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## **A SOCIOLOGICAL STUDY ON SOCIAL SUPPORT TOWARDS BREASTFEEDING IN HARYANA**

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Every year, near about 5.6 million new born die due to the non-satisfactory nutrition. The World Health Organization (WHO) recommends breast feeding should be at least six months. There is projected drop-in 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. Regardless of awareness and knowledge of the people with the benefits of the breast-feeding, its 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. The main objective of the paper is to know the social support regarding knowledge of breastfeeding among new mothers .

**Key Words : Breastfeeding, Knowledge, Awareness, Social Support, Lactating Mothers .**

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 born 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 .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. Breast milk is regarded as best food for infant, since it is always fresh, free from contamination and also economical for mother as well as for nation. Moreover, breast milk provides all the nutrients like fat, protein, carbohydrate, water, amino acid, minerals and vitamins which are necessary for the mental and physical growth of the newborns during the first week of life. In addition, breast feeding also have some contraceptive effects for the mothers. The milk of mother may be considered the first fundamental right of a child and breastfeeding is a moral duty of mother. Breastfeeding with adequate external diet has the prime importance for the healthy growth of the infants. WHO regarded the breastfeeding as a natural way of providing the food to the newborns since it provides the food to the newborn since it provides all the nutrients essential for the healthy mental and physical growth of the infants. It is natural to assume that all mothers can breastfeeding provided that the have accurate information and the support of their husbands, in laws and family as well as the society at large.

### **Breastfeeding Support**

There are different sources that a mother encounters during pregnancy and postpartum are beneficial to the success of breastfeeding. Although there are multiple sources providing support some can be more influential than others. The value of support that is given to a mother can potentially increase the outcome of success overall.

**Spouse :** The spouse or father of the child plays a vital role in supporting the mother during breastfeeding. When the father is more supportive and has a favorable opinion on breastfeeding the mother is more likely to choose to breastfeed .The likelihood that mothers will breastfeed can majority be influenced by the fathers support during pregnancy and postpartum. The father or spouse was especially important during the coping period after birth . He emotional support the mother received from the father during the first six weeks after birth often resulted in the mother breastfeeding for a longer duration.

**Social :** The social help for breastfeeding ought to be emerge out of a mother's social contacts with the companions, just as other social impacts. mothers are lion's share affected by social as well as cultural standards on their underlying choice to breastfeed . There are numerous external impacts and social messages that don't promote breastfeeding and can



influence a mother's choice to breastfeed. The ethnic and social cultural background can also have a significant influence on mother's decision to breastfeed. There can be negative social association while breastfeeding that may make a mother feel awkward while breastfeeding in some social circumstances. This can make a mother stop breastfeeding at an early time. The social communications that a mother may look in a particular culture may help or hinder the decision to breastfeed. The individuals from a mother's social care group, for example, relatives and peers can be significant in the breastfeeding choice. In a study of Appalachian women, the greatest influence on the decision to breastfeed was the individual with the highest power in the family. The women in the study expressed that if family members had a negative or positive experience with breastfeeding, it would influence the mother's decision to breastfeed.

Breastfeeding can be successful when there is a positive social environment. A study on African-American women who had a supportive maternal-grandparent or parental grandparent, their opinion was influential in the decision to breastfeed. This social interaction can influence the decision early on in pregnancy if the grandparent had a negative or positive experience with breastfeeding. Mexican-American women stated that the maternal grandmother was the most influential in breastfeeding support. The study also showed that among Japanese adolescents if the mother was positive on breastfeeding the adolescent was more likely to have a positive outlook on breastfeeding. The social support that is given to a mother when deciding to breastfeed can vary depending on culture or beliefs of the mother.

In a study by LI, Rock and Grummer-Strawn (2006) public attitudes on breastfeeding was established to influence decision of mother to breastfeed. In general the public opinion of breastfeeding in the United States is that mothers should breastfeed in private places only<sup>64</sup>. This opinion of breastfeeding can lead to a mother feeling ashamed and unwelcome to breastfeed in public places or around peers. A research study conducted through WIC found that many women were attracted to breastfeeding but feared criticism from their family, spouses, friends and work environment. Most often women felt that breastfeeding would conflict with much of their social life and keep them from things they enjoyed. The mothers' education on breastfeeding along with support from family and social influences can positively affect mothers' choice to breastfeed.



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## **Medical Staff**

An important factor for a mothers' decision to breastfeed can be based on the support from medical staff such as an obstetrician, pediatrician and nurses. A study by Arora, McJunkin, Wehrer and Kunh (2000) it was found that medical professionals can be very influential in a mothers' decision to breastfeed but, they have a very small window in this influence. It is very important for health care professionals that provide prenatal care to provide information and guidance early in the pregnancy to help with breastfeeding. The medical staff that provides information to the mother while pregnant can have a great role in promoting good breastfeeding behavior prior to pregnancy. When the support is given to the mother it is very important that the clinician is giving support at the crucial periods during pregnancy. But, in many circumstances the obstetrician may not be properly educated on breastfeeding and may not give support at the right time.

Due to shorter hospital stays medical staff must provide the necessary information in a short period of time to mothers on breastfeeding. The crucial period for a mother to have breastfeeding support is during their hospital stay. Riva et. Al. (1999) found that there was a positive influence on mothers that received support from a nurse during their stay. Mothers that received guidance in the maternity ward from nursing 89% had a better experience compared to women that did not have nursing guidance at 81% having a poor experience. The breastfeeding guidance that a mother is given during the hospital stay can be more influential in a baby friendly hospital. The baby friendly hospital initiative was designed to increase breastfeeding rates in hospitals that have high concentrations of African American women and premature births. Boston Medical Center served a large population of impoverished and high racial minorities and did not have interventions in place to support breastfeeding. The baby friendly initiative Boston Medical Center within a two year period had increased breastfeeding initiation rates in full term infants. The baby friendly initiatives gives the hospital the appropriate steps to increase initiation and duration rates among new mothers in any hospital.

## **Lactation Consultants**

Other medical staff are often more influential on a mothers decision to breastfeed and they may have more opportunities to give support to the mother. But lactation consultants can be



vastly educated on breastfeeding and can provide greater support to mothers. There are different types of lactation consultants that can provide education to a mother after giving birth. In different facilities there may be certified lactation consultants that have underwent training and courses to provide lactation support. A certified lactation consultant is educated in breastfeeding and human lactation support such as latching and feeding, as well as counselling mothers, and having knowledge of milk production. Some certified lactation consultants may further education to become an international Board Certified Lactation Consultant (IBCLC). An IBCLC is health care professional who specializes in the clinical management of breastfeeding. The skills that an IBCLC has are often more extensive knowledge of breastfeeding assessments, and intervention based health care. The IBCLC may often provide greater strategies on family, group and overall health promotion to mothers that are breastfeeding. The support provided from both types of lactation consultants may be based on the level of care that is provided to the mother during pregnancy or postpartum.

The support that is given to the mother by the lactation consultant can be very influential due to the longer duration of support and close contact with the mother more often. This time is often the most beneficial for support to help the mother with position, support and breastfeeding education. Multiple studies support how a lactation consultant can increase breastfeeding duration and initiation. Raj and Plichta (1998), found that group and individual counseling with a lactation consultant increased breastfeeding rates from 32% to 52% in a group for women who attended a migrant health center in North Carolina. Women who met with a lactation consultant were more likely to try to breastfeed (61.5%) according to a study.

The overall success of breastfeeding can be influenced by mothers attending support groups. Described that women that attended support groups were more likely to exclusively breastfeed than those that did not attend a support group. In multiple studies peer and social groups found that breastfeeding support groups and education improved breastfeeding initiation. The La Leche League was established in 1957, which provides mothers with pregnancy classes, support groups and one on one support for mothers postpartum. The league also provides a personal telephone counselor to provide support postpartum and decrease the amount of time that a mother may have to spend with a physician outside of the home. The support that is provided to the mother also has shown to increase breastfeeding initiation in adolescent mothers. Adolescents were provided education and support during pregnancy and postpartum. Of the adolescent mothers 65% of the mothers initiated breastfeeding compared to those with no education intervention.



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### **Employer:**

The support a woman has in the workplace can be very influential on the decision to continue breastfeeding when returning to work. Women that work outside of the home often have shorter duration of breastfeeding (Murtagh & Moulton, 2011). It is common for a mother to discontinue breastfeeding within the first month of returning to work than those that do not return to work full time. There are initiatives that had been started by some states to amplify breastfeeding rates to meet the targets of Healthy People 2010. Although these initiatives did not meet the goals of the Healthy People 2010 breastfeeding rates in the individual states there have been further initiatives to increase breastfeeding rates. The retention rates of mothers after returning to work may decline for some companies. According to a 2007 survey from Medalla and working Mother reported that 98% felt that it was important if the workplace offered lactation classes . The companies that offered lactation classes reported a 59% greater retention rate after childbirth compared to their counterparts who did not offer classes .

With the recent introduction of the Affordable Care Act (ACA) of 2010, there is now initiative for employers to be breastfeeding friendly. The ACA requires employers of fifty or more employees to give mothers time to pump or express milk and are essential to provide mothers a non-bathroom space to express milk. The ACA has also helped with insurance to cover education to mothers during pregnancy and postpartum to help accommodate breastfeeding when returning to work (Federal Support, 2013). The ACA also promotes health benefits to provide breastfeeding supplies at a lower rate or discounted rate (Federal Support, 2013).

There are benefits to the employer by providing support in the workplace to a breastfeeding mothers. Women are the largest growing population in the workforce with 70% of full time female employees having children the ages of three and under (Support CDC, 2013). Although women that have intentions of working full time they may have shorter duration rates of breastfeeding than their counterparts that do not return to full time work.

**Karnawat (1987)** observed that "hospital staff neither discourages nor prevents the family to indulge in the practice or pre-lacteal feeding with 6 hours of birth. Nearly half of the nurses preferred clock feeding. Almost 60% of hospital staff did not know about the correct posture of mothers and infant during breastfeeding. Most of the doctors and paramedical favoured initiation of breastfeeding on first day".





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**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.

**Methodology:** As a sample, 214 women who were to deliver the babies were selected by purposive selection techniques from four civil hospitals of Haryana state. On the basis of low female literacy rate of Haryana, four district were selected. These were Mewat, Palwal, Fatehabad, and Sirsa. We have choose civil hospital in selected district. Purposive Sampling technique was employed for the selection of the respondents who are to deliver babies and admit in maternity wards in selected civil hospitals. A sample of 214 women between 18-35 years of age among these 214 women 41 from Mewat, 62 from Palwal, 53 from Fatehabad and 58 from Sirsa were included in each district. All the information were collected with the help of interview schedule. Primary data were analyzed with Statistical software SPSS. Therefore keeping in view the significance of the Breastfeeding the present study was carried out in the selected mothers. All the information is collected with the help of interview schedule. Primary data is analyzed with statistical software SPSS. The information collected during the study is condensed and a code sheet is developed for the response to create the variables in the SPSS – Software (Version 20) for the purpose of statistical analysis and data validation. In order to examine the reliability and validity of the data, the Chi Square test is used for hypothesis testing. After that it converted in to tabular form. Statistical tools like mean, percentage analysis are used to draw inferences



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**Motivate for first thick yellow milk**

<b>Motivate for first milk</b>	<b>Frequency</b>	<b>Percent</b>
Aanganwadi Workers	60	28.0
Doctors	102	47.7
Family members	42	19.6
Mass Media	10	4.7
Total	214	100.0

Above table reveals that majority of the respondents i.e. 102 (47.7%) told that doctors motivate for first thick yellow milk, 60 (28.0%) are motivated by Anganwadi workers, 42 (19.6%) motivated by family members and 10 (4.7%) motivated by Mass media for first thick yellow Milk. Doctors and Anganwadi workers play an important role to motivate for breastfeeding the first thick yellow thick milk (colostrum's).

**Information regarding colostrums before delivery get from.**

<b>Information regarding colostrum</b>	<b>Frequency</b>	<b>Percent</b>
Anganwadi Workers	43	35.5
Doctors	37	30.5
Family members	31	25.7
Mass media	10	8.3
Total	121	100.0

Table shows that 43 (35.5%) respondents assume that Anganwadi workers give information regarding colostrum's before delivery. 37 (30.5%) get information of colostrums before delivery by doctors, 31 (25.7%) get information of colostrums before delivery by family members and 10 (8.3%) get information colostrums before delivery through mass media. This study reveals that Anganwadi workers play an important role to give information about colostrums before delivery.





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**Consultation when face any problems during breastfeeding**

Constitution during breastfeeding	Frequency	Percent
Aanganwadi workers	20	9.3
Doctors	61	28.5
Female friends	30	14.0
Family members	103	48.1
Total	214	100.0

Above table shows that majority of the respondents i.e. 103 (48.1%) consult the female family members when they face any problems during breastfeeding. 61 (28.5%) consult with doctors, 30 (14.0%) consult with female friends and 20 (9.3%) consult with Anganwadi workers when mothers face any problems during breastfeeding. The study shows that most of the women take help of family members when they face any problems during breastfeeding and they should be given more information about breastfeeding by family women.

**Motivate by family Members for Breastfeeding.**

Family motivate for breastfeeding	Frequency	Percent
Yes	159	74.3
No	55	25.7
Total	214	100.0

The study reveals that majority of the respondents i.e., 159 (74.3%) told that they are motivated by family members for timely breastfeeding. On the other hand, 55(25.7%) respondents are not motivated for timely breastfeeding by family members. The study reveals that the family members are also aware of breastfeeding.



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### Motivate for breastfeeding

Motivate for breastfeeding	Frequency	Percent
Anganwadi Workers	64	39.5
Doctors	47	29.0
Family members	40	24.5
Mass media	11	7.0
Total	162	100.0

The study reveals that 64 (39.5%) respondents said that they are motivated for breastfeeding by Anganwadi workers. 47 (29.0%) motivated by doctors, 40 (24.5%) motivated by family members and 11 (7.0%) motivated for breastfeeding through Mass media. This study shows that Anganwadi workers play very important role to motivate for regular breastfeeding.

### Motivate for only Breastfeeding for up to 6 months

Only of Breastfeeding for up to 6 months	Frequency	Percent
Yes	167	78.0
No	47	22.0
Total	214	100.0

Table shows that majority of the respondents i.e., 167 (78.0%) assume that they should only give breastfeeding to infant for up to 6 months. And 47 (22.0%) respondents assume that they should not give only breastfeeding to their infant for up to 6 months, because only breastfeeding is not sufficient for baby. The study reveals that majority of the women are more aware of only breastfeeding for up to 6 months.



### **Advise for nutritious food during lactation period**

Advise for nutritious food during lactation period	Frequency	Percent
Anganwadi workers	40	21.1
Doctors	94	50.2
Family Members	50	27.1
Mass Media	3	1.6
Total	187	100.0

Table shows that 94 (21.1%) respondents said that the doctor gives advice for nutritious food during lactation period. 50 (50.2%) respondents assume that family members give advice for nutritious food during lactation period. 50 (27.1%) respondents assume that Anganwadi workers gives advise for it and 3(1.6%) get advise from mass media. The study shows that doctor play very important role in giving advice for nutritious food during lactation period. And family members are also aware of giving nutritious food to mother during lactation period.

### **Family members co-operate only breastfeeding up to Six months**

Only Breastfeeding to six months	Frequency	Percent
Yes	135	63.1
No	79	36.9
Total	214	100.0

This study reveals that 135 (63.1%) respondents assume that family members co-operate for only breastfeeding up to six months. On the other hand, 79 (36.9%) respondents assume that family members do not co-operate for breastfeeding up to six months. The study shows that family members are also aware of the advantages of breastfeeding so they co-operate for breastfeeding up to six months.



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**Family members motivate for breastfeeding during excess of household works.**

Motivation for Breastfeeding during excess work	Frequency	Percent
Yes	141	65.9
No	73	34.1
Total	214	100.0

Table shows that majority of the respondents i.e., 141(65.9%) said that family members motivate them for breastfeeding during the excess of household work. On the other hand, 73 (34.1%) respondents assume that family members do not motivate them for breastfeeding during the excess of household work. This study reveals that the family members are also aware of the advantages of breastfeeding for infants and mothers.

**Information regarding breastfeeding should be given before delivery**

Information should be given	Frequency	Percent
YES	199	93.0
NO	15	7.0
Total	214	100.0

The study shows that most of respondents i.e., 199 (93.0%) said that information regarding breastfeeding should be given before delivery. And 15 (7.0%) said that information regarding breastfeeding should not be given before delivery. Because they told that talking about breastfeeding before delivery is considered bad in family.

**Family members help in breastfeeding**

Family help in Breastfeeding	Frequency	Percent
Yes	164	76.6
No	50	23.4
Total	214	100.0



Table shows that majority of the respondents told that 164 (76.6%) family members help in breastfeeding and 50(23.4%) told that family members do not help in breastfeeding. This study reveals that majority of the family members help in breastfeeding because they believe that mothers need more emotional support during breastfeeding

**Infant sleeping for long time family members motivate for breastfeeding**

Motivation for breastfeeding	Frequency	Percent
Yes	157	73.4
No	57	26.6
Total	214	100.0

Study reveals that 157 (73.4%) respondents assume that when infant is sleeping for long time then family members motivate them for breastfeeding. And 57 (26.6%) respondents assume that when infant is sleeping for long time then family members do not motivate them for breastfeeding. Most of the family members assume that demand breastfeeding is important for infant health.

**Result :**

As far as factors that's influence breast feeding practices are concerned, the results show that 102 (47.7%) motivated by doctors, 60 (28%) motivated by anganwadi workers, 42 (19.6%) by family members and 10 (4.7%) motivated through mass media for first thick yellow milk.

121 (56.5%) respondents have information of benefits of colostrums before delivery and 93 (43.5%) respondents do not have information of benefits of colostrums before delivery. 43 (20.1%) respondents get information regarding breastfeeding from anganwadi workers, 37 (17.3%) get from doctors, 31 (14.5%) get from family members and 10 (4.7%) get from mass media. This study shows that 103 (48.1%) respondents consult the female family members, 61(28.5%) consult doctors, 30 (14.0%) consult female friends and

20 (9.3%) respondents consults anganwadi workers when they face any problems regarding breastfeeding. Doctors and anganwadi workers are playing important role to motivate the mothers regarding breastfeeding . Majority of the respondents i.e., 159 (74.3%) told that family members motivate them for timely breastfeeding. Majority of the respondents i.e. 167



(78.0%) assume that they should breastfeed their infant up to six months. 59 (27.5%) respondent assumed that breast milk is healthy and safe for infant. 32 (15.0%) respondents assume that breast milk is easy to available. 29 (14.5%) assume that breast milk is necessary for the overall development of the infant. 47 (22.7) of respondents consider breastfeeding to be right for children because of all reasons. 95 (44.6%) respondents do not breastfeed their baby if they have any difficulty in their breast during breastfeeding. 162 (75.7%) respondents report that family members motivate them for regular breastfeeding. And 64 (29.9%) respondents are motivated by anganwadi workers, 47 (22.0%) motivated by doctors, 40 (18.7%) motivated by family members and 11 (5.1%) motivated by mass media for regular breastfeeding. Majority of the respondents i.e., 141 (65.9%) told that family members also motivate them for breastfeeding if there is excess of household work. Most of the respondents i.e. 199 (93.0%) said that information about breast feeding should be given before delivery. 164 (76.7%) respondents told that family members help them in breastfeeding. They give emotional support during breastfeeding. Majority of the respondents 157 i.e. (73.4%) family members motivate them for breastfeeding when infant is sleeping for long time. 94 (43.9%) respondents said doctors give them advice for nutritious food during lactation period. 50 (23.4%) get advice from family members, 40 (18.7%) get advice from Anganwadi workers, and 3 (1.4%) get advice from mass media for nutritious food during lactation period. The study reveals that 135 (63.1%) respondents said family members cooperate for only breastfeeding up to six months. Thus, we can say that the lactating mothers get information and knowledge about breastfeeding from doctors, Angarwadi workers and female family members.

### **Conclusion**

Majority of the lactating mothers get information, knowledge and awareness about breastfeeding from doctors, Anganwadi workers, spouse and through mass media. There is still need for programs and support and encourage for breastfeeding at a primary level, Also need more awareness and focusing regarding breastfeeding on younger women, less educated and those from lower socio-economic class mothers. The support that mothers receive from different sources such as the spouse, doctors, Anganbadi workers, and female family members provide 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.





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