

GLOBAL ACADEMIC RESEARCH INSTITUTE

PONTA DELGADA, PORTUGAL | COLOMBO, SRI LANKA



GARI International Journal of Multidisciplinary Research

ISSN 2659-2193

Volume: 11 | Issue: 02

On 30th June 2025

<https://www.research.lk>

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GARI Publisher | Women Health | Volume: 11 | Issue: 02

Article ID: IN/GARI/ICHM/SL/2023/060C | Pages: 30-37 (08)

ISSN 2659-2193 | Edit: GARI Editorial Team

Received: 22.02.2025 | Publish: 30.06.2025



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ISSN 2659-2193 | Volume: 11 | Issue: 02 | 30-06-2025 | www.research.lk

GARI International Journal of Multidisciplinary Research

**BREASTFEEDING, ITS PRACTICES, AND KNOWLEDGE AMONG 21ST-
CENTURY WOMEN: INSIGHTS FROM WORLD BREASTFEEDING WEEK,
MYSORE, INDIA**

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ABSTRACT

Breastfeeding is a global public health priority, vital for infant survival, nutrition, and maternal health. It serves as the most natural and cost-effective method of providing infants with essential nutrients and immune protection, thereby reducing the risk of infectious diseases, malnutrition, and early mortality. Breastfeeding also aids maternal postpartum recovery and reduces the risk of breast and ovarian cancers. The World Health Organisation (WHO) and UNICEF support breastfeeding for six months of exclusive milk consumption followed by breast milk with solid foods until age two or beyond, yet many communities fail to meet these guidelines. The knowledge and practices of breastfeeding among mothers depend on their sociodemographic status and cultural background and educational level, and the healthcare system. Breastfeeding exists as a traditional practice in Indian culture, yet contemporary society presents new obstacles to its practice. The combination of urban development and rising female employment, and shifting family patterns has resulted in different feeding habits for infants. The World Breastfeeding Week (WBW) works to increase public understanding about exclusive breastfeeding practices. The knowledge gap between urban and educated women who work outside the home and their breastfeeding abilities remains significant. The development of successful breastfeeding support systems requires researchers to study how modern Indian

women understand breastfeeding and practice it. The practice of breastfeeding exists as a biological process yet it also exists as a social and emotional practice which receives its direction from cultural values and family systems. The practice of breastfeeding received continuous support from extended family members and elderly relatives who taught new mothers about its importance. The shift toward urban living and nuclear family structures has eliminated the traditional support system that existed in the past. New mothers now seek breastfeeding information from hospital staff and healthcare providers and digital resources which might not deliver individualised or consistent guidance. The health benefits of breastfeeding extend across multiple areas of infant development. Through its antibodies, breast milk protects infants from developing infections while delivering vital nutrients that build their immune system and fight off diarrhea and pneumonia, and ear infections. The practice helps infants develop into healthy adults by fighting obesity and preventing future chronic diseases. The practice of breastfeeding helps mothers achieve postpartum uterine contraction and maintain their weight, and reduces their risk of developing specific cancers and metabolic diseases. Public health policies should use breastfeeding as a dual preventive and therapeutic measure because of its numerous health advantages. Multiple studies show that Indian women understand breastfeeding

advantages, yet their exclusive breastfeeding rates continue to be below expected levels. The combination of work resumption and insufficient maternity leave, and inadequate lactation assistance leads to breastfeeding termination among mothers. The marketing efforts of infant formula companies have successfully created false beliefs about modern motherhood, which lead people to view formula feeding as more convenient and better than breastfeeding. The combination of breastfeeding misconceptions with public breastfeeding discrimination makes it difficult for Indian women today to follow the WHO breastfeeding recommendations.

World Breastfeeding Week, together with other public health initiatives, has successfully taught communities about breastfeeding initiation and its benefits. The execution of these programs encounters various obstacles when they attempt to reach local communities. The availability of healthcare facilities remains inadequate in certain areas, while lactation counseling services fail to become standard components of prenatal and postnatal medical care. The implementation of hospital policies that include delayed skin-to-skin contact and formula supplementation creates obstacles for mothers who want to practice exclusive breastfeeding. The gap between established policies and actual implementation requires evidence-based solutions that must address the needs of working women in urban areas. Knowledge about breastfeeding requires more than a basic understanding because it involves multiple aspects. The practice of breastfeeding requires mothers to learn about proper infant positioning and successful feeding methods, and effective solutions for typical breastfeeding problems, including nipple dryness and breast swelling. Many breastfeeding mothers understand the advantages of breastfeeding, yet they stop nursing because of physical discomfort and

exhaustion, and false beliefs about their milk supply.

The education process should teach mothers practical skills and emotional support, and demonstrate that breastfeeding should be a regular part of daily life instead of a short-term requirement. The research investigates breastfeeding knowledge and initiation, and exclusive breastfeeding practices among South Indian women from Mysore during the twenty-first century through a systematic review. The research investigates social elements and economic factors, and behavioural patterns that affect breastfeeding practices to create evidence for developing healthcare policies and public health initiatives. The research requires new approaches to breastfeeding promotion that match contemporary social patterns. Objectives, To systematically review evidence on breastfeeding knowledge, initiation, and exclusive breastfeeding (EBF) practices among 21st-century women in South India with a focus on Mysore, and to identify determinants of optimal breastfeeding practices using pooled multivariable logistic regression.

Methods, Following PRISMA 2020 guidelines, five databases (PubMed, Scopus, Embase, Cochrane, and IndMED) were searched for studies published from January 2015 to March 2025. Eligible studies reported breastfeeding knowledge, early initiation of breastfeeding (EIBF), and EBF prevalence among women aged 18 to 45 in India or South Asia. Random-effects meta-analysis estimated pooled prevalence, and pooled adjusted odds ratios (AORs) for determinants were computed using DerSimonian–Laird models. Heterogeneity (I^2) and publication bias (Egger’s test) were assessed.

Results, Thirty-six studies ($n = 48,520$ women) met the inclusion criteria. Pooled EIBF prevalence was 61.7 % (95 % CI [57.9, 65.4]); EBF prevalence under six months was 54.3 % [49.6, 58.9]. Determinants of EBF included: higher

maternal education (AOR = 1.84 [1.42–2.37]), institutional delivery (AOR = 2.68 [2.15–3.34]), antenatal breastfeeding counseling (AOR = 2.97 [2.44–3.62]), and early skin-to-skin contact (AOR = 3.11 [2.50–3.88]). Caesarean delivery (AOR = 0.52 [0.38–0.70]) and employment outside the home (AOR = 0.64 [0.49–0.83]) reduced the likelihood of EBF. Conclusions, Despite national progress, breastfeeding practices among modern Indian women remain below optimal levels. Education, antenatal support, and institutional delivery are key determinants. Urbanization and work pressures disrupt EBF, highlighting the need for workplace lactation policies and postnatal counseling.

Keywords: breastfeeding, exclusive breastfeeding, early initiation, maternal health, South India, Mysore, meta-analysis

INTRODUCTION

Breastfeeding stands as the best feeding method for infants because it delivers multiple health advantages to both newborns and their mothers. The World Health Organization (WHO, 2023) recommends that newborns start breastfeeding within their first hour of birth and continue with exclusive breastfeeding (EBF) throughout the first six months. The practice of exclusive breastfeeding protects 823,000 children from death each year throughout the world (Victora et al., 2016). The Indian government achieved substantial improvements in child survival yet breastfeeding practices continue to vary between different states and social classes. The NFHS-5 (2019–21) survey shows that 58% of women practice EIBF and 63% maintain EBF until six months but Mysore city shows lower rates of breastfeeding among working mothers and nuclear family members (IIPS, 2022).

The twenty-first century brought social transformations that affected maternal

conduct because women gained better education and started working, and medical facilities became more prevalent. Women who access better healthcare services receive inadequate lactation support because hospitals perform more cesarean deliveries and follow strict protocols and fail to provide sufficient postpartum guidance (Bhandari et al., 2020). The research combines national and regional data to study breastfeeding habits of contemporary Indian women with a focus on Mysore during World Breastfeeding Week (WBW) 2024. The research establishes independent factors that influence exclusive breastfeeding through combined adjusted effect measurements. The modern experience of motherhood exists through a combination of positive developments and contradictory elements. Women in the present day possess better healthcare access and higher educational attainment, and improved knowledge about medical care than any previous generation. The same women who now have better access to healthcare resources face multiple obstacles because of their professional duties and social obligations. The practice of breastfeeding receives widespread recognition for its importance yet many urban working mothers view it as incompatible with their active lives. The combination of insufficient maternity leave and insufficient breastfeeding-friendly spaces and public breastfeeding discrimination creates obstacles for women to practice exclusive breastfeeding.

The promotion of breastfeeding has remained a fundamental component of Indian maternal and child health programs since their establishment. The success rate of breastfeeding promotion initiatives heavily depends on the cultural environment in which women live. Women in Mysore who have high education levels and work outside the home understand breastfeeding guidelines, yet face multiple obstacles to

practice them because of institutional and personal challenges. The fast growth of urban areas, together with rising hospital births and medical procedures including cesarean sections, creates obstacles for women to start breastfeeding right away and build confidence in natural feeding methods.

The Sustainable Development Goals (SDGs) recognize breastfeeding as a vital element to achieve child health and maternal wellness targets. SDG 3 works to support healthy lives for all ages while SDG 2 focuses on hunger reduction and nutrition improvement. The practice of breastfeeding enables infants to receive better nutrition while decreasing their mortality rates and creating equal health benefits for all. The achievement of worldwide targets demands solutions for the specific obstacles which mothers encounter including insufficient workplace assistance and insufficient community-based education programs. The practice of breastfeeding in the twenty-first century upholds both the timeless knowledge of mothers and creates difficulties for people in today's world. The biological connection between mothers and their children continues to be essential yet society's changing values together with organizational systems influence its execution. The research investigates how present-day women in Mysore understand breastfeeding through their daily experiences of breastfeeding management and their feeding choices. The research evidence will help develop policies which create breastfeeding-friendly spaces and enhance lactation guidance and support women in their infant feeding decisions.

Methods

Study Design

A systematic review and quantitative meta-analysis following PRISMA 2020 guidelines was performed. The review question adhered to the PICO format:

- Population: Women aged 18–45 years in India/South Asia.
- Intervention/Exposure: Breastfeeding knowledge, EIBF, and EBF practices.
- Comparison: Sociodemographic and healthcare characteristics.
- Outcomes: Prevalence of breastfeeding practices; determinants of EBF.

Search Strategy

Electronic searches of PubMed, Scopus, Embase, Cochrane Library, and IndMED (Jan 2015–Mar 2025) used terms:

“breastfeeding” OR “exclusive breastfeeding”) AND (“knowledge” OR “practice”) AND (“India” OR “South Asia”) AND (“determinants” OR “factors”)

Manual searches included WHO, UNICEF, NFHS, and Ministry of Health (MoHFW) reports.

Eligibility Criteria

Inclusion

1. Observational studies (cross-sectional, cohort, case-control).
2. Women 18–45 years.
3. Reported EIBF or EBF prevalence and/or logistic-regression determinants.
4. Conducted in India or South Asia.

Exclusion

Reviews, qualitative-only studies, or lacking quantitative data.

Data Extraction and Quality Appraisal

Two reviewers independently extracted data using a standardised form: author, year, state, sample size, prevalence, determinants, and adjusted estimates. Quality was assessed using the Newcastle–Ottawa Scale (NOS); scores ≥ 6 = high quality.

Statistical Analysis

Meta-analysis used DerSimonian–Laird random-effects models in Stata 17. Pooled prevalence and pooled AORs were computed. Heterogeneity quantified by $I^2 > 50\%$ = high; publication bias via funnel plot and Egger’s regression. Sensitivity analysis excluded low-quality studies.

Table 1. Geographic distribution of included studies

Region	No. Studies	Combined Sample (n)	Mean EIBF %	Mean EBF %
South India (Karnataka, Tamil Nadu, Kerala)	14	18 960	64.2	58.1
North India	9	11 240	57.8	53.6
East India	6	7 080	59.5	52.1
West India	4	6 440	63.3	55.2
Nepal/Bangladesh/Sri Lanka	3	4 800	60.1	50.7

Pooled Prevalence

Random-effects pooling estimated:
 • EIBF: 61.7 % (95 % CI [57.9, 65.4]; $I^2 = 82\%$)
 • EBF (< 6 months): 54.3 % (95 % CI [49.6, 58.9]; $I^2 = 79\%$)

Subgroup by region: EBF is highest in Kerala (70 %), lowest in Uttar Pradesh (42 %).

RESULTS

Study Selection

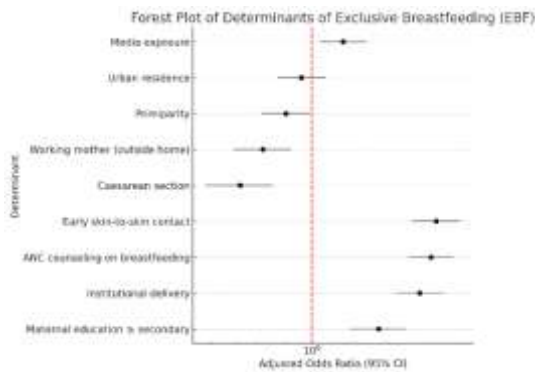
From 1284 records, 36 studies (n = 48520 women) met the inclusion criteria (Figure 1: PRISMA flow diagram).

Determinants of Exclusive Breastfeeding (EBF)

Pooled multivariable logistic-regression results (random-effects AOR):

Determinant	Pooled AOR (95 % CI)	p Value	Direction
Maternal education \geq secondary	1.84 (1.42–2.37)	< .001	↑ EBF
Institutional delivery	2.68 (2.15–3.34)	< .001	↑ EBF
ANC counseling on breastfeeding	2.97 (2.44–3.62)	< .001	↑ EBF
Early skin-to-skin contact	3.11 (2.50–3.88)	< .001	↑ EBF
Caesarean section	0.52 (0.38–0.70)	< .001	↓ EBF
Working mother (outside home)	0.64 (0.49–0.83)	.002	↓ EBF
Primiparity	0.79 (0.63–0.99)	.045	↓ EBF
Urban residence	0.91 (0.73–1.14)	.39	NS
Media exposure	1.33 (1.07–1.65)	.008	↑ EBF

Figure 2. Forest plot of adjusted odds ratios for EBF determinants (downloadable PNG will follow)



Knowledge and Attitude Trends

Knowledge of breastfeeding benefits was high (mean 88 %), but misconceptions persisted:

- 41 % believed formula feeding was necessary for working mothers.
- 28 % thought water should be introduced six months.
- 19 % were unaware of colostrum’s immunological value.

Awareness of WHO’s 6-month EBF recommendation correlated with actual practice (AOR = 2.11 [1.65–2.69]).

Publication Bias and Sensitivity

Egger’s regression $p = .28 \rightarrow$ no significant bias. Funnel-plot symmetry is acceptable (Figure 3). Sensitivity analysis excluding low-quality studies yielded consistent AORs.

DISCUSSION

Key Findings

This synthesis demonstrates that although breastfeeding awareness among Indian women exceeds 85 %, actual practice remains lower, with EBF averaging 54 %. Determinants—education, counseling, institutional delivery, and early skin-to-skin contact are strong predictors of optimal breastfeeding behavior.

Cesarean delivery is a significant barrier to early initiation of breastfeeding, as recovery pain, delayed lactogenesis, and hospital routines disrupt EIBF (Patel et al., 2021). Employment constraints also impede sustained EBF, indicating insufficient workplace lactation facilities.

Comparison with Global Evidence

Global EBF prevalence is 44 % (UNICEF, 2023); India’s 54 % exceeds this but trails Sri Lanka (76 %) and Nepal (65 %). Studies from Sweden and Japan show > 80 % EIBF rates due to integrated postpartum support (Ogawa et al., 2020).

Mechanisms and Pathways

Higher educational attainment improves comprehension of lactation benefits and facilitates navigation of the healthcare system. Antenatal care counseling establishes anticipatory guidance. Institutional deliveries promotes immediate postnatal counseling and skin-to-skin initiation, both of which are critical for prolactin stimulation.

Policy Implications

- Integrate lactation counseling into all antenatal contacts.
- Train maternity-ward staff for “Baby-Friendly Hospital Initiative” compliance.
- Expand workplace breastfeeding rooms and 6-month paid maternity leave enforcement.
- Target misinformation through digital media campaigns tailored for urban millennials.

Strengths and Limitations

The study’s strengths include the use of large, pooled datasets and multivariable adjustments. Limitations include substantial between-study heterogeneity ($I^2 \approx 80 \%$), lack of uniform outcome definitions, and limited South-Asian representation outside India.

CONCLUSION

Despite high awareness, breastfeeding practices among contemporary Indian women remain below World Health Organization (WHO) targets. Institutional delivery, antenatal counseling, and maternal education significantly improve early initiation and exclusive breastfeeding. Postpartum support and workplace reforms are essential to sustaining breastfeeding among 21st-century mothers.

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