

Original Article



Knowledge, Attitudes, and Practices of Exclusive Breastfeeding among Lactating Mothers Attending Tertiary Hospitals in Jashore

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Abstract

Background: Exclusive breastfeeding stands at the forefront of maternal and child health, serving as a fundamental pillar for ensuring the optimal growth and development of infants. It not only acts as a crucial source of nutrition but also plays a pivotal role in fortifying the physical and cognitive well-being of newborns, while simultaneously fostering a profound bond between mothers and their infants.

Objective: To assess the knowledge, attitude, and practice of exclusive breastfeeding among lactating mothers.

Materials and Methods: The study was conducted at Ad-din Sakina Medical College & Mother and Child Welfare Center, Jashore, with the participation of 690 lactating mothers. Data collection was carried out through face-to-face interviews using a semi-structured questionnaire.

Results: The study revealed that the average age of respondents was 24 years, ranging from 15 to 40 years. The majority, 655 (94.4%), reported having knowledge about breastfeeding, while a small percentage, 35 respondents (5.1%), indicated having no knowledge. Regarding attitudes towards exclusive breastfeeding, 61.3% of respondents considered it the "Best" option, reflecting a strong positive perception of its benefits. Additionally, 24.1% regarded exclusive breastfeeding as "Good," and 14.6% rated exclusive breastfeeding as "Better." In terms of practice, a significant majority, 638 (92.5%), reported practicing exclusive breastfeeding, while a smaller proportion, 52 (7.5%), did not.

Conclusion: The study indeed emphasizes the presence of encouraging attitudes and practices towards exclusive breastfeeding among lactating mothers.

Keywords: Exclusive Breastfeeding (EBF), Knowledge, Attitudes, Practices, Bangladesh.

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Introduction

Exclusive breastfeeding (EBF) is defined as "An infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk, and no foods) except for vitamins, minerals, and medications until six months".¹ Early initiation of breastfeeding, specifically within 1 h of birth, refers to the best practice recommendation by the WHO. Increasing early initiation of breastfeeding will directly support progress towards achieving MDG 4 through reduced neonatal mortality.² Before 2001, the World Health Organization (WHO) recommended that infants should be exclusively breastfed for 4-6 months with the introduction of complementary foods (any fluid or food other than breast milk) thereafter. In 2001, after a systematic review and expert consultation, this advice was changed and exclusive breastfeeding is now recommended for the first 6 months of life to achieve optimal growth, development and health. Breastfeeding is an unequalled way of

providing ideal food for the healthy growth and development of infants. It is also an integral part of the reproductive process with important implications for the health of mothers. Though breast feeding is a common practice in India, it is associated with myths and superstitions such as colostrum being harmful for the newborn; breast milk being inadequate for the first 3 days after birth, that's why pre lacteal foods, such as honey, sugar water or mustard oil are given immediately after birth which contributes to the low prevalence of exclusive breastfeeding.³ In developing countries, there is a tendency to extend breastfeeding for longer periods in time.⁴ The factors that influence initiation, maintenance and duration of breastfeeding are social and cultural traditions, infant maturity at birth, degree of commitment, and literacy of the mother and level of modernity.⁵ Throughout the world, in developed and developing countries alike, inappropriate feeding of infants leading to their poor nutrition is a significant problem affecting socioeconomic

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progress in general. Suboptimum breastfeeding was responsible for 11.6% of all child deaths in 2011. In Bangladesh, the prevalence of EBF has remained largely unchanged for nearly two decades. It was around 45% in 1993–94 and 1999–2000, then declined to 42% in 2004 and was 43% in 007. However, in 2011, a prevalence of 64% was reported, an increase of 21 percentage points.⁶ The World Health Organization (WHO) recommends that infants are breastfed exclusively (EBF) for their first six months, and then start complementary feeding while continuing to breastfeed for a minimum of two years.⁷ Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e. via lactation) rather than using infant formula from a baby bottle or other container.⁸ Artificial milk and bottle feeding appears in the 20th century. The western world shows a rapid decline in breast feeding after 1940's. As the use of artificial substitutes of breast milk supplemented bottle-feeding become wide spread to the rest of the world.⁹ Poor breastfeeding practices are widespread. It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 1.4 million deaths and 10% of the disease burden in children younger than 5 years of age.¹⁰ Adequately breastfed infants grow more rapidly and are healthier than those who were not. Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children (UNICEF, 2013). Early breastfeeding reduce infant morbidity and mortality as a result of the preventive benefits of breastfeeding in reducing long term diseases (WHO, 2007).¹¹ Child survival is an ongoing public health priority in the South Asia region, which includes eight countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri-Lanka. Countries within the region have made significant progress towards Millennium Development Goal 4 (MDG 4) to reduce the under-five mortality rate (U5MR) by two-thirds by 2015 8. As a complement to community based efforts to protect, promote and support breastfeeding and to promulgate the code, in 1991, United Nations Children's Fund (UNICEF) and WHO began an intensive effort to transform breastfeeding practices in maternity hospitals to support breastfeeding. A UNICEF State of the World's Children in 1998, reported that before BFHI, four percent of mothers practiced EBF for the first six months. After the launching of the BFHI, there was a gradual increase in the percentage of mothers that were breastfeeding exclusively.¹²

Materials and Methods

A descriptive cross-sectional study was conducted among lactating mothers of Ad-din Sakina Medical College & Mother and Child Welfare Center, Jashore, to assess breastfeeding knowledge, practices, and attitudes. The study was conducted in the Department of Community Medicine under Ad-din Sakina Medical College. The study took place over December 2017 and January 2018, with a study population consisting of all lactating mothers of the mentioned facilities. A purposive sampling technique was employed, resulting in a sample size of

690. Data were collected through face-to-face interviews using a semi-structured questionnaire, administered by 3rd-year female medical students who were trained on interview skills, research ethics, and study objectives. Interviews were conducted with adequate privacy, and all participants provided written informed consent.

Results

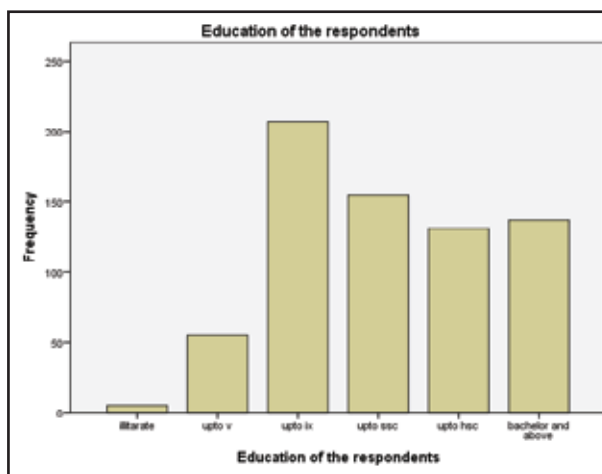
The average age of the respondents was 24.94 years, with an age range from 15 to 40 years. The distribution of respondents across different age groups is presented in the following table-I. The averages of the respondents were 24.94 years ranging from 15 to 40 years.

Table I: Percentage of the age of the respondents (n=690)

Age of the Respondent	Frequency	Percent (%)
15 - 20	96	14.00
20 - 25	230	33.33
25 - 30	215	31.15
30 - 35	108	15.65
35 - 40	41	5.94

The demographic characteristics revealed a diverse educational background (Fig-I). Approximately one-third (30.0%) of the respondents (207 individuals) had education up to the ninth grade, while 155 respondents (22.5%) had education up to the SSC level. Additionally, 137 respondents (19.9%) held a Bachelor's degree or higher, while 5 respondents (0.7%) were illiterate.

Figure I: Education level of respondents (n=690)



Regarding occupation, 90.0% (621) of the attended respondents were housewives, and 10.0% (69) were service holders and belonging to low and middle-income families.

Table II: knowledge about Exclusive Breast Feeding (EBF) of the respondents

Knowledge on EBF	Frequency	Percent	Frequency	Percent
	Yes	(%)	No	(%)
Have you any knowledge about EBF?	655	94.4	35	5.1
Do you know the procedure for breastfeeding ?	596	86.4	94	13.6
Do you know the duration of EBF?	627	90.9	63	9.1
Do you know the initiation time of EBF?	614	89.0	76	11.0
Do you know the advantages of EBF?	620	89.9	70	10.1

Table II presents the respondents' knowledge about Exclusive Breastfeeding (EBF) through a series of questions and corresponding frequencies and percentages. The majority of respondents, 655 (94.4%), indicated that they have knowledge about EBF, while 35 respondents (5.1%) reported having no knowledge. This indicates a high level of overall knowledge about EBF among the surveyed population. Of the total respondents, 596 (86.4%) answered positively, indicating familiarity with breastfeeding procedures, while 94 (13.6%) respondents reported not knowing. A significant portion, 627 respondents (90.9%), demonstrated awareness of the recommended duration, whereas 63 respondents (9.1%) were unsure or lacked knowledge in this area. This suggests a generally good understanding of the importance of exclusive breastfeeding for a certain period, though there is room for improvement in disseminating this information. The majority, 614 respondents (89.0%), indicated awareness of the initiation time, while 76 respondents (11.0%) reported not knowing. A significant majority, 620 respondents (89.9%), affirmed knowledge of the advantages, while 70 respondents (10.1%) indicated otherwise. This suggests a generally good knowledge of the benefits of EBF.

Table III: Respondent’s opinion about Exclusive breastfeeding (EBF)

Question	Opinion	Frequency	Percent (%)
What is your opinion on EBF?	Good	166	24.1
	Better	101	14.6
	Best	423	61.3

This question aims to gauge the respondents' perceptions toward Exclusive Breastfeeding and It is evident from Table III that the majority of respondents, accounting for 61.3%, held the opinion that exclusive breastfeeding is "Best." This indicates a strong positive perception among the surveyed population regarding the efficacy and benefits of exclusive breastfeeding for infants. Furthermore, 24.1% of respondents considered exclusive breastfeeding as "Good," suggesting that a significant portion of the population acknowledges its importance, albeit not considering it as the optimal choice. Additionally, 14.6% of respondents rated exclusive breastfeeding as "Better," indicating a smaller but still notable proportion of individuals who view it as a favorable option compared to other feeding practices.

Table IV: Distribution of the respondents according to practicing of EBF.

Practicing of EBF	Frequency	Percent (%)
Yes	638	92.5
No	52	7.5

Table IV illustrates the distribution of respondents based on their practice of exclusive breastfeeding (EBF). A substantial majority, 638 (92.5%), reported practicing EBF, while a smaller proportion, 52 (7.5%), indicated not practicing it. This indicates a high prevalence of EBF among the respondents, reflecting a positive trend towards optimal infant feeding practices.

Table V: Reason for not practicing of EBF of respondents.

Reasons of not practicing EBF	Frequency	Percent (%)
Physical deformity	22	42.3
Constitutional disease	3	5.8
Others	27	51.9

Table V provides insights into the reasons for not practicing EBF among respondents. Among those who do not practice EBF, reasons include physical deformity (42.3%), constitutional disease (5.8%), and other reasons (51.9%). These findings highlight important barriers that may hinder the adoption of EBF, suggesting the need for targeted interventions to address specific challenges faced by lactating mothers.

Discussion

The respondents had an average age of 24.94 years, spanning an age range from 15 to 40 years, indicating a diverse sample. The analysis of demographic characteristics unveiled a varied educational background, with 30.0% having education up to the ninth grade, 22.5% up to SSC level, 19.9% holding a Bachelor's degree or higher, and a small percentage of 0.7% being illiterate and Regarding respondents' knowledge about Exclusive Breastfeeding (EBF), a positive trend emerged with the majority exhibiting strong awareness across multiple facets. Specifically, 94.4% were knowledgeable about the concept of EBF, 86.4% understood the procedure, 90.9% recognized the recommended

duration, 89.0% knew the initiation time, 89.9% acknowledged the advantages, and 92.5% reported practicing EBF. However, instances of respondents lacking knowledge in specific categories, ranging from 5.1% to 13.6%, highlighted potential areas for targeted educational interventions. In a similar study conducted by Ekambaram et al (2010)¹⁰. in India, encompassing 100 postnatal mothers with an average age of 26 years, the findings echoed challenges in translating awareness into practice. Despite 92% of the mothers being aware of the recommendation to initiate breastfeeding within one hour, only 36% adhered to this guideline. This reinforces the common struggle in ensuring the implementation of recommended breastfeeding practices and emphasizes the need for tailored strategies to bridge the gap between knowledge and behavior in diverse demographic. The majority of respondents, 61.3%, believe exclusive breastfeeding is the "Best" option for infants. Another 24.1% see it as "Good," while 14.6% consider it "Better" than other feeding practices. This shows strong positive perception towards exclusive breastfeeding's efficacy and benefits similarly, findings from a study conducted by Kishore MS in (2009)⁵ reveal a consistent positive perception towards breastfeeding. In that study, 66% of participants believed that breastfeeding is good for the baby's health. Our study reveals reasons for not practicing Exclusive Breastfeeding (EBF) among respondents, with physical deformity being the most prevalent (42.3%), followed by constitutional disease (5.8%), and a majority citing other unspecified reasons (51.9%).

Conclusion

Research on exclusive breastfeeding among lactating mothers in Jashore's tertiary hospitals could provide insights into influencing factors. Through the creation of supportive environments and the proactive addressing of potential barriers, we can sustainably promote and prioritize exclusive breastfeeding as a foundational aspect of maternal and child health. This dedication ultimately serves to enhance the well-being and development of future generations, ensuring healthier outcomes for both mothers and infants.

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