

# **Exploring Mother's Perception Regarding Exclusive Breastfeeding (EBF)**

By

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Student ID- 22355014

A thesis submitted to Brac Institute of Educational Development in partial fulfillment of the requirements for the degree of Master of Science in Early Childhood Development

Brac Institute of Educational Development

Brac University

May 2024

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## **Declaration**

It is hereby declared that

1. The thesis submitted is my original work while completing my degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material that has been accepted or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

**Student's Full Name & Signature:**

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**Maruf Hossain Mishuk**

## **Approval**

The thesis/project titled “**Exploring Mother's Perception Regarding Exclusive**

**Breastfeeding (EBF)**” submitted by Maruf Hossain Mishuk (Student ID- 22355014)

Summer, 2024 has been accepted as satisfactory in partial fulfillment of the requirement for the degree of Master of Science in Early Childhood Development in May 2024.

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## **Ethics Statement**

Title of Thesis Topic: **Exploring Mother's Perception Regarding Exclusive Breastfeeding (EBF)**

Student name: Maruf Hossain Mishuk

1. Source of population: Mothers of children aged not more than 07 months
2. Does the study involve (yes, or no)
  - a) Physical risk to the subjects- no
  - b) Social risk- no
  - c) Psychological risk to subjects- no
  - d) discomfort to subjects- no
  - e) Invasion of privacy- no
3. Will subjects be informed about (yes or no)
  - a) Nature and purpose of the study- yes
  - b) Procedures to be followed- yes
  - c) Physical risk- yes
  - d) Sensitive questions- yes
  - e) Benefits to be derived- yes
  - f) Right to refuse to participate or to withdraw from the study- yes
  - g) Confidential handling of data- yes
  - h) Compensation and/or treatment where there are risks or privacy is involved- yes
4. Will Signed verbal consent be required (yes or no)
  - a) from study participants- yes
  - b) Will precautions be taken to protect the anonymity of subjects- yes
5. Check documents being submitted herewith to the Committee:
  - a) Proposal- yes
  - b) Consent Form- yes
  - c) Questionnaire or interview schedule- yes

### **Ethical Review Committee:**

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## **Abstract**

This qualitative study sought to understand or explore how mothers perceive exclusive breastfeeding (EBF). The study also aimed to explore the knowledge, attitude, and EBF practices of mothers and explore factors or issues influencing EBF. The study has revealed various difficulties mothers encounter when practicing EBF. The study results can be used to gain an understanding of how mother's knowledge gap influences EBF practice and develop a negative attitude regarding EBF practices. Family, societal, and personal factors influence the practice of EBF, and the mother's physical and mental health issues need to be addressed during this period so that they continue the practice of EBF and the positive perception developed with family and societal support. Knowledge about EBF needs to be circulated properly so that mothers can follow accordingly.

EBF practice is decreasing and the need for EBF practice is still mostly under-recognized, the study indicates that mothers have very little or no understanding regarding EBF, and that influences the practice of EBF. Family support and engagement of fathers are very important for practicing and sustaining EBF. To build a positive attitude and perception with an enabling environment for mothers to practice EBF certain recommendations made by this study may catch the attention of policy makers.

**Keywords:** *Exclusive Breastfeeding (EBF), Perception of mothers, Knowledge attitude and practices, Father's engagement, Family support, Mothers physical and mental health.*

## **Dedication**

*This thesis work is dedicated to my beloved Mother.*

## **Acknowledgment**

First and foremost, I want to express my sincere gratitude to Allah, the Almighty, for giving me the chance to further enhance my education. I want to sincerely thank Brac Institute of Educational Development for giving me the chance to pursue a post-graduate degree in Early Childhood Development. I am incredibly grateful to *Dr. Erum Mariam*, Executive Director of the Brac Institute of Educational Development, for choosing me for this Master's program and believing in my abilities.

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## Table of Contents

Declaration .....	2
Approval .....	3
Ethics Statement.....	4
Abstract .....	5
Dedication .....	6
Acknowledgment .....	7
Table of Contents .....	8-10
List of Acronyms .....	11
<b>Chapter-1 Introduction &amp; Background.....</b>	<b>12-21</b>
Introduction.....	12-15
Statement of the Problem.....	15-17
Purpose of the study.....	17-18
Significance of the study.....	18-19
Research Questions and Objectives .....	20
Operational Definitions.....	21
<b>Chapter -2 Literature Review .....</b>	<b>21- 25</b>



Exclusive Breastfeeding for Early Childhood Development.....	21-22
Exclusive Breastfeeding Challenges .....	22-23
Recommendations Regarding EBF.....	24
The Need for Research on Bangladesh's EBF Practices and Factors Influencing EBF .....	24-25
<b>Chapter -3 Research Methodology .....</b>	<b>25-29</b>
Research Approach .....	25
Research Participants .....	26
Research Size and Sampling .....	26
Data Collection Methods .....	26-27
Data Collection Procedure.....	27-28
Data Analysis .....	28
Validity and Reliability.....	28
Ethical Consideration.....	28-29
Limitation .....	29
<b>Chapter -4 Results and Discussion .....</b>	<b>29-52</b>

Results.....	31-45
Discussion.....	45-50
Conclusion .....	50-51
Recommendations.....	51-52
<b>References.....</b>	<b>53-64</b>
<b>Annex-A.....</b>	<b>65-67</b>

## **List of Acronyms**

EBF: Exclusive Breastfeeding

ECD: Early Childhood Development

BBF: The Bangladesh Breastfeeding Foundation

BDHS: The Bangladesh Demographic and Health Survey

WHO: World Health Organization

IDI: In-depth Interview

## **Chapter: 1: Introduction and Background**

### **Introduction:**

Exclusive breastfeeding (EBF) means giving a newborn nothing but breast milk for the first six months of their life—no additional food, drink, or medicine (Hossain et al. 2018). Exclusive breastfeeding (EBF) is a crucial practice for children's development and health, providing a strong foundation for learning, behavior, and growth (World Health Organization: WHO, 2020). It encourages healthy growth and guards against deadly illnesses, providing long-chain fatty acids and other nutrients necessary for brain development (UNICEF, 2023). Breastfeeding also offers the best nutrition and development support for both mothers and babies, and mothers are protected against diseases such as asthma, type 1 diabetes, ovarian and breast cancer, and obesity (World Health Organization, 2023). However, less than half of newborns under 6 months old are exclusively breastfed, despite WHO recommendations. Breast milk is a secure, hygienic, and rich source of antibodies that help prevent common child ailments (World Health Organization: WHO, 2020). Research suggests that people are still unaware of the importance of exclusive breastfeeding and that the reasons behind this indifference include a lack of knowledge, a lack of support, and a lack of emphasis on the practice by the family and government (Yu et al., 2014). To understand why this practice is not occurring, further research is needed to figure out the reasons behind it.

Research shows that 43% of children under five in low- and middle-income countries (Lu et al. 2016), such as Bangladesh, are at risk of not developing to their full potential due to poverty, ill health, inadequate nutrition, and other hardships (Black et al. 2016). Early childhood is considered a crucial period in human development, as it directly impacts a

child's physical, cognitive, emotional, and social development. The first 1,000 days of life are crucial for lifetime learning and development (World Health Organization: WHO, 2017), with the brain developing more quickly than at any other time (Georgieff et al., 2018). Family care, including safe environment, attentive parenting, sufficient nourishment, and opportunities for early learning, is essential for children's growth (Britto et al., 2017). The 2020 World Health Organization (WHO) Guidelines for Improving Early Childhood Development and the 2016 Lancet series on early childhood development emphasize the importance of holistic nurturing care through integrated services. Research is needed to determine if mothers are aware of EBF guidelines and practices.

The Bangladesh Breastfeeding Foundation (BBF) was established in 2000 to provide nutrition assistance for mothers, child feeding, and nursing (World Breastfeeding Week, 2023). The organization aims to ensure that all newborns receive breast milk during the first hour of life and practice exclusive breastfeeding for the first six months (180 days) (Hasan et al., 2021). Nursing or breastfeeding the child for at least two years is crucial (World Breastfeeding Week, 2023). Bangladesh has achieved significant progress in various developmental indicators, including lower-middle-income status and an ambitious target of reaching upper-middle-income status by 2030 (Tajmim, 2023). Organizations raising the enrollment rate and achieving gender parity in primary and secondary schools have been linked to reducing poverty, child mortality, and maternal mortality (World Health Organization, 2021). However, Bangladesh's children's welfare is currently below optimal levels due to differences in class, gender, ethnicity, and location (UNICEF, 2023). The government struggles to ensure high-quality pre-primary, primary, and secondary education, and many children lack access to facilities for hand washing, sanitation, and safe

drinking water (World Health Organization: WHO, 2021). Child mortality remains a significant issue, and a significant percentage of Bangladeshi children still experience stunting and waste (UNICEF, 2023). Despite these improvements, there is a challenge: mothers are nursing or breastfeeding less, particularly in metropolitan areas (Tajmim, 2023). To sustain progress, it is essential to expand breastfeeding efforts and understand the reasons behind this (World Breastfeeding Week, 2023). This study will examine mothers' practices, attitudes, and knowledge of breastfeeding, providing insights into what needs to be done at the program and policy levels for the government, non-governmental organizations, and the public.

Breastfeeding is crucial for a child's health and survival and breast milk is a safe, sanitary, and high-quality source of antibodies that help prevent common childhood illnesses (World Health Organization: WHO, 2023). It satisfies all of a newborn's energy and nutritional demands for the first several months after birth, and in the second part of the first year, it can cover up to one-third of a child's needs (UNICEF, 2023). WHO and UNICEF recommend that breastfeeding start an hour after delivery and stop all other food and liquids for the first six months of a baby's life (World Health Organization: WHO, 2019). The percentage of women who exclusively breastfeed decreased from 65% in 2018 to 55% in 2022 (World Health Organization: WHO, 2023). The global target for exclusive breastfeeding is 50% by 2025, whereas 70% by 2030 is more appropriate (World Health Organization, 2019). The Bangladesh Demographic and Health Survey (BDHS) results indicate that mothers require more assistance and education (Bangladesh DHS, 2022). The prevalence of exclusive breastfeeding in Bangladesh is 36% (Food & Nutrition Action in Health Systems, 2022), and it is essential to determine the factors influencing EBF to

implement strategies and interventions to hasten government efforts to improve the EBF trend among mothers of infants aged 0–6 months (Bangladesh DHS, 2022).

The research aims to understand mothers' knowledge, attitudes, practices, and understanding of exclusive breastfeeding. It seeks to understand reason behind why many mothers are not practicing, what obstacles they face, and the factors that influence their decisions or practices. Breast milk plays a crucial role in a child's healthy growth and future life. The study will investigate whether mothers are aware of the benefits of breastfeeding and their perception of it. This investigation aims to determine the reasons behind their lack of practice and the contributing factor to it. The research will provide a comprehensive understanding of the challenges faced by mothers in exclusive breastfeeding practices, aiming to raise awareness and address any aspects impacting their practices.

**Statement of the Problem:**

Many developmental metrics show that Bangladesh has advanced significantly, including moving from being a lower-middle-income nation to one with the lofty target of becoming an upper-middle-income nation by 2030. Ensuring the well-being of children still faces obstacles, So these are the factors which create obstacles, need to include the word factors behind this differences in class, gender, ethnicity, and location; providing access to clean, hygienic water; managing child mortality; and so on.

Breastfeeding is the preferred method for early childhood, as it lowers costs, promotes nutrition, growth, and development, and protects children from long-term illnesses. It improves early behavior, physical health, and parent-child connections, resulting in advanced, socially confident babies (World Health Organization: WHO, 2021). Breastfeeding also impacts cognitive development preventing childhood obesity and

promoting socio-emotional development (Faruque et al., 2009). Promotions of breastfeeding are crucial in the community at large as well as in the medical field. Comprehensive programs that integrate postnatal home visits with prenatal group discussions are the most successful (World Health Organization: WHO, 2021). In general, women require the social support of their friends and family; we must get to the stage when breastfeeding is acknowledged as a normal social behavior and aspect of daily life (Breastfeeding | Encyclopedia on Early Childhood Development, 2017).

Breastfeeding is crucial for Bangladesh's long-term economic growth and human capital development (Faruque et al., 2009). Research from the International Centre for Diarrheal Disease Research (Faruque et al., 2009) reveals that longer breastfeeding periods lead to better cognitive performance in children. Employers should support breastfeeding-friendly workplaces, providing lactation rooms and flexible nursing breaks (World Health Organization: WHO, 2021). This investment benefits the economy by resulting in healthier workers and a decrease in child ailments (Hasan et al., 2021). Bangladesh can promote early breastfeeding initiation, increase exclusive breastfeeding, and create a conducive environment for breastfeeding, ensuring long-term health, wealth, and success for future generations.

The Bangladesh Demographic and Health Survey (BDHS, 2022) reveals that breastfeeding is a crucial aspect of a healthier, stronger community in Bangladesh. However, challenges persist in increasing the proportion of breastfeeding mothers. Despite the benefits of breastfeeding, only 35.9% of infants under six months old are exclusively breastfed (Tajmim, 2023), and 36% of mothers begin breastfeeding within the first hour of giving birth (Tajmim, 2023). This highlights the need for more support and education for new



mothers. Breastfeeding offers both short- and long-term health benefits for both the mother and child, including lowered risks of obesity, type 2 diabetes, and specific pediatric cancers (UNICEF, 2023). In addition to lowering their risk of ovarian and breast cancer, breastfeeding mothers aid in their weight loss after giving birth (World Health Organization: WHO, 2017). Bangladesh faces significant challenges in the fight against malnutrition, particularly in its youth population, with stunting and wasting rates expected to be 12.5% and 27.5% in 2023 (World Health Organization: WHO, 2019).

We don't know why mothers can't work out or quit nursing beyond six months. Developing programs, policies, and public awareness will be made easier with an understanding of these concerns. Research results will aid in determining reasons for not breastfeeding, as well as possible causes of refusals to exclusively breastfeed. This study proposes significant information and understanding of the problem.

The research will identify the variables influencing exclusive breastfeeding. The mothers' knowledge, attitudes, and Practices regarding exclusive breastfeeding and the factors affecting it. No specific data or research is available regarding why mothers are not involved in exclusive breastfeeding and few research shows that many factors contribute to the barrier during practice. However, from this research, we will get to know the factors affecting exclusive breastfeeding and the knowledge, attitudes, and current practices of mothers regarding exclusive breastfeeding.

**Purpose of the Study:**

The purpose of this study is to understand the perception of mothers regarding exclusive breastfeeding. Again, mothers knowledge, attitude and practices regarding exclusive

breastfeeding and factors affecting mother's perception and practices regarding exclusive breastfeeding.

### **Significance and Justification of the Study:**

Undernourishment, particularly malnutrition, is a major global cause of disease and death, particularly in children (Basit et al., 2012). Public health interventions can prevent undernutrition, which accounts for one-third of child mortality worldwide (Darsene et al., 2017). In 2019, 14.3 million severely wasted children, 47 million wasted children, and 144 million stunted children under five were affected globally. The majority of undernutrition occurs in developing nations, particularly Asia and Africa, with Asia having higher rates of stunting and wasting (UNICEF & WHO, 2020).

Undernutrition negatively impacts children's health, economic production, and adult health (Akombi et al., 2017). It can make children more susceptible to diseases, hindering growth, organ development, the immune system, and cognitive development (Degarege et al., 2015). Factors contributing to undernutrition include poor breastfeeding practices (Ahmed et al., 2012), multiple births, a lack of toilet facilities, impoverished households (Aheto et al., 2015), inadequate prenatal services (Lang'o, B. D., 2011), and lower socioeconomic status (Basit et al., 2012). Diseases like diarrhea, pneumonia, common colds, HIV, worm infestation, malaria, and respiratory infections can also affect nutritional status (Ma'alin et al., 2016). Therefore, it is crucial to address undernutrition to ensure the health and well-being of children.

Exclusive breastfeeding (EBF) aims to reduce the health gap between those born into poverty and those not, but challenges persist in low- and middle-income countries (Bhattacharjee et al., 2021). By 2030, six LMICs should achieve the WHO's Global

Nutrition Target, which requires a 70% or higher EBF prevalence. Success in breastfeeding depends on cultural, societal, socioeconomic, individual, and health system variables (Bhattacharjee et al., 2021). Common barriers include pre-lacteal feeding, supplementary feeding, and cultural traditions of discarding colostrum. Low milk secretion and decreased family support also contribute to EBF termination. Women using formula or breast milk substitutes are more likely to be well-educated, have stable housing, and be food secure (Ns et al., 2018). Ns et al. (2018) found that EBF cessation is influenced by reduced milk secretion and family support, while women using formula or breast milk substitutes are more educated and have access to food.

The practice of exclusive breastfeeding is crucial, but programmes and policies that aim to eradicate poverty in nations simply overlook it. All we need to do is draw attention to this practice, which will lower the risk of several ailments in both mothers and children and improve their quality of life. The aforementioned study, research, and conclusions just highlight the knowledge gap that exists between mothers' attitudes, practices, and knowledge surrounding exclusive breastfeeding. This type of research is quite uncommon. Once more, it is critical to comprehend the extent to which psychosocial elements contribute to this practice. A better understanding of the influencing components or factors and the knowledge, attitudes, and practices of mothers of babies 06 to 07 months old in an urban context will be investigated with the help of this study. As soon as we understand the factors influencing exclusive breastfeeding, and will be able to take the appropriate action to improve the health and nutrition of infants 0–6 months old, as well as provide mothers with assistance during this period.

**Research Questions:**

**RQ 1.** What is the perception of mothers around exclusive breastfeeding?

**RQ 1.1** What are the knowledge, attitudes, and practices of the mothers around exclusive breastfeeding?

**RQ 2.** What are the Factors or Challenges that influence exclusive breastfeeding?

**RQ 2.1.** Whether there are any personal, family, and social issues mothers are facing?

**Operational Definitions:****Exclusive Breastfeeding:**

Exclusive breastfeeding (EB) refers to a newborn receiving only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, except for oral rehydration solution, drops, or syrups comprising vitamins, minerals, supplements, or medicines.

**Perception:**

Many things influence our perspective, including previous experiences, expectations, and cultural background. One operational definition of perception is the selection, organization, and interpretation of sensory information to construct an accurate representation of the surroundings.

**Knowledge, Attitude, and Practice:**

KAP (Knowledge, Attitude, and Practice) is a framework for assessing people's understanding, beliefs, and behaviors connected to a certain issue. It is often used in research to assess factors that influence outcomes.

**Influencing Factors or Issues:**

Factors are variables or components that affect something or some practices. Factors impact effects on the outcomes of a perception.

**Chapter 02: Literature Review**

Literature from different national and international sources has been reviewed to get a vivid understanding of the exclusive breastfeeding practice and factors associated with EBF as barriers and present practice around the world.

**Exclusive Breastfeeding for Early Childhood Development:**

Breastfeeding provides health benefits for both babies and mothers, including optimal nutrition, growth support, and protection against diseases like asthma, obesity, and sudden infant death syndrome (SIDS). It also shares antibodies with the baby, aiding in immune system development. Breastfeeding also reduces the mother's risk of cancer, diabetes, and high blood pressure (World Health Organization: WHO, 2021).

Extended periods of exclusive breastfeeding have been found to have beneficial benefits on development during childhood, adolescence, and adulthood (World Health Organization: WHO, 2021). On the other hand, nothing is known about how breastfeeding

affects non-cognitive development and behavioral status in children, nor how long exclusive nursing lasts. Research indicates that extended breastfeeding and nursing, in general, may reduce a child's chances of behavioral issues and developmental disabilities (Jonsdottir et al., 2013). Improved verbal and motor development may also result from extended nursing periods and exclusive breastfeeding (Jonsdottir et al., 2013). In low-income environments, exclusive breastfeeding has the potential to save the lives of about 800,000 children by lowering their risk of respiratory and gastrointestinal infections. Despite this, 63% of newborns to 6-month-olds globally are not exclusively breastfed (World Health Organization: WHO, 2019).

### **Exclusive Breastfeeding Challenges:**

South Asia faces a significant child health issue with 43.6% of underweight children under five (Shaheen, 2011). Breastfeeding is crucial, but exclusive breastfeeding is decreasing due to obstacles and increased newborn deaths (Dennis, 2002). Understanding factors influencing women's decisions, overcoming barriers (Ns et al., 2018), and community support are necessary (Yu et al., 2014). Promoting baby formulae may cause early cessation due to virus exposure and insufficient infant needs, violating WHO guidelines and requiring complementary feeding, according to health experts (Progress on Breastfeeding in Bangladesh Undermined by Aggressive Formula Milk Marketing – WHO, UNICEF, 2022). Research on psychosocial factors and breastfeeding ability in women is limited (De Jager et al., 2013), with limited findings on exclusive breastfeeding duration in Bangladesh (Alam et al., 2023). Factors such as socioeconomic (Yu et al., 2014), health-related, anthropometric, and demographic characteristics influence breastfeeding duration (Alam et al., 2023). Psychological factors like education, intention,

self-efficacy, confidence, and breastfeeding expertise positively influence breastfeeding length (Kronborg & Væth, 2004). Breastfeeding prevalence is lower than WHO recommendations, but 63.4% of mothers breastfeed for the first 12 months of life (Hasan et al., 2021). Promoting exclusive breastfeeding practices and lowering infant mortality rates requires a combination of socio-demographic factors (Hasan et al., 2021), education, and positive attitudes (Ouyang & Nasrin, 2021).

### **Recommendations Regarding EBF:**

The World Health Organization recommends exclusive breastfeeding for the first six months of a child's life, requiring prenatal and postpartum education, counseling, and home visits from community health providers (Dukuzumuremyi et al., 2020). The study suggests that early breastfeeding termination, particularly in high-income welfare homes, negatively impacts a child's health, emphasizing the need for improved health professional assistance (Koffi et al., 2023). No country satisfies all breastfeeding standards, according to a UNICEF and WHO report, underscoring the significance of breastfeeding for reaching the Sustainable Development Goals (SDGs), improving nutrition, lowering the rate of non-communicable diseases, advancing education, and lowering inequality and poverty (World Health Organization: WHO, 2017). Bangladesh needs increased mother education and support to increase the exclusive breastfeeding rate of infants under six months to 35.9% (Danso & Appiah, 2023). A study examining EBF prevalence in 94 low- and middle-income countries from 2000-2018 estimated the likelihood of meeting the World Health Organization's  $\geq 70\%$  prevalence Global Nutrition Target by 2030 (Bhattacharjee et al., 2021). Hossain et al. (2018) found that lower-educated mothers in Bangladesh are more

likely to breastfeed, with 35.90% of newborns receiving exclusive breastfeeding for the first six months.

### **The Need for Research on Bangladesh's EBF Practices and Factors Influencing EBF:**

Bangladesh faces malnutrition issues in youth, with stunting and wasting rates projected at 12.5% and 27.5% in 2023 (UNICEF, 2023). Breastfeeding is crucial for preventing malnutrition and supporting growth and cognitive development. A Bangladesh study by ICDDR, B found that longer breastfeeding duration in children leads to higher cognitive test results, highlighting the benefits of breastfeeding for long-term economic growth (Shahid et al., 2019). Breastfeeding-friendly workplaces are crucial for resuming breastfeeding, promoting healthier workers, and reducing child illness-related absenteeism, as they provide lactation rooms and flexible breaks, benefiting both employers and mothers (UNICEF, 2023). Bangladesh can enhance its people's health and well-being by promoting early breastfeeding initiation, increasing exclusive breastfeeding, and creating a conducive environment. This is a lifetime commitment, and policymakers, healthcare professionals, communities, and families all have a shared responsibility to realize breastfeeding's full potential (Hossain et al., 2018).

Bangladesh's World Breastfeeding Week aims to increase breastfeeding awareness among parents, but challenges like lack of awareness, clinic accessibility, and supportive home environments hinder its success. Early breastfeeding acceptance varies globally due to geographic location and socioeconomic conditions, with rural women having higher rates and lower education levels. Addressing socioeconomic gaps in early breastfeeding initiation can help reduce newborn and mother mortality. Policymakers should prioritize



education and peer counseling to increase exclusive breastfeeding in developing countries. Bangladesh aims to improve health and well-being by 2023 by promoting early breastfeeding, increasing exclusive breastfeeding, and creating a supportive environment. We will learn from this research which factors influence mothers' knowledge, attitudes, and practices about exclusive breastfeeding as well as the practices itself. We will be able to determine how to step in and what needs to be done to raise family and parent knowledge of exclusive breastfeeding based to the findings.

### **Chapter: 3: Methodology**

#### **Research Approach:**

This study used a qualitative research approach. The objective of this study is to better understand mothers' perceptions about exclusive breastfeeding. Again, the mother's knowledge, attitude, and actions about exclusive breastfeeding. Factors influencing mothers' opinions and actions about exclusive breastfeeding. According to Cresswell (1994), a qualitative study is an inquiry approach used to comprehend a social or human problem that is centered on creating a comprehensive, holistic picture using words, reflecting specific viewpoints of informants, and taking place in a natural context. The ultimate goal of any qualitative technique is to learn (Rossman and Rallis, 2003). Given the subjects being studied, the study required a thorough comprehension of the concepts, which could be easily obtained using approaches such as in-depth interviews. The in-depth interview is an effective method since it is more open-ended and discovery-oriented in exploring respondents' reactions and sentiments (Adedoyin, 2016). To obtain a thorough knowledge of the research objectives, the observational approach was employed in

conjunction with in-depth interviews. Triangulation is the technique of using various data sources in qualitative research. Triangulation is the process of using numerous ways to gain a thorough understanding of events (Patton, 1999, as referenced in Carter, 2014). It is also regarded as a qualitative research approach for determining validity by examining the consistency of information from data sources.

**Research Participants:**

The population of this research was the mothers of the child who were aged not more than 07 or seven months and all the mothers from the Dhaka city area with a middle-income socioeconomic background.

**Research Site:** The participants were from Dhaka City including Khilgao, Motijheel, and Shantinagar areas.

**Sampling:** The IDI was based on a purposive sampling method as there was a purpose to guide the sample selection to reach the target sample and thus represent the population. The sample size of this study was eight mothers based on the following inclusion criteria:

- Mothers of Middle Class or Middle-Class Socio-Economic Status (Monthly Income of the Family must be 40 Thousand Taka to 80 Thousand Taka (According to the Bangladesh Bureau of Statistics, BBS 2021)
- Mothers from the Dhaka Metropolitan Area (Khilgao, Motijheel and Shantinagar)
- Mothers with at least one child age not more than 7 months

### **Data Collection Methods:**

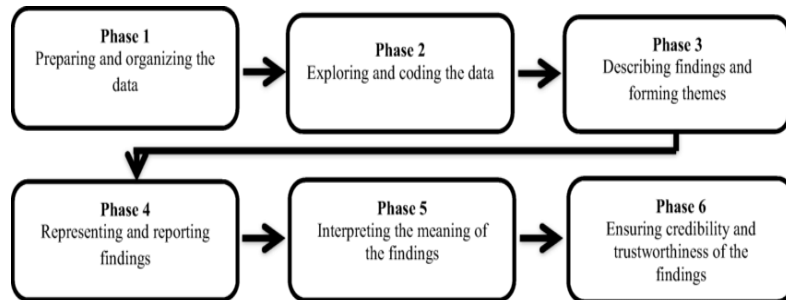
In-depth Interview (IDI) Guidelines were used to collect data. The questionnaire consisted of two or 03 parts, such demographic status, knowledge, attitude and practices, and factors or challenges of exclusive breastfeeding for mothers

- Socio-demographic form- Information about the mother's age, gender, educational qualification, employment, and husband's information like age, educational qualification, employment, and family income, types of family and number of children in the family, and age of the children.
- The questionnaire was developed to identify the Knowledge, Attitude, and, Practice among mothers regarding exclusive breastfeeding (EBF). Again, Guidelines involve items related to the factors that affect EBF.
- ECD Expert Evaluation and Modification of IDI's Guidelines was done. Two piloting conducted and an expert review was taken for the development and finalization of ID Guidelines
- The total Number of Participants was eight mothers
- From three areas data was collected in Dhaka city – Khilgaon, Motijheel, and Shantinagar
- All of the participants were from middle-class socioeconomic backgrounds
- Ethical consideration was properly followed by the researcher and participants understood the purpose of this data collection and provided consent
- Duration of Each IDI was one hour and thirty minutes

- Conversation was noted and recorded properly during the Interview for descriptive and reflective information (Consent was taken from each participant).

### **Data Analysis:**

The analysis of the research followed a thematic analysis process. The researcher followed six steps to complete the analysis process (Creswell, 2012).



Finally, the report also includes a discussion of the implications of the findings and suggestions for further research.

### **Validity and Reliability:**

To confirm the validity of the research both the thesis supervisor and BRAC IED Academic Committee members reviewed the questionnaire and checklist. Only one types of research tool were used (IDI). Moreover, two piloting or testing was done to ensure the credibility of the tools. The tools were finalized once the piloting was over. To the reliability of the study, along with recorded data field notes were collected and transcribed as early as possible.

**Ethical Consideration:**

The proposal got approval from the BRAC Institute of Educational Development, BRAC University. All participants took part voluntarily, free from any pressure, and their rights, dignity, and autonomy were respected and protected. Before data collection, informed consent was taken from all participants. No physical, psychological, legal, or social harm was caused during the study. The participants got the proper information about the research procedure, purposes, and storage of data without threat or inappropriate inducement. The participants could withdraw at any time from the research. Confidentiality was strictly maintained regarding the personal information provided by the participants.

**Limitations of the Study:**

1. Getting timely access to the desired interviewee was extremely challenging and time-consuming.
2. Ensuring mother's proper participation for more than one hour was very challenging
3. Few focus group discussions with mothers and Interviews with fathers should have been included.
4. Due to time constraints, it was not possible to conduct more IDI and Other methods of collecting Data (FGD).
5. The inclusion of mothers from different cities and socioeconomic statuses could have helped to capture the more real scenario.

## **Chapter: 4 Results & Discussion**

### **Results:**

This chapter contains two sections. The first section contains findings from the IDIs regarding exclusive breastfeeding, and the goal of this chapter is to get a brief overview of mother's knowledge, attitudes, and practices regarding exclusive breastfeeding and factors affecting exclusive breastfeeding in the urban context.

The examined data will be comprehensively discussed in the following section while taking into account the responses of the participants and findings from the IDIs. Based on the data and knowledge gathered from the study, a conclusion and recommendations will be made to wrap up the discussions.

### **Findings:**

This section will go into more detail on the main findings of the study, with an emphasis on the responses from the IDIs. The results of the eight IDIs were combined, and they were reviewed, highlighting the main research questions. Research findings are provided in the following paragraphs under the headings of several themes and subthemes.

### **Demographic Information:**

In total, eight respondents participated in the data collection procedure. Of the eight, five were housewives, and another three were working mothers, all of them living in Dhaka City (Khilgao, Motijheel, and Shantinagar). Furthermore, mothers range in age from 23 to 31 years. The participants are all female, and they have a child not more than seven months old. All of them graduated with bachelor's degrees or B.Sc. in different subjects from different universities, except one, who has earned a master's degree. None of the working mothers had any daycare in their office or any childcare facilities. All of them are married

and live with their husbands. Again, six of them were from nuclear families, and another two were from joint families, and they all belonged to the middle class (according to their income range).

### **Theme 1: Knowledge, attitudes, and practices of mothers around exclusive breastfeeding**

All mothers were asked several questions about breastfeeding their babies. The first part of the questions asked is about their knowledge, attitudes, and practices about breastfeeding. In addition to the main theme of this part, there will be some sub-themes where the knowledge, attitudes, and practices around exclusive breastfeeding will be presented according to the information provided by the mothers. In this theme and sub-theme, we will present the data from the eight IDIs on exclusive breastfeeding.

#### **Sub-theme: 1.1 Mothers Knowledge regarding EBF**

All the mother's first knowledge questions were about the role of family and mothers. All the mothers responded that they have very little knowledge about child development, but all of them agreed that mothers have a prime role in child development and that it is their responsibility to take good care of their children. The father's role was not discussed by any of the mothers. Again, four of them explained that they know family has an important role in children's social development. Two of them mentioned that there is nothing in their hands because all are prewritten and the Almighty will do whatever is best for the child; they are the only ones who could take care of the child.

One participant said:

*"Mother is the only person who is responsible for child care." (Interview#06, 25-02-2024)*

While another participant shared:

*"The creator is the best planner, we are the care providers, and the mother is responsible for a child's proper development." (Interview#2, 24-02-2024)*

Another participant added:

*"Family is also a very good space for child development, and every person is responsible for a child's development, but a mother is the best person to take care." (Interview#1, 24-02-2024)*

There was no specific aspect of development they shared during the discussion. The role of family was mentioned, but the father's role was not mentioned in any conversation.

Again, when asked about the importance of a mother's breast milk for child development, they all took a pause (for thinking) and said this is important for child development. No one was able to mention any scientific value or reference about the importance of breast milk, yet, their response was superficial.

One of the mothers mentioned:

*"It contains something very precious that is important for children, and this is naturally produced." (Interview#7, 25-02-2024)*

None of them were able to mention why mother's milk is important for the development of a child and what kind of development will be promoted by this breastfeeding.

One mother shared:

*"Breast milk is important because it contains something like protein, and that is important for development." (Interview#5, 25-02-2024)*

Another mother mentioned that:

*"Breast milk is the only source of power for the brain development of children." (Interview#2, 24-02-2024)*



Again, two of the mothers shared:

*"Children can't live without mother's milk, and milk is only for them because they can't take other foods; they are very small (Shishu)." (Interview #5 and #6, 25-02-2024)*

About breast milk and development, three participants shared that they believe that this is the catalyst for development. None of them shared how or why breastfeeding or breast milk is important for the development of a child.

None of the eight mothers shared anything about exclusive breastfeeding when asked if they had ever heard about exclusive breastfeeding. They mentioned that this is not a very well-known term for them, and they don't know about it or haven't heard about it before.

One mother shared:

*"I never heard this word before; maybe this is related to milk for children, but I don't know about exclusive breastfeeding." (Interview#6, 25-02-2024)*

This term, exclusive breastfeeding, is not known to the mothers at all. This is very alarming for the mothers because this kind of knowledge and term makes them aware of breastfeeding.

While discussing about baby food during the first six months, all the mothers shared their understanding very well. Everyone shared their understanding with a few examples as well.

One participant shared:

*"Breast milk is the best food for the first six months, and I have provided breast milk only." (Interview#4, 24-02-2024)*

Except for four participants, all agreed to this (breast milk). From these four, all of them shared that breast milk and water, sugar water, and honey are the foods they have provided to children for the first six months.

Among them, one shared:

*"I have given to my children during the first six months breast milk with a few additional foods like hotchpotch (khichuri), water, and sweet water, honey." (Interview#1, 24-02-2024)*

Another mother shared:

*"I have given to my children breast milk, and sometimes powder milk and cow's milk." (Interview#8, 25-02-2024)*

Again, another said that:

*"I have given available breast and formula milk to my children because they all encourage me to proceed with breast milk and formula milk as well (family members); both are important for a healthy baby." (Interview#3, 24-02-2024)*

So, there is very little or no clear understanding of baby food during the first six months of life. Mothers shared their understanding, and there is a huge gap of understanding regarding the best food for a child during the first six months of life.

Four mothers shared specific or clear information about children's food during the first six months of life. And the other four even don't know what they will suggest to other mothers about baby food during the first six months of life. Only one said she would suggest that breast milk is enough for child development, and she would inform other new mothers about this practice. She was very confident about this.

She shared:

*"I have given my child breast milk for first six months, and I will suggest other new mothers give their children only breast milk for six months; after that, they may slowly start solid food." (Interview#7, 25-02-2024)*

### **Sub-theme: 1.2 Mothers Attitude regarding EBF**

Mothers who participated in IDIs were asked about when and for how long they should feed children breast milk; all of them provided a variety of information, except one. A participant said:

*"I have given my child breast milk for six months, and after that, slowly started solid food, and again, for two years, this breastfeeding will be continued with other foods."*

*(Interview#7, 25-02-2024)*

Others explained that they don't know exactly what the time duration and from when to start and when to stop. But everyone shared their opinion on this: 6 months to 3 years of age is the time limit to provide breast milk and other foods (formula milk, cow milk, solid food, etc.) during the early years.

One participant said:

*"Till 1 month, I provided breast milk, and after that, solid food with a few additional foods like formula milk and cow milk." (Interview#1, 24-02-2024)*

Another mother shared:

*"It depends on the child, whether he or she can consume breast milk or not; according to that, I've been giving the child breast milk and formula milk together since birth."*

*(Interview#2, 24-02-2024)*

So, the understanding of the duration of breastfeeding and when to stop varies among mothers, and they don't have any specific information regarding this. They practice without the proper information.

Exclusive Breastfeeding has few benefits for a mother's health. When this question was asked to participants, they shared (all eight) that they didn't know anything about it. There is no understanding of the health benefits of breastfeeding, which is alarming again.

One participant shared:

*"I really don't know what the benefit of breastfeeding is for my health; I never heard of something like this." (Interview#1, 24-02-2024)*

Another respondent said:

*"I always have to take healthy food because babies take that food through breast milk, and this makes me bulky day by day, and where are the health benefits?" (Interview#3, 24-02-2024)*

Again, one shared:

*"This is a myth that breastfeeding has health benefits for mothers; I've never heard of anything like this before and have never experienced it so far." (Interview#5, 24-02-24)*

Of the eight participants, no one had experienced or heard about this before that. Breastfeeding might have some health benefits for the mother's health.

Again, when the discussion started regarding proper rules or rules that need to be followed for breastfeeding, none of the mothers knew about any rules, but what they shared is that when a mother is healthy after a C-section or normal delivery if breast milk is available, a baby may be fed breast milk, and this is up to her will, as are the baby's choices as to how long they will continue the breastfeeding.

One participant shared:

*"There are no specific rules, but until two years, a baby could consume breast milk; after that, he or she can't, because this is prohibited." (Interview#2, 24-02-2024)*

Another respondent shared:

*"I don't know if there is any specific time duration, rules, or system of breastfeeding." (Interview #8, 25-02-2024)*

Except for one mother, others said that baby food products are very useful, and they got this information from doctors and relatives that formula milk is important for the proper development of the brain. They are providing formula milk with some other food for children (no one is more than seven months old). Four of them started feeding formula milk three months ago, and one started one month ago.

The mother, who is giving the child only breast milk, said:

*"I know that baby food products are not safe and ideal, and I am giving my children only breast milk." (Interview#7, 25-02-2024)*

### **Sub-theme: 1.3 EBF practices among mothers**

Eight of the participants gave children breast milk and breastfed. But the thing is, they don't know exactly why they are doing this or the benefits of exclusive breastfeeding for children and their development. Again, among them are formula milk, water, sugar water, and honey, including baby milk found in markets. Few complain that their babies don't want to take breast milk sometimes, so they are preparing market or formula food for them.

One shared:

*"Formula milk or baby food is required for my baby because he is not interested in breast milk. So for proper development, I'm giving formula milk or food." (Interview#3, 24-02-2024)*

Among the eight mothers, seven stated that their family members are suggesting baby food or formula milk products for their children and their proper development. Again, four of them added, as per the doctor's suggestion, they are providing baby milk and breast milk simultaneously. Even when the baby is less than six months they are providing formula milk and additional solid food, including breast milk. Among the eight, all shared that their family or children had decided what they would continue, and again, seven of them were trying something new for their children. Without proper instructions or information, sometimes they feel that they have nothing to do except follow the instructions from doctors, families, and relatives.

Few families suggest that they shouldn't always give children breast milk; rather, give them fluid and semi-solid food and gradually introduce solid food so that the child could get used to other foods (not only breast milk).

Practice among mothers regarding EBF is not appropriate and International guidelines are not maintained by mothers and families are not aware as well. Market or formula milk is another option that is very available and mothers are interested to feed their children formula milk. Few even don't understand that, formula milk or others food is not required till first six months and only breast milk is essential for development of a child. Practice varies in all IDI's and again the similarities is their practice is not appropriate.

## **Theme: 2: Factors or Issues that Influence Exclusive Breastfeeding**

### **Sub-theme: 2.1 Mothers' Issues that Affect EBF - Physical and Mental Issues or Factors**

There is a long discussion about how breastfeeding has affected a child's body and mind and what obstacles Mothers have faced. 7 out of 8 mothers think that their physical beauty has been lost. According to them, they need to eat a lot of food to breastfeed, and the more food they eat, the more their body weight increases. And there is nothing they can do to lose this extra weight. They believe that their physical condition has deteriorated (they have become fatter and a little less attractive) simply because of breastfeeding. Many also say that they cannot take care of themselves and are losing themselves day by day.

Body weight gain and loss of beauty are what they think, and they don't see any way out for them. So mothers mention giving other formula milk rather than breast milk.

A mother says:

*"I have to eat more than I used to, and I've gained weight. I feel quite fat, and I feel like my body will never be the same."* (Interview#1, 24-02-2024)

Another mother said:

*"In addition to breast milk, other milk, and dairy foods are given, so even if I eat less, it is not a problem; then only he gets food, and my weight is fine."* (Interview#8, 25-02-2024)

A mother says:

"I have only been breastfeeding for the past 6 months, and I have been eating enough food. By the grace of Allah, I am perfectly healthy and normal. My weight is fine, and I think I have maintained my good health even after breastfeeding." (Interview#2, 24-02-2024)

The thing to see here is that all the mothers think that they are getting fat because of breastfeeding, and so the babies are being given outside food or formula milk within the first 06 months of life.

Almost all mothers reported sleep problems at night and sleepiness during the day, and very few of them have received support from family and husbands in this regard.

Almost all mothers get emotional when speaking their minds. All of them say that they don't have time to take care of their bodies. All of them had the idea that their bodies had changed from before because of breastfeeding. And all of them don't feel as attractive as before; they feel fatty and heavy.

A mother says:

*"Our job is to give everything for the child's happiness; children and family are our life."*

(Interview#3, 24-02-2024)

No one forced them to breastfeed, and they provided packaged food or formula milk for the good of the baby. They don't want to be selfish by talking about mental turmoil and suffering. The mothers did not give any information about whether breastfeeding is beneficial for them or not both physically and mentally. They just say it the way they do, which is largely confined to social structures.

### **Sub-theme: 2.2 Family issues or barriers regarding EBF**

When asked if their family, husband, or other family members knew about Exclusive Breastfeeding, 8 out of 8 said their family might know, but they never talked about it. Breast milk nutrition was not discussed in any of their families, and they did not talk about



it. It can also be learned that the decision about how long they would breastfeed was their own. No one has given any decision in this matter from family, husband, or any relatives.

One of them said:

*"Maybe my husband doesn't know about this name or my family doesn't know, but it's not like someone stopped me and also it's not like someone encouraged me."* (Interview#7, 25-02-2024)

Another mother said:

*"My in-laws and my husband have not said anything like that, and no one has supported or assisted me in this matter. These matters are not up for discussion."* (Interview#5 25-02-2024)

There is no clear answer as to whether the family supports or knows. In this regard, it should be noted that all of their families were aware of their food (Mother Food). Because if they get good food, the baby will also get that food through breast milk, said three people.

A mother says:

*"My family is very serious about my food, and they take a lot of care because they know that if I eat well, their children will be healthy."* (Interview#1, 24-02-2024)

In response to the question of whether more support could have been given, everyone said that a lot could have been done. Which may sound like judgment is being given. But 8 out of 8 mothers said their families and their husbands could have been more supportive. Everyone felt that family support was very important but in the absence of any discussion in the family about this issue, mothers in many places felt that the family and husband had the opportunity to provide more support. Mothers expressed that their husbands are not totally supportive.

A mother says:

*"The baby is not mine alone; I do everything in the house with the baby, and at the end of the day, I have to listen to a lot of things because I am the mother."* (Interview#4 24-02-2024)

Another mother said:

*"Breastfeeding is not an easy task for a mother; the support of her husband and family could have made life a little easier."* (Interview#3 24-02-2024)

When asked about husband and family support, did they ever ask or support you to breastfeed, only one said:

*"My husband and family all wanted me to breastfeed the baby, but it was not always possible for me. After my baby was born, it took time for the milk to come in, and then I started breastfeeding again."* (Interview#8 25-02-2024)

Some mothers have been told by their families and husbands that there is no harm in feeding the baby with store-bought or formula milk in addition to breast milk, as well as being told by the doctor.

One mother shared:

*"There was no restriction from my family about breastfeeding as well as a formula; my doctor also encouraged me in this regard."* (Interview#7, 25-02-2024)

### **Sub-theme: 2.3 EBF and Social Factors Connection**

Mothers talk about many different experiences when it comes to taking the baby out and breastfeeding. Breastfeeding a baby while away from home is a very difficult task, and

many of them resort to market-bought or formula milk and many carry bottled milk with them. But on the street, in the bus, in the hotel, or the restaurant, in the shopping mall, there is no separate place for breastfeeding. They can't breastfeed in front of people. And not many people are available to help them in these difficult times. This responsibility is only the mother's own. Because there is no place to breastfeed the baby, milk is taken in other ways, and many times the baby needs to be breastfed even in the prayer room or in the toilet place.

A mother shared her experience:

*"We can't find a place to breastfeed the baby; women even went inside the toilet to breastfeed because there was no space outside."* (Interview#2, 24-02-2024)

Another mother added:

"There has been a lot of progress, but there hasn't been any progress on where the mother can go to feed the baby." (Interview#1 24-02-2024)

Another mother said:

"It is very difficult to take the baby outside or on the road; because of this, I rarely go outside, and since I do not have the opportunity to breastfeed, I take formula milk and feed the baby in the outside place." (Interview#8 25-02-2024)

Lack of space to breastfeed the baby often forces the mother to feed the baby with milk bought from the market.

None of our participating mothers said they had received any information about breastfeeding from anywhere. They were not told about this by the hospital, nor did they receive any guidance from the family. It has become very clear in the words of many that

there are certain rules or practices of society, and a mother giving breast milk to a child is one of them. There is nothing to discuss or talk about. A mother says:

"My doctor told me that if I'm fine, the baby will be fine, and besides that, the necessary medications, vaccinations, and visits to the chamber will be fine. There was no information regarding exclusive breastfeeding." (Interview#5 25-02-2024)

No one from the mother's family or their mother-in-law, husband, or in-laws' houses gave any information about the benefits of breast milk, how to feed it, and when to start and stop. The mother alone is the one who can decide what is best for her child. However, they were curious to learn more about this.

A mother shared her opinion:

"I think it will take many more years to discuss this issue with the family in our country because these issues are shameful to discuss." (Interview#2 24-02-2024).

Mothers are not getting social support as well as proper knowledge from the doctors or nurses. Again, in the family mothers are responsible for everything (Good or Bad). Fathers are not involved in this caring process, where we know that responsive care in the early years is very important and is not only the responsibility of mothers. Mothers do not know the health benefits of breastfeeding, and due to a lack of social or community support in breastfeeding practice, there are rare places in public places like markets, bus, and train stations for breastfeeding. Mothers could decide whether they would like to breastfeed or not, where family and husband support is missing. If, the family is not aware of the practice of how they will promote an environment for EBF and child development.

## **Discussion:**

### **Theme 1: Knowledge, attitudes, and practices of mothers around exclusive breastfeeding**

Exclusive breastfeeding (EBF) means giving a newborn nothing but breast milk for the first six months of their life—no additional food, drink, or medicine. Exclusive breastfeeding (EBF) is crucial for children's development and health, providing a strong foundation for learning, behavior, and growth. It encourages healthy growth and guards against deadly illnesses, providing long-chain fatty acids and other nutrients for brain development. Breastfeeding also offers the best nutrition and development support for both mothers and babies, and mothers are protected against diseases such as asthma, type 1 diabetes, ovarian and breast cancer, and obesity. However, less than half of newborns under 6 months old are exclusively breastfed, despite WHO recommendations. Breast milk is a secure, hygienic, and rich source of antibodies that help prevent common child ailments (World Health Organization, 2020). Research suggests that people are still unaware of the importance of exclusive breastfeeding and that the reasons behind this indifference include a lack of knowledge, a lack of support, and a lack of emphasis on the practice by the family and government.

#### **Sub-theme: 1.1 Mothers Knowledge regarding EBF**

According to the findings of the data from mothers of children aged below seven months, almost all mothers lack any knowledge specific to the importance of EBF. And most of them have no idea how this EBF influences child development or early childhood development. As we know, the early years of development are crucial for the further development of children, and this impacts their whole lives. Very few know the reason for

breastfeeding (EBF), are doing this as a responsibility, or have no idea what to feed and what not to feed. Even the data shows that most of the mothers and families are giving extra food like water, sugar water, and honey instead of breast milk; again, some are practicing giving processed food like formula milk from the market. Others practice in a fragmented way because of their knowledge gap.

### **Sub-theme: 1.2 Mothers Attitude regarding EBF**

Breastfeeding is crucial for a child's health and survival, but less than half of newborns under 6 months old are exclusively breastfed. Breast milk is a safe, sanitary, and high-quality source of antibodies that help prevent common childhood illnesses. It satisfies all of a newborn's energy and nutritional demands for the first several months after birth, and in the second part of the first year, it can cover up to one-third of a child's needs. WHO and UNICEF recommend that breastfeeding start an hour after delivery and stop all other food and liquids for the first six months of a baby's life (World Health Organization: WHO, 2019). The percentage of women who exclusively breastfeed decreased from 65% in 2018 to 55% in 2022. The global target for exclusive breastfeeding is 50% by 2025, whereas 70% by 2030 is more appropriate. The Bangladesh Demographic and Health Survey (BDHS) results indicate that mothers require more assistance and education. The prevalence of exclusive breastfeeding in Bangladesh is 36%, and it is essential to determine the factors influencing EBF to implement strategies and interventions to hasten government efforts to improve the EBF trend among mothers of infants aged 0–6 months.

Attitude and practice depend mostly on knowledge, and there is a significant gap in mothers' knowledge about EBF and practice. Even mothers don't know the exact rules or

practice guidelines for EBF. The Bangladesh Demographic and Health Survey (BDHS, 2022) reveals that breastfeeding is a crucial aspect of a healthier, stronger community in Bangladesh. However, challenges persist in increasing the proportion of breastfeeding mothers. Despite the benefits of breastfeeding, only 35.9% of infants under six months old are exclusively breastfed, and 36% of mothers begin breastfeeding within the first hour of giving birth. This highlights the need for more support and education for new mothers. Breastfeeding offers both short- and long-term health benefits for both the mother and child. Bangladesh faces significant challenges in the fight against malnutrition, particularly in its youth population, with stunting and wasting rates expected to be 12.5% and 27.5% in 2023. According to the existing research data, there is a significant gap in EBF, and almost 36% of mothers begin EBF within the first hours of giving birth, as also found in this research. Mothers don't know when to start breastfeeding or how long this could be continued. Their family, friends, and extended family members have no idea at all. Mothers need EBF education from their families as well as from their doctors and nurses. If there is any problem for the child and mother, that's a very different case. But for all mothers, this knowledge and practice are very important. Where the knowledge gap is very significant, that modifies attitudes towards exclusive breastfeeding.

### **Sub-theme: 1.3 EBF practices among mothers**

Exclusive breastfeeding (EBF) aims to reduce the health gap between those born into poverty and those not, but challenges persist in low- and middle-income countries (Bhattacharjee et al., 2021). By 2030, six LMICs should achieve the WHO's Global Nutrition Target, which requires a 70% or higher EBF prevalence. Success in breastfeeding depends on cultural, societal, socioeconomic, individual, and health system variables

(Bhattacharjee et al., 2021). Common barriers include pre-lacteal feeding, supplementary feeding, and cultural traditions of discarding colostrum. Low milk secretion and decreased family support also contribute to EBF termination. Women using formula or breast milk substitutes are more likely to be well-educated, have stable housing, and be food secure. EBF cessation is influenced by reduced milk secretion and family support, while women using formula or breast milk substitutes are more educated and have access to food. The practice is almost not standard as there are significant knowledge gaps which makes the differences in practices.

## **Theme: 2: Factors or Issues that Influence Exclusive Breastfeeding**

A few factors also associated with noncompliance with EBF practices. Support from family, husband, and society as well as the social system is significantly low according to the findings.

### **Sub-theme: 2.1 Mothers' Issues that Affect EBF - Physical and Mental Issues or Factors**

Physical changes and the mental image of the mother's new body (Fatty) sometimes make them more vulnerable and they start searching for other options. When according to research data this is established that, breastfeeding helps to reduce weight gain and mother experience a sense of happiness. Even mental health issues are more common after child birth and if mothers does the breastfeeding appropriately wellbeing and mental peace increased. According to the data of this study, mothers are anxious and angry and they want some accurate information regarding the benefits of EBF and physical and mental health



wellbeing. There is a significant gap in the knowledge of mothers regarding their physical and mental wellbeing benefits from EBF.

### **Sub-theme: 2.2 Family issues or barriers regarding EBF**

According to this research data, the support gap between families especially fathers, is addressed as crucial factors of support that are missing. Family and society are also not supportive. In public places, there are frequently no options for breastfeeding, as well as in most transport and office settings. Mothers sometimes feel that they may skip this practice and could use formula milk for children. Supportive factors of breastfeeding should be encouraged, and there should be essential instructions from doctors and nurses for EBF that will be helpful for mothers. Most of the mothers lack knowledge and practice due to a lack of support from family and society. Fathers' engagement in this matter needs to be addressed very promptly.

### **Sub-theme: 2.3 EBF and Social Factors Connection**

Factors associated with non-compliance with EBF are societal practices, and no cooperation from fathers and other family members is also revealed by the data. Fathers are not engaged in this process, where mental support is very crucial. Doctors and nurses don't encourage mothers for EBF, and sometimes they provide the suggestion of using formula milk. Sometimes it's because of many mothers' health issues, but few suggest it as this is the business policy of the formula milk company. Mothers face many problems in public places where there is no or very few places for breastfeeding. Due to societal barriers or no place or advantages of places, mothers become more reluctant to EBF in the outdoors. Again, few are doing it in the toilet. Which may decrease the motivation and urge to

practice EBF. This belongs to the psychological issues of non-compliance with exclusive breastfeeding. Mothers become demotivated, and they give up on EBF. Some mothers may have real physical barriers, and due to that, they may not practice EBF, which is under the guidance of doctors. However, few mothers are interested in EBF due to mental distress and burden. They feel demotivated and use formula milk, and sometimes they use different foods for children. If we want to encourage EBF practice, then we need to increase our knowledge about EBF and practice with guidance from family, fathers, and doctors or nurses.

## **Conclusion**

This study aimed to explore mothers' knowledge, attitudes, and practices regarding exclusive breastfeeding (EBF) and factors affecting the practice of EBF. The results showed that most mothers have little or no knowledge about EBF, and mothers don't follow the correct rules and regulations of EBF recommended by World Health Organization (WHO). Again which leads to a faulty practice and negative attitude towards the breastfeeding or EBF process. Mothers do not know the nutritional value of breast milk and the importance of breastfeeding for both the baby for first six months of life and mother's physical health and mental well-being related to EBF. Father's engagement in this process is essential and which is missing in the study data. Only mother is not the decision maker and responsible for care, so fathers engagement is very important for proper practice of EBF. There is a lack of support and information gap about EBF among mothers. Hospitals, doctors, nurses, and family members not informing or motivating them for breastfeeding. Which leading to a negative attitude towards EBF. Many mothers also

believe that baby food available on the market is good for the baby due to a lack of knowledge and practice gap. In a public setting, breastfeeding is very difficult as no specific place for breastfeeding, and, many mothers go to the toilet to breastfeed, which can discourage or demotivate them from practicing breastfeeding. A breastfeeding corner in every single setting should be established, and that should be a part of the market, station, or hospital. That must be a safe and secure place where both the mother and the baby will feel comfortable. This includes a proper ventilation system, seating arrangement, fan, lights, etc.

### **Recommendations**

Medical personnel should be involved in the awareness program about EBF for mothers so that in the hospital setting mothers could get the essential information and benefits of practicing EBF and recommended rules and regulations of EBF (WHO).

Fathers' engagement in responsive caregiving ensures the feeling of security of the mothers and their practice of EBF will be more functional and effective.

Awareness among family members about the EBF and benefits of EBF ensures mothers' physical and mental wellbeing.

Physical and Mental changes during pregnancy and after childbirth till 2 or 3 years should be more prioritized in Primary Health Care System.

Media and Social Media are prevalent platforms at present. The government can utilize these platforms for the advocacy of EBF practices.

EBF is a very close process to create the attachment or bond between mother and child. Policy and Advocacy should focus on this perspective as well.

A breastfeeding corner in every single setting should be established, and that should be a part of the market, station, or hospital. That must be a safe and secure place where both the mother and the baby will feel comfortable.

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## Appendix A: In-depth Interview (IDI) Guideline

Research Title: Exploring mothers perception regarding exclusive breastfeeding (EBF)

### Section A:

Demographic Information of the participants:

Name:	
Age:	
Educational Qualification:	
Profession:	
Monthly Income Range:	10000- 20000 20000-30000 30000-40000 40000 and above
Husband's name:	
Age:	
Educational Qualification:	
Profession:	
Monthly Income Range:	10000- 20000 20000-30000 30000-40000

	40000 and above	
Family Type:	Nuclear:	Joint:
Number of people in the family:		
The number of children:		
Age of Younger/Only Child:		

**Section B:**

In-depth interview questionnaire for data collection:

1. What do you think of the role of the family and, above all, the mother in the overall development of the child?

What is your opinion about the importance of breastfeeding in children's early development??

2. Have you previously heard of exclusive breastfeeding? Could you elaborate a little on what you mean by "exclusive breastfeeding"?
3. Have you had any experience of breastfeeding? Or did you only give your child breast milk?
4. What do you think - from when and how long should the baby be fed breast milk?
5. What is the baby's basic food throughout the first six months of life?

And, when you can begin giving the child something else along with breast milk?

6. Do you believe that breastfeeding the child exclusively has any advantages for your own physical health and mental well-being?

7. Do you think you are fully aware of the rules/ that need to be followed for breastfeeding the baby?

Do you give the child any extra food during the first six months of life, or does your family choose to give the baby other meals instead of breast milk (e.g. Water, Honey, etc.)?

8. Are the other members of your family aware of exclusive breastfeeding practices? Or do the members of your family provide adequate support when it comes to exclusive breastfeeding?

And what else do you think the family could have helped you with?

9. Are your husband and family supportive of you feeding the baby breast milk or are they encouraging you not to?

10. What difficulties do you have when breastfeeding in public or inside your family? Do your family members or society at large provide you with enough assistance in this regard?

11. What kind of problems have you faced in breastfeeding your baby?

Are there any personal issues, or health issues?

Family issues?

Social issues- preventing you?

12. Do you believe that the many baby food products available on the market are comparable to breast milk?

13. What are the variables or factors influencing your breastfeeding habits, in your opinion, and who can assist you with this?

14. Did your family, relatives, friends, doctors, and nurses - help you with this (inform, explain, and help regarding exclusive breastfeeding)?

Do you have any messages for the new mothers regarding exclusive breastfeeding from your experience?

15. What kind of support do you think would have been better from family, relatives, friends, doctors, nurses, and hospitals regarding exclusive breastfeeding?