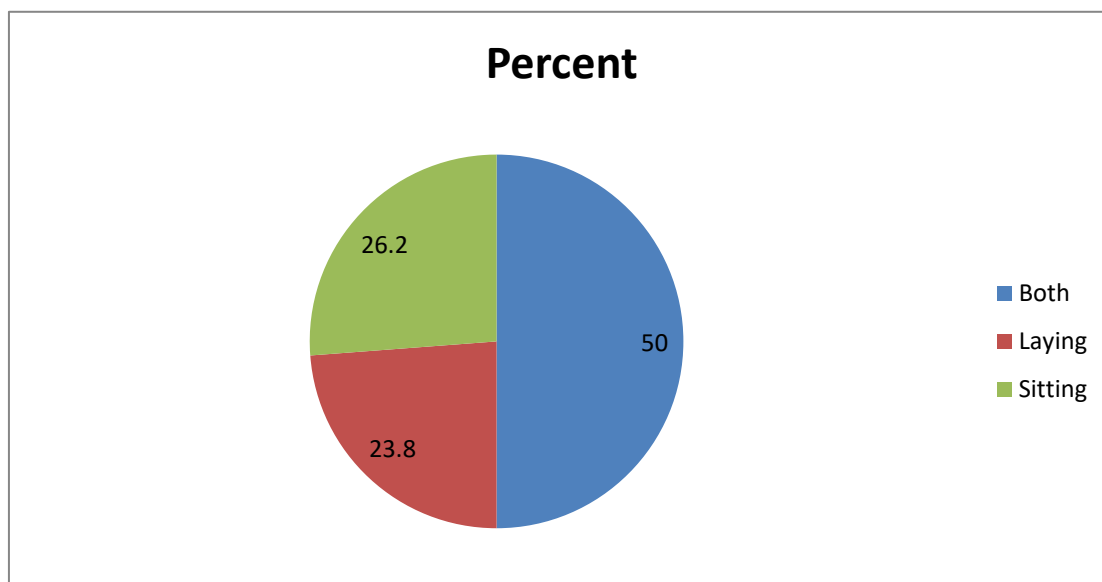


The present study shows that 146 (68.2%) respondents think that breastfeeding should be started on the first day of delivery. 54 (25.2%) mothers believe that breastfeeding should be started on the second day of delivery and 14 (6.5%) respondents think that it should be started on the third day of delivery. Many Mothers assume that they follow family trends of initiation of breastfeeding.



**Table No. 5 Position during the breastfeeding**

Position	Frequency	Percent
Both	107	50.0
Laying	51	23.8
Sitting	56	26.2
Total	214	100.0



Practices related to proper posture during breastfeeding are also depicted in the table 5 56 (26.2%) respondents breastfeed their babies in sitting position. 51(23.8%) respondents breastfeed their babies in lateral position because they have a caesarean delivery. Due to pain in the stitches they feel difficulty in sitting and in the holding their newborns. On the other hand, majority of the respondents i.e. 107 (50.0%) breastfeed their babies in both position.

**Table No. 6 Duration of single feed**

Duration	Frequency	Percent
5 Minutes	1	0.5
10 Minutes	54	25.2
15 Minutes	127	59.3

20 Minutes	32	15.0
Total	214	100.0

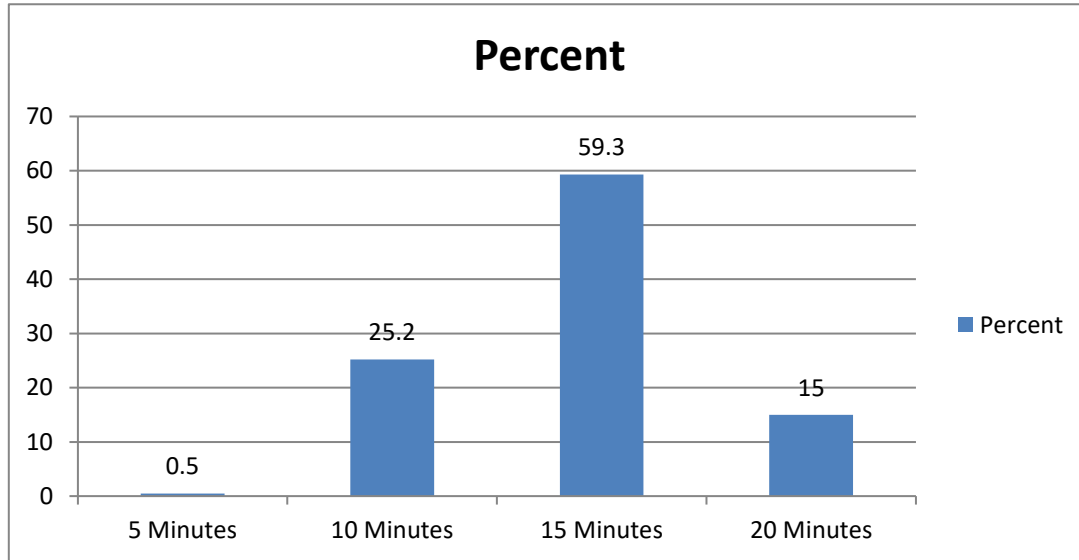
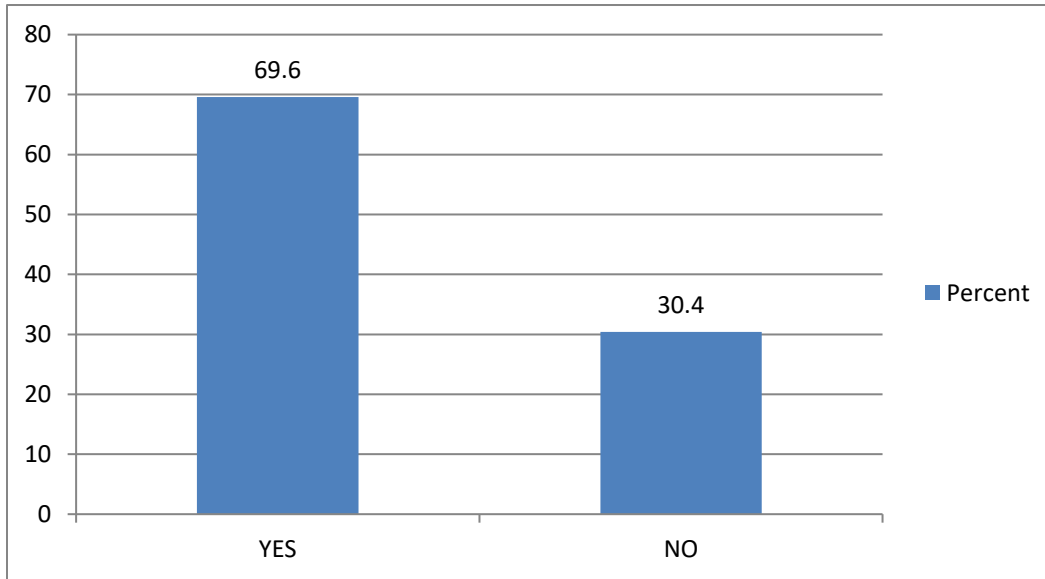


Table No. 6 depicts that only 1 (0.5%) respondents breastfeed their infant continuously for five minutes. 54 (25.2%) mothers feed their infant for 5 to 10 minutes, whereas 127 (59.3%) respondents breastfeed their infants 10 to 15 minutes and 32 (15.0%) breastfeed their infant more than 20 minutes.

**Table No. 7 Breastfeeding demand schedule**

	Frequency	Percent
YES	149	69.6
NO	65	30.4
Total	214	100.0



The study in Table 7 shows that most of the respondents i.e. 149 (69.6%) breastfeed their babies on demand and 65 (30.4%) respondents breastfeed their infant on a fix schedule.

**Table No. 8 Is infant breastfeeding the right way**

	Frequency	Percent
YES	130	60.7
NO	84	39.3
Total	214	100.0

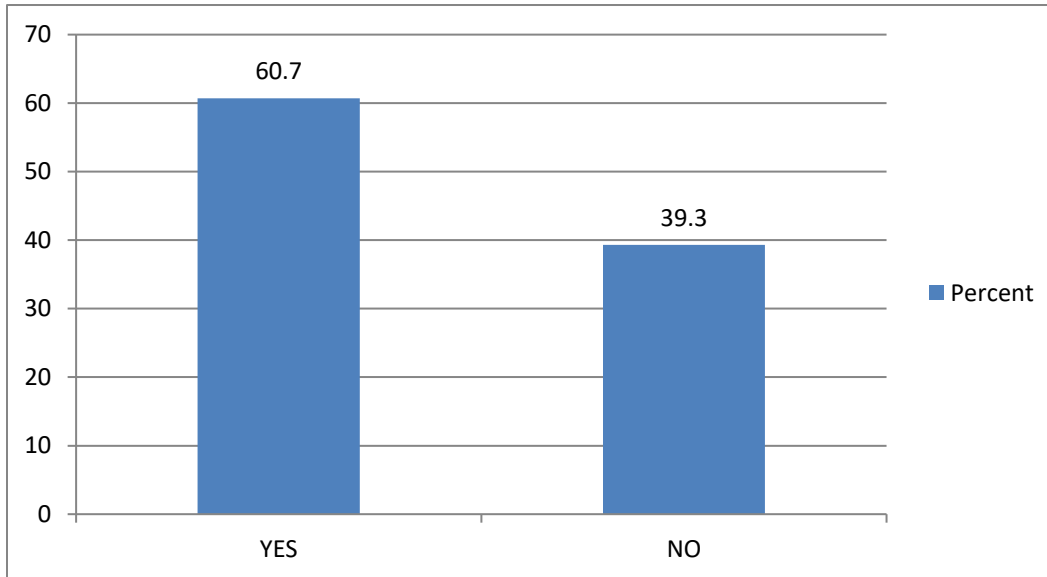
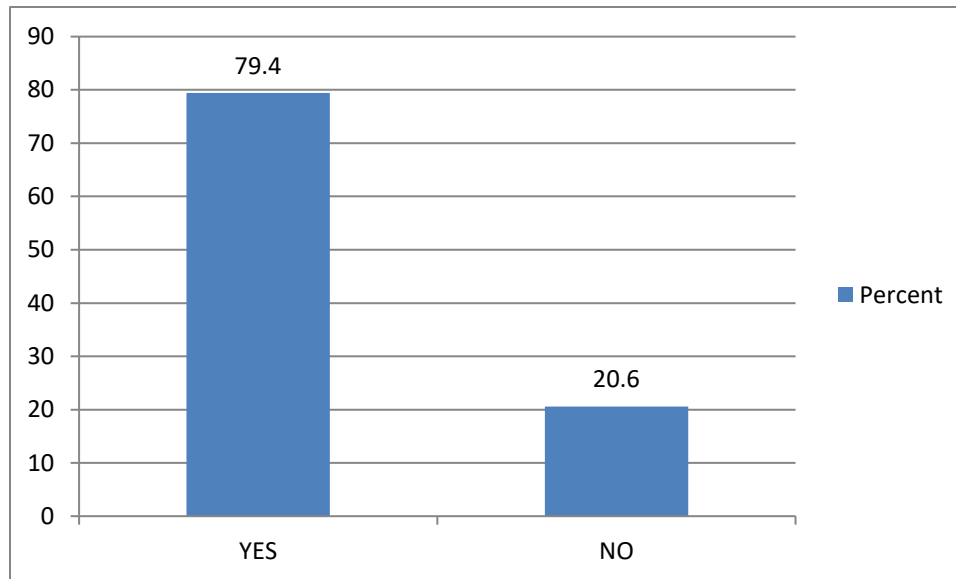


Table No 8 shows that 130 (60.7%) respondents say that infant breastfed in the right way. 84 (39.3%) respondents say that they do not breastfeed infant in the right way, because infant who is born premature or underweight is not sucking the breast.

**Table No. 9 Burp the infant after breastfeeding**

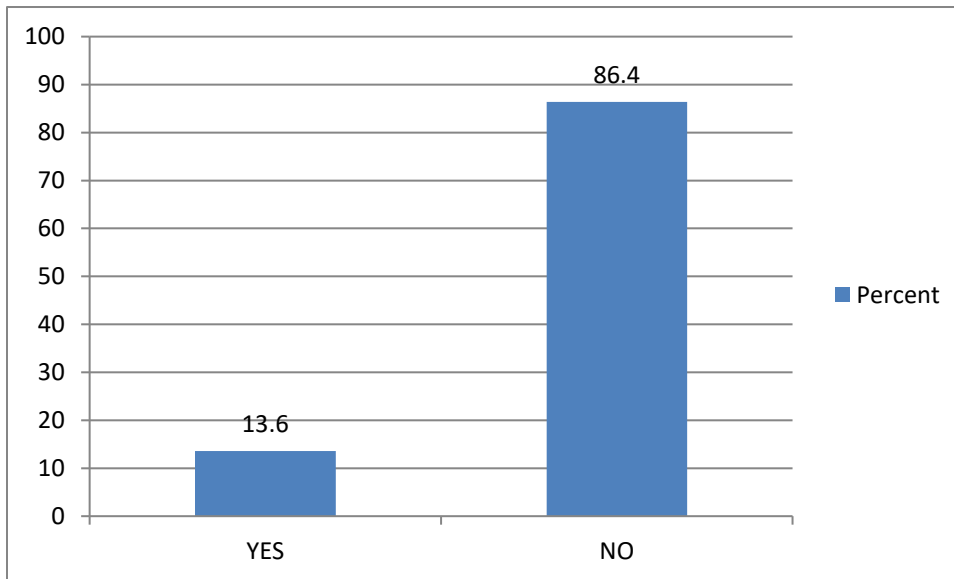
	Frequency	Percent
YES	170	79.4
NO	44	20.6
Total	214	100.0



As per table No. 9, majority of the respondents i.e. 170 (79.4%) respondents burp their infants after breastfeeding. While only 44 (20.6%) respondents do not burp their infants after breastfeeding

**Table No. 10 Taken balance diet during lactation period**

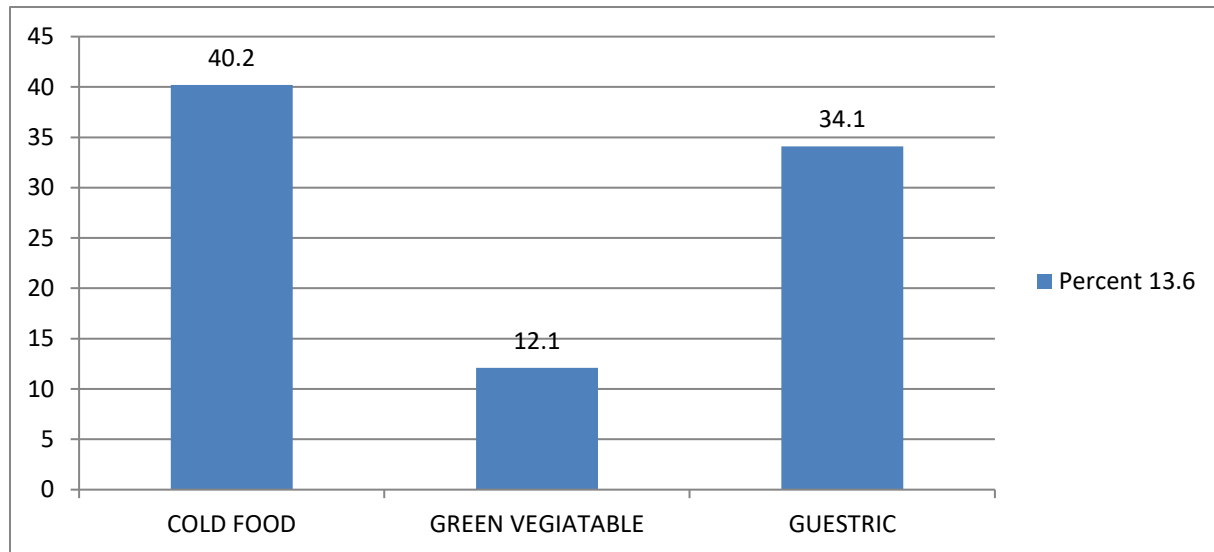
	Frequency	Percent
YES	29	13.6
NO	185	86.4
Total	214	100.0



The study reveals that only 29 (13.6%) respondents take balanced diet during lactation period. Majority of the respondents i.e. 185 (86.4%) do not take balanced diet during lactation period. There are so many myths prevalent among mothers. Some of these myths are related to the diet taken by mothers during lactation period. Many mothers avoid some particular foods during lactation period because they believe that some food can make digestive trouble for infant.

**Table No. 11 Food avoid during lactation period**

	Frequency	Percent
	29	13.6
COLD FOOD	86	40.2
GREEN VEGIATABLE	26	12.1
GUESTRIC	73	34.1
Total	214	100.0



The table No. 11 shows that 86 (40.2%) respondents avoid cold food like curd, fruit juices, cold water, ice cream etc. because they believe that these foods may cause the problems of cough, cold and pneumonia for infant. 26 (12.1%) respondents avoid green leafy vegetables because they believe that these foods may cause the problems of green motion in infant. 73(34.1%) respondents avoid gastric food during this period. These women believe that these types of foods that make gastric trouble for breastfed infants.

**Table No 12 Costom of (Ghutti) in family.**

	Frequency	Percent
YES	186	86.9
NO	28	13.1
Total	214	100.0

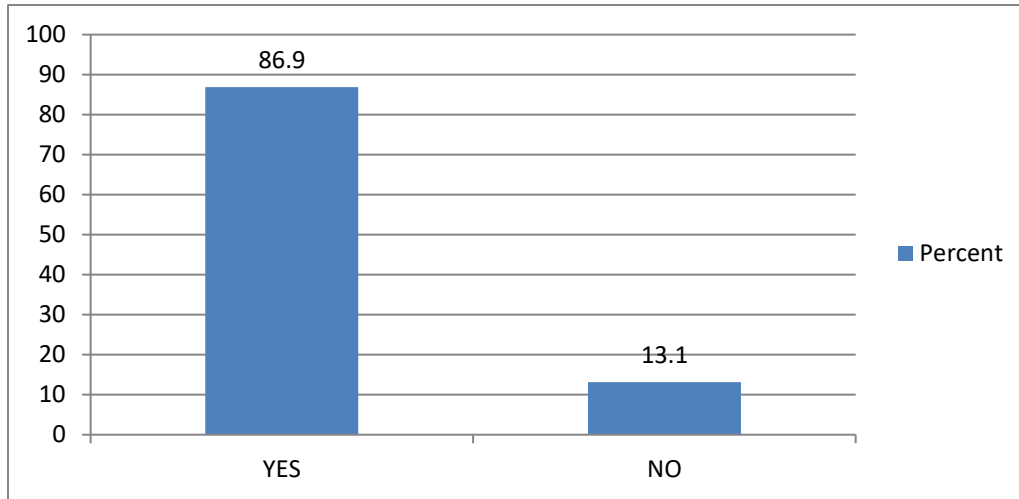


Table No.12 shows the majority of the respondents i.e. 186 (86.9%) follow the custom of 'Ghutti' before initiation breastfeeding. And 28 (13.1%) respondents do not follow the custom of 'Ghutti' before initiation breastfeeding. This is because that the custom of Ghutti is followed before the initiation breastfeeding in the most of the areas of Haryana. The respondents, who follow this custom, discard the first milk. They believe the thick yellow milk is not good for new born. The study supports that the costume of 'Ghutti' is the main barriers in initiation breastfeeding.

**Table-13 Custom of (Dudhi Dhulai) in family**

	Frequency	Percent
YES	202	94.4
NO	12	5.6
Total	214	100.0



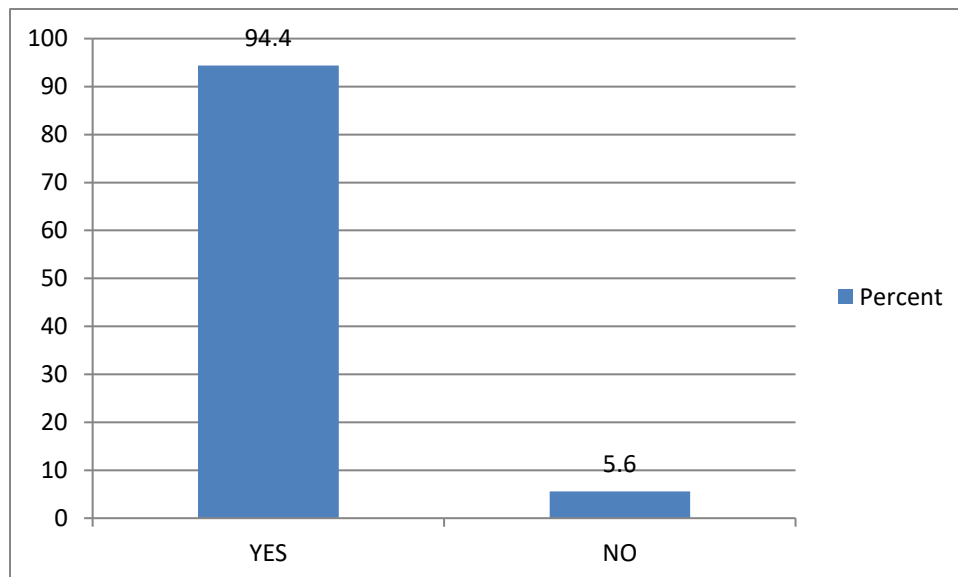


Table No.13 reports that majority of the respondents i.e. 202 (94.4%) assume that the custom of ‘duddhi Dhulia’ is followed in their family before the first breastfeeding of the child. On the other hand, only 12 (5.6%) respondents say that the custom of “duddhi Dhulia” is not followed in their family. A large numbers of respondents say that the custom of (duddhi dhulai) is strictly followed in their family. Without following this custom, they can’t breastfeed their infant their first milk. This ritual is specifically to be done by the sister in law of the mother (Bua) and hence, the baby has to wait for first breastfeed till the arrival of aunt (Bua). This whole process takes enough time to delay the breastfeed.

### MAJOR FINDINGS:

- Majority of the respondents i.e. 128 (59.8%) do not breastfeed their infant soon after birth and 78 (77%) respondents are illiterate. They told that many customs and beliefs are present in their family like ‘Ghutti’ and ‘duddhi dhulai’. They also told that elder female family members refuse to breastfeed the infant without taking a bath because they assume that mother is impure after delivery.
- Respondents feed their infant pre-lacteal food in the form of cow's milk 59 (27.6%) , Ghutti 12 (5.6%), Honey 13 (6.1%), packed milk 35 (16.4%) and 9 (4.2%) feed tea or water respectively.
- Majority of the respondents i.e. 146 (68.2%) start initiated breastfeeding within first day of delivery. 54 (25.2%) start initiated breastfeeding on second day and 14 (6.5%) start initiated breastfeeding on their third day of delivery. The study shows that this type of trends are beneficial for infant’s health. Mothers who start initiated breastfeeding second or third day they said it is depend on family trend.
- Only i.e. 56 (26.2%) respondents breastfeed their infant in proper sitting position.
- 127 (59.3%) respondents breastfeed their baby for 10 to 15 minutes and 32(15.0%)

breastfeed their baby for more than 15 minutes. The respondents who breastfeed their infant less than 10 minutes they told that baby do not suck the nipple properly and milk do not start properly from breast. Some told that they don't know how to breastfeed their infant.

- 149 (69.4%) respondents breastfeed their infant on fix schedule. 84 (39.3) percent respondents told their infant not breastfeeding a write way because these infants are born per-mature and underweight.
- Most of respondents i.e. 170 (79.4%) burped their infant after breastfeeding.
- Only 29 (13.6%) respondents take balanced diet during lactation period. On the other hand, 185 (86.4%) do not take balanced diet during lactation period. Most of the respondents avoid gastric and cold, green leafy vegetables because they believe that this type of food make digestive trouble for infant.
- 86 (40.2%) respondents avoid cold food, 26 (12.1%) avoid green leafy vegetables and 73 (34.1%) respondents avoid gastric food during lactation period. Most of the mothers assume that if they eat this kind of food, the baby will suffer digestive problems.
- Majority of the respondents 186 (86.9%) follow the custom of Ghutti before initiation breastfeed. 67 (75%) respondents who follow the custom of Ghutti belong to backward class and Hindu religion.
- Custom of (dhudhi dhulai) is also followed in family most of the respondents. Approximately 202 (94.4%) families follow this custom. Causes of this custom delay the initiation breastfeeding.

## CONCLUSION:

The benefits of breastfeeding have been well recognized. Education and promotion of breastfeeding have become a public health focus worldwide. Breastfeeding knowledge, attitude and practice are influenced by demographic, biophysical, social, cultural and psychological factors.

Many misconception and myth about colostrums, food pre-lacteal feed, position, body shape etc. present in mothers. Many custom, beliefs and family tradition are main barriers in initiation breastfeeding.

Lack of knowledge of benefits of breastfeeding especially regarding first milk (colostrums) is the major barrier to the timely start of breastfeeding. Most of the mothers did not feel it much important to give feed immediately after delivery. Knowledge of proper techniques of position are the relatives and family female members have the immense pressure of not starting it so early that delayed start of breastfeeding. Cultural belief and practices, majority of the mothers give Ghutti (Pre-lacteal feed) to newborn. Most of the families are too firm to give it even if they have to give secretary. This practice is no social economic class specific, in fact, many educated mothers follow it.

The practice of giving ghutti follows the ritual of “dudhi dhulai”. Cleaning of the breast that means breast of mothers will be cleaned or washed before putting the baby to it. The ritual is

specific to be done by paternal aunt (Bua), and hence, the baby has to wait for first breast feed till the aunt arrive.

In many cases discard the first milk because they believed it is not healthy for new born. The support that mothers receive from different sources such as the spouse, doctors, Aanganbadi workers, and female family members proved to be most important to breastfeeding mothers breastfeeding support can be increased by providing accurate information to mothers, families, the public and medical providers to increase awareness.

### **Suggestions-**

1. In the hospital, the staff should strictly avoid and restricted the practice of pre-lacteal feeding because it fills the stomach of new born, which causes difficulties in the initiation of breastfeeding.
2. Do not impose any restrictions on feeding time. Let the mothers feed the baby on demand, so that its hunger dictates the frequency feeds, and so regulates the amount of milk produced.
3. Mother should regularly go for their breast and nipple checkups to hospital staff in antenatal period.
4. Mothers should be convinced for exclusive breastfeeding in the antenatal period.
5. Women as well as men may be aware about breastfeeding, so that they can cooperate when required.
6. Mothers who are illiterate should also be made aware of breastfeeding at time to time.
7. Mothers will have to give up the misconceptions towards breastfeeding for the better health of their infant.
8. It should be good if mothers and family members get training regarding the initiation and maintenance of exclusive breastfeeding.
9. The practices of hospital staff, Anganwadi workers, Asha workers should be judged by high medical authority regularly.
10. Initiation breastfeeding earlier than the custom will make it more necessary for the health of the infant.
11. It is very important to support family members during breastfeeding.
12. From time to time information about importance of breastfeeding should be given to lactating mothers and female family members.
13. There should be separate practice rooms in the maternity wards of hospitals. Hospital staff should provide the all necessary knowledge and skill to the newly mothers in safe environment of separate practice rooms. If these facilities are found absent in the hospitals, family members of newly mothers should demand these facilities.
14. The IMS Law should strictly be followed.
15. All the maternity and baby care hospitals should be baby friendly and follow the ten steps of BFHI Policy initiative.

**Reference:**

- Tarrant M, Fong DYT, Wu KM, Lee ILY, Wong EMY, Sham A et al. Breastfeeding and weaning practices among Hong Kong mothers a prospective study. *BMC Pregnancy and Childbirth* 2010; 10:27.
- Gupta A, Dadhich JP, Faridi MA. Breastfeeding and Complementary Feeding as a Public Health Intervention for Child Survival in India. *Indian Journal of Pediatrics* Jan 2010.
- Kimani-Murage EW, Madise NJ, Fotso JC, Kyubutungi C, Mutua MK, Gitau TM et al. Patterns and determinants of breastfeeding and complementary feeding practices in urban informal settlements, Nairobi Kenya, *BMC Public Health* 2011; 11:396
- Agampodi SB, Agampodi TC, Udage K, Piyaseeli D. Breastfeeding practices in a public health field practice area in Sri Lanka: a survival analysis. *International Breastfeeding Journal* October 2007; 2:13.
- World Health Organization. The optimal duration of exclusive breastfeeding: report of an expert consultation. Geneva: WHO, 2001.
- Kishore MS, Kumar P, Aggarwal AK. Breastfeeding knowledge and practices amongst mothers in a rural population of North India: A community-based study. *J. Trop Pediatry* 2009 Jun; 55(3): 183-8 Epub 2008 Dec. 12
- MridulaD Mishra CP (2004) Breast feeding and weaning practices of "at risk" children in relation to socio economic status of family. *Indian Journal of Indian Behaviour*: **20**: 34-37.
- Narayanan I Gujral VV, (1980) Infant feeding practices in an urban community. *Archives of child Health* 22:7.
- National Family health Survey-2, (2000/2001) A report on breast feeding promotion in International Institute of population science. Bombay, [www. mahfw.nic.in. reports/01.pdf./part III ch 94-8 pdf](http://www.mahfw.nic.in/reports/01.pdf/part%20III%20ch%2094-8.pdf).
- Kapil U, Kaul S, Vohra G and Chaturvedi (1992) Breast feeding practices amongst mothers having undergone cesarean section. *IndPediatr***29**: 222-224.
- Mahajan Neeta (1999) A comparative study of Prevalin feeding practices among infants of both sexes. *Prachi-Journal of psychocultural dimensions* **15**: 69-72.
- Kishore S and Garg BS (1999) Practice of prelacteal feeding in a rural community. *Ind J Public Health* **43**: 144-147.
- WHO, Family Health Service, Department of Health, 8th August, 2017.