

Knowledge And Practice On Exclusive Breast Feeding Among The mothers of Children Aged 0-6 Months In Jamalganj Upazila, Sunamganj, Bangladesh

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Introduction: Breastfeeding is the feeding of babies and young children with their mother's milk. Breast milk is the natural first food for babies. It is an unparalleled way of providing ideal food for the healthy growth and development of babies and young children. Breast milk provides the ideal nutrition for infants.

Methods: The study population of the study was mothers having children aged 0-6 months residing in Jamalganj Upazila, Sunamganj, Bangladesh. A total of 380 participants were included in our study. The sample population will be the mothers with children aged 0-6 months child. The study was conducted over 4 months from November 2018 to February 2019.

Results: Above 350(91.1%) mother knows about colostrum and 34(8.9%) mother do know about colostrum (n=384). It is a good phenomenon that most mothers have a proper idea about colostrum. Colostrum is said as the first immunization for the newborn. 334(87.0%) mother knows colostrum is good for health, 22(5.7%) mother knows colostrum is bad for health and 34(8.9%) mother don't know about colostrum (n=384). This shows that 330(85.9%) know how long breast milk should be given exclusively and 54(14.1%) of the mothers responded negatively (n=384). Among 280(72.9%) the mother knows that the is no water is necessary before six months of age and 104(27.1%) of the mother answered positive that water is needed before six months. 358(93.2%) of mothers Breastfeed their child within 1 hour after birth while 25(6.8%) of mothers didn't Breastfeed their child within 1 hour after birth. 63(16.4%) of mothers fed their child every 4 hours, 249(64.8%) of mothers fed their child on-demand and 21(5.5%) of mothers had no fixed time to feed their child (n=384).

Conclusions: Breast milk is rich in nutrients and antibodies and contains the right quantities of fat, sugar, water and protein. Supply of the proper resources should be uniform. The establishment of infrastructure for safe delivery will reduce maternal and child mortality.

Keywords: Knowledge, Breast Feeding, Children, Sunamganj, Bangladesh

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Introduction

Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat, everything the baby needs to grow. And it's all provided in a form more easily assimilable and digested than infant formula. Breast milk contains antibodies that help the baby fight off viruses and bacteria. Breastfeeding lowers baby's risk of having asthma or allergies. Babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. They also have fewer hospitalizations and trips to the doctor. Breastfeeding has been linked to higher IQ scores in later childhood in some studies. With breastfeeding physical closeness, skin-to-skin touching, and eye contact all help the baby bond with its mother and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children. [1] The AAP says breastfeeding also plays a role in the prevention of SIDS (sudden infant death syndrome). It's been thought to lower the risk of diabetes, obesity, and certain cancers like leukemia. It has also many benefits for the mother. Breastfeeding burns extra calories, so it can help to lose pregnancy weight faster. It releases the hormone oxytocin, which helps the uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth. Breastfeeding also lowers the risk of breast and ovarian cancer. It may lower the risk of osteoporosis, too. [2] A study conducted in Addis Ababa Ethiopia in 2017 showed that among 380 mothers, only 44.2% of the mothers practiced EBF. Two hundred (52.6%) mothers started breastfeeding within 1 hour of delivery; 161 (42.4%) of the mothers gave extra food before six months, and 244 (64.2%) believed that exclusive breastfeeding was sufficient. Moreover, 288 (75.8%) mothers breastfed their children eight or more times per day. [3] Another study in Mauritius in 2013 showed that the prevalence of breastfeeding has increased over the past 20 years in Mauritius. The WHO guidelines advise breastfeeding exclusively until 6 months of age. Despite a high breastfeeding initiation rate of 61%, only 18% succeeded in giving exclusive breastfeeding until 5-6 months. The mean duration of exclusive breastfeeding is 2 months, with adding water as the main reason for not continuing exclusiveness.

Awareness of the health benefits of breastfeeding was noted in 65%, a percentage that may be increased by further breastfeeding education and support. The major barriers to breastfeeding practices in this study in terms of initiation, exclusivity, and duration are (1) type of delivery; (2) parity; (3) alcohol consumption; (4) occupation and education; and (5) breast problems, mainly milk insufficiency. These factors encourage the early use of formula milk. On the other hand, complementary foods are normally introduced around 4 to 6 months and mothers usually start with homemade food because of its freshness and for hygienic reasons. However, there are very few mothers who encountered difficulties during the weaning process as compared to breastfeeding practices such as refusal to eat followed by vomiting, colic, allergic reactions, and diarrhea which were rare. [4] Breastfeeding can begin immediately after birth. The baby is placed on the mother and feeding starts as soon as the baby shows interest. Newborn babies typically express demand for feeding every one to three hours (8-12 times in 24 hours) for the first two to four weeks. Health organizations recommend exclusive breastfeeding for six months following birth. After solids are introduced at around six months of age, continued breastfeeding is recommended. [5] The AAP recommends that babies be breastfed for at least 12 months, or longer if both the mother and child wish. WHO's guidelines recommend "continue[d] frequent, on-demand breastfeeding until two years of age or beyond. A great majority of infants and children receive the devoted love and affection of their mothers, but love alone cannot meet the basic nutritional and health needs. The physical, emotional and mental development of infants/children are related to their nutritional intake. During the first five months, the birth weight is doubled and tripled at the end of the first year. At this time nutrition is indispensable, which should be provided by the mother to her baby. Poor infant feeding practices at this stage lead to malnutrition, which is responsible for the high infant mortality. It is well known that breastfeeding practices can have a substantial effect on infant health and mortality in developing countries. There are at least three known mechanisms by which breastfeeding contributes to infant health and survival. First, breast milk is ideally suited to the baby's metabolic structure and contains the optimal combination of nutrients.

Second, breastfeeding allows the mother to pass on immunities that she has acquired to the baby. For example, diarrhoea preventing immunoglobulin, which does not pass through the placental barrier in sufficient amounts during pregnancy, is passed on to infants through breastfeeding. Third, breastfeeding children receive less of other foods and liquids that could be contaminated with disease-causing agents. [6]

Methodology

Study Design: A descriptive cross-sectional study will be conducted.

Target Population and sample population: The study population of the study will be mothers having children aged 0-6 months residing in Jamalganj Upazila, Sunamganj, Bangladesh. The sample population will be the mothers with children aged 0-6 months child.

Study site and area: The study site Jamalganj Upazila is located in Sunamganj District, Bangladesh.

Study Period: The study will be conducted over 4 months from November 2018 to February 2019.

Sample Size: Therefore, sample for study is 380.

Inclusion Criteria

Mothers having children aged 0-6 months residing in Jamalganj Upazila, Sunamganj.

Mothers who are willing to participate in the study.

Exclusion Criteria

Mother suffering from any Psychological or physical illness.

Mothers who are not willing to participate in study.

Sampling Technique: The sampling technique will be cluster sampling.

Data Collection Tools: A pre-tested semi-structured questionnaire will be used to collect the data through face-to-face interviews. Besides this, interviews of key informants (supervisors and in charge) will also be conducted according to the objectives and variables of the study. After pre-testing, if necessary, it will be modified or finalized based on responses from the study subjects and interviewers. The mother or first caregiver was the respondent for all these questions.

Data Management and Analysis Plan: A data entry screen will be developed using SPSS and Microsoft Excel and this will be done by the investigator. Data will be entered daily. All answered questions will be checked for incompleteness (if any), correction (if required) and internal consistency to exclude missing or inconsistent data. Data will be coded, checked, cleaned, and edited properly before analysis. The baseline characteristics of the mother will be described (Mean age, income, occupation etc.).

Quality Control and Quality Assurance: For quality control and assurance following measures will be taken following a standard research protocol of the Department of Public Health, of NSU, as a guide. Data will be collected using a semi-structured questionnaire. The questionnaire will be pretested before actual data collection and will be modified accordingly. After data collection, 10% of the questionnaires will be re-checked for the reliability and validity of the data.

Results

A total of 384 participants were included in our study. Table 1 shows that 28(7.3%) mothers belong to the age group 15-19. From this, we can say that there is still early marriage in society and those giving childbirth before 20 years of age. 118(30.7%) mother belongs to age group 20-24, 114(29.7%) mother belongs to age group 25-29, 82(21.4%) mother belongs to age group 30-34, 32(8.3%) mother belongs to age group 35-39, 10(2.6%) mother belongs to age group 40-44 years (n=384) with Mean age 27.02 with 5.89SD. Maximum mother belongs to the age group of 20-24 and 25-29. It is a positive trend. On the other hand, some mothers are giving childbirth at 35-39 and 40-44 years of age range. This is classified as a high-risk group. Shows that 66(17.2%) are illiterate, 158(30.7%) are primary level, 92(41.1%) are SSC level, 68(17.7%) are HSC level. The educational level is satisfactory (n=384). Some of the respondents are at the SSC and HSC levels, which have a positive impact on society. From Bar chart above 330(85.9%) are housewife and 54(14.1%) are on job (n=384). In rural areas, significantly, most of the mothers are housewives. From the we see that income of 96(25%) of the respondents within 5000-6000, 54(14.1%) of the respondents within 7000-8000,

82(21.4%) of the respondents within 9000-10000, 76(19.8%) of the respondents within 11000-12000 and 76(19.8%) of the respondents above 12000 (n=384). The mean income is 9406.1 with 2921.3SD. 25% of the mothers are within the income range of 5000-6000 and 21.4% of the mothers are within the income range of 9000-10000.

Above 350(91.1%) mother knows about colostrum and 34(8.9%) mother do not know about colostrum (n=384). It is a good phenomenon that most mothers have a proper idea about colostrum. Colostrum is said as the first immunization for the newborn. 334(87.0%) mother knows colostrum is good for health, 22(5.7%) mother knows colostrum is bad for health and 34(8.9%) mother don't know about colostrum (n=384). Maximum mother knows colostrum is good for health, and has a positive impact on society.

Table 1: Distribution of Demographic Characteristics of the Respondents (n=384)

Age	Frequency	Percentage
15-19	28	7.3
20-24	118	30.7
25-29	114	29.7
30-34	82	21.4
35-39	32	8.3
40-44	10	2.6
Education		
Illiterate	66	17.2
Primary	158	41.1
SSC	92	23.9
HSC	68	17.8
Occupational		
House Wife	330	85.9
On Job	54	14.1
Monthly income		
5000-6000	96	25
7000-8000	54	14.1
9000-10000	82	21.4
11000-12000	76	19.8
>12000	76	19.8
Idea		
Yes	350	91.1
No	34	8.9
Knowledge		
good	334	87.0
Bad	22	5.7
Don't know	34	8.9

Table 2: Knowledge of when breastfeeding should be started (n=384)

Breastfeeding	Frequency	Percentage
Within 1 hour	310	80.7
Don't know	74	19.3

Table 2 shows that 310(80.7%) mothers have knowledge of when breastfeeding should be started and 74(19.3%) of the mothers don't know when breastfeeding should be started (n=384).

Table 3: Extra feeding during exclusive breastfeeding (n=384)

Extra feeding	Frequency	Percentage
Yes	228	75
No	96	25

Table 3 shows that 228(75%) mothers know that their child needs no extra feeding during exclusive breastfeeding while 96(25%) of mothers responded negatively (n=384).

Table 4: Knowledge of How long breast milk should be given exclusively (n=384)

	Frequency	Percentage
6 Months	330	85.9
Don't Know	54	14.1

Table 4 shows that 330(85.9%) knew how long breast milk should be given exclusively and 54(14.1%) of the mothers responded negatively (n=384).

Table 5: Knowledge of the necessity of water necessary before six months (n=384)

	Frequency	Percentage
Yes	104	27.1
No	280	72.9

Table 5 shows that 280(72.9%) of the mothers know that there is no water necessary before six months of age and 104(27.1%) of mothers answered positively that water is needed before six months (n=384).

Table 6: Provide colostrum to her children (n=384)

	Frequency	Percentage
Yes	358	93.2
No	25	6.8

Table 6 shows that 358(93.2%) of mothers provide colostrum to their children while 25(6.8%) of mothers didn't provide colostrum to their children (n=384).

It's a positive attitude about rural areas. From this, it can be said that the rural mother overcomes the superstition related to colostrum.

Table 7: Breastfeed her child within 1 hour after birth (n=384)

	Frequency	Percentage
Yes	25	6.8
No	358	93.2

Table 7 shows that 358(93.2%) of mothers Breastfeed their child within 1 hour after birth while 25(6.8%) of mothers didn't Breastfeed their child within 1 hour after birth (n=384).

Table 8: Introduction of solid food before six months & Frequency of breastfeeding (n=384)

	Frequency	Percentage
Yes	84	21.9
No	300	78.1
Breastfeeding		
Every 2 hours	51	13.3
Every 4 hours	63	16.4
On-demand	249	64.8
No fixed time	21	5.5

Table 8 shows that 300(78.1%) of mothers didn't introduce solid food before six months of age while 84(21.9%) introduced solid food before six months of age (n=384). The table shows that 51(13.3%) of a mother fed their child in every 2 hours, 63(16.4%) of a mother fed their child in every 4 hours, 249(64.8%) of a mother fed their child in on the demand and 21(5.5%) of a mother had no fixed time to feed her child (n=384). The majority of mother fed their child on demand. It is a good practice for the mother.

Table 9: Feeding with bottle and Information on child feeding (n=384)

	Frequency	Percentage
Yes	58	15.1
No	326	84.9
Source of Information		
Mass Media	27	7.0
Health workers	288	75.0
Family members	41	10.7
Others	28	7.3

Table 9 above shows that 326(84.9%) mothers don't use a bottle to feed their child on the other hand 58(15.1%) mothers use the bottle to feed their child (n=384).

From the table we can see that 27(7%) of mothers get information about child feeding from mass media, 288(75.0%) of mothers get information about child feeding from Health workers, 41(10.7%) of mothers get information about child feeding from family members, 28(7.3%) of mother get information about child feeding from other sources (n=384). Most of the mothers get information regarding child feeding from Health Workers. It has a positive impact both on maternal and child health.

Table 10: Information on exclusive breastfeeding (n=384)

Source of Information	Frequency	Percentage
Mass Media	12	3.1
Health workers	303	78.9
Family members	41	10.7
Others	28	7.3

From Table 10 we can see that 12(3.1%) of mothers get information about exclusive breastfeeding from mass media, 303(78.9%) mothers get information about exclusive breastfeeding from Health workers, 41(10.7%) mothers get information about exclusive breastfeeding from family members, 28(7.3%) of mother get information about exclusive breastfeeding from other sources (n=384). Most of the mothers get information regarding exclusive breastfeeding from Health Workers. It has also a positive impact both on maternal and child health.

Discussion

Breastfeeding offers incredible health benefits to both the child and mother. It is suggested by the World Health Organization that an able mother should practice and maintain exclusive breastfeeding for the first six months of her infant's life. Breast milk is the best source of nutrition to offer to newborn babies which is uniquely tailored to meet all the nutritional needs of human babies for the first six months of life. Breastfeeding also causes no constipation, diarrhea or stomach upset in infants; it decreases postnatal mortality rates. It can help to improve cognitive and motor development and decrease the rates of sudden infant death syndrome. Maternal benefits include: reduced risk of developing type 2 diabetes, ovarian and breast cancers, lactational amenorrhea which could be a natural birth control and adequate weight recovery. [7] Besides health benefits, breastfeeding also ensures many other benefits that include economic, environmental and psychosocial benefits.

Moreover, breastfed children have been shown to possess a higher intelligence quotient (IQ). An effective EBF coverage has been estimated to avert 13%–15% of deaths among children under five years of age especially in middle and low-earning settings. [7] Exclusive breastfeeding (EBF) means that the newborn infant is fed only breast milk and no other liquids (not even water) or solids are given, except for oral rehydration salt solution, vitamins, mineral supplements or medicines. [8] This study is conducted to detect the knowledge and practice of exclusive breastfeeding among the mothers of children aged 0-6 months in Jamalganj Upazila of Sunamganj district. The study is conducted from November 2018 to February 2019. After collecting the data, it is analyzed to determine the knowledge and practice of exclusive breastfeeding among the mothers of children aged 0-6 months. By reviewing the literature, it is to be tried to find out the real scenario regarding exclusive breastfeeding. Previous surveys have shown that older mothers are more likely to breastfeed, a pattern that was repeated in 2010. Across the UK as a whole, breastfeeding rates were lowest among mothers under the age of 20 (58%) and highest among mothers aged 30 and over (87%). [9] In this study, it is also seen that most of the mothers are in the 20-24 and 25-29 age groups. It is observed that 7.3% of the mothers are in the 15-19 years age group (n=384), which indicates still there is still early marriage in society and those mothers are giving child birth before 20 years of age. Most of the mothers are in the 20-24 and 25-29 age groups. It is a positive trend. Some mothers are in the 35-39 and 40-44 age groups. It indicates that some mothers are giving childbirth at a late age. A study conducted recently in June 2018 Mumbai in India showed that the prevalence of exclusive breastfeeding was 63.15%. There was a significant association between socio-demographic characteristics of mothers such as occupation, type of family and the practice of exclusive breastfeeding. [10] The educational level of the mother is found not up to the mark. 17.2% of the mothers were found illiterate and 41.1% of the mothers were found up to the primary level though it is quite normal in rural Bangladesh. However, among the study sample, 24.0% of the mothers found up to the SSC level while 17.7% of the mothers found up to the HSC level. It is a promising matter that female citizens get a proper education.

Education is related to social status as well as social well-being. It is a matter of fact that an educated mother can take more care of her family and can also take part in decision-making. A study conducted in Tanzania in 2010 showed that the majority of the mothers represented 59%, 66% and 75% of the mothers with primary, secondary and tertiary education practised exclusive breastfeeding. The lowest percentage of non-compliance was recorded by mothers with a tertiary level of education of 25% with the highest being for mothers with primary education who recorded a 40% level of non-compliance. These results imply that increasing the level of education does not affect compliance with exclusive breastfeeding. [11]

Occupational status is found very disappointing. 85.9% of the mothers found a housewife and 14.1% of the mothers found on job (n=384). But the hopeful matter is those housewife mothers also take part in paddy fields during harvesting season besides their household tasks and their income is also enviable during the harvesting season. Across the UK, 90% of mothers in managerial and professional occupations breastfed, compared with 80% in intermediate occupations, 74% in routine and manual occupations and 71% among those who had never worked. [9] The income status of the mothers is hopeful. The mean income is 9406.1 with 2921.3SD. 25% of the mothers are within the income range of 5000-6000 and 21.4% of the mothers are within the income range of 9000-10000. It has a positive impact on the family. A study conducted in Kenya in 2017 showed a significant association between the respondent's level of income and the health facility that they attended. [12]

It is a complex biological fluid, which helps in the development of immunity in the newborn. 87.0% of mothers know that colostrum is good for health, and this has a positive impact on society. A study conducted in South East of Nigeria in 2014 showed that Three hundred and eighty-two 382 (95.3%) of the 400 mothers have heard of exclusive breastfeeding (EBF). When asked to explain what it means 328 (82.0%) and 54 (13.5%) of the 382 mothers correctly and incorrectly respectively explained what EBF meant. Eighteen 18 (4.5%) of the 382 mothers did not respond. [13] This is similar to the current study. Knowledge of when breastfeeding should be started is also observed.

80.7% of mothers knew when to start breastfeeding while 19.3% didn't. 75% of mothers knew that their child needed no extra feeding during exclusive breastfeeding. On other hand, 25% of mothers thought no extra feeding during exclusive breastfeeding. Knowledge of how long breast milk should be given exclusively is an important factor. 85.9% of mother knew about it while 14.1% didn't (n=384). The respondent's mother was also asked about necessity of water before six months. 72.9% of mothers know that no water is needed before six months while 27.1% answered affirmatively that water is needed before six months of age (n=384). A study conducted in two hospitals in Kenya in 2017 showed that there was a significant association between breastfeeding on demand and compliance with EBF. The majority of respondents from Karatina Hospital (97%) and Tumutumu Hospital (64%) carried out breastfeeding of their infants on demand. [12] During data collection feeding practices among mother are also observed. 93.2% of mother provided colostrum to their child while 6.8% didn't (n=384). It is a positive attitude about rural areas. It is a promising matter that rural mother overcomes superstitions and social embargo. 64.8% of mothers fed them on demand. It is a good practice for mother. 84.9% of mothers didn't use a bottle to feed their child while 15.1% used a bottle to feed their child (n=384). The observer also collected data related to access to information. It is observed that 75.0% of mothers got information about child feeding from Health care workers and 10.7% from family members (n=384). Besides this, 78.9% of mothers got information about exclusive breastfeeding from Health care workers and 10.7% from family members (n=384). A study conducted in Saudi Arabia in 2017 suggested that mother's awareness of recommended exclusive breastfeeding duration was positively associated with exclusive breastfeeding. [14] Health professionals can be part of a group that influences how mothers think about infant feeding and 'good motherhood. However, a study by Mahon Daly in 2002 showed that in interactions between health professionals and mothers, bottle-feeding was sometimes favoured over breastfeeding and sometimes this resulted in mothers renegotiating breastfeeding decisions. [15] The current study differs from the previous study. The health care professionals can help mother to decide between exclusive breastfeeding and child health as revealed in this study.

Conclusions and Recommendations

For infants to survive, grow and develop properly they require the right proportion of nutrients. Breast milk is rich in nutrients and antibodies and contains the right quantities of fat, sugar, water and protein. These nutrients are major prerequisites to the health and survival of the baby. When a child is exclusively breastfed, their immune system is strengthened, enabling it to life-threatening illnesses like pneumonia and diarrhea amongst other infections. Reports indicate that babies who are not breastfed for the first six months of life are 15 times more likely to die from Pneumonia compared to newborns who are breastfed exclusively for six months after birth. The World Health Organization estimates that around 220,000 children could be saved every year with exclusive breastfeeding. It recommends that colostrum, the yellowish sticky breast milk that is produced at the end of pregnancy as the ideal food for newborns; be given within the first hour of birth, a process referred to as early initiation. Infants breastfed within the first hour of birth are three times more likely to survive than those who have their first breast milk after a day. Exclusive breastfeeding should be given from birth up to 6 months and continued breastfeeding is recommended with appropriate complementary food until the child celebrates his/her second-year birthday without water, food or drink. The only exceptions are rehydration salts and syrups that contain medicine.

It becomes essential that we counsel, encourage and support mothers to initiate exclusive breastfeeding. Governments, family members and community health workers all have a role to play in the survival of newborns through the uptake of exclusive breastfeeding. To achieve the Sustainable Development Goal (SDG) by 2030 it is very important to reduce both maternal and child mortality. To achieve this exclusive breastfeeding must be encouraged and promoted. It is an interesting matter that we achieve the Millennium Development Goal (MDG) in reducing maternal and child mortality but we cannot keep the achievement sustainable as the indicators are falling. We must find the causal factors behind this. The government should take steps to keep the success sustainable. There is a strong field-level healthcare network working at the root level.

The Health care workers should be encouraged to perform motivational works besides their routine work. The performance appraisal can be started for the field workers following their achievement. All Community clinics can be involved more vigorously regarding maternal and child health. To reduce early marriage existing laws should be implemented more strictly. Supply of the proper resources should be uniform. The establishment of infrastructure for safe delivery will reduce maternal and child mortality. Finally, the Health care workers of all levels should be trained properly and their monitoring and supervision system should be modified accordingly.

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Yes

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