CHAPTER - II

REVIEW OF LITERATURE

A review of the existing literature relevant to the study helps the researcher to design the theoretical framework of the study and to assess the nature and quantum of studies already undertaken in that particular area of research.

The relevant literature related to the topic under study is divided into four general areas given below:

1. Studies related to breast feeding
2. Studies related to assessment of knowledge regarding breast feeding
3. Studies related to attitude regarding breast feeding

I. Studies Related to Breast Feeding

Anderson, et. al. (2002) conducted a meta-analysis of desired differences in cognitive development between breast-fed and formula-fed children. The meta-analysis defined the effect estimate as the mean difference in cognitive function between breast-fed and formula-fed groups and calculated average effects using fixed-effects and random-effects models. The meta-analysis indicated that adjustment for appropriate key factors, least feeding was associated with significantly higher scores for cognitive development than formula feeding.
According to Zembo (2002) large and growing body of scientific evidence suggests that breast feeding provides immediate and long lasting health advantages for the mother and her infant. The advantages of breast feeding will be more widely appreciated when all health care professionals acquire competence in evidence based lactation management strategies. These strategies include helping women to position and attach their newborns correctly, encouraging frequent and effective feedings at the breast from birth onward, teaching new parents adequate milk intake and providing resources for promoting breast feeding without competition from commercial product promotion.

Mariam Shafeeg, (2002), conducted a comparative and descriptive study on 300 primigravida mothers who delivered at government hospitals of Maldives. She compared the knowledge, attitude, practice and social support of exclusive and non-exclusive breast feeding mothers. A structured self administered questionnaire was used for data collection. Results showed that the proportion of mothers who exclusively breast fed was 21.7% and non exclusive breast feeding was 78.3%. The recent practice of these mothers showed that they gave prelacteal feeds, water and fruit juice. The proportion of mothers who had adequate knowledge was more in the exclusive group than the non exclusive group and difference was statistically significant (p=0.001). However, overall findings suggest that Maldavian mothers have a positive attitude towards breast feeding with good social support.
Neville, et. al., (2001). After validation of test-weighing procedures milk volumes produced by 13 multiparous Caucasian women were followed longitudinally through the first year of lactation. All practiced exclusive breast feeding for at least 5 months. Milk transfer after to the infant was low on day 1 and 2 and increased rapidly on day 5 and then more slowly during months 3-5. Infant and/or maternal factors during the first month of life were found to be strong determinants of subsequent milk transfer to the infant.

Heining, et. al. (2001) conducted a study to assess the energy and protein intakes of breast fed and formula – fed infants during the first year of life and their association with growth velocity. Intake and growth were compared between matched cohorts of infants either breast fed (BF) or formula fed (FF) until > or = 12 months of age. Total energy intake at 3, 6, 9 and 12 months averaged 0.36, 0.34, 0.35 and 0.3 p MJ. Breast fed infants vs 0.41, 0.40, 0.39 and 0.41 MJ among formula fed infants, respectively. Protein intake was 66.7% higher in the formula fed than in the breast fed group during the first 6 months. Breast fed infants gained more weight and lean body mass per gram protein intake but not per megajoule intake. Although growth differences between groups were related to differences in intake, there is no evidence of any functional advantage to the more rapid growth of formula fed infants.

Santiago, et. al. (2001) conducted a study to find out the role of breast milk with regard to Ω 3 long – chain polyunsaturated fatty acids and infant intellectual development. Thirty-nine children born at term
from homogenous socio-cultural status were enrolled in a blind prospective trial. Children were divided in two non-randomized groups: a breastfed group and a standard formula fed group. Cognitive development was evaluated at the end of the second year of life through Bailey's test. Concentrations of phosphatidy1 - ethanolamine and phosphatidylcholine docosahex aenoic were significantly lower in the formula – fed group. No statistically significant differences between the groups were found in cognitive function. Brain development index was significantly correlated with infant head circumference and educational status of the mother.

Holman (2001) conducted a descriptive study on colostrum feeding behaviour and initiation of breast feeding at a rural area in Bangladesh. A sample of 143 mothers was taken and structured interview was used to collect data. They were interviewed within 4 days of giving birth. Descriptive statistics was used for data analysis. The study reveals that 90% of the mothers reported feeding colostrums to their newborn, 59% of the mothers initiated breast feeding within 4 hours and 88%, within 12 hours of parturition. The findings reveal that most of the mothers were ignorant about initiation of breast feeding.

Koshor S. Garg. B.S. (2001) reveals in his study that breast feeding in rural areas in community, is influenced by social, cultural and economic factors. One of the traditions is prelacteal feeding in ancient times. The present study was conducted to find out the practice of prelacteal feeding and various factors which influence this practice. The study showed that (45%) of mothers gave prelacteal feeds to the newborn
in the form of sugar water, cow's milk. Amongst mothers belonging to nuclear family (49%) cow's milk was given in joint family mothers (75.70%), purity and family type had no significant effect on this practice. The effect of literacy was found to be significantly related to the practice.

Angelsen (2001) conducted a study on breastfeeding and cognitive development at the age one and five years. A sample of 345 mothers were taken, and the neuromotor development was assessed at one and five years of age. The study reveals that children breast fed for less than three months had an increased risk compared to children breast fed for at least 6 months. The study found a clear association between the duration of breast feeding and motor development in the fifth year of the child. It is clear from the above study that a longer duration of breast feeding benefits cognitive development.

A survey was conducted by a team of health personnel in Scotland on 4,365 infants, selected at random in the age group of 3-12 months to assess the current feeding practices. Findings revealed that 30.4 per cent of the mothers started breast feeding but only 7.4 per cent of them continued upto two months, 4.7 per cent upto six months and 2.2 per cent until six months. A higher percentage of women who delivered babies in the hospital started breast feeding than those who delivered at home, as some of them were aware of breast feeding.

Dewey et. al. (2000) conducted a study to assess maternal weight-loss patterns during prolonged lactation. Weight and skin fold thickness
were measured until 24 months post partum in matched cohorts of women who breast fed for greater or equal to 12 months. In the breast
feed group, breast-feeding frequency and breast milk energy output were
determined every 3 months until 18 months. Weight loss from 1 to 12
months postpartum was significantly greater in breast feeding than in
formula fed women, due primarily to differences in weight loss from 3 to 6
months. Breast feeding mothers had a net loss in triceps skin fold
thickness whereas formula fed mothers gained fat at this site. Breast
feeding frequency and total time of breast feeding were related to weight
loss in the breast feeding group from 6 to 12 months.

UNICEF (2000) proclaims that on a world wide basis, lactation
contraception has a numerically greater rate of protection from pregnancy
measured in women, than has currently been achieved by technical
deVICES.

WHO (1998), conducted a survey on the first breast feed soon after
delivery, in Tamil Nadu, India. 120 women doctors noticed that breast
feeding was started by 16 of them within six hours of birth and in the rest
between six to twelve hours. 70% of the doctors and nurses opined that
breast feeds should be initiated 24 hours after birth. In another study
done in the slums of Bangalore, India, revealed that though most of the
mothers start breast feeding their children within 24 hours of birth, 20%
did within four hours of birth. Kumar’s et. al. 1998 reported initiation by
30.4% mothers beyond 24 hours and by 50% mothers on the 3rd day, and
13% even late, only 0.5% breast feed their babies within 6 hours, nearly
50% started after 48 hours and colostrums was discarded by 82.5% of mothers. The above studies about attitudes of health professionals and infant feeding practices in rural as well as urban slum areas indicate the need for a change and it should be explained to improve the health of under privileged infants.

Chhabra P. et. al. (1998), conducted a study on breast feeding based on recall about the exact feeding status in urban Delhi. 650 mothers of infants in 0-12 months of age, attending a health center were interviewed about current feeding patterns of the infants. It was observed that breast feeding was maintained at a high level (more than 90%) throughout infancy while exclusive breast feeding rapidly declined at 1 month (74%) and at 4 months 46% of infants were exclusively breast fed. Majority (76.9%) of the infants received pre-lacteal feeds. Hospital born infants received their first feed earlier and were less likely to receive pre-lacteal feeds as compared to those born at home. Thus, the practice of exclusive breast feeding has to be promoted amongst pregnant and lactating mothers, as also knowledge regarding infant feeding should be imparted in schools and colleges.

Von Kries et. al. (1997) conducted a study to assess the impact of breast feeding on overweight and obesity in children at school entry in Bavaria. The school entry health examination enrolled 134,577 children. Data on early feeding were collected in two rural districts. The analysis was confined to 5 or 6 year old children of German nationality. The main outcome overweight children (BMI > 90th percentile for all German
children) and obesity (BMI ≥ 97th percentile). Information on breast feeding was available for 9206 children, of whom 56% had been breast fed for at least some time. The prevalence of obesity in children who had never been breast fed was 4.5 per cent as compared to 2.8% in breast fed children. The results for overweight children were very similar.

A study was conducted by Bavdekar S.B. et. al. (1994) on infant feeding practices in Bombay in the slum areas. 153 mothers with children below 2 years of age were interviewed. 96% infants below 4 months received breast milk, exclusive breast feeding was practiced on only 37% infants. 23% of mothers used bottle for supplementary food, or water, only 15.7% of mothers used commercial milk formula and 8.5% used commercial weaning food.

Parvathy (1993) conducted a descriptive comparative study on the breast feeding practices among the urban and the rural postpartum mothers in Vellore. A sample of 70 was selected by stratified random sampling. A structured questionnaire was used to collect the needed information. Descriptive statistics was used for data analysis. The study reveals that the urban mothers were aware of the consequences of giving prelacteal feeds to the baby. The findings of the study reveal that 85% of the rural mothers and 37.4% of the urban mothers believed in giving prelacteal feeds and 43% the rural postpartum mothers fed the new born with sugar water and glucose.
Who information sheet issue No.3, April (1993), states facts about infant feeding.

Breast milk is the ideal source of nourishment for infants during their first months of life. It protects them against diarrhoea through its anti-infective properties, and minimizes their exposure to food-borne pathogens. When the infants reach the age of four to six months, breast milk alone is no longer sufficient to meet their nutrient requirements. Other food should also be given. This is the beginning of a process by which infants gradually become accustomed to food other than breast milk. The process is complete when children are eating the same food as the rest of the family.

Gupta A. (1992) in his survey in Punjab, on exclusive breast feeding by mothers, stated that the baby should receive exclusive breast feeding for the first 4-6 months of life. There were only 17% below 6 months who breast fed, 42% at one month of age, 10% by the end of 6 months, and the incidence of exclusive breast feeding in rural areas of central Karnataka was 94% at 1 month, 26.8% by 6 months, and 87% of rural mothers continue to breast feed their babies at the end of 2 years, and 20% mothers were bottle feeding their babies. Considering all these factors, BFHI which mainly addresses institutions where babies are born, by building mother support services, proper protection, promotion and support services to breast feeding, promote it as a healthy concept.
Gulati (1990) conducted a descriptive survey to study the existing pattern of breast feeding among mothers with children under two years of age. A purposive sampling technique was used to collect data. The findings of the study revealed that a majority of mothers initiated their first breast feed on the 3rd day of delivery; sugar/jaggery water was given as prelactal feed. They fed the child on demand in a sitting position during day time. A majority of them did not clean their breasts before feeding. The common reason stated for the choice of breast feeding was "nutrition" keeps the baby healthy. The common reason for ceasing breast feeding was pregnancy.

Dass (1990) carried out a study to identify and analyse the learning needs of mothers regarding feeding their infants upto 12 months of age and to evaluate the effect of a planned teaching programme on infant feeding in a rural community of Assam. A survey approach was adopted for the first phase and an experimental pre and post-test. Single group design was used for the second phase of the study. A sample of 40 mothers were interviewed with the help of a semistructured interview schedule.

Conningham and Segree (1989) narrate that breast feeding promotion has been a national priority in Jamaica since the mid 1970s. Despite this effort, breast feeding rates have continued to decline especially in urban areas. Studies on the role of health professionals in promoting breast feeding has shown that specific practices encourage breast feeding, while others discourage it.
In the context of the declining practice of breast feeding in a nation committed to promoting it, the goal of this study is to explore the relationship between specific health professional practices, mothers' breast feeding, and their knowledge of breast feeding in rural and urban Jamaica.

Sudha Jayantha Narvekar (1984) conducted a descriptive survey to investigate the problems encountered by post-natal primi-mothers related to breast feeding in selected hospitals of Karnataka State. The purposive sampling technique was employed to select the sample of 104 postnatal primi-mothers.

According to Rassin (1984) breast feeding practice has increased in USA, but this increase is not evident in the lower socio-economic groups. Marital status, maternal and paternal ethnicity, maternal education number of pregnancies and income are factors closely associated with breast feeding.

Joseph (1978) conducted a study on the effectiveness of the planned teaching programme on mothers regarding feeding of low-birth weight babies in terms of their readiness for feeding. A purposive randomized sample of the mothers with low-birth-weight babies, ranging from 1,600 grams to 2,000 gms, was selected for the study.

In addition, the other criterion for selection of babies was that the scored an apgar score of 7 because they were allowed to breast-feed. Also...
mothers had a normal vaginal delivery, were physically fit to come to the nursery to feed their infants and the infants were free from infectious diseases as well as from acute illness.

Newton and Newton (1978) state that stress and anxiety can switch all the oxytocin reflex which controls the release of milk to the infant and therefore an anxious mother is a mother in danger of lactation failure. It was noted that the staff is not always aware of the problems of breast feeding. The success of feeding was seen as a measurement of the mothers own performance. If the baby was feeding well, they were happy in themselves. Other factors such as painful stitches, piles, etc., were stated to be of secondary importance.

Handa (1978) conducted a study on the effect of antenatal preparation of primiparous for breast feeding to minimize the breast feeding problem during the postnatal period. A convenient sample of 50 primiparous mothers was selected for the study. The descriptive survey method was adopted for this purpose. The mothers were selected within the age group of 16 to 30 years with 34 to 36 weeks of pregnancy. They were registered for hospital delivery.

A structured educational plan was used to impart knowledge of breast feeding. An observation checklist was used to collect data on conditions of the breast and nipples, suckling pattern of the baby, weight gain pattern and 24 hours' residual expressed milk. On the 20th day
mothers were interviewed with the help of an interview guide on breast feeding.

Sarojini (1977) studied knowledge and practices of breast feeding on 20 mothers of hospitalized infants before and after a programme of planned instructions. The idea was to evaluate the effectiveness of the programme and develop a teaching guide for the use of nurses and health workers for instructing mothers on breast feeding. Fifty per cent of the mothers were not literate. Except two mothers, all others (8) showed an unsatisfactory level of knowledge on the advantages of colostrum. Findings revealed that after the programme of planned instructions 5 per cent of the mothers showed a satisfactory level of knowledge. On the whole, there was change in their breast feeding practices.

Puri et. al. (1976) studied infant feeding by mothers in Pondicherry, South India. She interviewed 788 mothers to collect data. Findings reported that majority of the mothers started breast feeding their babies 48 hours after the birth of the child. Sugar water was the common pre-lacteal feed practiced and also majority of them practiced demand feeding.

Earle states that Breastfeeding rates in the United Kingdom (UK) are one of the lowest in the developed world and certainly the lowest in Europe. This is a study that adopts a qualitative methodology to explore women's personal experiences and perceptions of breastfeeding. The data indicate that there are several factors affecting breastfeeding initiation. First, infant feeding decisions seem to be made prior to, or irrespective of,
contact with health professionals and their ability to educate women about the benefits of breastfeeding.

Zimmerman D.R., Guttman N. The beliefs of low-income mothers regarding breastfeeding compared to formula feeding, according to feeding method, were investigated. 154 women were assigned to one of the two groups. Four health benefits of breastfeeding were rated significantly higher than infant formula with both the breastfeeding (BF) and formula-feeding (FF) groups. Breastfeeding was seen as less convenient than formula feeding by the FF group. Both groups rated formula feeding as more likely to enable others to help in infant care, easier in terms of the mother's time.

Wight N.E. records that Breastfeeding provides ideal nutrition, growth hormones and antibodies that change over time with growing infants. Breastfed infants are healthier than other infants overall, and research indicates that the health benefits may continue into adulthood. For women to meet their breastfeeding goals, physicians must not only give lip service to "breast is best" but also become knowledgeable in breastfeeding management and actively promote breastfeeding in their practices and in their communities.

II. Studies related to assessment of knowledge regarding Breast Feeding

According to Gupta et. al. (2002), exclusive breast feeding means that the infant receives only breast milk (from his or her mother or a wet nurse or expressed breast milk) and no other liquids or complimentary
foods with the exception of undiluted drops or syrups consisting of vitamin and mineral supplements or medicines. During this period water is not permitted.

Mallikarjuna et. al. (2002) conducted a study to document the breast feeding problems encountered in a rural community and understand the reasons for starting top feeds in infants less than 5 months old. Using the stratified sampling method, 420 mother infant pairs were enrolled from 224 villages of central Karnataka. Out of these 30.5% practiced exclusive breast feeding, 19.5% had started on top feeds and 1.7% mothers had completely stopped breast feeding. Bottle feeding was practiced by 39% of mothers.

Public Health Rep 2002, Sep-Oct: 117(5): 453-62. The study was conducted to assess the impact of a breast feeding promotion environment project implemented by the state of Mississippi on breastfeeding knowledge, attitudes and practices of clinic staff. Thirteen pairs of matched intervention and comparison WIC clinics participated in the study. Clinical and administrative staff completed pre-test and post-test self-administered questionnaires. The majority of staff had positive attitudes/beliefs about breastfeeding, but gaps in knowledge and practices were noted. Post-test data showed that the project improved knowledge, attitudes/beliefs, and confidence/practice of intervention clinic staff. Clinic environment projects, which combine physical improvements and staff training, are effective in promoting support for breastfeeding among public health clinic staff. Similar interventions may
contribute to the overall effectiveness of breastfeeding promotion programme.

Colin and Scott (2001) conducted a study to describe the problems experienced by mothers when breast feeding and the impact that these problems have on breast feeding duration. A group of 556 mothers were recruited to study their infant feeding practices. The mothers were interviewed in hospital and again at 2, 6, 10, 14, 18 and 24 weeks postpartum or until they ceased to breastfeed. The results showed that most mothers were not prepared to experience any difficulties or problems with breast feeding. The most common reasons given for infant - formula feeding related to previous problems with breast feeding, the ability of husbands to assist with feeding and perceived ease of bottle-feeding. In this study, the most common reason cited by mothers for stopping breast feeding before the baby was two weeks, was that their baby was unsettled, a behaviour often interpreted by mothers as indicating an insufficient milk supply. Anxiety over the sufficiency of breast milk supply was the most serious problem, in that it often resulted in the cessation of breast feeding.

Shanthi Vasantha Mala (2001) conducted a study to assess the extent of implementation of the Baby Friendly Hospital Initiative (BFHI) recommendations among mothers, who had caesarean section at Christian Medical College Hospital, Vellore. The objectives of the study were to examine the current practices of breast feeding, to determine the effectiveness of breast feeding, to compare the current practices with the
BFHI recommendations and suggest recommendations based on findings. It was descriptive in nature, the sample size was fifty five, non probability convenient sampling was used to select samples. The study was limited to six weeks and only mothers who had their babies roomed in within four hours were included in the study. The instrument used observational checklist and interview schedule. Findings revealed that effectiveness of breast feeding was moderately adequate in 49 mothers, 43 mothers received moderately adequate social support. There was a significant increase in the effectiveness of breast feeding between the first and the third feeds. There was a significant influence on the level of parity on the effectiveness of feeding. The implementation of BFHI policies was adequate in 20% of mothers during the first three feeds. 30.9% of mothers acquired moderately adequate information regarding BFHI before discharge.

Kamdar, (2000) studied the knowledge, attitude and practices of breast feeding in antenatal, post natal and neonatal women and knowledge of exclusive breast feeding was emphasized. The study showed that 60% of antenatal women had least information about colostrum, of these 50% felt that babies should also be bottle fed whereas 25% of postnatal and 4% neonatal felt that colostrums should be discarded and prelacteal feed should be given. The misconceptions were clarified and exclusive breast feeding was emphasized.

Chaturvedi et. al. (2000), conducted a study on knowledge regarding breast feeding in antenatal clinics in Maharashtra. Mothers
were interviewed regarding knowledge by using a structured open and close ended questionnaire. The booked mothers and unbooked mothers were informed the benefits of breast feeding during antenatal visits, the difference was statistically significant.

Okolo. S.N. et. al. (2000), conducted a study on current breast feeding knowledge and practices of mothers in rural Nigeria. 310 mothers in five rural communities were interviewed by using a questionnaire. 162 mothers were illiterate, 148 mothers had secondary school education. Other practices investigated such as exclusive breast feeding, demand feeding, rooming in, and first breast feed were not influenced by the mothers level of education. 53% of the mothers had not given their babies colostrum, 47.7% mothers gave their babies colostrums. The practice of discarding colostrums and replacing prelacteal feeds, late initiation of breast feeding, has implications for health education programs and neonatal feeding strategies.

Susin. L.R. et. al. (1999) conducted study on mothers knowledge about breast feeding can influence fathers knowledge in Brazil. First 208 couples comprised the control group. The next 197 comprised experimental group one. The remaining 196 comprised experimental group two, immediately after delivery mothers and fathers in the three groups answered a test on breast feeding knowledge, they completed the same test at the end of the first month. All families received home visits at the end of the first, second, fourth and sixth months. Logistic regression
was used to evaluate the association between the mothers’ and fathers’ knowledge and frequency of breast feeding.

Maharban Singh et. al. (1998), conducted a study on identifying the existing level of knowledge of mothers regarding hygienic measures. It was a non-experimental descriptive study. "Too much emphasis should be given to the hygienic aspect of breast feeding, most of the mothers lack knowledge regarding hygiene during breast feeding". Cleanliness is the cardinal principle to be remembered while giving breast feeds. Thus keeping the breast dry is basic to keep them in good condition. A planned observational Check list cum interview schedule was prepared. Fifteen questions were formulated for assessment of the hygiene aspect of breast feed. Inter observer reliability was (r=90) convenient sampling was used to meet the objectives of the study, 50 mothers were observed without their knowledge and bio-data was obtained by interview of the subjects. Below 30 years of mothers obtained higher mean (%) percentage scores (56.4%) than those mothers of older age (47.4%).

He, M, Yang, Y : Li. M (1996) reveals in his study conducted in rural area Guang Dong province on health education of mother’s knowledge in feeding babies and young children. 414 mothers with their babies aged 0-18 months were interviewed with a questionnaire in urban and rural areas. Nutritional knowledge was derived from comprehensive health education of the mothers concerned from relatives and friends. Baby feeding was one of the effective measures in nutritional education, but its effect depended on the mothers occupation and cultural level. "Baby
Friendly Hospitals* played an important role in improvement of mother's knowledge level in breast feeding. The comprehensive education channel, training course for pregnant women, baby friendly hospitals all play a major role in the nutritional education of baby feeding.

Khan (1993) did a prospective study on maternal knowledge and belief on breast feeding. The interviewed 656 mothers within 12 hours of delivery and sought their opinion on the various aspects of breastfeeding. The study reveals that 94.1% considered breast milk as the best, 78% wanted to feed colostrums. They thought that it was appropriate to start breast feeding within 6 hours of birth and 25% of the educated mothers were tempted to start supplementary feeding within 4 months while 16.2% favoured termination of breast feeding by 6 months.

Pant and Chothia (1993) in a study assessed the knowledge of mothers, drawn from a high-income group of urban Baroda, related to breast-feeding and weaning. Forty mothers with children aged four to 18 months were studied. Knowledge and practices regarding breast feeding and weaning were assessed, using pre-tested questionnaires. Results indicated that only half the mothers breastfed their babies on the first day. Breast feeding was stopped when the child was 3-6 months old; top feeding and solid supplements were initiated at 4-5 months. Mainly commercial baby foods were used for weaning. Most mothers avoided dals for the child because these were believed to be difficult to digest and produced gas in the child's stomach. Fifty percent of the mothers were in favour of feeding the sick child with small frequent meals.
Nair (1993) carried out a study on the effectiveness of the planned teaching programme on primigravida full-term mothers on their knowledge and practice of breastfeeding. It was conducted on a randomly selected sample of 30 primigravida full term mothers who had normal deliveries in a civil hospital of Ahmedabad, Gujarat State. A knowledge checklist and an observation schedule were used as tools. The research design was experimental (pre-test, post-test control group design).

Nair (1993) in his study conducted on 30 primigravida mothers on their knowledge and practice of breast feeding in Ahmedabad, Gujarat. A knowledge checklist and an observation schedule were used as tools. The findings revealed a significant gain in knowledge and practice in mothers who were exposed to a planned program. This study was helpful for the investigator to construct the observation schedule and in designing the research methodology of the present study.

Fagbule and Olasebikan (1992) in a study on knowledge, practice and weaning of mothers in Nigeria, found that 516 mothers with a higher level of education and family income breast fed for a shorter period and tended to wean earlier than the illiterate. As many as 228 mothers (44.2%) had commenced weaning by three months while 433 (83.9%) had fed up to six months. Hunger, indicated by crying after a feed or demanding more frequent feeds was the commonest reason for weaning (36.2%) ways to improve. The child’s health during the weaning period are suggested in the study.
Samkar (1992) conducted a descriptive study to assess the knowledge and practices of breast feeding among postnatal mothers in the maternity wards of C.M.C., Vellore. A sample of one hundred postnatal mothers was selected by non-probability sampling. A structured interview schedule and an observation check list were used to obtain data from the samples. Descriptive statistics was used for data analysis. The study revealed that only 10% of mothers washed their breast before feeding, 78.7% mothers stopped breast feeding when the baby slept, only 33% of the mothers burped the baby, and 70.7% of mothers preferred the sitting position to feed the baby. It is clear from the above study that majority of the postnatal mothers were not aware of proper breast care and were ignorant about burping the baby.

An experimental breastfeeding education programme (1992) conducted at the Philippine General Hospital in Manila demonstrated that women could be motivated to improve their breastfeeding practices. Mothers also participated in the programme, breastfed their babies more frequently, delayed the introduction of regular supplements, used fewer bottles and pacifiers and maintained night feeding longer than mothers who were not exposed. They were also successful in lengthening the period of amenorrhoea among women with elementary high school, or technical school education, but not among college-educated women of different educational levels.
Evaluation of an antenatal educational programme (1991), characteristics of attenders, changes in knowledge and satisfaction of faculty medicine, University of New Castle, New South Wales, Australia. The evaluation of the efficiency and effectiveness of antenatal education programmes has been identified as a priority in improving maternity services in Australia. Two hundred and ninety four (294) primipara completed a brief questionnaire in three days following delivery.

The booked mothers wanted to initiate breast feeding early, and did not want to give water supplementation, and were knowledgeable as compared to unbooked mothers regarding benefits of breast feeding, feeding of colostrums, avoiding prelacteal feeds, additional nutritional requirements during lactation and continuation of breast feeding during maternal illness, child illness.

Pant I, and Chothia. K (1990) conducted a study on knowledge and practice of mothers related to breast feeding in Baroda, 40 mothers with 4-18 months aged babies were studied. Knowledge and practices regarding breast feeding, were assessed, using pretest questionnaires. The results indicated that only half of the mothers breast fed their babies on the first day Breast feeding was stopped when the child was 3-6 months old. Top feeding and solid supplements were initiated at 4-5 months. Commercial baby foods were used for weaning, most mothers avoided dals for the child because they believed them to be difficult to digest and dals produced gas in the childs stomach. 50% of the mothers were in favour of feeding the sick child with small frequent meals.
Grossman, L.K. et. al. (1990). In a study tested mothers' knowledge of breast feeding. A simple educational curriculum designed for use in promoting breast feeding among low income prenatal women was developed, along with reliable instruments, suitable for use as pre and post tests in such a group. Using these instruments, women who received prenatal education about breast feeding were shown to learn and retain this information when compared to a control group, who received no special instruction. Further more, those who chose breast feeding, scored higher in the post test than those who bottle fed their infants, wide spread use of such information has the potential to improve the incidence of breast feeding among low income groups in this country.

III. Studies Related to Attitude Regarding Breast Feeding

Knowledge and attitude towards infant feeding among women in northern Thailand were examined by Talawat, et. al. (2002). Face-to-face interviews using structured questionnaires were undertaken in three districts of Chaing Rai Province. Subjects included postnatal women with HIV infection (Group-I), antenatal women with HIV infection (Group-II) and antenatal women with unknown HIV status (Group-III). Breast feeding was rated much higher than formula feeding. The vast majority of women with HIV infection were formula feeding. In contrast, the vast majority of antenatal women of unknown HIV status planned to breast feed. All women regardless of HIV status, consider breast feeding to be more advantageous than formula feeding.
Ojofeitimi EO, et. al. (2001). This study was designed to assess the knowledge and attitude towards exclusive breast feeding among 377 female students of school of Health Technology, Ilesha and to compare their responses with 60 primigravidae attending antenatal clinic in Ile-Ife, Nigeria. Approximately 47% of the total population were grouped under low level of knowledge of exclusive breastfeeding. There was no significant relationship in terms of knowledge between the two groups. There was, however, a significant relationship between the age of subjects and increased level of knowledge. Seventy percent of the primigravidae were graded as having poor attitudes as compared with 18% of the female students. About 42% of the total population would give water and glucose D water to neonates within 72 hours after delivery. These findings further suggest that planners of the Baby Friendly Initiative need to focus more on adolescents and the primigravidae in the promotion of breastfeeding.

Das, D.K. et. al. (2000), conducted a study on knowledge and attitude of the mothers regarding breast feeding in rural Bangladesh. 242 mothers in 7 villages were interviewed to assess their knowledge and attitude regarding breast feeding by using questionnaires. 83.5% mothers knew that colostrums is good for the baby, and it is the first food for their babies, most of the mothers did not have correct knowledge about exclusive breast feeding and the appropriate time for introduction of weaning foods, and only 3% of them knew to prepare proper weaning foods, indicating the need for nutrition education in this area.
Sharma Saraja, Sukham Chopra (1997), a study conducted on knowledge, attitudes and practice related to breast feeding and weaning in Haryana. The findings revealed among that the 200 rural working and non-working women, majority of women (71.5%) were in the age group 26-35 years and working women had better educational status. The mothers were aware that breast feeding should be started within twenty four hours of birth (82%). Seventy two percent of the mothers had given prelateral feed in the form of honey, within 24 hours of birth. Only (28%) of the mothers breast fed the infant within three hours of birth, "colostrums was considered good for infants' health, by more than (50%) of the mothers. Nearly one third of the mothers (34.5%) stated that they breast fed the infant on demand. The work status of the mothers showed a significant relationship with infant's breast feeding pattern. Besides, (57%) of the mothers had initiated bottle feeding within the first three months of child birth. Commercial forms of milk was used by 14% of the mothers. Moreover 40% of the mothers had initiated feeding semi solids or curd before the age of four months. Knowledge about exclusive breast feeding and its prevalence was more among non working women.

Chandrashekar, S. et. al. (1995). In his study conducted on infant feeding, knowledge and attitudes in areas of Karnataka, amongst 300 mothers whose babies were aged 3 days to 17 months. Mothers breast feeding had to be initiated within 24 hours of birth. Only 32% mothers felt that breast milk is the first feed, 68% considered prelacteal feeds a necessity, 90% felt that cows milk was an ideal supplement. 78.3%
continued feeding beyond one year. Health education programme was suggested.

Thape & Wiknjosastro (1991) report their findings on knowledge, attitudes, and practices regarding breast feeding management in modern health sectors of Indonesia. The methodology applied was a survey carried out in teaching hospitals of major cities throughout Indonesia. The results showed that although the perinatal health care providers' attitudes towards breast feeding were very positive, there were many areas in which knowledge was incomplete and in which wide variation existed on incorrect advice given to breast feeding mothers.

Kapil U et. al., (1989) conducted a study to determine the knowledge and attitude about breast feeding. CDPos work in Integrated Child Development Services Scheme. A semi structured pre tested questionnaire was administered. It was found that majority of the respondents had correct knowledge about feeding of colostrums, initiation of breast feeding and introduction of semi solid foods. Majority of Cdpos had the knowledge that consumption of dry fruits, milk and ghee would increase breast milk secretion. The percentage of subjects who were aware that breast feeding should be discontinued if mother is suffering from illness like breast cancer are (48%), tuberculosis (57%), malaria (67%) and diarrhoea (84%). There is need of continuing education of CDPos for updating their knowledge.
Okolo S.N. Ogbonna C., assessed the knowledge, attitude and practice of health workers towards Baby Friendly Hospital Initiative (BFHI) practices and thereafter planned an advocacy on BFHI training of the workers. Ten out of 16 health facilities reflecting all the levels of healthcare provision in Keffi local Government Area in Nassarawa State, Nigeria, were selected. A total of 250 health workers (six doctors, 160 nurses and 84 auxiliary staff) met in the health facilities at the time of interview. Fifty-two (20.8%) were aware of the need for initiating breastfeeding within 30 min of birth and 92 (36.8%) were aware of breastfeeding support groups. However, there were significant differences in the level of awareness among the doctors compared to the other categories of health staff (P<0.05). 48 (19.2%) of the health workers believed that babies less than 6 months of age should not be given water. There was general lack of awareness of some major recommended practices in the hospitals that will promote and sustain breastfeeding.

McIntyre E. Hiller J.F., Jurnbull D. Influencing breastfeeding in a low soci-economic area in South Australia was undertaken by examining infant feeding attitudes and experiences of mothers. A random telephone survey of over 3,400 adults (including a more extensive survey of 373 mothers, fathers and grandmothers in the sample) in this area indicated that there was little support for breastfeeding compared to bottle feeding with similar barriers to breastfeeding found in all target groups. These included breastfeeding in public, the convenience of bottle-feeding, maternal discomfort of breastfeeding, the support required for
breastfeeding, fathers’ involvement with feeding, and a mother’s previous experience of breastfeeding. Strategies promoting and supporting breastfeeding should address these issues and should be directed at the community in general rather than specific groups within the community.

IV. Studies Related to Practice of Breast Feeding

Breast Feeding Practices and Factors Influencing Breastfeeding Practices

J. Obstet Gynecol Neonatal Nurs (2002), The purpose of this study was (a) to describe the knowledge and attitudes on breastfeeding of men from diverse racial backgrounds, (b) to determine the relationship between knowledge and attitude toward breastfeeding, and (c) to determine the relationship between specified demographic variables and men’s knowledge or attitudes on breastfeeding. One hundred men from diverse cultures, 18 years of age or older, were present at either the hospital maternity units or associated prenatal clinic. Eighty one percent (81%) of the men in this study indicated that they would prefer their infants to be breastfed. Ethnicity and age were found to be linked to attitudes and knowledge of breastfeeding. This study demonstrated that men had a strong desire that their infants be breastfed and wanted to be included in decisions concerning breastfeeding.

J. Hum Nutr Diet (2002) to determine the knowledge and attitudes of teenage mothers towards breast-feeding. A questionnaire of teenage (< 20 years) and non-teenage (> or = 20 years) primigravidae was developed, who attended the antenatal care services at the Liverpool
Women's Hospital. Teenagers had poorer knowledge about breast-feeding than the non-teenagers, and fewer teenagers considered breast milk the best food for their baby. More teenagers than non-teenagers planned to bottle feed [23 (57.5%) vs. 9 (22.5%), p=0.002]. Teenage primigravidae have poor knowledge regarding breast-feeding compared with non-teenage primigravidae. A greater proportion of teenagers opted not to breast-feed compared with non-teenagers. Health education classes stressing the importance of breast-feeding should be emphasized in antenatal teenage clinics. More research is needed to understand how to improve the knowledge and motivation of adolescent girls to breast feed.

McIntyre E. Hiller JE, Turnbull D (2001). A cross-sectional study was designed to describe the social context in which breastfeeding occurs by examining experiences of and attitudes toward infant feeding with the general community. 2500 randomly selected adults who participated in the telephone survey, 61% had been breastfed, the youngest child of 52% of participants had been mainly breastfed but 58% of babies seen by participants were bottle-fed.

Estevez et. al., (2000) conducted a study to determine the possible factors that may influence the decision to stop breast-feeding. The study was carried out on 545 women who had given birth in public hospitals of Gran Canaria. The study encompassed a 6 month postnatal lactation period. The chi-square test was used to test the hypothesis of an association between variables. It was found that mothers were more likely to continue breast feeding if they had made the decision to breast feed.
before giving birth, had received information from health personnel, if they had not given the baby a bottle in the first days after birth and if the birth had been normal without complications. The decision to stop breast feeding was usually taken by the mother herself and was related to lactation problems (shortage of milk, the baby's hunger) and to personal difficulties.

Nitzan-Kalushi D. et. al. (2000), conducted a study on breast feeding practices in Israel. Breast milk is the optimal food for infant growth and development, the prevention of infectious diseases and mother child bonding. From the economic perspective, breast feeding is cost effective, both for the family and society as a whole, and joining the international "Baby Friendly Hospitals" project knowledge of breast feeding should be spread. Health professionals should be encouraged and empowerment of women implemented.

Swarna Lata (1999) conducted a study on fifty nine married female health functionaries which included forty eight ANMS and eleven LHVS working in district Kangra of Himachal Pradesh to know their breast feeding practice. They were interviewed through self administrated questionnaire. The findings revealed that breast feeding practice is universal. Average duration of initiation breast feeding after delivery is six hours. It is continued for 23 months on an average practice of prelacteal feed and double feeding is prevalent. In 17% of respondents difficulty was experienced in initiating breast feeding. Average age of respondents is 32
years, range being 26-52 years and 52 (88%) had at least one child. All of them breast fed the youngest child.

Ahmed, S., et. al. (1999), conducted a study on infant feeding practices in rural India to assess the knowledge and practices of mothers regarding breast feeding in Bangladesh. 2015 mothers were interviewed. Only 12% of mothers used colostrums as first food for new borns, 27% exclusively breast fed babies till 5 months, while rest of the mothers gave prelacteal foods to their infants. Women between 20 and 24 years of age, who had their deliveries attended by medically trained personnel, and those who already knew about the appropriate duration of exclusive breast feeding, were more likely to practice exclusive breast feeding for the first five months. The study suggests that steps should be taken to strengthen further the on going breast feeding programme for improving breast feeding knowledge and practice in rural Bangladesh.

Williams P.L. et. al. (1999), a conducted study on factors influencing infant feeding practices of mothers in Canada with 434 mothers with a month old infant in Vancouver. Mothers attributed the choice to breast feed primarily to personal choices. The choice to formula feed was attributed to socio-environmental factors among mothers who breast fed < 3 months. The choice to wean was primarily attributed to concern for baby's nutrition, concern about returning to work, concern about milk. Supply and concern for baby's nutrition was present among those who breast fed > 3 to 6 months. Initiatives to facilitate further advances in breast feeding promotion, prenatal intentions, early
postpartum concerns, and later issues surrounding returning to work and infant nutrition were the problems faced by the woman.

The study conducted by Senanayaka, M.P. et. al. (1999). On 200 mothers regarding their knowledge about breast feeding practices in Colombo reveals that, 69% of mothers introduced supplementary fluids within the first 4 months, because of advice from grandmothers/relatives, 45% introduced water. 90% of mothers attended ante-natal clinics. 70% of mothers who gave supplementary fluids were aware of the importance of exclusive breast feeding. Majority of mothers' supplemented breast milk with water during the first 4 months. The advice of grand mothers had a significant influence on early feeding practices. Exclusively breast fed infants were found to maintain water homeostasis under the hot, humid climatic conditions of this study.

The results of the National Family Health Survey-2 (1998-99) reveal that only 15.8% of infants are given breast feeding within one hour of birth, only 55 per cent of infants are given exclusive breast feeding upto 3 months only and 33.5% of infants receive complementary foods at the age of 6-9 months.

Veena (1998) conducted a quasi-experimental study to evaluate the effectiveness of structured teaching programme on breast feeding among postnatal mothers in Sir Ivan Stedford Hospital. The results showed that the overall post-test knowledge score was 58.6% as against 42.6% in pre-test. The overall post-test attitude score was 75% as against 65.33% in
pre-test. The overall post-test practice score was 55.67% against 25.33% in pre-test. The obtained 't' value was 12.34, which is statistically significant at $p = 0.05$ level. These findings show that the structured teaching programme was effective in providing knowledge and awareness of postnatal mothers.

Davies Adetugbo A.A. (1997), conducted a study on socio cultural factors and the promotion of exclusive breast feeding in rural Nigeria. Woman in these communities breast fed their infants on demand. Up to two years, because breast milk is universally accepted, as the best food for babies and spaces births. Prelacteal feedings of water, herbal, infusions, ritual fluids are the norm and breast milk is considered dangerous to the infant. Herbal teas serve as food and medicine. Colostrum is discarded because it is dirty, "like pus", and therefore potentially harmful to the infant.

Badruddin Dtd, et. al., (1997) A study conducted on appropriate breast feeding practices for successful lactation in Karachi, Pakistan. 102 mothers of infants were 0-16 weeks of age, among them 87 infants received prelacteal feeds, 16 infants received ghutti for cleaning of stomach. Other prelacteal feeds were given as substitutes for breast feeding. 29 mothers initiated breast feeding within 4 hours of birth. Supplemental water was given to 53 infants. Major reasons being mother's perception of thirst and diarrhoea in the infants. Insufficient milk and work load of mothers were main reasons for supplementation. Home remedies were given in 36 instances for prevention of indigestion
and colds. Religious ritual of giving honey was practiced that child birth was a major stress and early initiation of breast feeding adds to that stress. Fear of dehydration and perception of insufficient breast milk were the major constraints for adoption of appropriate breast feeding practices.

Sarojam (1995) conducted a descriptive study on the knowledge and practice of breast feeding mothers of the hospitalized infants before and after a programme of planned instruction. A sample of thirty was collected by simple random sampling. Interview technique and observation check list were used to gather information from the sample. Descriptive statistics like mean and percentage were used for data analysis. The study revealed that, after being subjected to a structured teaching programme the postnatal mothers showed gain in their knowledge of about 15%.

Srivastava, S.P. (1994) conducted a study on breast feeding pattern in neonates, which comprised of 100 mothers of new born babies with regard to their belief and practice lactation, out of which the majority (98.2%) of mothers breast fed (87.9%), mothers used prelacteal feeds of one sort or the other, only 0.5% breast fed their babies within 6 hours and nearly 50% started after 48 hours. Colostrum was discarded by (82.9%) of the mothers and nearly 73% wanted to continue breast feeding beyond one year. Mothers under went antenatal advice to discourage wrong and harmful feeding practices.
Ghosh (1993) opines that anything less than exclusive breast feeding for the first four months of a child's life greatly increases the chance of infection and death even among children of the well to do.

Fagbule and Olaosebikan (1992) describe in a paper the knowledge, attitude and practice of weaning among 516 mothers of the Ilorin community at Kwara in Nigeria. Women with a higher level of education and family income breast fed for a shorter period, and tended to wean earlier than the illiterate.

Gupta, A. et. al. (1992), a conducted study on infant feeding practices among patients of pediatricians and general practitioners (i) Initiation of breast feeding was delayed in nearly half the cases beyond 24 hours (ii) Introduction of bottle feeding at more than 8 months in half of infants, breast feeding is practiced by 78% of women, and only few mothers avoid bottle feeds. Then it was suggested that much education and change in behavior is needed if optimal benefit of breast feeding in India is to be realized.

Mary K.J. (1991) carried out a comparative study at a maternal health institute in Kerala to investigate the effectiveness of the structured teaching programme on infant feeding and its impact on mothers' knowledge and practice and its relationship with selected factors.

Katiyar (1990) studied the feeding practices of postnatal mothers in Varanasi District. They interviewed 784 mothers about the feeding pattern of their children in the age group 1-2 years. These mothers were grouped
into three communities, urban, urban-slum and rural. The study reports that the first feed given to the newborns in the urban group was diluted milk, while honey with water was given to the other two groups. Findings of the study reveal that 90% of both urban-slum and rural groups of mothers discarded colostrum, while 63.74% of urban children were given colostrum. It is clear from the above study that postnatal mothers were not aware of proper feeding practices.

Subbalakshmi G. et. al. (1990), undertook a study on the practices of colostrums feeding in urban and slum areas of Maharashtra, among 2158 mothers belonging to the low socio-economic group. The difference was found between rural and urban areas with regard to the practice of feeding colostrums. Percentage of feeding colostrums was very poor. The discarding of colostrums was very less among rural mothers.

Somaiya P.A. Awate R.V. (1990), conducted a study on infant feeding practices among 181 women residing in semi urban areas of Maharashtra. The study was on socio-economic status of the family, maternal literacy and occupation. The data pertaining to the type of prelacteal feeds, time of beginning of breast feeding, type of supplementary foods fed instead of colostrum, out of which 78.48% mothers used various inaugural feeds due to social factors, lack of education, poverty, lack of knowledge about infant feeding.

Monga D. et. al. (1989). His study observes the relation between breast feeding practices and knowledge about lactation and maternal
employment. 318 employed and 299 non-employed women were interviewed. Lactational practices were influenced by employment status with 81.9% non employed vs. only 49.7% employed, going in for exclusive breast feeds in the first 3 months. 46.8% employed women started combined breast feeding and bottle feeds from birth. Parity and social class did not significantly alter the infant feeding practices. Employed women were better informed about feeding and weaning as women from higher social class also tended to be more aware (59.8% vs 7.2%) of practice and knowledge of lactation (36.1% vs 20.1% P less than .01).

Mahgoub S.E., Bandeke T., Nnyepi M. A cross-sectional descriptive study was conducted in four randomly selected postpartum centers which were enrolled in commercial managed care plans (response) (12%). Starting breast feeding (ever vs never) and duration of breast-feeding (< or = 6 weeks vs > 6 weeks). Seventy-five percent of respondents reported breast-feeding and of those women, 75% reported breast-feeding for more than 6 weeks. In adjusted multivariate analyses, breast-feeding was affected by education, employment and marital status. Women who were more likely to breast-feed were those who attended child birth classes. Breastfeeding for more than 6 weeks postpartum was associated with education, employment status and the adequacy of postpartum information. These findings suggest that health plans and employees may promote breast-feeding by providing breast-feeding education and support.
As many as 228 mothers (44.2%) had commenced weaning at three months while 433 (83.9%) had fed up to six months. Hunger, indicated by crying after a feed or demanding more frequent feeds, was the commonest reason for weaning (36.2%). Pap (maize or guineacorn gruel), an energy-sparse food, remained the major weaning food, irrespective of socioeconomic characteristics. Fortification of pap was positively influenced by a high family income and education.

In a study conducted by Agarwal et. al., (1986), exclusive breast feeding was for three months in majority of the educated and the upper economic group women as they introduced supplementary liquid and semi-solid feeds by this age. The practice may also be dependent on working status as well as medical advice received by them. In contrast, as many as 20% illiterate women exclusively breast fed even after 12 months. Proper education that breast milk is sufficient only up to 5-6 months, thereafter for infants’ nutritional needs, hygienically prepared liquid and semi-solid diets need to be provided.

Smal (1984) in his study on infant feeding and rearing practices in rural Western Orissa, found that all 500 mothers breast fed their infants. 94.2% did so for more than one year and more than 50 per cent for three years or more. Natural cessation of lactation and subsequent pregnancies were reasons for terminating breast feeding.

Gupta (1984) conducted a study on a sample of 100 women who gave birth at the Christian Medical College and Brown Memorial Hospital,
Ludhiana, Punjab and 200 women who gave birth at home. The purpose of the study was to evaluate the impact of health education on breastfeeding practices. Data were obtained by interviewing the mothers.

Awasthi, (1983) reported that diluted milk is the most common first feed for new born infants in the rural areas of Jhansi. Some mothers also prefer boiled water and honey but very few mothers utilized colostrums as the first feed. They also report that prolonged breast feeding is more common among illiterate mothers than among mothers with primary or intermediate level of education.

The study by Bhandari, et. al. (1983) states that 96% of the mothers breast feed their babies through the neonatal period but without being aware of its advantages. They do it only because it is a traditional practice. According to this study majority of the mothers discard colostrums by manual expression. Various reasons for discarding colostrum as stated by mothers were of the belief that it is unhygienic, dirty, indigestible, etc.

Kent (1981) analysed data on breast feeding from 19 countries and found that breast feeding was universal in most of the 19 countries. The researcher observed that the percentage of children born during 3 years prior to the survey who were breast fed ranged from nearly 98 per cent in Nepal and 74 per cent in Malaysia. In 6 of the 8 Latin American and Caribbean countries the percentage of children ever breast fed ranged from 70-90.
Pinto studied (1980) 50 mothers to assess the existing pattern of breastfeeding practices in Kanpur, U.P. An interview technique was used to collect data. Findings revealed that a majority of mothers started breastfeeding after 24-48 hours, gave honey water as a prelacteal feed. One-third of them discarded colostrums completely for few days after delivery as it was considered harmful, dirty and heavy for the baby. Majority of the mothers followed the demand-feeding schedule, two-thirds gave night feeds and less than half of the mothers cleaned their breasts before feeding. Majority of the mothers breastfed their children beyond seven months and did not add solids upto eight months. The main reason for introducing top milk was insufficient milk.

Pathak (1975) conducted a study on the existing infant feeding practices in a village of Baroda district in Gujarat. Fifty mothers with children from 0-1 year of age were interviewed. All the mothers breastfed their infants upto one year of age. Majority of them did not get any supplementary food other than breast milk. Introduction of solids was delayed up to seven months in a majority of the cases. The variety of food given to the children was related to the economic status of the family.

Ingram J. Johnson D. Greenwood R, determined whether a specific 'hands-off' breastfeeding technique, based on the physiology of suckling and clinical experience was viable. Subjects were recruited from a postnatal ward in St. Michael's Hospital, Bristol. 1400 South Bristol mothers were breastfeeding on discharge from hospital. Three hundred
and ninety-five of these mothers scored for efficiency of using the breastfeeding technique. Significant increases were observed in the proportion of mothers exclusively breastfeeding at two weeks ($p < 0.001$) and six weeks ($P=0.02$) and in ‘any breastfeeding’ rates ($P=0.005$) at two weeks after the technique intervention. The incidence of mothers feeling that they did not have enough milk was highly low. Successful breastfeeding in the early weeks was associated both with practices and support in hospital and with factors at home including not using dummies and having a supportive partner, family and health professionals who encourage breastfeeding. Widespread adoption of consistent good practice is achievable following a brief workshops teaching session. Health professionals should aim to educate all key family members, whenever an opportunity arises both during pregnancy and postnatally, in the benefits of breast milk for babies in the first few months of life.

Netshandama V.O. Breastfeeding creates a wonderful bond between mothers and their babies. This is based on the assumption that breastfeeding requires commitment and determination. Twenty-six women participated in three focus group discussions. The study was conducted in the suburban areas of the Northern Province, Soutpansberg region. It was perceived that women are so stressed at the end of the day that they have little or no time to nurse the baby. They appear, however, knowledgeable about the benefits, advantages and disadvantages of breastfeeding their babies. Women felt that they need support from their
employers as well as colleagues at work to be able to balance their responsibilities.

Brown CA, Pag S, Kasprzycki C. Human resource professionals from different industries participated in focus groups in Austin, Texas. From a social marketing perspective, employers' knowledge, attitudes, and practices in providing breastfeeding support for lactating employees were explored. They did not place a high priority on providing breastfeeding support. Employers identified the barriers to and motivators for providing breastfeeding support, as well as effective communication and marketing strategies for the dissemination of breastfeeding support messages and materials for employers.

Ertem I.O., Kaynak G. Kaynak C. Ulukol B. Gulnar S.B., investigate the attitudes and practices of breastfeeding mothers regarding fasting in Ramadan of the 164 participating mothers. 61 (37%) were from the health station and 103 (63%) from the university clinic. Most mothers were older than 25 years of age (55%), had more than primary school education (64%), a single child (53%), were living in a nuclear family setting (70%), supplementing breastfeeding (73%) and fasting (52%). Among the 129 mothers of infants aged 6 months or younger, 22% perceived a increase in their breast milk and 23% increased the amount of solid supplements the infant was receiving. Fasting by breastfeeding mothers of infants is common during Ramadan, and rates are affected by beliefs of mothers on the effects of fasting on breastfeeding.
Kishore S. Garg B.S. In India breast feeding in rural areas appears to be shaped by the health beliefs of a community, which are further influenced by social, cultural and economic factors. The study, on analysis, showed that 45% (90) mothers gave prelacteal feeds to their newborns in the form of sugar water, gur water or cow's milk. Sugar water was common amongst mothers belonging to nuclear family (49%) whereas gur water was given mostly by joint family mothers (75.70%), parity and family type had no significant effect on this practice, however the effect of literacy was found to be significantly related to the practice.