

Research Article

## Exclusive Breast-Feeding Practices in Bangladesh: An Observational Study

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### Abstract

Exclusive breastfeeding practices contribute to the overall well-being and development of child. In spite of Bangladesh has National Breastfeeding Policy and also Baby-Friendly Hospital Initiative the exclusive breastfeeding rate in Bangladesh remains below. However, establishing EBF remains a significant problem not only in Bangladesh but in other developing nations. The aim of the study was to observe the actual scenario of exclusive breast feeding (EBF) practices in Bangladesh. A descriptive cross-sectional study was conducted among 32 government health care facilities of Bangladesh for five months. Multi stage stratified sampling design was followed for selection of study places and mothers whom visited health care facilities having a child with below one year of age was selected purposively. Data collection was conducted by using a structured questionnaire by face-face interview. Data coding and analysis or statistical analysis done by SPSS version 26. Among 320 respondents, Socio demographic characteristics of respondents revealed 92.2% were house wife; most of them had primary to higher secondary level education. Among them 75.9% of the mother delivered their baby at hospital and mode of the delivery percentage was almost similar which was 50%. Two third of the mother exclusively breast fed their child (74%) and know about benefits of colostrum (78.1%). Foster multidisciplinary teamwork, continuous leadership support, and enforce national or institutional policies, focusing on the National Breastfeeding Policy and Regulation of Breast Milk Substitutes Act can increase the practices.

### Keywords

Exclusive Breast Feeding, Colostrum, Practice, Bangladesh

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## 1. Introduction

Breast milk is the most beneficial nutritional source for infants because its composition has been specially nurtured to fulfil all of a baby's demands throughout their first six months of life [1]. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that infants should be exclusively breastfed for the first six months of life, with continued breastfeeding alongside appropriate complementary foods up to two years of age or beyond [2]. Furthermore, by lowering the risk of contamination from formula milk and other liquids and foods, this technique reduces newborn morbidity and mortality while also ensuring healthy early childhood development, including mental and motor development [3, 4]. EIBF prevalence ranges from 14% to 95%, with an average of 64% across 128 countries [5]. According to the Bangladesh Demographic and Health Survey (BDHS) 2017-18, only 65% of newborns were exclusively fed breast milk for the first six months of life [3]. According to the Bangladesh Demographic and Health Surveys (BDHS) report, the prevalence of EBF has increased over time, rising from 36% in 2006 to 69% in 2018-19, but then falling to 47% in 2019. The BDHS report from 2011 showed a significant increase in the prevalence of EBF to 64%. This was followed by a further fall to 55% in 2014, then another rise to 65% in BDHS 2018. The causes for the recent decline and rise in EBF rates remain unknown. EBF was also shown to decrease with age, from 85% in children aged 0-1 month to 66% in those aged 2-3 months and 40% in those aged 4-5 months. Several reasons contribute to Bangladesh's inadequate rate of exclusive breastfeeding. These include sociocultural attitudes and practices, a lack of information and assistance, the early introduction of complementary food, and insufficient maternity leave provisions [6-8]. To address these issues and enhance exclusive breastfeeding rates, a comprehensive evaluation of the existing situation is required. Now need to determine the real scenario of exclusive breast-feeding practices in Bangladesh, its challenges and way to overcome for enhancement of EBF practices. This study aimed to determine the prevalence of Exclusive breast feeding (EBF) in Bangladesh.

## 2. Methodology

A cross-sectional descriptive study was conducted among the mothers whom visited health care facilities having a child with below one year of age. The study period was five months (January, 2024- May, 2024). Multi stage stratified sampling design was followed. Among eight administrative divisions; one medical college hospital, one district sadar hospital, one upazilla health complex and one community clinic were selected randomly. The sampling places were selected randomly and study population were purposively. A Structured pre tested questionnaire was used. The questionnaire was pilot tested before rollout. Multi stage stratified sampling design was followed. Before data collection, each of the mother was

informed about the aim, importance, and purpose of the study prior to initiation of interview. With the consent of the mother's data were collected with Bengali version of questionnaire. Data were collected through face-to face interview maintaining privacy. After data collection through application data was stored in CSV format. Data editing was done in MS Excel. Data coding and analysis or Statistical analysis was done by SPSS (Statistical Package for Social Science) windows program version 26.

## 3. Results

This chapter presents socio-demographic details of mothers and their knowledge and practice on exclusive breast feeding. It also highlights the institutional infrastructure focusing on breast feeding.

### 3.1. Respondent's Characteristics

A total 320 individuals were interviewed in the survey. Most (92.2%) of the mothers were housewife. and completed education primary to higher secondary level (67.5%). More than half (60.3%) of the mothers belong from joint family. (Table 1)

*Table 1. Socio-demographic characteristics of mother.*

Socio-demographic variables	Frequency	Percentage
Educational Qualification		
Up to Primary	68	21.3
Primary to higher secondary	216	67.5
Above higher secondary	36	11.3
Occupation		
Farmer	2	0.6
Housewife	295	92.2
Government job	7	2.2
Private job	14	4.4
Others	2	0.6
Type of Family		
Nuclear	127	39.7
Joint	193	60.3

### 3.2. Information About Delivery

This chapter revealed information about delivery of the mothers.

### 3.3. Delivery Information

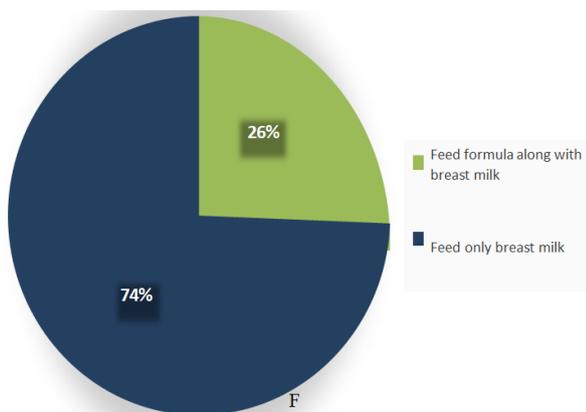
Two third of the mother delivered their baby at hospital and mode of the delivery percentage was almost similar. (Table 2)

**Table 2.** Delivery information.

	Frequency	Percentage
Place of delivery		
Home	77	24.1
Hospital	243	75.9
Mode of delivery		
Normal delivery	158	49.4
Caesarean section	162	50.6

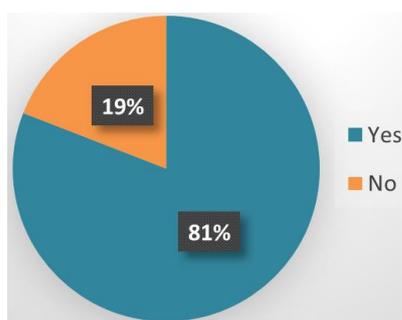
### 3.4. EBF Practices of Mother

Two third (74%) of the mother exclusively breast fed their child (Figure 1)



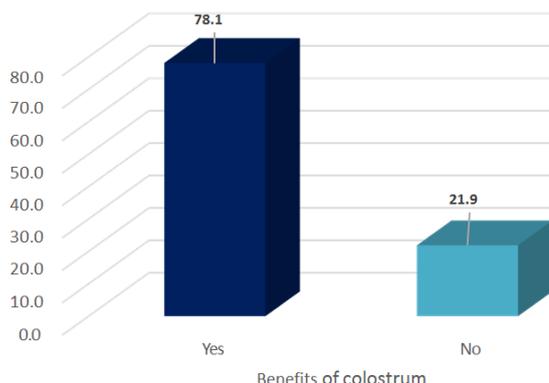
**Figure 1.** Percentage of exclusive breast-feeding practice.

81% of the mother know about colostrum (Figure 2).



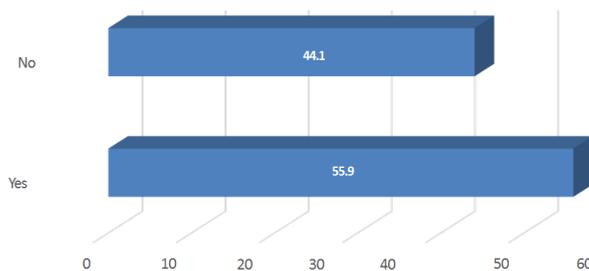
**Figure 2.** Percentage of knowledge on colostrum among mothers.

78.1% of the mothers know about the benefits of colostrum (Figure 3).



**Figure 3.** Percentage of the mothers knowing about the benefits of colostrum.

55.9% of the mother know that colostrum is a first immunization for the child. (Figure 4)



**Figure 4.** Mothers' knowledge on colostrum as first immunization.

#### Knowledge among mothers on exclusive breast feeding

A total 320 individuals were interviewed in the survey. Majority (95%) of the mother went for pregnancy check-up and above 50% of the mother were counselled about EBF (63.4%) and explained about correct breast-feeding position and attachment (66.6%). Half of the mother visited (Doctor/Healthcare worker/Facility) for follow up after delivery also counselled about EBF. Majority of the mother (85.9%) knew about the importance of EBF but only half of the mothers had knowledge about stored milk. Only (37.2%) of the mothers voluntarily visited (Doctor/Healthcare worker) for breast feeding counselling. (Table 3).

**Table 3.** Knowledge among mother on EBF.

Knowledge among mother on EBF	Frequency	Percentage
Pregnancy checkup (Doctor/Healthcare worker/Hospital)		
Yes	304	95
No	16	5
Counsel about EBF by health care worker during pregnancy checkup		
Yes	203	63.4
No	117	36.6
Explanation about correct breastfeeding position and attachment (Doctor/Healthcare worker)		
Yes	213	66.6
No	107	33.4
Visiting (Doctor/Healthcare worker) for follow up after delivery		
Yes	178	55.6
No	142	44.4
Counsel about EBF by health care worker during follow up		
Yes	190	59.4
No	130	40.6
Importance of EBF		
Yes	275	85.9
No	45	14.1
Knowledge about stored milk		
Yes	157	49.1
No	163	50.9
Knowledge of sufficient breast milk production by mother even she is sick		
Yes	201	62.8
No	119	37.2
Voluntarily visiting (Doctor/Healthcare worker) for breast feeding counseling		
Yes	119	37.2
No	201	62.8

## 4. Discussion

The current study determined the knowledge, attitudes, and practices of EBF among lactating mothers. Mothers' level of knowledge about EBF was high and their overall attitudes regarding EBF were favorable. However, level of practicing EBF was below expectation as per WHO recommendation. Most of the mothers in the present study possessed high knowledge regarding EBF although some gaps were noticed. Such a level of knowledge has also been recorded in earlier

studies [9-13].

The government is arranging counseling sessions and implementing interventions that help address the gap in knowledge about EBF. However, more programs and strategies should be designed by policymakers and health professionals so that all people including lactating mothers become aware of EBF and its maternal benefits. Moreover, mothers and caregivers should be educated about breastmilk substitutes and the dangers of bottle-feeding that it is unsafe for babies and can cause infant illness and diseases.

Two third (74%) of the mother exclusively breast fed their child. This finding supports the nationally repetitive data on

EBF practice [14] and other studies [15] in Bangladesh.

However, several reports in Bangladesh [16, 17] and other countries [13, 18] documented different results. The present findings call for an immediate action to evaluate the contents for educating mothers as well as family members to better understand the benefits of breastfeeding and support mothers to breastfeed infants exclusively for six months.

81% of the mother knew about colostrum. This result is consistent with the study of Ethiopia and Pakistan. Similarity might be due to socio-cultural similarities or/and awareness that was created on the advantages of colostrum feeding by health care providers in the country [19, 20].

78.1% of the mothers knew about the benefits of colostrum. In a study in Ethiopia 95.2 % mothers knew that colostrum is the first milk need to give for the baby. This difference might be due to information provision through media and health extension workers in our study area [21].

## 5. Conclusion

While breastfeeding, particularly EBF, is advised for the normal growth and development of newborn infants, EBF practice in Bangladesh is rather low. According to this report, 74% of all Bangladeshi women exclusively breastfeed their babies. The mothers' understanding of EBF was greater than 50%. Outreach efforts to ensure optimal healthcare service usage during pregnancy and delivery, as well as raise individual and community understanding of EBF practice, are also essential for increasing EBF practice.

## Abbreviations

BDHS	Bangladesh Demographic and Health Survey
EBF	Exclusive Breast Feeding
EIBF	Early Initiation of Breastfeeding
SPSS	Statistical Package for Social Science
UNICEF	United Nations Children's Fund

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## Conflicts of Interest

The authors declare no conflicts of interest.

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