

A Review of Traditional Practices Regarding Exclusive Breastfeeding: Recommendations and Suggestions

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Abstract

While breastfeeding is nearly universal and it is first immunization for the baby. In India it is recognized as one of the most effective interventions for child survival particularly to improve immunity and to address mortality and morbidity related to major problems e.g. malnutrition, neonatal infections, diarrhea, jaundice and pneumonia etc. Still less than half of children (46%) are fed only exclusive breast milk for the first 6 months. It is estimated that exclusive breastfeeding prevents 13 percent of the estimated under-five deaths while appropriate complementary feeding prevents another 6 percent of under-five deaths. Every 6th death in the country pertains to an infant. In Himachal Pradesh the neonatal mortality rate is 28/1,000 live births means about 3000 children die within 28 days of life. (2005-2006 National Family Health Survey (NFHS-3), India).

The aim of this paper is to review traditional prevailing practices (Myths and Realities) of women regarding exclusive breast feeding in seven wards of panchayat Manjigram, Tehsil Shahpur, district kangra through survey sampling method. The recommendations and suggestion of this paper will address the cultural myths and promote breast feeding by behavioral change. Both Primary and secondary data will be used.

Keywords: Traditional Practices; Breast Feeding; Infant Feeding; Newborn Care.

Introduction

Over the last couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. In resource limited settings where poor and suboptimal breastfeeding practices frequently result to child malnutrition which is a major cause of more than half of all child deaths, exclusive breastfeeding is regarded as imperative for infants' survival. Indeed, of the 6.9 million under five children

who were reported dead globally in 2011, an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breastfeeding (WHO, 2012). Consequently, the WHO and UNICEF (1990) have recommended exclusive breastfeeding for six months, followed by introduction of complementary foods and continued breastfeeding for 24 months or more.

Infant and young child nutrition has been engaging the attention of scientists and planners since last of couples of decade for the very simple reason that growth rate in the life of human beings is maximum during the first year of life and infant feeding practices comprising of both the breastfeeding as well as complementary feeding have major role in

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determining the nutritional status of the child. The link between malnutrition and infant feeding has been well established. Recent scientific evidence reveals that malnutrition has been responsible, directly or indirectly, for 60% of all deaths among children under five years annually. Over 2/3 of these deaths are often associated with inappropriate feeding practices and occur during the first year of life. Only 35% of infants world-wide are exclusively breastfed during the first four months of life and complementary feeding begins either too early or too late with foods which are often nutritionally inadequate and unsafe. Poor feeding practices in infancy and early childhood, resulting in malnutrition, contribute to impaired cognitive and social development, poor school performance and reduced productivity in later life. Poor feeding practices are, therefore, a major threat to social and economic development as they are among the most serious obstacles to attaining and maintaining health of this important age group.

Optimal Infant and Young Child Feeding practices -especially early initiation and exclusive breastfeeding for the first six months of life - help ensure young children the best possible start to life. Breastfeeding is nature's way of nurturing the child, creating a strong bond between the mother and the child. It provides development and learning opportunities to the infant, stimulating all five senses of the child-sight, smell, hearing, taste, touch. Breastfeeding fosters emotional security and affection, with a lifelong impact on psychosocial development. Special fatty acids in breast milk lead to increased Intelligence Quotients (IQs) and better visual acuity. A breastfed baby is likely to have an IQ of around 8 points higher than a non-breastfed baby.

The sound practice of breastfeeding suffered a setback because of the traditional practices and aggressive media campaign of the multinational companies producing baby milk powder and infant foods. The WHO in late 70s recognised the seriousness of the declining trend in breastfeeding and introduced an International Code for Protection and Promotion of Breastfeeding in 1981. The Indian Government adopted a National Code for Protection and Promotion of Breastfeeding in 1983. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, is being implemented by the Department of Women and Child Development since 1993.

Various research studies since early 90s have brought out the beneficial effects of exclusive breastfeeding for the first six months on the growth, development and nutrition and health status of the infant and also for the mother. It was revealed that

exclusive breastfeeding not only prevented infections particularly the diarrheal infections in the child but also helped in preventing anemia in child as breast milk has the best bioavailable iron. The appearance of enzyme amylase in the seventh month of the infant was suggestive of desirability of introducing cereal based foods in the diet of infant after the age of six months.

Early initiation of breastfeeding lowers the mother's risk for excess post-partum bleeding and anemia. Exclusive breastfeeding boosts mother's immune system, delays next pregnancy and reduces the insulin needs of diabetic mothers. Breastfeeding can help protect a mother from breast and ovarian cancers and osteoporosis (brittle bones).

While the scientific community was making efforts to adopt six months as the duration of the exclusive breastfeeding, the commercial influence particularly from the West was resisting this move at international forum namely Codex Committee on Nutrition and Foods for Special Dietary Uses, Codex Alimentarius Commission and the World Health Assembly. However, with the persistent efforts of the Department of Women and Child Development with active cooperation of the Department of Health, a landmark decision was taken in the World Health Assembly in May 2001 and Resolution 54.2 made a global recommendation for promoting exclusive breastfeeding for the first six months, introduction of complementary foods thereafter with continued breastfeeding upto the age of two years and beyond. Further, a new Resolution on Infant and Young Child Nutrition (WHA 55.25) was adopted by the 55th World Health Assembly in May 2002. The resolution endorses a Global Strategy on Infant and Young Child Feeding. The 55th World Health Assembly recognizes that inappropriate feeding practices and their consequences are major obstacles to sustainable socio-economic Development and poverty reduction. It also states that Governments will be unsuccessful in their efforts to accelerate economic development in any significant long term sense until optimal child growth and development, specially through appropriate feeding practices, are ensured.

The global strategy gives due weightage to mother and child dyad and advocates that improved infant and young child feeding begins with ensuring the health and nutritional status of women, in their own right, throughout all stages of life.

In the context of Millennium Development Goal 4, scientific evidences have highlighted initiation of breastfeeding immediately after birth without squeezing out the colostrum (first milk) and exclusive breastfeeding for the first six months as the key to

tackle infant nutrition and also survival of infant. A study conducted by UNICEF (2006)⁷ has reported that if babies are exclusively breastfed for the first six months, an estimated 3500 lives could be saved each day. In India, it will account to saving 250,000 newborn babies annually. Recent research on accelerating child survival published in the Breastfeeding Promotion Network of India (BPNI) Lancet⁸ has clearly established that the universalization of early initiation of breastfeeding

within one hour of birth has the tremendous potential in reducing 31 per cent of neonatal deaths, which is about 10 per cent of total child deaths.

Benefits of Breast Feeding

In the given table researcher tried to state the benefits of breast feeding not only to the infant but also to mother.

Benefits for the mother	Benefits for the infant	Other benefits
Lower risk of breast cancer	Complete nutrition that changes with baby's needs.	Lower health care costs as breastfed babies are not sick as often as bottle-fed babies.
Increased postpartum weight loss	Contains antibodies that protect baby from illness.	Good for the environment- less waste from bottles and packaging.
Increased bonding with the infant	Human milk is sterile baby is not exposed to outside germs.	
Money-saving	Lower risk of obesity.	
Reduced postpartum bleeding due to oxytocin release from breast feeding	Lower risk of asthma.	
Natural birth control for the first 6 months.	Lower risk of eczema and allergies.	
Lower risk of postpartum depression	Lower risk of SIDS.	
Lower risk to type II diabetes	Lower risk of heart disease.	
	Lower risk of diabetes.	
	Lower risk of diarrhea, constipation, and other GI disorders.	
	Lower incidence of hospitalization.	

Objectives of the Study

- To study the prevailing traditional practices regarding exclusive breast feeding.
- Initiation and myths attached to colostrums feeding
- To find out the care practices of pregnant women and the women with immediate birth deliveries.
- To find out the practices leading to malnourishment and other neo natal illness.

Research Methodology

Research Tools and Technique Used

Stratified Random Sampling technique is used, an interview schedule was used in which different open and close ended questions were included, In order to collect genuine information on various traditional practices which are prevailing in the targeted area, To increase the participation of the respondents some questions were not compulsory such as Name of the respondent but some questions are kept Compulsory to know the kind of activities which are practiced regarding the exclusive breast feeding.

Interviewing method used was structured interview in which all together Twenty nine questions were asked on sensitive issues.

This descriptive study aims to assess the traditional practices regarding exclusive breastfeeding in the seven wards of panchayat "Manjigram".

Study Setting

The study was conducted among 30 mothers of panchayat manjigram of tehsil shahpur block rait distt. Kangra H.P.

Demographics of Study Settings

Panchayat Manjigram is one of the panchayat of Tehsil shahpur. Manjigram is 2 km ahead towards Pathankot from Shahpur. The name of the Pradhan is Nina Thakur. Total population of the panchayat manjigram 3581 in which 1681 are males and 1900 are females.

There are seven wards in panchayat namely-

- Nargoni
- Kulihar
- Dramman-1

- Dramman-2
- Dadhrolli
- Bhaniyar-1
- Bhaniyar-2

In Panchayat Manjigram the structure of local community workers are as follows-

There are three ASHA worker deputed namely-

- Vindu Bala
- Seema Kumari
- Sunita Devi

There are two female health workers namely-

- Vipna kumari at Dohab health sub centre
- Neelam Bala at kiari health sub centre

Usually in tehsil shahpur one health sub-centre is allotted to a Panchayat but Manjigram is having two health sub centre namely-

- Dohab
- Kiari

Health Sub centre is having one female and one male health worker.

Sampling

Researcher made a visit to all the 7 wards of the panchayat manjigram and before visiting to the wards researcher decided to interview 4 mothers from each ward so, stratified random sampling is used after collecting the information 30 respondents information is used in this study.

Data Analysis

Personal Information

Q.1.1 Age of the Respondents

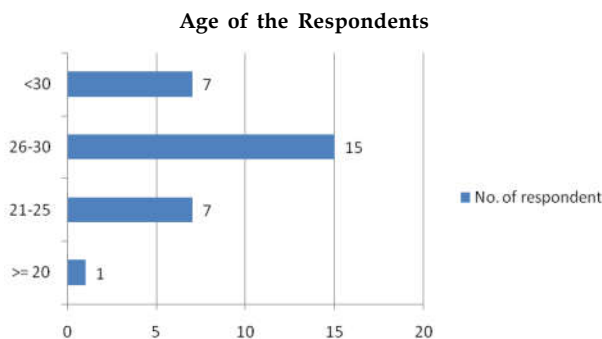


Fig. 1.1:

Interpretation

In this study we found only one mother who was

under 20 year of age. Largest number of women in the survey belong to the age group of 26-30 years. Our focus was on newbie mothers and those who are mothers of children of 1-6 year of age.

Q.1.2 No. of children. (Open ended)

Interpration

80% of women has 2 children, few had one child and no women were found with more than three children.

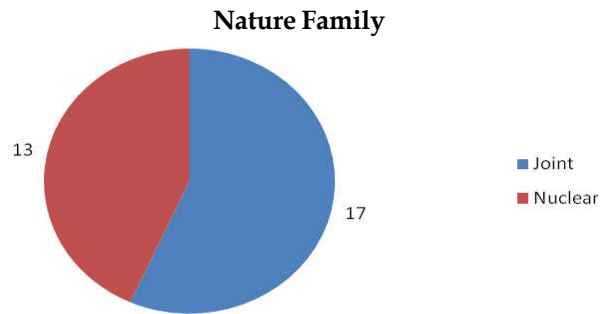


Fig. 1.2:

Q.1.3 Nature of the family

Interpretation

In Himachal a mix culture of joint and nuclear family is observed. Most of the women prefer to be in a joint family, it will assist them in upbringing of their children.

Also in a joint family, working women found it much easier to maintain a balance between their work and children. They feel much satisfied with the care, security and values their children get in a joint family.

60% of the families were joint family while 40% were nuclear. No extended family was observed.

Educational Status of the respondents

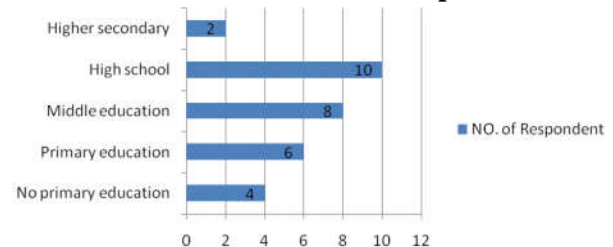


Fig. 1.3:

Q.1.4 Educational Status-

Interpretation

A shocking observation was made when the 13% of women in the study had no primary education.

Most of the women were high school pass. It was observed that in this section of women that the myths and unawareness about the colostrums and breast feeding prevail to a much larger extent.

Assessment of Socio Cultural Beliefs and Practices

Q.2.1 Beliefs prevailing in the community with regards to physical activities of pregnant mothers(open ended).

Interpretation

During study in the village it was found that there is a strong belief that a pregnant woman must keep on doing little work. If they sit ideal the child born will be lazy and may suffer from some disease.

In the early days of pregnancy the women are not allowed to walk or stand much. They are not asked to lift heavy things. A myth is associated with the long walking is that it will lead to premature delivery of the child.

The sweeping and swapping of the floor become necessary in the last trimester as it is believed that it will help in easy birth of the child. But this work should be done in a traditional Indian way.

Local Community Worker Awareness about your Delivery

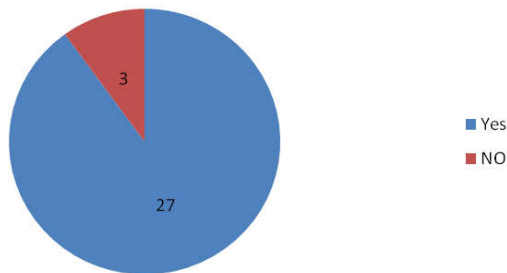


Fig. 2.1:

Q.2.2 Local community worker were aware about your delivery

Interpretation

The results of the above questions leads us to the success of those policies which are formulated to take care of the pregnant women.90% of the respondents says that local community worker were aware about the delivery.

Name of Local Community Worker

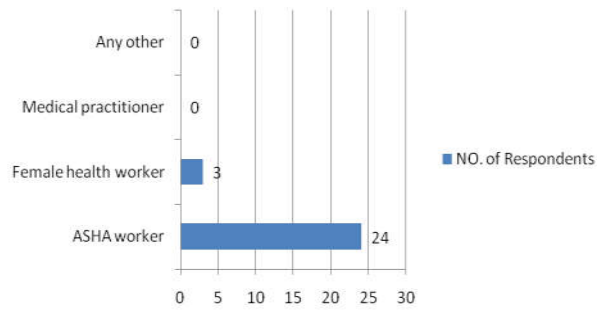


Fig. 2.2:

Q.2.3 Name of local community worker who were aware about the delivery.

Interpretation

Most of the respondents named ASHA worker who knows about the delivery. ASHA worker have been guiding them throughout the pregnancy. Role of ASHA worker in the community is commendable. They are trying their best to aware mothers about pre and post natal care, breast feeding and vaccination to protect child from various diseases

Visits before Delivery for Vaccination

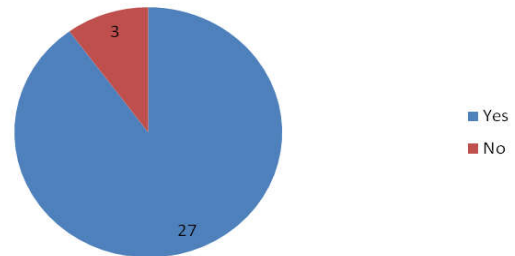


Fig. 2.3:

Q.2.4 Local community worker have visited you before delivery for vaccination.

Interpretation

The women were timely vaccinated by the female health worker and ASHA worker. Their card was made and was filled by those who did the vaccination. Also iron folic tablets and other food supplements were provided to them.

Type of Delivery

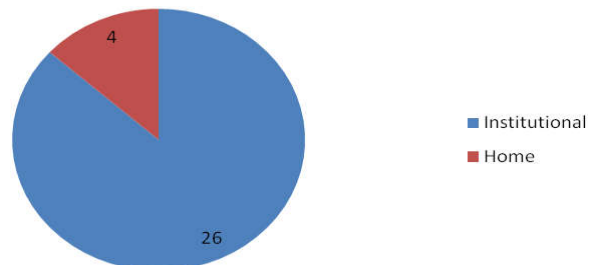


Fig. 2.4:

Q.2.5 Whether you have Institutional delivery/ home delivery

Interpretation

Most of the women had institutional deliveries and for this the credit goes to NHM program and ASHA workers. ASHA workers have been able to create awareness among the women about the benefits of institutional delivery and the drawbacks that they have to face in home delivery.

In case of institutional delivery the baby born is immediately weighed and polio dose is given to them, also other vaccinations are also given.

If baby is born with any symptom of disease, treatment can be started immediately.

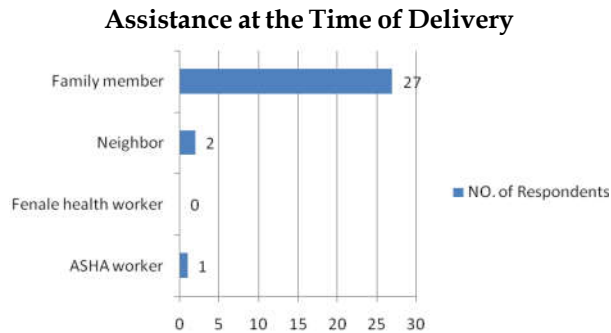


Fig. 2.5:

Q.2.6 Who assisted and accompanied you in delivery?

Interpretation

In most of the case the family member assisted the women for the delivery. Rarely ASHA worker and some neighbor assisted them. In the area under study the delivery of a baby is considered a family affair and family take the whole responsibility.

Elders in the family guide would be mother about what to do at the time of labor pain and also proves to be an encouragement to them. A moral support is provided by the family members to the women when in pain, it help to reduce stress they are facing at time of delivery

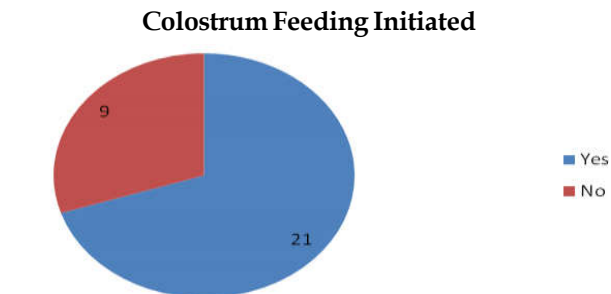


Fig. 2.6:

Q.2.7 Colostrum feeding was initiated

Interpretation

In most of the cases a positive response was observed to the question of colostrum feeding.

The most of the deliveries were institutionalized but still even in the case of institutional deliveries the colostrum was not given to the baby. The reason behind these is purely myths that have been there for generations. Traditionally they don't consider colostrum good for the baby's development and growth. In spite of all the efforts by government and WHO these types of traditions still prevails in the society which results that 30% of the respondents says that colostrum feeding was not initiated.

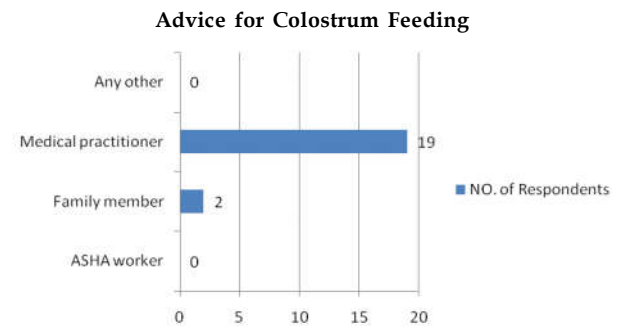


Fig. 2.7:

Q.2.8 If colostrum is initiated than who initiated or advice you for colostrum feeding

Interpretation

As most of deliveries were institutionalized so in 90% cases the medical practitioner and other staff members advised the colostrum feeding. The family have faith on those practitioners thus followed the advice. The feeding was done with the help of staff member and family member.

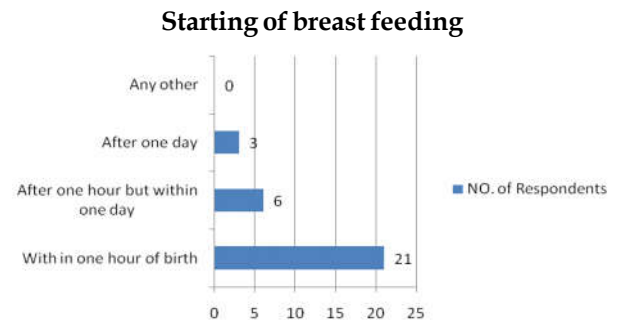


Fig. 2.8:

Q.2.9 When do you start the breastfeeding?

Interpretation

Most of the respondents i.e.70% starts the breastfeeding within one hour of the birth because they were very well aware about the importance of the colostrum feeding but there are some respondents who starts breastfeeding after one hour but within one day because they have such belief that first milk is the dirty milk so first they use to dispose that milk therefore the process of disposing the first milk takes some time upto that period respondents give supplementary fed to the baby.

Any New Natal illness to Child

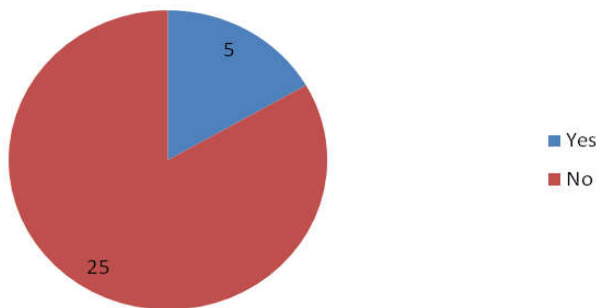


Fig. 2.9

Q.2.10 Whether your baby suffered with neo natal illness?

Interpretation

From the fig. 2.9 it can be seen that 83% of the respondents says that their baby doesn't face any neo natal illness and only 17% responds that their baby have or other new natal illness.

Type of Illness

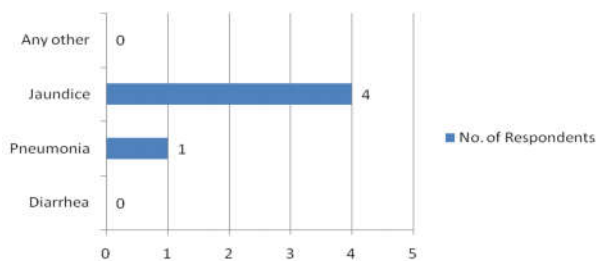


Fig. 2.10:

Q.2.11 If yes than which type of illness?

Interpretation

Maximum (83%) babies were born healthy without symptom of any disease. But some suffer from pneumonia or jaundice. These two diseases are quite often observed in the babies. Jaundice being in top with 80% reported cases. In hospitals or institutions treatment for these or any other disease is readily available to the patient i.e. new born. The treatment is

more effective with exclusive breastfeeding given to the baby by his/her mother.

Assistance During Breast Feeding

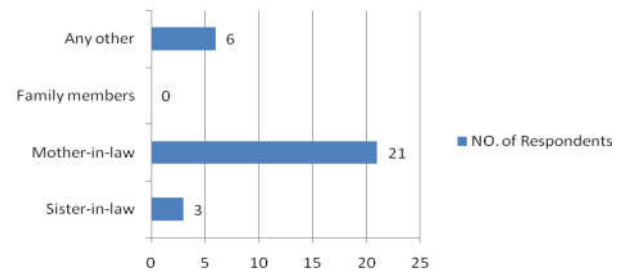


Fig. 2.11:

Q.2.12 Who assist you to feed the baby?

Interpretation

Mother-in-law has proven to be a big help in assisting new mothers to feed their children. In 70% cases mother-in-law helped her daughter-in-law, this shows that the family feel its responsibility towards the mother and child. 10% cases were said to be assisted by sister-in-law. Thus family contribution in assisting mother to breastfeed the child reaches to 80% in total. Other 20% have said to be assisted by others be it mother herself or ASHA worker or other help in surroundings.

Q.2.13 What are the rituals regarding feeding for the boy child?(Open ended)

Interpretation

It was observed that the child is equally fed weather it is a male child or a female child. No sign of gender based discrimination was present in the area regarding breastfeeding. Mother equally feed her children be it a boy or a girl.

Q.2.14 What are the rituals regarding feeding for the girl child? (Open ended)

Interpretation

It was observed that the child is equally fed weather it is a male child or a female child. No sign of gender based discrimination was present in the area regarding breastfeeding. Mother equally feed her children be it a boy or a girl.

First feed to baby

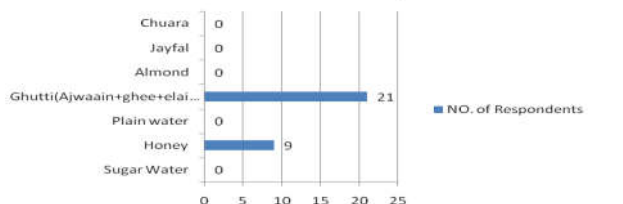


Fig. 2.12

Q.2.15 What feed was given to the baby in one hour after birth?

Interpretation

Though it is not recommended to give any other kind of feed to the baby except mother’s milk till six months. But some traditions still prevails in the community. They lay emphasis on feeding the child with “ghutti” and honey first.

Honey is considered to be given after birth with the help of a golden spoon/pen. It is said one should write some sacred words on tongue of the infant, it will give allow the baby to speak sweet and polite language.

“Ghutti” is mainly a cardamom concentrated solution in water. It is also used as a supplement. It is used as digestive syrup for the baby.

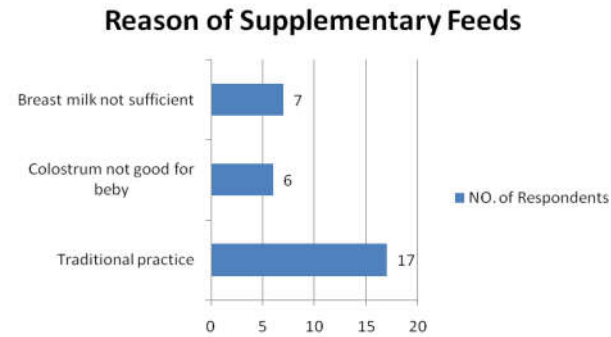


Fig. 2.13

Q.2.16 State the reason why supplementary feeds is given to the baby immediately after birth

Interpretation

Supplementary feed is given to baby immediately after birth and this custom is associated with the traditions prevailing in the area. People argue that their ancestors have tried and tested these over years and this is ideal way of welcoming the baby to the world. They follow these traditions strictly with new modern ways. 23% of women in the study feels that breast feeding is not sufficient for the baby and supplements will give more strength to the child. It will help the child to grow fast and will make him/her healthy.

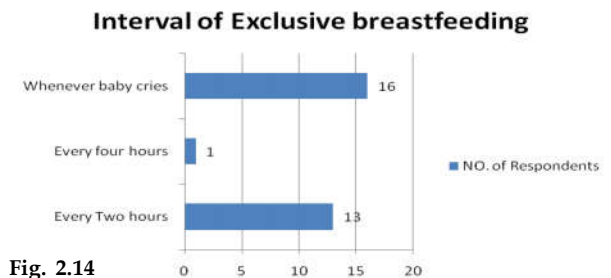


Fig. 2.14

Q.2.17 Intervals of exclusive breastfeeding in day times

Interpretation

53% of women said that the feed is given to the baby whenever the baby will cry. Duration of the baby crying may differ from 1hour to 3 hours. They are not comfortable in awaking the baby for feeding, as they will get time for themselves when baby is sleeping. Some says that with baby many Gods are sleeping so if they awake baby Gods will be disturbed. 43% women follow the ideal interval time i.e. they feed baby after every two hours. These women are influenced by community health workers.

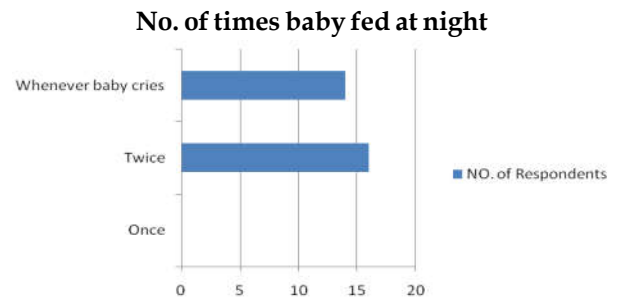


Fig. 2.15:

Q.2.18 No. of times baby fed at night

Interpretation

Here 53% women feed their baby only twice at night. They are not able to cope up with the stress and are soo much tired that they don’t even hear the baby cry. They only feed twice when asked by others. Rest baby is given baby milk powder or cow’s milk.

46% women feed their babies every time when it cries.

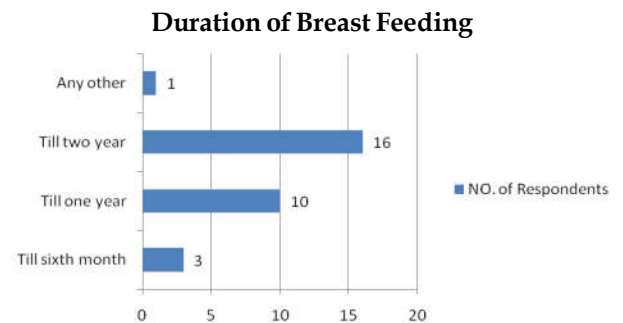


Fig. 2.16

Q.2.19 Duration of breast feeding given to the baby

Interpretation

Most of the mothers feed their children up to two years of age, this count for the 53% women. 33% of

women feed they child till one year and only 10% feed child till six months. No mother was found to feed child less than six months.



Fig. 2.17

Q.2.20 when you give first bath to the baby?

Interpretation

Fig.2.17 reveals one more traditional practice regarding the first bath to the baby in 50% percent cases the first bath to baby is given immediate after delivery or on the same day of delivery respondent gives the rationale of this practice that the baby is impure and dirty sometimes some postpartum material get stick to baby which must be cleaned immediately.

Q.2.21 What food is given immediate after bath to baby? (open ended)

Interpretation

Respondents use to rub a paste of jaifal on the head and chest of the child after the bath. It is said to be sacred and provide immunity to child from diseases. Almond paste was also said to be given to baby after bath, almond is said to increase the brain capacity of child. It is believed that almond will make child sharper and smarter. Homemade Cardamom syrup was also said to be given

Q.2.22 When mother gets proper meal after delivery?

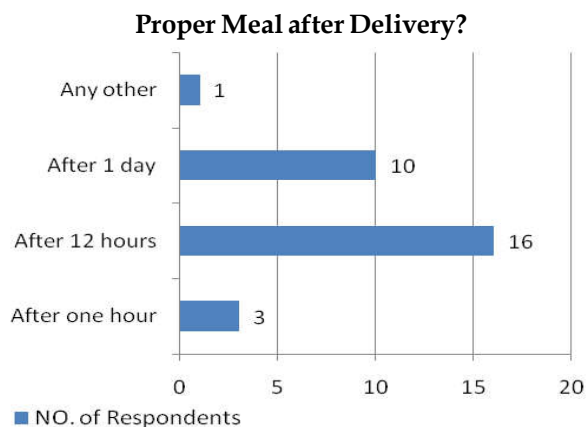


Fig. 2.18

Interpretation

53% of mothers was given proper meal after 12 hours of delivery and 33% were given after one day. It was observed after the birth of the child all the concentration was on baby and less were concerned about mothers. Also mothers are not given full appetite so that they are avoided of obesity. Only liquid or semi solid foods like milk with dry fruit mixture or milk with pure ghee is provided to them. Only 10% were given meal after one hour. Researcher observes that the procedure of not giving full appetite and proper meal is purely a myth. As if mother is not provided with full diet, how she will be able to feed her baby!! Also the concept of getting obesity by proper meal to women is wrong, because milk with dryfruits and pure ghee will lead to more obesity as it is more fatty also not easily digested.

Q.2.23 What is the first feed given after delivery to the mother?

Interpretation

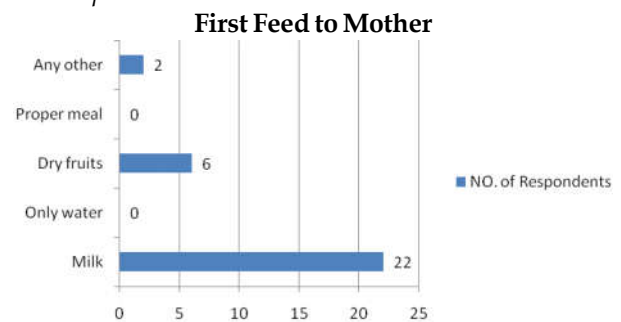


Fig. 2.19

After delivery 73% of mothers were given only milk. Milk is considered to be light as well as most nutritive substance by the elder of the community. It is also said to increase the milk production in lactating mothers, thus most of the people prefer to feed newly mother with milk. 20% were fed by dry fruits and remaining 6% with any other edible substance (like sweets or Prasad).

The belief of not giving proper meal is attached with the myth that meal or food will make women fatty, so light food must be given. No wonder the people believe that milk with dry fruit and pure ghee is light and will not increase fat. But in reality it is fattier and not easily digested.

To restore loss energy of women who has given birth and has to feed her baby adequate meal must be provide.

Q.2.24 Do you think exclusive breast feeding is good for health of mother and child

If yes than why?

If No than why?

Interpretation

It was very surprising for the researcher that only one or two respondents answer absurdly for the above question, otherwise most of the respondents were blank while answering.

It is a usual human tendency to adopt only such practices which are beneficial for him. Therefore an initiative must be taken to aware the masses for the benefits of exclusive breast feeding, colostrums feed, discourage complimentary feed before six months and have behavioral change. This is possible by active and affective ICT, Media, and involving Health worker at grassroot level, all health officials at different levels through Govt. and non Govt. agencies.

Researcher Observation and Findings

During the research it was observed by the researcher that:

- Media is very crucial and informative to shape the responses of the women. They were aware of what has to be answered or what is the actual prescribed practice by government regarding feeding. They were ready with the answers what has been prescribed due to awareness through ICT, media, television, radio etc. But when researcher was successful in establishing rapport with them or assure them that he will not reveal your responses to anyone and no government body, ASHA or any other office bearer or doctors are involved in this research then they share the exact practices or rituals.
- Few respondents have the knowledge about the benefits of the breast feeding It was observed during research that women are practicing some activities like supplementary feed to baby (Powder milk and cow milk) and colostrum feeding avoidance because their ancestors did the same they don't have any rationale for these activities.
- High impact of old age women in the decision making was observed. The answers for avoiding colostrum feed and initiation of supplementary food within six months was due to the mothers in law advice.
- First feed as a honey has to be given to baby by the successful person of the community because they believe that if they do so than one day their baby will also be successful.
- Imprinting "ÖM" on the tongue of child with

honey is also a ritual.

- Regularly bathing a child either in summer or winter sometime frequency in a day may be two or three for bathing is practiced as it will improve child health. And after bath giving mixture of almond and ajwain to child so that child could have sound sleep.
- Maximum no. of respondents believe that mother milk is not sufficient as per child appetite is increasing with his age so cow milk (belief of economically not sound persons) and powder milk (belief of economically sound persons) is given.
- Highly rich family women don't give breast feed as it will de shape her figure.
- Very less number of Women are bearing child below age of 20. This is because in Himachal Pradesh maximum people got married at prescribed age. So there is very less chances of maternal deaths and miscarriages.

Recommendations and Suggestions

For Policy Makers

1. Behavioral change model has to be applied affectively. In Indian society old age women particularly mother in laws had high influence in decision making in the house. So considerable focus should be given to the people of old age for behavior change regarding the traditional harmful practices resulting in high neo natal illnesses.
2. Involvement of NGO's for intervention with community members to enhance infant and young child feeding practices.
3. To have counseling facilities in the hospital setting to promote breast feed and colostrums feed.
4. Advocacy involving local leaders and influential persons.
5. Strict monitoring, supervision and periodic review of health workers at each level regarding feeding practices in the community.
6. Special care units at grassroots level for high risk pregnant women and new born of the community.
7. Special focus should be given to the urban and economically rich class communities to promote breast feed and decrease complimentary feed.

For Community

1. To decrease neo natal mortality and

malnourished children ratio concept of exclusive breast feeding must be preached with the decision makers of house especially to old age women through community worker or social worker.

2. A reform need to be taken by every community member to avoid pre lacteal feed (Honey in particular), as in maximum no. of cases regarding jaundice to neo natal is result of the same. For this sensitization is required
3. Awareness and promotion of (KMC) Kangaroo Mother Care to decrease the rate of child Pneumonia and to increase breast milk with lactating mothers.
4. To change the behavior of the lactating mother by teaching them to feed baby in every two hour and not to wait for baby cry to provide him feed. Also make them to learn pre indication of baby hunger. Local community worker must be involved to teach lactating mothers for pre indication of baby and how to feed properly.
5. Lactating mothers must be informed through ICT and other media that if they have busy schedule and are not able to breast feed to their child, then milk can be extracted and stored which has to be given to child by any of the family member strictly by washed spoon and bowl. Bottle feeders must not be allowed in any case.
6. Strict supervision by local community health worker is required to monitor the child bathing practice of the community. It should be as per the UNICEF and WHO guidelines universally.
7. Awareness to provide balanced diet to the lactating mother after the delivery is required.
8. The concept of not giving proper rest to the pregnant lady must be rectified by proper intervention of workers involved in it.

Conclusion

Breastfeeding is a very important aspect of maternal and child health. Exclusive breastfeeding for six months help a child to counter malnutrition. Mother's milk provides all kind of nutrition for the optimum growth of the child. It keeps the body of the child hydrated and provides protection against infections and allergies. Also it help lactating mothers to fight with many negative syndrome a women can suffer like breast cancer, obesity etc..

Colostrum (first milk) produced by mammary glands of the mother. It is most precious thing for a new born as it contains many antibodies that help

the child to fight against several infections. It helps to prevent jaundice. It stimulate the development of gut in a new born also have a mild laxative effect that help the child to pass its first stool.

Breastfeeding has number of advantage to mother as well as to child. Still some of the traditions or myths have countered its benefits. The traditions become more important to individuals health. These traditions are believed to be used from generations and people have immense faith in them. Lack of awareness doesn't contribute much to the reasons behind these myths rather it is a strong belief system that has a hold on people.

Therefore Outreach and advocacy is required for removing wrong myths and harmful traditional practices by the community regarding exclusive breast feeding and colostrums feed. Also social action with propaganda of behavioral change at all level is required. This initial small step to promote breast feeding will help in reduction of many serious issues and diseases as Malnourishment, child pneumonia, jaundice, diarrhea, obesity, anemia etc and overall reduction in infant mortality and morbidity.

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