baby's first immunization. Exclusive breastfeeding for its benefits should be encouraged. It contains a balance of nutrients and other compounds required for growth and development. Breast milk is the only food that a newborn baby needs for the first six months of life. Solid or liquid foods apart from breast milk, with the exception of vitamin and mineral supplements, should not be introduced before six months. 

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**Original Article**

1. Determinants of exclusive breastfeeding among mothers of under-five children in Bangladesh: a cross-sectional survey


Vol 6 No 2 May 2016

**Materials and Methods**

This cross-sectional study was conducted among mothers of under-five children in Bangladesh. A total of 125 mother-infant pairs were included in the study. Mothers were asked to complete a questionnaire. The questionnaire included questions about socio-demographic characteristics, duration of breastfeeding, and barriers to exclusive breastfeeding.

**Results**

The duration of exclusive breastfeeding was found to be significantly longer in EBF group compared to non-EBF group. There was a significant difference in the proportion of mothers who exclusively breastfed their children up to six months.

**Discussion**

Exclusive breastfeeding is important for the growth and development of infants. Barriers to exclusive breastfeeding include insufficient milk production, lack of support from husbands and other family members, and cultural and social factors. Understanding these barriers can help in developing strategies to promote exclusive breastfeeding.

**Conclusion**

Exclusive breastfeeding should be encouraged to improve the health and development of infants. Policies and interventions need to be implemented to address the barriers to exclusive breastfeeding.

**References**

Breastfeeding is the unique source of nutrition that raises the health of the child and the mother. It is commonly believed that breastfeeding is the best source of nutrition for the first six months of life. The prevalence of exclusive breastfeeding till 6 months was 26.6% in the present study.

Factors associated with noncompliance to exclusive breastfeeding included:

1. Non-supportive husband
2. Social factors such as influence of husband and other family members
3. Fatigue and the difficulties in juggling the demand of the household

Tables I and II show some mother factors associated with exclusive breastfeeding vs. non-exclusive breastfeeding. The table indicates that mothers with a non-supportive husband and those who were housewives were more likely to maintain optimal breastfeeding.

The conclusion of the study is that breastfeeding needs to be promoted among urban mothers, and proper interventions should be taken to ensure the continuation of breast milk up to six months. Experts in the field should work together to increase the breastfeeding rate and to promote proper positioning and attachment.

References:

Introduction

Breastfeeding is the best way to meet the nutritional needs of infants during their early months of growth. It contains a balance of nutrients and other compounds that support growth, development, and survival of the infants. Infants need appropriate nutrition to sustain their growth and development, and breastfeeding is the most natural and effective way to meet these needs. It is also a way to protect against infections and diseases.

In Bangladesh, breastfeeding is highly recommended, but there is a significant erosion in breastfeeding practices. The rate of exclusive breastfeeding in Bangladesh is 56%, which is relatively low. The study was conducted to find out the factors influencing the duration of breastfeeding in Bangladeshi population.

Materials and Methods

Objective

The objective of this study was to identify factors influencing the duration of breastfeeding in Bangladeshi population.

Methods

The study was conducted in Dhaka, Bangladesh from 2011 to 2014. All mothers with infants (<12 months) who were admitted to Dhaka Shishu Hospital were included in the study. Mother-infant pairs were included in the study if they had not used any supplementary feeding or formula milk up to six months.

Results

In the present study, duration of exclusive breastfeeding was at 3–4 months. The study revealed that insufficient milk production due to poor exclusive breastfeeding was in 72.8% cases. It was found that in most cases (40%) termination of exclusive breastfeeding was done by SPSS version 12.0. Independent effect on study morbidity and barriers to EBF. After collection, data were analyzed by Chi-square test.

Table III shows social factors like influence of husband and/or other family members on exclusive breastfeeding. In our study it was found that in EBF group 2.9% and in non-EBF group 43% depend on husband and/or other family members. Due to joining in workplace 90.1% mothers could not continue EBF up to 6 months.

Discussion

Breastfeeding is recommended for its health benefits for both the mother and the baby. Mothers who breastfeed their infants for a longer period have lower risks of developing many chronic diseases, such as hypertension, obesity, and diabetes. Breastfeeding can also improve the economic status of the family and the country.

Conclusion

In conclusion, breastfeeding is important for the health of the mother and the baby. It is recommended that all mothers breastfeed their infants exclusively for at least six months. Antenatal counseling must include husband and if possible, other family members.

References


2. Bangladesh –– Demographic and Health Survey 2007.


that act against virus, bacteria and parasites. It works as solid or liquid foods apart from breast milk, with the

The present study reveals some important factors contributing to low rate of exclusive breastfeeding in between two groups.

Results

In this study exclusive breastfeeding was found in 27.2% and non-exclusive breastfeeding was found in 72.8% of mothers. The rate of exclusive breastfeeding in the first month was found to be 86.0% which was reduced to 31.8% in the next month and 12.0% at fourth month. The rate of exclusive breastfeeding in the first four months was 50.2%, 31.8%, 12.0% and 1.5% respectively.

Materials and Methods

To study the barriers for exclusive breastfeeding the research was done by SPSS version 12.0. Independent effect on study outcomes were compared using Chi-square test.

The study was conducted by the researcher herself after informing them the objects of study, the risks and benefits, confidential handling of person’s information and voluntary nature of participation and the right of the subject to withdraw from the study.

Table I shows the rate of EBF based on parity and mothers with partial and complete failure to breastfeed up to six months. Mothers with very sick baby formula in infants aged 4–7 months almost doubled since 2000 and is higher in urban areas.

Table III: Barriers to EBF in relation to social factors

<table>
<thead>
<tr>
<th>Social Factor</th>
<th>Frequency (EBF)</th>
<th>Frequency (non-EBF)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband's support</td>
<td>1 (2.9%)</td>
<td>45 (49.5%)</td>
<td>0.000</td>
</tr>
<tr>
<td>Influences of mother-in-laws</td>
<td>1 (1.5%)</td>
<td>16 (17.6%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>About baby's growth</td>
<td>1 (1.5%)</td>
<td>16 (17.6%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Using faulty technique</td>
<td>1 (2.9%)</td>
<td>31 (35.3%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Discussion

Exclusive breastfeeding was more common among multiparous mothers. The studies done in other countries show similar results.

This study found that exclusive breastfeeding was more common among LUCS (n=41) than NVD (n=83), but the difference was not significant. It was also found that up to 1-2 months, up to 4 months and up to 5-6 months of exclusive breastfeeding was more common in EBF group than non-EBF group.

Table III shows social factors like influence of husband's support, influences of mother-in-laws and about baby's growth. The social barrier includes lack of support from husbands, doctors or quacks. Further studies should be done in this area.

Conclusion

Exclusive breastfeeding was more common among LUCS (n=41) than NVD (n=83), but the difference was not significant. It was also found that up to 1-2 months, up to 4 months and up to 5-6 months of exclusive breastfeeding was more common in EBF group than non-EBF group. Exclusive breastfeeding was more common among multiparous mothers. The studies done in other countries show similar results. The social barrier includes lack of support from husbands, doctors or quacks. Further studies should be done in this area.
Introduction

Breastfeeding is one of the most child-focused practices in the world and has been shown to have an impact on the child's health and development. It is also recognized as the best method of nutrition, protection and affection. Exclusive breastfeeding is the practice of feeding the baby only breast milk for the first six months of life, without any other food or fluid.

Majority of mothers in the present study revealed that insufficient milk production due to poor breast-milk supply was the major barrier to exclusive breastfeeding. Inadequate knowledge about breastfeeding and lack of support from the husband and other family members were also some factors responsible for discontinuation of breastfeeding.  In the present study about 49.5% mothers discontinued early from exclusive breastfeeding. It was found that the most effective ways of overcoming these barriers were education about breastfeeding and providing regular advice and encouragement from health care workers.

The present study identified some barriers which might be an obstacle in encouraging exclusive breastfeeding. The role of mass media and advice from health care workers in promoting exclusive breastfeeding was found significant.

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Results

There was a significant difference between EBF and non-EBF group in terms of parity, delivery type, duration of breastfeeding, knowledge of exclusive breastfeeding and support from husband. The study revealed that there was no significant difference between EBF and non-EBF group in terms of age, educational status, occupation of the mother, and experience of the medical staff regarding baby's growth.

Table I shows the rate of EBF based on parity and delivery type. It was found that there was a significant difference between EBF and non-EBF group in terms of parity and delivery type.

Table II shows some mother factors associated with exclusive breastfeeding. It was found that there was a significant difference between EBF and non-EBF group in terms of knowledge of exclusive breastfeeding, support from husband and other family members, and experience of the medical staff regarding baby's growth.

Discussion

Exclusive breastfeeding was at 3-4 months. The study revealed that insufficient milk production due to poor breast-milk supply was the major barrier to exclusive breastfeeding. Inadequate knowledge about breastfeeding and lack of support from the husband and other family members were also some factors responsible for discontinuation of breastfeeding. It was found that the most effective ways of overcoming these barriers were education about breastfeeding and providing regular advice and encouragement from health care workers.

The role of mass media and advice from health care workers in promoting exclusive breastfeeding was found significant.

Conclusion

The present study was done to evaluate the rate of exclusive breastfeeding among the 125 eligible mother-infant pairs. The study was done in the adult medicine ward and in the nursery of the Women & Children Hospital, Dhaka University from January 2011.

The study was done in two groups based on continuation of only breastfeeding up to six months. Outcomes were compared between two groups. Mothers who continued breastfeeding up to six months were found to have satisfied knowledge about breastfeeding, and were motivated by the doctor. There was a significant difference between EBF and non-EBF group in terms of knowledge about breastfeeding, support from husband and other family members, and experience of the medical staff regarding baby's growth.

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