

Knowledge Regarding Exclusive Breastfeeding among the Mothers in a Selected Rural Area of Gazipur District

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Abstract:

Exclusive breastfeeding (EBF) is the best nutrition for children during the first six months of life. However EBF remains a challenge for a developing country like Bangladesh. The practice of exclusive breastfeeding (EBF) is influenced by maternal knowledge and attitudes as well as socio-demographic and cultural factors. This descriptive type of cross-sectional study was conducted among 472 rural mothers in selected villages of Gazipur district to assess their knowledge towards EBF. Their socio demographic and knowledge related data were collected by using pre tested semi structured questionnaire. Most of them (91.73%) were Muslim. Minimum age of the mother was 15 and maximum was 44, maximum respondents (45.76%) were in age group of 25- 34 years of age. Majority (37.08%) of them just completed secondary education and 67.80% were housewife. Among 472 respondents maximum (90%) said that they heard about exclusive breast feeding. By the means of exclusive breast feeding most of the respondents (88.14%) mentioned the correct answer that, only breast feeding up to 6 months is called exclusive breast feeding. About half of the respondents (51.48%) mentioned the source of information about exclusive breast feeding was from health workers. Most of them (85.38%) mentioned that breast feeding should be started just after delivery. Regarding knowledge of advantage of child from exclusive breast feeding maximum respondents (68.85%) mentioned exclusive breast feeding prevents diarrhoea and other diseases of infants. Maximum mothers (77.76%) mentioned that there is no need of continuation of artificial food with exclusive breast feeding. Most of the respondents (77.97%) mentioned there is no disadvantage of exclusive breast feeding. According to knowledge regarding advantages of mother from exclusive breast feeding more than half of the respondents (58.27%) mentioned that exclusive breast feeding prevent breast cancer. Among the mothers the 46.61% mentioned that there is risk of diarrhea as disadvantage of continuation of artificial feeding with exclusive breast feeding. Among the respondents (47.46%) mentioned that exclusive breast feeding is prohibited when mother and child are severely ill. In this study it was found that maximum respondents had good knowledge regarding exclusive breast feeding. Beyond dissemination of health messages, healthcare professionals should pay more counseling attention, prenatal advice to less educated expectant rural mothers and encourage them to comply with guidelines of exclusive breastfeeding practice.

Key words: Exclusive breast feeding, knowledge,

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Introduction:

Historically, breastfeeding has generally considered by health professionals as the ideal feeding practice for infants. It is the first

communication pathway between the mother and her infant. The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth,

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development, and health. Thereafter, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed for up to two years or more¹. Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids². The benefits of breast-feeding, to both mother and baby, have long been recognized. Despite strong evidences in support of EBF for the first six months of life, its prevalence has remained low worldwide and it is estimated that only about one-third of infants were exclusively breastfed for the first six months of life^{3,4}. A number of studies have assessed knowledge, attitude and practice of breastfeeding in different parts of the world. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy⁵. In addition, infants can absorb and digest breast milk more easily than baby formula. World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. Between six months and two years old, it is recommended that mothers could use other supplemental sources (such as water, other liquids, or solid baby food) to feed their babies along with breastfeeding⁶. Poor knowledge, practices and attitudes toward exclusive breast feeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries⁷. In the last decade, a breastfeeding rate in the United States has risen from 35 percent in 2000 to 49 percent in 2010⁸. The *Healthy People* objectives for 2020, has set a target to increase the percentage of infants who are breastfed by 2020 to be 81.9% for children who ever breastfed, 60.6% for children who breastfed for 6 months, 34.1% for children who breastfed for 12 months, 46.2% for children who exclusively breastfed for 3 months, and 25.5% for children who exclusively breastfed for 6 months⁹. Breastfeeding has

declined worldwide in recent years, as a result of urbanization and maternal employment outside the home. The rate of breastfeeding in the state of Minnesota has been decreased from 81.9% in 2010 to 78% in 2012¹⁰. Studies in India have also shown a decline in breastfeeding trends, especially in urban areas. Early initiation of breastfeeding is not seen in over 75% of the nation's children and over 50% of children are not exclusively breastfed. More than 15% of child death can be averted in India only by optimum breastfeeding. Sub optimal breastfeeding especially non-exclusive breastfeeding in the first six months of life results in 10% of under-five disease burden. UNICEF advocates optimal breastfeeding in 1st six months of age as having the single greatest potential impact on child survival of all preventive interventions and can save 1.4 million under five deaths in developing world¹¹. In developing countries non beneficial infants are more vulnerable to die within first one month of birth compared to their optimal breastfed counterparts. Infant and young child feeding practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. Worldwide, more than nine million children under five years of age die each year¹². The aim of the study was to assess Knowledge regarding exclusive breast feeding among rural mothers. In order to improve the awareness toward breast feeding and breastfeeding knowledge, practice, and attitudes this study will discuss knowledge among rural mothers identify the factors that will encourage breast feeding practice.

Materials and Methods:

A descriptive type of cross sectional study was conducted to assess the knowledge regarding Exclusive breastfeeding among rural mothers in a selected area of Gazipur District from 1st January 2017 to 10th January 2017. All available rural mothers who were willing to participate and aged between 15-44 years who lived in Gutia and shataish village of Tongi Thana under Gazipur district were purposively selected. According to the study objectives the study was designed with description of knowledge related factors. The total study

population was 472 and data was collected by face to face interview with the respondents using semi-structured questionnaires.

Results:

Out of total 524 respondents 90% of them who have heard about exclusive breast feeding before, took part in the study. Rural mothers of aged between 15-44 years were included and response rate was 100%. After completion of data collection all the data were compiled, tabulated and analyzed according to the objective of the study. The results of the study discussed in the following sections.

Table-I
Distribution of respondents by socio demographic characteristics (n=472)

Socio demographic Variables	Frequency (no)	Percent
Age in years		
15-24	70	14.83
25-34	216	45.76
35-44	186	39.41
Religion		
Muslim	433	91.73
Hindu	39	8.27
Educational status		
Primary	168	35.59
Secondary	175	37.08
Higher secondary	83	17.58
Graduate	32	6.78
Others	14	2.97
Occupation		
Farmer	18	3.81
Service		
Business	752	15.890.42
Housewife	320	67.80
Day labor	39	8.27
Others	18	3.81

Table -1 shows the demographic characteristics of the study subjects 14.83 % respondents were in age group of 15-24 years, maximum 45.76% were in 25-30 years group , 39.41were 35-44 years group. Maximum respondents (91.73%) were Muslim and very few (8.27%) were Hindu. Regarding their educational status (37.08%) completed secondary education and few of them (6.78%) had completed graduation and 2.97%

were in others group like technical studies and illiterate. Out of 472 respondents maximum (67.80%) mothers were housewife and only 0.42% were business woman and 3.81% were in others category like singer, dancer, actress, disable etc.

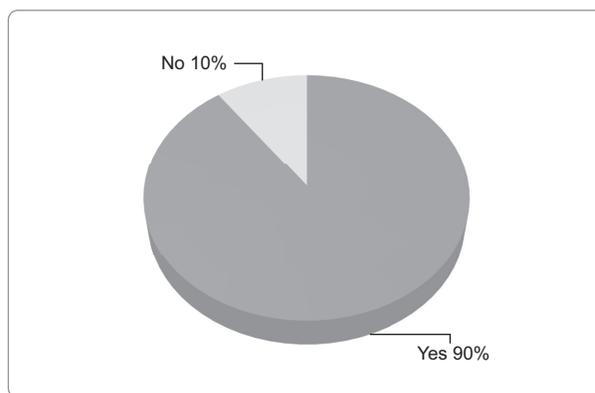


Figure 1: *Distribution of respondents by they heard about exclusive breast feeding. n=472*

Figure-1: Shows that majority of the respondents (90%) heard about exclusive breast feeding and rest 10% didn't heard.

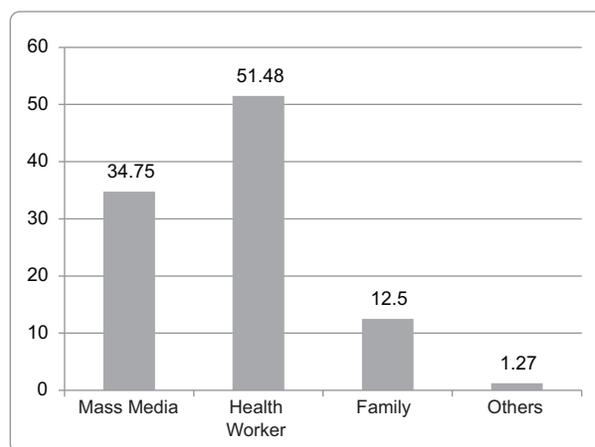


Figure-2: *Distribution of the respondents according to sources of information n=472*

Figure-2. Shows that half of the respondents (51.48%) mentioned the source of information was health worker , 34.75% said Mass media and few of them (12.5%) mentioned source is family. And only 1.27% said others like neighbors, friends, co workers etc.

Table-II
Distribution of respondents according to their knowledge regarding exclusive breastfeeding (n=472)

Knowledge regarding Variables	Frequency (no)	Percent
meaning of exclusive breast feeding		
Only Breast feeding up to 6 months	416	88.14
Only Breast feeding up to 1 year	44	9.32
Don't know	05	1.06
Others	07	1.48
Start of breast feeding after delivery		
Immediately after birth	403	85.38
After 6 hours	34	7.20
Don't know	15	3.18
Others	20	4.24
Advantage of child from exclusive breast feeding		
Prevent Diarrhoea ,obesity and other diseases	325	68.85
Gives nutrition & immunity	126	26.69
Don't know	21	4.46
Advantages of mother from exclusive breast feeding		
Prevent breast cancer	275	58.27
No advantage	74	15.68
Don't know	109	23.09
Others	14	2.96
Disadvantage of exclusive breast feeding.		
No disadvantage	368	77.97
Malnutrition	34	7.20
Don't know	67	14.19
Others	3	0.64
Need to continue artificial food with exclusive breast feeding		
No need	367	77.76
Needed for Proper nutrition	55	11.65
Don't know	50	10.59
Disadvantages of artificial feeding		
Risk of diarrhea	220	46.61
Immunity may decreased	102	21.61
Don't know	144	30.51
Others	06	1.27
Conditions		
Severely ill mothers and child	224	47.46
Diarrhoea	80	16.95
Don't know	160	33.90
Others	8	1.69

Table-2 shows that most of the respondents (88.14%) mentioned that only breast feeding up to 6 months is called exclusive breast feeding and very few of them (1.06%) didn't know about the meaning of exclusive breast feeding.

Few of them (1.48%) mentioned others like 1 month,3 months ,2 years etc. Most of the respondents (85.38%) mentioned that breast feeding should be started just after delivery, and some of them (3.18%), mentioned they

didn't know and some mentioned others like after few hours or few days etc. Maximum (62.98%) respondents mentioned exclusive breast feeding prevents diarrhea, obesity, and other diseases and 26.69 of them mentioned that it gives nutrition to child and very few (4.46%) said they didn't know about advantage of exclusive breast feeding to child. More than half of the respondents (58.27%) mentioned that exclusive breast feeding prevent breast cancer and some of them (23.09%) didn't know about advantage of mother and some mentioned others like maintain body weight, keep healthy etc. Most of the respondents (77.97%) mentioned there is no disadvantages and few of them (7.20%) mentioned that malnutrition and some of them didn't know about disadvantages of exclusive breast feeding Maximum mothers (77.76%) mentioned that there is no need of continuation of artificial food and few of them (11.65%) said needed for proper nutrition. About half (46.61%) of the respondents mentioned risk of diarrhea from artificial feeding and few of them (21.61%) mentioned that immunity may be decreased and few of them (1.27%) mentioned others like no disadvantage, causes problem in digestion. Half the respondents (47.46%) mentioned that exclusive breast feeding is prohibited when mother and child are severely ill and one third of them didn't know about it some mentioned others like fever, malnourished child etc.

Discussion:

This study was designed with the major objective to assess the knowledge regarding Exclusive breastfeeding among rural mothers in a selected area of Gazipur Districts. All the breastfeeding women in the study were found to be well informed on EBF. Study revealed that among 472 respondents maximum of them 45.76% were in 25-34 years group. Maximum respondents (92%) were Muslim. Among the respondents (37.08%) completed secondary education and few of them (6.78%) had completed graduation. Out of 472 respondents maximum (67.80%) mothers were housewife and only 0.42% were business woman and 3.81% were in others category like singer, dancer, actress etc. Majority of the respondents

(90%) heard about exclusive breast feeding and rest 10% didn't heard. Most of the respondents (88.14%) mentioned that 6 months breast feeding is called exclusive breast feeding. and very few of them (1.06%) didn't know about the meaning of exclusive breast feeding. Few of them (1.48%) mentioned others like 1 month, 3 months, 2 years etc. half of the respondents (51.48%) mentioned the source of information was health worker, 34.75% said Mass media and few of them (12.5%) mentioned source is family. And only 1.27% said others like neighbors, friends, co workers etc. Most of the respondents (85.38%) mentioned that breast feeding should be started just after delivery, and some of them (3.18%), mentioned they didn't know and some mentioned others like after few hours or few days etc. Previous study on Knowledge and attitude of the Bangladeshi rural mothers regarding breastfeeding and weaning revealed that among Two hundred and forty two mothers in 7 villages of Narayanganj district, Bangladesh were interviewed to assess their knowledge and attitude regarding exclusive breastfeeding 83.5% mothers knew that exclusive breast feeding is good for the child, less than 8 percent of them gave it as the first food to their babies. Most mothers did not have the correct knowledge about exclusive breastfeeding and the appropriate time for introduction of weaning foods; and only 3% of them knew how to prepare proper weaning foods. The mean score of knowledge of the mothers was only 4 +/- 1.7 out of 10, indicating the need for education in this area.¹³ In this study maximum of the respondents (68.85%) respondents mentioned exclusive breast feeding prevents diarrhea and other diseases and 26.69 of them mentioned that it gives nutrition to child and immunity. and very few (4.46%) said they didn't know about advantage of exclusive breast feeding to child. Most of the respondents (77.97%) mentioned there is no disadvantages and few of them (7.20%) mentioned that malnutrition and some of them didn't know about disadvantages of exclusive breast feeding and 65% mentioned others like can't fulfill demand, causes diarrhea, keep the child underweight. More than half of the respondents (58.27%) mentioned that exclusive

breast feeding prevent breast cancer of the mother and some of them (23.09%) didn't know about advantage of mother and some mentioned others like maintain body weight, keep healthy etc. Maximum mothers (77.76%) mentioned that there is no need of continuation of artificial food and few of them (11.65%) said needed for proper nutrition.. About half (46.61%) of the respondents mentioned risk of diarrhea from artificial feeding and few of them (21.61%) mentioned that immunity may be decreased and few of them (1.27%) mentioned others like no disadvantage, causes problem in digestion. Half the respondents (47.46%) mentioned that exclusive breast feeding prohibited when mother and child are severely ill and one third of them didn't know about it some mentioned others like fever, malnourished child etc. Previously a community-based, cross-sectional observational study was conducted to assess breastfeeding practices in Bankura District, West Bengal, India, among 350 women 70.8% were found as good knowledge regarding exclusive breast feeding and practicing 24% were mixed breast feeders (mixed feeders with artificial feeding) and 5.2% were found to be practicing only artificial feeding (formula and animal milk). The main factors observed in this study interfering with exclusive breastfeeding were apprehension that the breast milk was not adequate for the baby, cesarean delivery and neonatal hospitalization. The knowledge and attitude of the study population towards exclusive breastfeeding was however found to be positive in general ¹⁴ A study on Appraisal of Nursing Mothers' Knowledge and Practice of Exclusive Breastfeeding in Yobe State in Nigeria showed that reveals 7.4% mothers practiced EBF with > 78.9% initiating breastfeeding after an hour, 9% EBF was observed in the rural and 4.9% in urban communities. Early initiation of breastfeeding was higher in urban than rural communities¹⁵ .Study was conducted to assess the knowledge, attitude and practices of mothers attending a south Indian hospital towards breastfeeding. A Cross sectional study was conducted on mothers of children, attending outpatient department of a tertiary care hospital, SRM Medical College, Tamil

Nadu. A total of 200 mothers were interviewed over a period of two months. Though many mothers (47.5%) were illiterate but their knowledge to start early breastfeeding was good (80%). However, only 34.5% initiated breastfeeding within one hour. Exclusive breastfeeding was given for six months by 72% of mothers. Cow's milk was the most commonly used top milk (23.5%). Knowledge about weaning was good but about demand feeding was poor. Doctors were the preferred counselor (87.5%) and not enough breast milk was the main reason for discontinuing breastfeeding. Mothers had good knowledge about breastfeeding practices¹⁶.

Conclusions-The present study concludes that the mothers have a very good knowledge of exclusive breast feeding. This sample may not represent the rural population of Bangladesh. A large scale community based study is needed to know the real situation of the country It is important to provide prenatal education to mothers on breastfeeding. We also recommend strengthening the public health education campaigns to promote exclusive breast feeding.

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