



Breastfeeding Knowledge and Practices among Mothers in Rural Areas of Bangladesh

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Abstract

Provision of breast milk to the newborn infant within one hour of birth ensures that the infant receives the colostrums which are referred as early initiation of breastfeeding. The aim of this study was to identify the risk factors associated with initial breastfeeding among mothers in Rural Areas, Bangladesh. The data was collected from mothers in Dinajpur district who had at least one child aged 6-24 months. The prevalence of initial breastfeeding was 76.3%. Binary logistic model demonstrated that mothers who delivered by vaginal were more likely to provide initial breast milk 0.317 than mothers delivered by c-section. It was noted that mothers delivered at public hospital had more chance to give their initial breast milk 2.754 than mothers delivered at home. We found that secondary and higher educated husband's wives were more interested to provide initial breast milk 2.421 than primary or uneducated husband's wives 2.421. We also observed that secondary educated mothers were more likely to provide their initial breast milk 2.319 than primary or uneducated mothers. This study identified several socio economic factors that were associated with initial breastfeeding, and hope that this information will help the government and other policy makers to take proper initiative for promoting the awareness of initial breastfeeding in Bangladesh.

Keywords: *breastfeeding, infants; morbidity, mothers, exclusive breastfeeding, Bangladesh*

INTRODUCTION

Breastfeeding is the best way of providing ideal food for healthy growth and development of infants, and its advantages range from physiological to psychological for both mother and infants. It is well-known that breastfeeding influences a child's health positively and improves nutritional status. From three developing countries showed that infants who were not breastfed had a 6-fold greater risk of dying from infectious diseases within the first 2 months of life than those who were breastfed. Six months of exclusive breastfeeding and continued breastfeeding in first year of life could also prevent 1.3 million child deaths worldwide according to systematic reviews from the Bangladeshi Child Survival Study Group. In addition, incorrect infant feeding practices pose significant risk for malnutrition among children under the age of 5.

The American Academy of Pediatrics recognizes breastfeeding and human milk as the "normative standards for infant feeding." Given the documented health benefits, the Academy recommends Exclusive breastfeeding for 6 months, followed by continued breastfeeding for at least 24 months as complementary foods are introduced.

Weaning is the term usually used to describe the process of breastfeeding after a period of successful breastfeeding. This usually involves addition of food to infant's diet or replacement of breast milk in infant's diet with another type of milk (formula or whole milk). Maternal physiology, infant nutritional needs, infant development, especially the development of biting and chewing, and cultural issues all play a role in the timing of weaning.

The prevalence of breastfeeding differs from one country to another and from one society to another, this of course is due to cultural and religious believes. Delayed breastfeeding initiation, colostrums deprivation, supplementary feeding

of breast milk substitutes, early introduction of complementary feeding, and incorrect weaning from breast milk are commonly found practices in communities around the world.

Importance of Breastfeeding

Breastfeeding has always been the ideal feeding practice for infants. There is extensive evidence of short-term and long-term health benefits of breastfeeding for infants and mothers. In addition to specific health advantages for infants and mothers, breastfeeding also benefits the society by reducing health care cost, parental employee absenteeism and associated loss of family income after birth the health of the baby depends upon the nurturing practice adopted by the family. The ideal food for the young infant is human milk which has the specific characteristics that match the growing infants' nutritional requirements. Breastfeeding is a socially constructed and controlled practice. It is often presented as a natural practice. As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding, and all infants should be fed exclusively on breast milk, from birth to 6 month of age.

According to world health organization (WHO), breast milk has the complete nutritional requirements that a baby needs for health development. Furthermore, it is safe and contains anti bodies that help protect infants and boost immunity. Consequently, breast feeding contributes to reduced infant morbidity and mortality due to diarrhea, respiratory or ear infections and other infectious diseases.

OBJECTIVES OF THE STUDY

1. To identify the breastfeeding skill and practices mechanism among mothers.
2. To find out knowledge, attitudes, and practices regarding breastfeeding pattern among mothers.
3. To identify the relationship between maternal education level and feeding practices among child.
4. To identify the children's nutritional status and to see the prevalence of malnutrition among child.

METHOD AND MATERIALS

Study Design: This Study was a descriptive type of cross-sectional study.

Study population: All those women, who are comes for treatment on outpatient department and department of gynecology & obstetrics. And willing to participate this program.

Study Area: The study was conducted in Nursing & Midwifery College, Dinajpur, Bangladesh.

Sampling Technique: A purposive sampling technique was used for the study.

Sample size: 300 respondents was selected through purposive sampling from selected sampling area.

Data collection Procedure

Sources of data: Data was collected from primary Sources.

Data collection tools: A structured questionnaire in English was duly pre-test and used for data collection from the respondent.

Methods of data collection: Data was collected through interview method, i.e. Interviewers will collect data from study participants through administered questionnaire by face to face interview.

Data processing: After entire data collection, it was computerized using suitable data entry software, such a SPSS, MS. Excel etc.

Data Analysis: Data was analyzed with the help of SPSS software program and M.S. Excel. Table and graphs and statistical analysis were done by adequate tables and graphs.

Presentation of Findings: Findings was presented as a thesis through written research report.

Variables of the Study

- Independent variables
- Breastfeeding information
- Breastfeeding Practice & skills

- Dependent variables as demographic factors
- Maternal age
- Socio economic status
- Ethnicity
- Maternal employment
- Maternal attitudes, confidence and intentions
- Parity,
- Number of children

RESULT AND DISCUSSION

Figure 1: Percentage distributions of respondents by their age

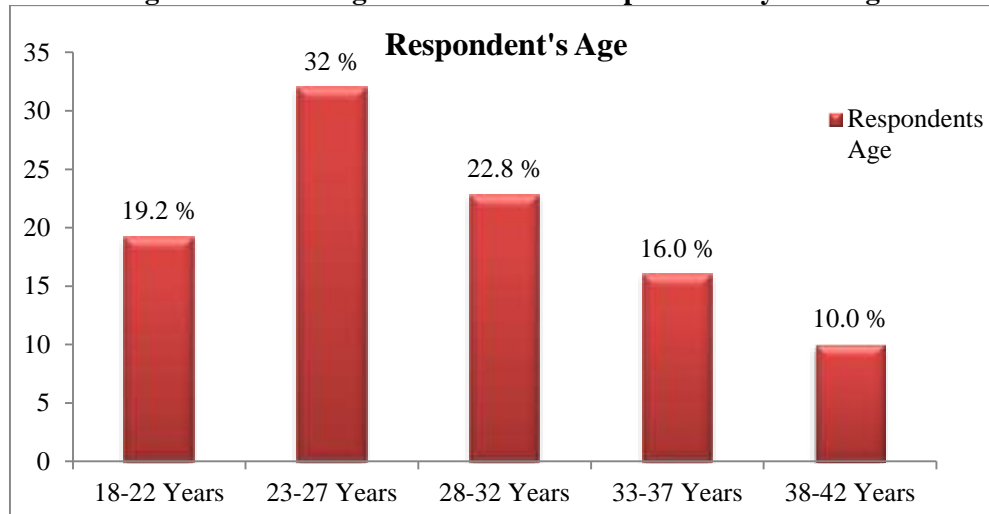


Figure shows that the socio demographic information of the respondent's age. The age of the respondents 18 to 22 years was 19.2%. The respondent of 23 to 27 years was 32.0%, 28 to 32 years of the respondents was 22.8% and 33 to 37 of the respondent was 16.0% and 38 to 42 years was 10.0%.

Table 1: Distribution of the respondent's Family member

Name of variable	Parameters	Percentage (%)
Family member	2 members	6
	3 members	14
	4 members	28
	5 members	32
	Above 5 members	20
Total		100

Regarding the table showed that respondent's Family size. The result showed that family members 5 people was highest percentage and it was 32%, family members 4 people was 28% and family members above 5 people was 20%.

Table 2: Distribution of the respondents Number of parity

Name of variable	Parameters	Percentage (%)
Number of Parity	1	15
	2	35
	3	26
	4	16
	> 4	8
Total		100

Results revealed that Respondents Number of parity. That was respondents 1 child has (15%), while 2 child (35%), 3 child has (26%), 4 child has (16%) and more than 4 child has (8%) respondents.

Figure 2: Percentage distribution of respondent's age of last child

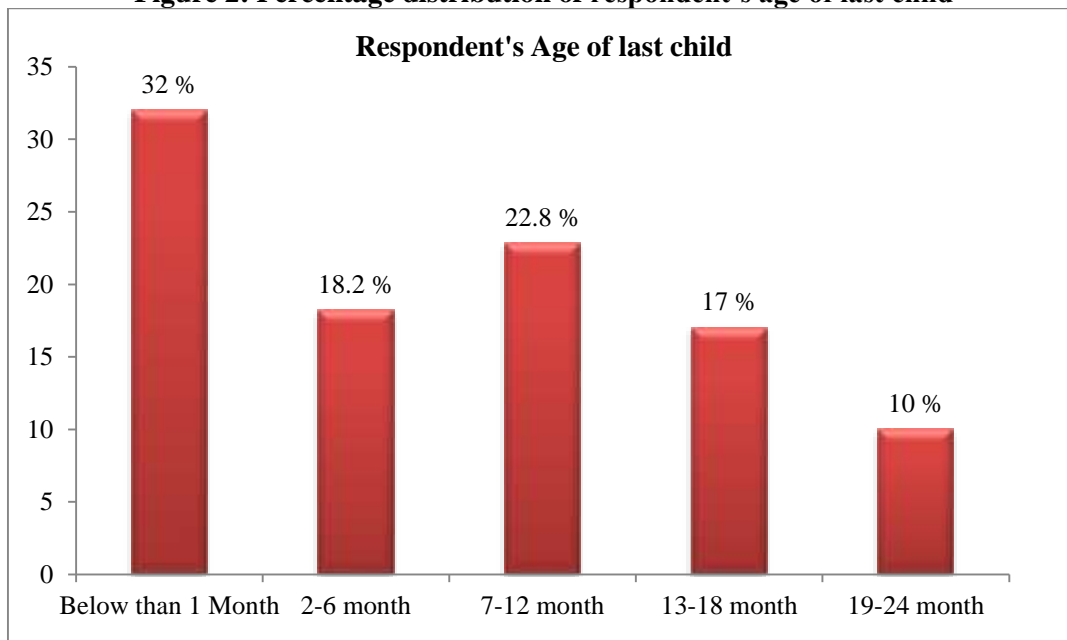
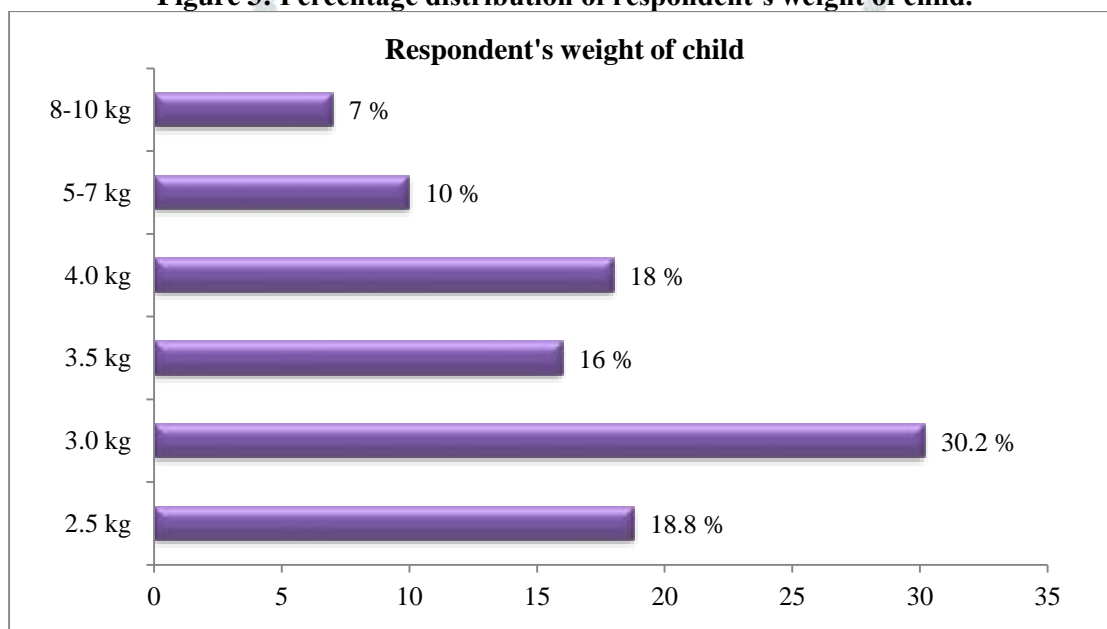


Figure revealed that the age of the respondents below than 1 Month was 32%. The respondent's child age of 2-6 month was 18.2%, 7-12 month was 22.8% and 13-18 month was 17.0% and 19-24 month was 10.0%.

Figure 3: Percentage distribution of respondent's weight of child.



In this figure, the weight of child age of the respondents 2.5 kg was 18.8%, 3.0 kg was highest percentage and it was 30.2%, 3.5 kg was 16.0%, 4.0 kg was 18.0%, 5-7 kg was 10.0% and 8-10 kg was 7.0% between 0-24 month age children.

Table 3: Distribution of the respondents the place of delivery of the child

Name of variable	Parameters	Percentage (%)
The place of delivery of the child	At home	12
	Govt. Hospital	58
	Private clinic/Hospital	30

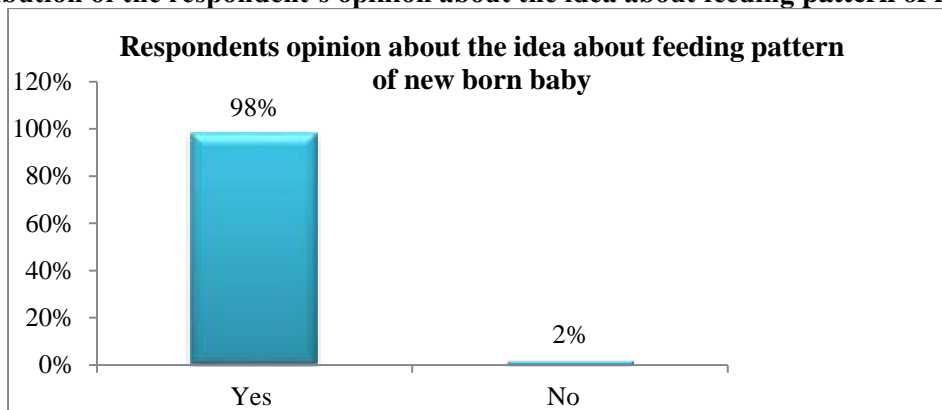
Table show that percentage of the place of delivery of the child. Respondent said At home was 12.0%, Govt. Hospital was 58.0% and Private clinic/Hospital was 30.0%.

Table 4: Distribution of the respondent’s opinion about person who conducted the delivery

Name of variable	Parameters	Percentage (%)
Respondent’s opinion about person who conducted the delivery	Untrained dais	18
	Trained dais	30
	Nurse/Midwife	40
	Doctor	12

Table show that percentage distribution of respondent’s opinion about person who conducted the delivery. Respondent said untrained dais was 18.0%, trained dais was 30.0%, Nurse/ Midwife was 40.0% and Doctor was 12.0%.

Fig. 4: Distribution of the respondent’s opinion about the idea about feeding pattern of new born baby



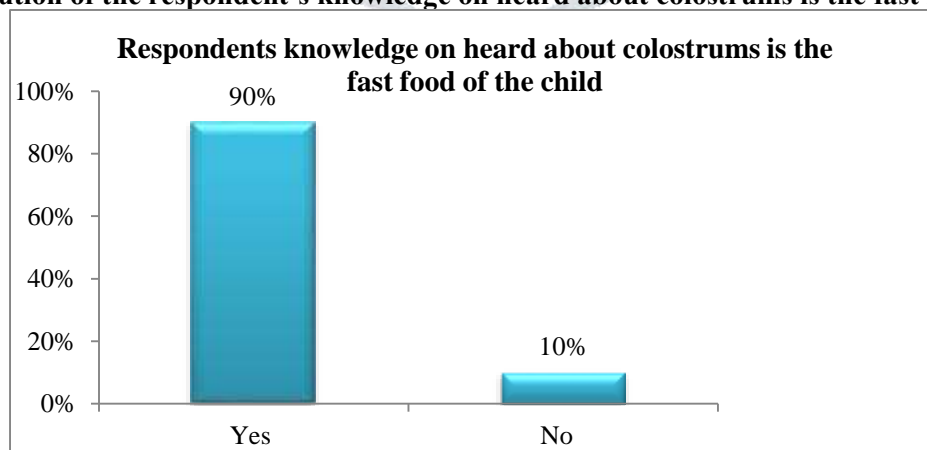
In this Figure shows that opinion about the idea about feeding pattern of new born baby. Out of all patients 98 % was said and only 2% was said no about idea of feeding pattern of new born baby.

Table 5: Distribution of the respondent’s opinion about type of food should given to the new born after born

Name of variable	Parameters	Percentage (%)
Respondent’s opinion about type of food should given to the new born after born	Untrained dais	18
	Trained dais	30
	Nurse/Midwife	40
	Doctor	12

Table show that percentage distribution of respondent’s opinion about type of food should given to the new born after born. Respondent said untrained dais was 18.0%, trained dais was 30.0%, Nurse/Midwife was 40.0% and Doctor was 12.0%.

Fig. 5: Distribution of the respondent’s knowledge on heard about colostrums is the fast food of the child



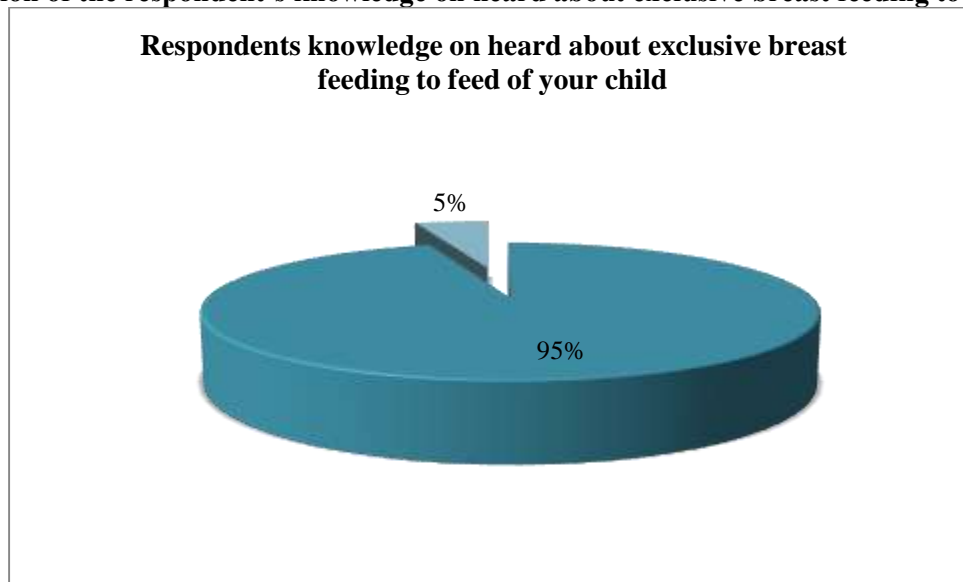
In this Figure shows that respondent’s knowledge on heard about colostrums is the fast food of the child. Out of all patients 90% was said and only 10% was said no that heard about colostrums is the fast food of the child.

Table 6: Distribution of the respondent’s opinion about when breast milk is feed to new born after birth

Name of variable	Parameters	Percentage (%)
Respondent’s opinion about When breast milk is feed to new born after birth	At once /After half an hour	52.2
	After one an hour	28.8
	After 6 an hour	12.5
	After 12 an hour	6.0
	Others	1.5

Table show that percentage distribution of respondent’s opinion about appropriate feeding time of breast milk to new born baby after birth. Respondent said feeding time of breast milk on new born baby At once /after half an hour was 52.2%, after one an hour was 28.8%, After 6 an hour was 12.5%, After 12 an hour was 6.0% and others was 1.5%.

Fig. 6: Distribution of the respondent’s knowledge on heard about exclusive breast feeding to feed of your child



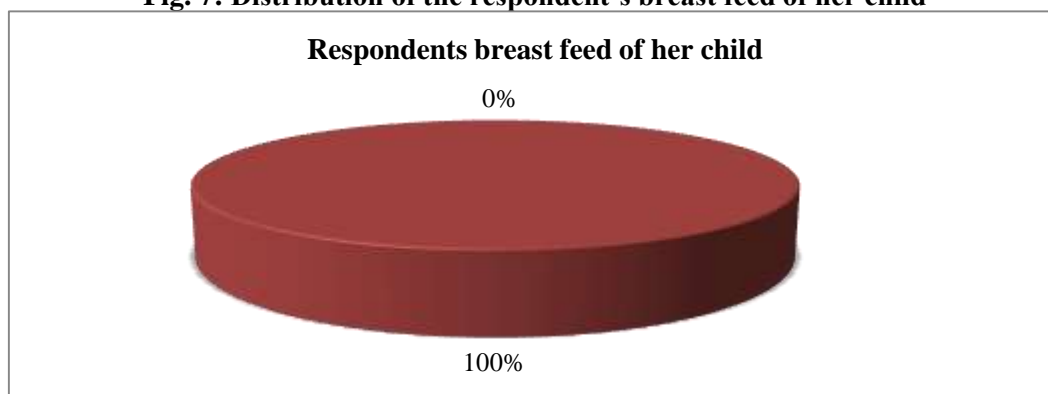
In this Figure shows that respondent’s knowledge on heard about exclusive breast feeding to feed of your child. Out of all respondent’s 95 % was said that they have knowledge about exclusive breast feeding and only 5% was said no that they don’t have knowledge on exclusive breast feeding.

Table 7: Distribution of the respondent’s opinion about meaning of exclusive breast feeding

Name of variable	Parameters	Percentage (%)
Respondent’s opinion about meaning of exclusive breast feeding	Only breast feeding up to six months	46.0
	Only breast feeding up to two years	22.5
	Breast milk and cow’s milk	8.0
	Breast milk and powder milk	12.5
	Colostrums	4.5
	Others	1.5
	Not Applicable	5.0

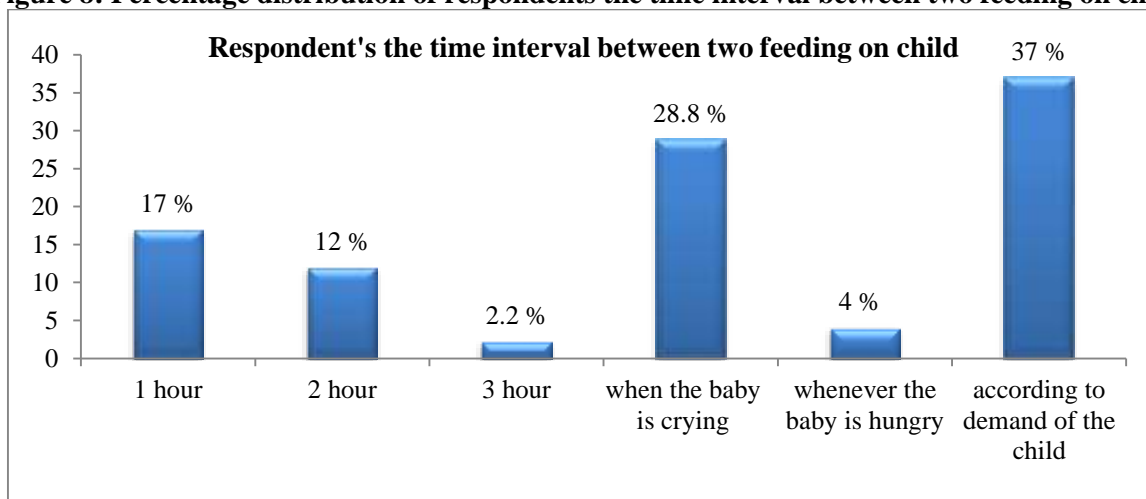
Table show that percentage distribution of respondent’s opinion about mean by exclusive breast feeding. Respondent said only breast feeding up to six months was 46.0%, Breast milk and powder milk was 22.5%, Breast milk and cow’s milk was 12.5%, Colostrums was 6.0%, Others was1.5% and Not Applicable was 5.0% who didn’t know meaning of exclusive breast feeding.

Fig. 7: Distribution of the respondent’s breast feed of her child



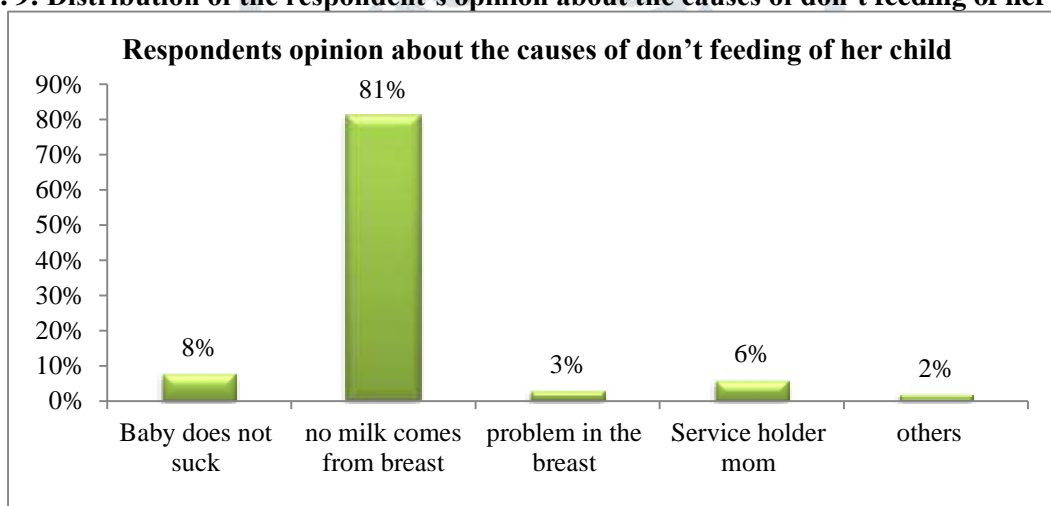
In this Figure shows that respondent's breast feed of her child. Out of all respondent's 100 % was said that they breast feed of her child.

Figure 8: Percentage distribution of respondents the time interval between two feeding on child



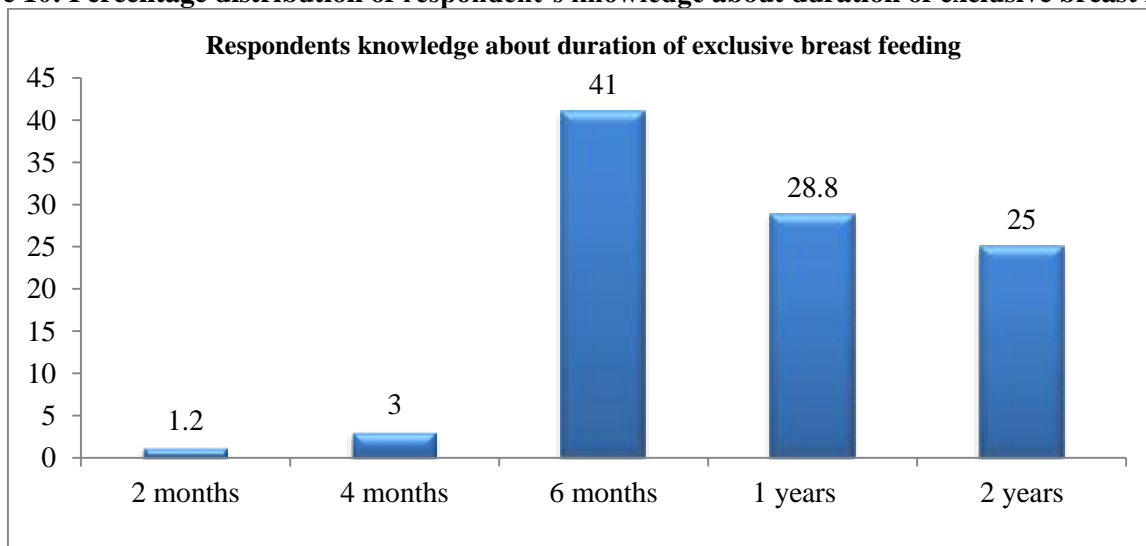
In this Figure shows that distribution of respondents the time interval between two feeding on child. Out of all respondent's according to 37.0% was said according to demand of the child, 28.8% was said when the baby is crying, 17.0% was said 1 hour, 12.0% was said 2 hours, 4.0% was said whenever the baby is hungry and 2.2% was said 3 hours.

Fig. 9: Distribution of the respondent's opinion about the causes of don't feeding of her child



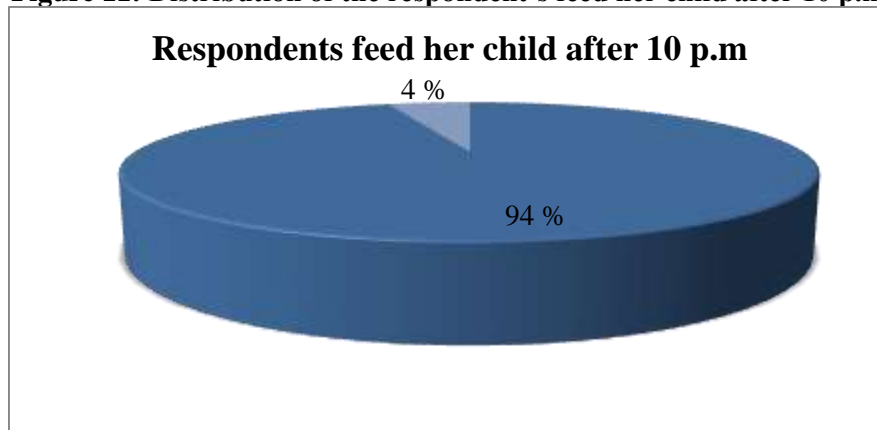
In this Figure shows that opinion about the causes of didn't feeding of her child. In this figure major percentage was 81.0% and it was said no milk comes from breast, 8 % was said Baby does not suck, 3% was said problem in the breast, 6% was said Service holder mom and 2.0% was said others cause.

Figure 10: Percentage distribution of respondent's knowledge about duration of exclusive breast feeding



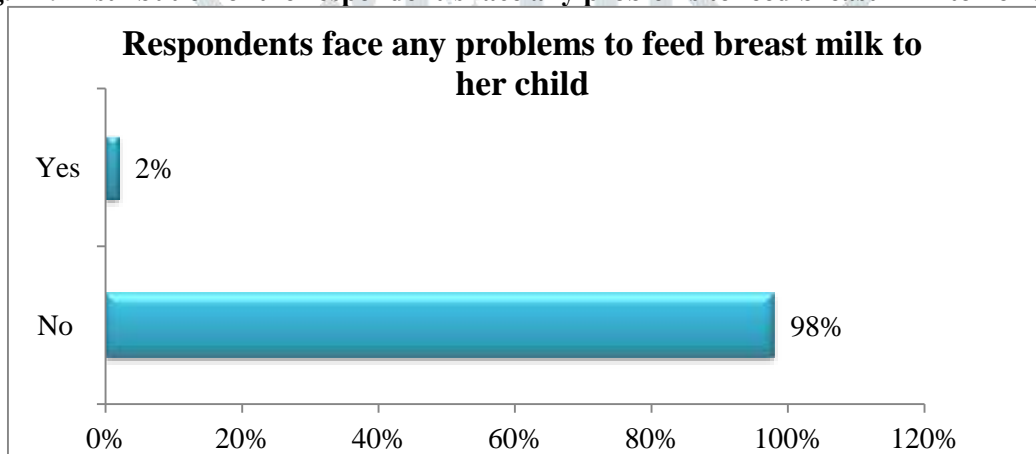
In this Figure shows that distribution of respondent’s knowledge about duration of exclusive breast feeding. Out of all respondent’s 1.2 % was said 2 months, 3.0 % was said 4 months, 41.0 % was said 6 months, 28.8 % was said 1 year, and 2.2 % was said 2 year duration of exclusive breast feeding.

Figure 11: Distribution of the respondent’s feed her child after 10 p.m



In this Figure shows that respondent’s feed her child after 10 p.m. Out of all respondent’s 96% was said that they feed their baby and only 4% was said that they don’t feed their baby after 10 p.m.

Fig. 12: Distribution of the respondent’s face any problems to feed breast milk to her child

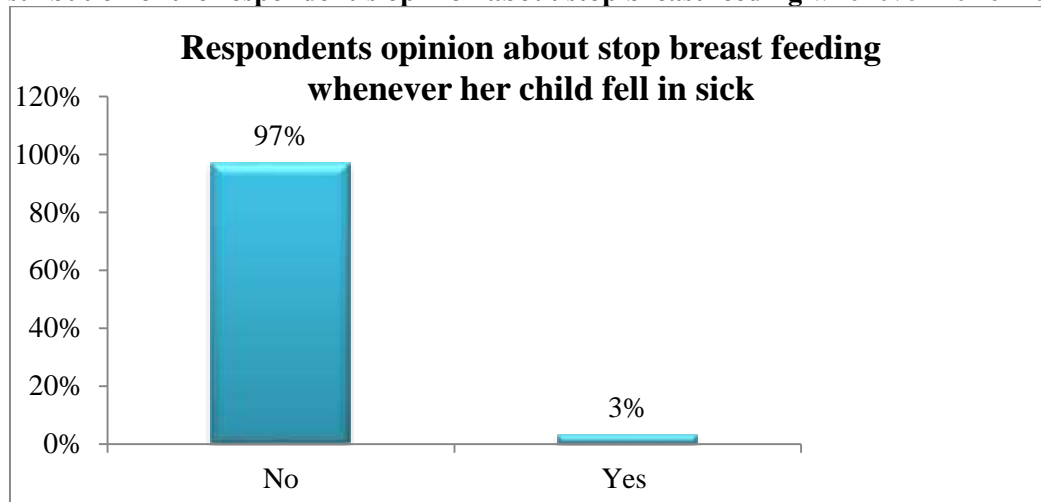


In this Figure shows that respondents face any problems to feed breast milk to her child. Out of all patients 92 % was said no and only 8% was said yes they face problems to feed breast milk to her child.

Table 8: Distribution of the respondent’s the health care provider to her child in case of illness at first

Name of variable	Parameters	Percentage (%)
Respondent’s the health care provider to her child in case of illness at first	Kobiraj	20.0
	Hujur	12.5
	Village doctor	26.0
	Registrar doctor	12.5
	Homeophati doctor	10.5

Table show that percentage distribution of respondent’s the health care provider to her child in case of illness at first. Respondent said they go Kobiraj was 20%, hujur was 12.5%, village doctor was 26%, registrar doctor was 12.5% and homeophati doctor was 10.5%.

Fig. 13: Distribution of the respondent's opinion about stop breast feeding whenever her child fell in sick

In this Figure shows that opinion about stop breast feeding whenever her child fell in sick. In all respondent's 97% was said no and only 3% was said yes that they stop breast feeding whenever her child fell in sick.

Table 9: Distribution of the respondent's the benefits of exclusive breast feeding

Name of variable	Parameters	Percentage (%)
Respondent's the benefits of exclusive breast feeding	To increases immunity power	30.0
	To provide nutrient and energy for growth and development	12.5
	Intelligent	26.0
	Bonding	12.5
	To meet hungry	8.0
	Reduce child mortality rate	15.5

Table show that percentage distribution of respondent's the benefits of exclusive breast feeding. Respondent said to increases immunity power was 30%, to provide nutrient and energy for growth and development was 12.5%, Intelligent was 26.0%, Bonding was 12.5% and reduce child mortality rate was 10.5%.

CONCLUSION

In Bangladesh, the median duration of breast feeding is quite long (30 months) but mothers rarely practice exclusive breastfeeding (EBF). As EBF for 6 months has been promoted by WHO as the recommended feeding practice, the way Bangladeshi mothers practice breastfeeding is far from this recommendation. Sub-optimal breastfeeding practices are of great importance for Bangladeshi infants as they suffer from wide-spread malnutrition and growth faltering starts as early as three months of age in developing countries of Asia with similar patterns in Bangladesh. Improving the breastfeeding practices of the mothers could protect infant health by providing adequate nutrition and preventing illness for the first 6 months.

In an effort to improve breastfeeding practices, EBF for 5 months have been promoted since 1989 through national campaigns. Hospital-based interventions, such as UNICEF's Baby Friendly Hospital Initiatives, and community-based counseling initiatives have been shown to result in improved breastfeeding practices. Despite the development and testing of different successful programs to support breastfeeding, rates of EBF have remained quite low in Bangladesh and very little is known about how mothers viewed their breastfeeding experiences. In seeking to understand why mothers offered non-breast milk foods to their infants during the first 6 months of age, the specific goals of our research were threefold. First, we wanted to gain an in-depth understanding of how the decisions regarding introducing non-breast milk foods are made from the mothers' perspective. Second, we wanted to examine the adequacy of the theory of breastfeeding self-efficacy and extend the conceptual model based on mothers' experience of breastfeeding practices. Finally, we wanted to test the extended conceptual model against empirical data from Maternal Infant Nutrition Initiative in Matlab (MINIMat).

RECOMMENDATIONS

1. This is very important for all health workers particularly clinicians with whom the women usually come in contact during the course of pregnancy, delivery and in the post partum period to educate the women about breastfeeding at every contact and avoid missed opportunities.

2. The community and the government should work together to ensure that every girl-child is educated, and that workplace support for breastfeeding mothers are provided and improved upon.
3. This study demonstrates the need to educate women and communities in low-income countries, and worldwide, about good breastfeeding practices such as early commencement of breastfeeding, the dangers of giving pre lacteal feeds and bottle feeding of infants.
4. Targeting pregnant women will potentially help improve maternal and child health. In addition, interventions to improve breastfeeding knowledge and practice among women living in Bangladesh will help to close the identified gaps and improve the wellbeing of both mothers and babies living in such environments.

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