

Research Article

Sociocultural Construction of the Ritual and Practice of Ghutti (Pre-lacteal): An Ethnographic Study in Rajanpur, Punjab Pakistan

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Abstract

Background: Infant Young Child Feeding (IYCF) practices recommended by the World Health Organization (WHO) and United Nations Children Fund (UNICEF) discourage every kind of food in first six months except breast-milk for newly born infants. There is dearth of qualitative studies in different Pakistani contexts as to how and why the practice of pre-lacteal is so prevalent, and what are the foundations of their knowledge and practice.

Objective: To deconstruct the knowledge, beliefs and practices regarding pre-lacteals among the parents, grandparent and local communities in Rajanpur district of Southern-Punjab.

Methods: Current ethnographic research used participant observation, informal, and semi-structured interviews of qualitative enquiry to study this human practice. Besides traditional and modern health and nutrition professionals, a sample of 30 households was purposefully taken.

Results: Results revealed that often small in quantity, warm, energetic, sweet, natural and herbal foods were used. The ghutti is a common, socially acceptable and meaningful ritual owing to its religious and medicinal significance to welcome the new-born, to prevent the infection, to clean the dirt, to purify the body, to construct the identity and to transfer the nobility. Further, the study observed that the methods to introduce this first feed were often unhygienic, which caused infection. Breastfeeding is perceived as a sacred act and therefore locals did not initiate it until infant's profane body fluids are discharged.

Conclusion: Biomedical knowledge and cultural realities are often at odds. This study recommends that behaviour change communication (BCC) interventions cannot succeed unless this gap between science and culture is filled.

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Introduction

Exclusive breastfeeding (EBF) protects a child from infections, malnutrition and cognitive retardation. Although the World Health Organization¹ and United Nations Children² Fund vehemently advocate and recommend it, but in reality, mothers introduce several kinds of pre-lacteals such as raw milk, clarified butter, date, or honey to infants before

initiating formal lactation³. The introduction of pre-lacteal prevails throughout South Asia with the perception that it will clean the throat/bowel or the colostrum is too heavy for the new-born to digest.^{4,3,5} The promotion of immediate and exclusive breastfeeding necessitates knowledge and awareness about the variety of socio-cultural logics.^{6,7,8}

Bio-medical perspectives on child malnutrition

strictly prohibit introduction of any food except breastfeeding for first six months because infant's stomach is unable to digest it. However, in real practice, pre-lacteal is an old custom of giving first food. Behaviour change communication's efforts on Infant Young Child feeding (IYCF) want to change this human practice because modern bio-scientific research considers it as one of the primary causes of infection and child malnutrition.

Bio-medical experts intervene to change this cultural practice because it increases the burden of child malnutrition but they hold little knowledge about this social and cultural construction. The modern interventionism needs to know why it is so important and popular among locals. The policy makers and stakeholders ought to be fully aware of the gulf between cultural perceptions and development interventions.

This study aims to deconstruct the sociocultural knowledge behind this practice. Why do locals practise this and consider it important, and avoid the biomedical recommendations? What foods are generally given as pre-lacteal? How this is practiced and applied by the natives? Who is considered fit for giving this feed? What makes this tradition real and what knowledge and practice is common among the inhabitants of Rajanpur district of Punjab, a rural Southern agricultural area, having traces of tribal culture. The study navigates natives' emic perspectives and illuminates locals' explanatory models, interpretations, justifications and functionalism for their sociocultural knowledge, beliefs and practices about the first feeds before lactation.

Methods

The ethnographic study was conducted from November 2016 to May 2018 in a most underdeveloped and Southern district Rajanpur, of Punjab province of Pakistan. It selected two remote Basic Health Units (BHUs), one near the Indus river and other near the Suleiman Mountains, one Rural Health Centre (RHC) in the middle and one Nutrition Stabilization Center for the treatment of Severe Acute Malnutrition with complication at the District Head Quarter (DHQ) hospital. Parents of malnourished children who had practiced pre-lacteals were contacted with the help of Nutrition Assistants, LHVs and LHWs. They introduced with parents and grandparents.

Thirty households were selected in total. The qualitative research methods such as participant observation, FGDs, informal open ended in-depth interviews were employed for data collection. Three FGDs, one with males, one with females and one with health and nutrition staff, were arranged. In each FGD nearly ten to twelve respondents participated. Moreover, fifty respondents were purposefully contacted for in-depth interviews including health and nutrition staff at Health Department Rajanpur for obtaining specific and technical information. District Coordinator of Integrated Reproductive Maternal Neonatal Child Health (IRMNCH) and Nutrition program, population officer, child specialists, governmental and non-governmental officers were part of the overall sample. This ethnographic research selected only those who could best "describe the situation". Nutritional anthropologists' recommended lower number of household because of a trade-off between intensiveness and extensiveness.

Parents, particularly mothers, were told about the nature of the study and requested to participate in it. All respondents were clearly informed about the purpose of research and then their oral consent was taken to be part of the study. Privacy, anonymity, and confidentiality of the respondents were strictly ensured.

Nearly all households followed the practice of pre-lacteal. Most of the mothers were illiterate, working as either agricultural labourers or domestic household servants. Although questionnaires were initially drafted in Urdu language but respondents were interviewed in their local language (Seraiki) for their comfort. All interviews, field observations and narratives were initially captured in their native language but data was converted and noted down in Urdu language at the very time of interviews and discussions. All data acquisition, and then translation from Urdu to English language was done by the principal author himself, who could easily understand, speak, read and write Urdu, English and native language. Finally, notes were also taken in the diaries, and all data and content were analysed manually and major themes and sub-themes were found. Theoretically folk, traditional, bio-cultural, critical and interpretive approaches provided help in the analysis, interpretation and deconstruction of social construction. The study got approval from the Advanced Study

Research Board, (ASRB) of Quaid-e-Azam University Islamabad.

Setting the scene	Combined with holy proclamation	Transferring qualities and characteristics
Religious and cultural approval	Gendered construction of practice	Purification from pollution
Introducing sweet foods as ghutti	Protection from illness and hot / cold	Sacred and profane
Bad faith and misconceptions	Behavior change for grandmothers	Digestive herbs as ghutti

Results

Following major themes were emerged out from the qualitative data.

Setting the scene: When a child is born there are some preparations for the child and mother⁵. Child umbilical cord is cut to the stop food supply from mother and is often taken a bath. Cord cutting practice is reported mostly without following the protocols of hygiene. Locals start preparing to practice the ritual of pre-lacteal first. They start finding resemblance with someone close to their family member, either from maternal side or paternal side. Both sides from mother and father try to relate new-born with them especially if the baby is healthy and beautiful. Relatives and others start visiting after listening the news of birth. Someone closer gives something as first ever feed in the mouth of infant that is known as pre-lacteal and ghutti. It was observed that dirty currency notes were often handed over to the new-born for a warm welcome and to celebrate the occasion after a difficult situation of birth or delivery.

Combined with holy proclamation: As soon as this act has been done, azzaan is proclaimed in the right ear of child to make her/him a Muslim by birth. The reason to find a noble person for the performance of this ritual is that first food would transmit the good qualities in baby, by the index (shahadata that means to witness) finger of right hand. One grandmother stated: "Ghutti is a centuries old tradition and every child in their family was given ghutti with honey by a person who used to pray five times a day regularly was invited to proclaim azzaan in baby's ears."

Transferring qualities: Someone considered very noble and respectful from their family and community is invited for giving ghutti to their infant. The

person considered suitable and ideal should be aged having a long white beard, with a good reputation in religious matters. The person should fulfil the standards required for Islamic piety and good conduct. Also, some females like aunt, grandmother, and someone close relatives are considered eligible for this practice and custom soon after the birth of baby.

Also, in some tribes the donkey milk is introduced with the belief that the donkey's trait of being obstinate will transcend into their new-born baby. They also keep some metal, particularly iron rod, lock, and knife near the pillow of new-born as it saves from evil spirits and bad eyes, in their opinion. These ritualistic and customary practices are performed as a requirement of local system. Also, donkey milk is considered medically beneficial for illness.

Religious and cultural approval: Some Locals had firm belief that the holy prophet AS himself practiced this ritual. Mothers and grandmothers had the common belief that practice of giving first food to new-born was socially acceptable and there was no reprimand from family and community for this practice. One mother repented as she could not give pre-lacteal to her baby due to C-section, when asked if she gave it or not she complained, 'kithaan, bay riwaji jai hay' (Alas! Baby has born without traditions) as no ghutti could be given, in her opinion pre-lacteal was good ritual and honorable practice. It must be done in the honor of newly born baby who comes to the world first time, so we must welcome newborn first by giving some sweet thing or honey in baby's mouth.

Gendered construction of practice: This practice is introduction of pre-lacteal, which is locally called ghutti. The word "ghutti" is believed to be derived from the Seraiki language word "ghutt," which means a "sip" of a liquid. The word "ghutt" is a male gendered construction in local language while "ghutti" is a female gendered word that means very little in quantity, or "minimal" thing even than a "ghutt." Biomedically, this practice is forbidden because child's little stomach does not have capacity to absorb heavy foods.

Introducing sweet foods: Data found that a vast majority of participants have the tradition of giving some sweet, solid or fluid food before formally starting breastfeeding. One father illustrated, "sweetness

(meetha) makes the nature of baby sweet instead of sour in future and adulthood.” It was explored that some mothers used different non-sweet food items for this cultural practice. Most of the mothers (80%) informed that they used sweet things honey, gur (jaggery) and arq (extract). Lady Health Workers also confirmed that most of the mothers used maakhi (honey) and gur (solid brown sugar) as ghutti. “I gave water and ghutti to both of my babies,” one mother stated. However, some mothers offered “raw goat milk” without boiling it with the perception that it would clean the fluids inside infant’s belly and intestines.

Protection from illness and hot/cold model:

Respondents believed, “honey is not harmful for the health of infants and elders alike and treat infection.” One mother informed: “we give ghutti of honey because its essence is warm and new-born should not be given cold foods at the time of birth as baby has just come out mother’s warm belly.”

Honey is an anti-septic natural product prepared with bee’s saliva. It has sweet taste, it is thick and sticky and possesses cohesive chemical properties. It is believed that it is good for health. In winters, it is supposed to provide human body a specific warmth to fight against cold weather. It is also consumed for the cure and treatment of many illnesses such as asthma, bronchitis and stomach pain and infection.

Purification from pollution: Some mothers stated that it keeps baby safe from harmful fluids absorbed during time of birth. Others claimed that they used cola (charcoal), turanjbeen (this word is used as translation of “manna and quail” in Quran, Bible and Book of Exodus but herb known as Alhagi Camelorum or simply camel thorn) and huqqa (smoked) water. It is believed holy and containing heavenly properties. One mothers told: “we gave turanjbeen, it is of black color, and we mix it in water. We give mixture of turanjbeen, honey and egg so that child be safe from cold.”

Some mothers gave charcoal as ghutti to their infants. When asked why they used such thing they informed that it had positive effects on infant’s health. It is used for the excretion of daasa (first excreta of the new-born baby). It cleans the belly and flushes all the dirty and harmful liquids taken inside by infant during the

stay in uterus and the process of delivery. They said that daasa was a black coloured first defecation of infant because baby excreted all filth out of his/her body.

Sacred / profane: Traditional birth attendants believed that early milk is thick, yellow and causes vomiting. According to a dai (traditional birth attendant) purity and impurity should be separated: “mother should take great care of her body’s purity. Mother should first give her saliva before initiating breastfeeding during menstrual cycle and after intercourse. Ghutti of honey is compulsory. First three days baby is unable to suck breastmilk therefore fresh goat-milk must be given with spoon as alternative. First, it causes loose stools then baby accepts it and becomes used to it. First milk has cheeron (gumminess) inside this so it should be wasted for easy flow and initiation of breastmilk. We waste it because it is exactly similar to first yellow thick milk of buffaloes and cows (mal da naara). If it is given, baby vomits a yellow color material.”

Bad faith and misconceptions: Medical professionals believed that this is a dangerous custom and one of the major causes of infections. One child specialist discouraged its use because of local’s misconceptions and myths in the following words: “it is a local practice after birth of baby, and elders are unaware that child digestive system is not well equipped to absorb things, most often solid and liquid things, little baby need breastmilk which is natural and absolutely and exclusively made for infant. When people prefer cultural tips and skip natural mode of feeding they become worried and believe that there is some problem with the breastmilk.”

Behavior change /grandmothers: Ghutti whether it is of honey or anything else was discouraged bio-medically by LHWs and doctors, however people still practiced it frequently. Some mothers already knew that it is not a healthy practice because they were informed by the health department staff particularly lady health workers.

One mother delivered a baby in the hospital and grandmother was already forbidden to give any kind of ghutti to the infant. But she did not restrict, she went to nearby tea shop and brought a cup of black tea prepared with buffalo milk, and sugar. She gave it to

the child without any body's notice but later she was caught red handed by a hospital nurse. She was reprimanded on this act. She was warned but she has had her work. No advice could convince her to avoid this harmful practice because it was dangerous to the health of the baby. The methods to convince mothers and grandmothers were often ineffective and sheer fulfilment of formality by the health community due to weak will but blaming the poor illiterate locals for not being prompt to accept biomedical recommendations.¹⁰

Methods\

One mother stated, 'our elders give gur, we place it under the tongue of infant. Another mother articulated almost in the same manner, 'gur baal day taloon koon chipka daindoon', which means that jaggery (gur) is first melted and converted into powder (shakar) and finally pasted under the palate of the infant. Generally, rural respondents were not greatly conscious about the hygiene and hand-washing practices as is advocated by the scientific community. They believed that hands were not dirty until they have not done some dirty activity. They used their hands and fingers to give the infants something sweet and readily available to perform this ritual of ghutti. They did not wash hands with soap and then gave pre-lacteal. Also, timing of this occasion is important, when all family members were gathered there to see the baby. In this hustle bustle, everyone expects to perform the rituals as soon as possible without even considering the optimal hygienic methods. In some Baloch tribes, small sippi (empty seashell) is usually used as a spoon to give little amount of ghutti to newborn babies.

In few families, however, hand washing is ensured before introducing some pre-lacteal. I asked respondents why they use honey, they replied it is prophetic practice (sunnah) and it is good for health. However, one father opined, 'it is just a savwan' (symbolic value just a so-called norm of doing something to show as important ritual), as only a meagre amount and quantity of ghutti is given. Just a sweet finger and not a spoon is slightly touched with the tongue of the new-born and it has no risk at all.

Digestive herbs as ghutti: Besides pre-lacteal, ghutti also is used for digestion, but not as the first

given feed. Therefore, there are two types of "ghutti", one is first food given immediately after birth, while other is that which goes consistently with new born. These ghutti include mostly company made (gripe-water, arq-e-shireen, and nou-nehel) used for digestion every time mothers nursed the baby or bottle-feed their infants as well as young babies. Thus Ghutti is used in two meaning: 1) pre-lacteal and 2) digestive thing (like hamdard, arq-e-sheeren or gripe water). Sonf, noushadar, paneer, black pepper, huqqa water and two other items,⁷ in total are boiled in water and used as ghutti for infant and young children, one respondent retorted. An mother said instantly that they just let the child suck breast for first three days and give just hamdard ghutti during this period.

Discussion

Local's explanatory models were found to be "simply analytical." It is an old way to categorise linguistic realities. Their analysis showed that their knowledge is based on "binary opposite" concepts. Often magic uses "contradictory laws" or "law of similarity". Spiritual etiology of diseases and the concept of transfer of qualities through a noble person (while administering pre-lacteal) seems much similar. People believed that disease are transferred from one body to other through a spirit. The medium is unknown in this transfer except a magical and spiritual body. There is similarity in transferring nobility, piety and good character from one body to another simply as an illness is transferred through a spirit. The model of spiritual etiology works behind this practice.

Poor illiterate mothers believed breastfeeding from a paleet (impure) body of mother may make child sick. The mothers quit breastfeeding during illness, as polluted breastmilk was constructed. Traditional religious faiths fills this power gap through supernatural means of treating illnesses such as amulets, magico-religious, covenant, and spiritual healing methods. Culture, religion, economy, gender and illiteracy jointly constructed a unique sociocultural environment in which so-called dichotomous conceptual and explanatory frame of "sweet-sour (meetha-khata)," "hot-cold (thanda-garam)," "sacred-profane/purity-impurity (paki-paleeti)," "dirt or pollution," spiritual and magical etiology of illness instead of an empirical or pathological one dominated the knowledge and social psychology of

poor and illiterate communities that trickled down deep into their attitudes, beliefs and behaviours to ultimately influence their care, cure and feeding practices.^{11,4,12} The question arises why the word “ghutti” is a female gendered construction. The reason is that its quantity is minimal and smallest. Culturally female is considered minimal, smaller and inferior to male.

This custom is traced back since centuries as expressed by respondents. The findings revealed that ghutti is widespread phenomenon, as given in multiple settings and contexts by majority population. A study¹³ similarly found that 88% Muslim mothers gave pre-lacteal in Indian Kashmir. Previous studies¹⁴ in the same context also showed this common prevalence of pre-lacteal. However, study lacked some deeper analysis as Rajanpur is an area of Seraiki language, and locals use the word ghutti not ghurruti as has been used. The word “ghurruti” is not articulated by the Seraiki ethnic group, it is in fact a word from Punjabi language which is derived from the word “gurr” (jaggery) that means a piece of gurr.

Studies¹⁵ also demonstrated that pasting sweet (a drop of brown sugar) on the upper palate of new-born is very popular among Muslim communities around the globe. These practices keep a symbolic value which is thought necessary to inculcate religious ideology along with food. Symbolic importance is much higher than first food itself. The ritual is so important at birth that it has a reason to value. Some studies also have highlighted the elders chewing date or something with their saliva and giving it to new-born has positive impacts on their health because saliva chemically contains enzymes and some antiseptic properties in it. Giving saliva is symbolized as love and emotional attachment, along with transferring of qualities of giver into the receiver.

Studies also found that mothers’ breastfeeding practices improved with social capital.¹⁶ Social capital also plays a significant role in making mothers aware of those factors that possibly control and prevent ill health and malnutrition. The overall national literacy rate in Pakistan is low and gender biased, In Rajanpur district literacy rate for both genders is lowest in the whole province. Similarly, progress in the maternal, newborn, and child health and nutrition is lower than other low- and middle-income countries as indicated

in Pakistan Demographic and Health Survey, conducted in 2012.¹⁷ Literate parents have very low probability of having malnourished children^{18,19} because their education improves their access, care and opportunities and low investment on health-related budget.²⁰ Beliefs and behaviors also vary depending upon the social and economic capital, entitlements, and political-economic context. Good and bad feeding has strong roots in poverty and illiteracy. Mother’s cultural knowledge and behavior influence immediacy, exclusivity, duration and frequency of breastfeeding.²¹

Researchers¹¹ stated that hot/cold medical belief system codify human experiences of hypothermia, heatstroke, and fevers so the coding of foods as hot and cold can be related to the system of sensory cues. Literature from Guatemala¹² similarly reported concepts like breastmilk’s role in the etiology of diarrheal diseases in the lactating child or hot–cold explanatory frame where the generative force behind illness and diarrhea was either indigestion or evil eye, or when the milk becomes very cold or hot, or when it is disturbed, or hot and cold balance. So after birth, specific diet, activity, and personal care is advised. Lactation is perceived hot state, while postpartum as cold therefore lactating women should avoid very hot foods. Also mother milk may be affected by anger or fright. Thus treatments vary as per supposed causes, bringing changes in diet, remedies, and even complete weaning.

Behavior change communication efforts must be effective enough so that they could thoroughly convince grandmothers who are in their old age and believing scientific logics for them seem a bit harder. Therefore adult education programs must incorporate nutrition intervention strategies. Other methods to convince these grandmothers must involve notables, religious, social and political persons who are respected in traditional societies because they mostly considered wise and knowledgeable among locals. They might influence on changing community behaviors with their traditional communications. Behavior change strategies must also be akin to local’s mind sets which sometimes happens to be folk, irrational and magical.

The custom of pre-lacteal is quite meaningful for the community members because certain beliefs exist

behind its application and prevalence. Medical knowledge perceives this meaningless and ignores this socially and culturally constructed knowledge and tries to ignore the traditional pragmatism. Before changing local's behaviours, bio-medical professionals must be cognizant of the sociocultural "realities." The local's beliefs in religious ideals of "profane" and "sacred" must be acknowledged. The medicinal use of pre-lacteal of a warm thing to excrete dirt and pollution from the body and prevent infections is also relevant. The identity construction through transferring the noble qualities of a pious person is significant too. Biology is shaped through cultural knowledge. Medical knowledge therefore first needs to deconstruct the cultural formation before the biological intervention. For effective intervention other necessary structural inequalities needs to be minimized and positive social environment comprised of income, education, social capital²² and cultural capital ought to be prevailed in the society. Otherwise chances for desired changes in locals behaviours are not as such high.

The study showed some limitations and quality of data was impacted. First and the foremost, there was gender gap, although females assistants sometimes accompanied. Then, questionnaires were asked in the local language and then translated again into English language. Translation from one language to other sometimes impacted the results. There were occasions when phenomena were short of words or words could not be properly translated into English. During data collection process a few respondents showed evasion but majority displayed none of such feelings.

Conclusion

This study has deconstructed the sociocultural rationale behind the practice of pre-lacteal. The ritual and practice is highly prevalent because of its medicinal functions, and social, cultural and religious acceptance and importance. Warm and sweet foods are generally given as pre-lacteal to purify body from dirt and transfer faith, ideology and good characteristics through socially ideal and fit person before starting sacred act of breastfeeding. However, the practice is followed without having sensitivity to cleanliness and harmful pathological probabilities by the careless natives. The social and cultural functions make this tradition real and common among the inhabitants of

Rajanpur district of Punjab. The scientific and cultural perspectives need deeper understanding of each other for better and more effective solutions in the future. Only human capital might through the widening schism between science and culture.

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