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Knowledge Regarding Benefits of Exclusive Breast Feeding Among Postnatal Mother in a Tertiary Care Hospital, Dhaka

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Abstract: Background:Exclusive breastfeeding is a vital component of infant and maternal health, yet its practices and perceptions are influenced by various socio-demographic factors. This study aimed to assess mothers' knowledge regarding breastfeeding, as well as to explore the association between key demographic variables and breastfeeding awareness. Methods: It was a descriptive type of cross-sectional study conducted among purposively selected 120 postpartum mothers. The study was conducted at KGH in Bangladesh from January-2025 to June 2025. Data were collected with a semi-structured questionnaire by face to face interview. Statistical package for social science 25.0 programmed was used for data analysis. Results: The mean age of participants was 26.41 ± 6.78 years, with the majority aged between 20–29 years. Most respondents (51.7%) had SSC-level education, and 73.3% were housewives. The importance of colostrum was generally high; however, 55.8% believed in colostrum-related myths. While 100% were aware of the six-month exclusive breastfeeding recommendation, only 65.0% practiced it. About 65% knew correct breastfeeding techniques, and 70.8% understood breast milk composition. Most participants were aware of key maternal and child health benefits, including maternal recovery, cancer risk reduction, bonding, immunity, and brain development. Significant associations were found between education, occupation, and knowledge of breastfeeding types, exclusive breastfeeding, colostrum, and health benefits ($p < 0.05$). Cesarean delivery and lack of support were common challenges affecting breastfeeding. Although participants recognized the nutritional and immunological benefits of breastfeeding, awareness of its environmental and public health impacts was limited. Conclusion: While breastfeeding knowledge and practices were generally satisfactory, notable gaps and misconceptions persist—particularly regarding colostrum and exclusive breastfeeding. Education level and occupation were strong predictors of maternal knowledge. Targeted education, supportive facilities, and culturally sensitive counseling are recommended to improve breastfeeding outcomes.

Keywords: Breastfeeding, Exclusive breastfeeding, Colostrum, Maternal knowledge, Bangladesh.

INTRODUCTION

Background

Exclusive breast feeding is known for its several benefits for both the infants and mothers. Despite strong evidences in support of breast feeding its practice has remained low among lactating mothers (Dr. Bharathi P 2024). Exclusive breastfeeding is an effective intervention for preventing early childhood deaths. Every year, optimal breastfeeding practices can prevent about 1.4 million deaths worldwide among children under five (Sinshaw Y 2015).

Exclusive breastfeeding (EBF) is a vital practice that provides optimal nutrition and health benefits to infants during the first six months of life. The World Health Organization (WHO) strongly recommend EBF as it significantly reduces infant morbidity and mortality rates by enhancing immunity and promoting healthy growth and development (World Health Organization 2003.). Despite its well-documented advantages, various factors influence mothers' knowledge and practices regarding EBF, necessitating continuous education and awareness programs (Victora CG. 2016).

Postnatal mothers play a crucial role in ensuring the successful implementation of EBF, as their understanding and perception of its benefits directly impact infant health outcomes. EBF leads to higher adherence rates, reducing the risk of infections, malnutrition, and chronic diseases in infants (Rollins NC. 2016). However, challenges such as socio-cultural beliefs, misinformation, and inadequate lactation support often hinder the effective adoption of EBF practices (Kavle JA 2017).

Breastfeeding success is an interactive process that allows mother and child to mutually meet each other's needs (Yenal K 2013). It is very important for her to be psychologically ready to breastfeed and to start breastfeeding early after childbirth in order to ensure breastfeeding success (Alioğulları A 2016). It provides significant health benefits for both the baby and the mother, supporting the child's growth, nutrition, and development while also benefiting maternal health (RJ. 2012). Globally, only 38 percent of infants aged 0 to 6 months are exclusively breastfeed (WHO, UNICEF. 2014). In 2012, the World Health Assembly (WHA) six global nutrition targets,

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including an increase in EBF rates, to be achieved by 2025 to improve maternal, infant and young child nutrition across the world (Victora CG 2016).

Colostrum, the first milk you produce when starting breastfeeding, is the ideal nourishment for a newborn. It's highly concentrated, full of protein and nutrient-dense – so a little goes a long way in your baby's tiny tummy. It's also low in fat, easy to digest, and brimming with components that start his development in the best possible way and perhaps even more importantly, it plays a crucial role in building his immune system. Colostrum looks thicker and more yellow than mature milk. Its composition is different too, because it's tailored to your newborn's specific needs. Two-thirds of up to the cells in colostrum are white blood cells that guard against infections, as well as helping your baby start fighting infections for him. The white blood cells in colostrum produce antibodies that can neutralize bacteria or viruses. These antibodies are particularly effective against tummy upsets and diarrhea – important for young babies who have immature guts (WHO, UNICEF 2014).

Exclusive breastfeeding (EBF) practice during the first six months of infant's life is the most effective intervention for providing balanced nutrition and for the prevention of child mortality and morbidity. In this study, we observed that the overall prevalence of EBF practice among Bangladeshi mothers was 35.9%. The rate of EBF practice was lower in this study than the BDHS report 2016 which showed an overall EBF rate of 55% in Bangladesh. The prevalence of EBF in Bangladesh according to this study was higher than that reported in some other countries such as Egypt (9.7%), India (Tamil Nadu, 34%), Saudi Arabia (Al-Hassa, 24.4%) and the USA (16.8%). However, the prevalence of EBF was found higher in some other parts of the world such as Malaysia (Peninsular, 43.1%), Arbaminch Southern Ethiopia (46.5%), Bahir Dar city of Northwest Ethiopia (50.3%), Debre Markos of Northwest Ethiopia (60.8%), Western India (61.5%) and the Goba district of South East Ethiopia (71.3%). The variations persisting in EBF rate in different regions worldwide might be due to cultural, economic and socio-demographic differences across areas (Black RE 2013).

In a tertiary care Hospital, located in Dhaka, serves a diverse patient population, including postnatal mothers with varying levels of awareness and attitudes towards EBF. Evaluating their knowledge regarding EBF benefits can provide valuable insights into existing gaps and the need for targeted interventions. This study aims to assess the level of awareness and understanding among postnatal mothers in tertiary care Hospital to enhance breastfeeding promotion efforts and improve neonatal health outcomes.

Exclusive breastfeeding (EBF) during the first six months of an infant's life is critical for ensuring optimal nutrition, reducing infant morbidity and mortality, and promoting maternal health. Despite global and national efforts to promote EBF, its prevalence remains suboptimal in many regions, including Bangladesh. Studies indicate that knowledge regarding the benefits of EBF among mothers plays a pivotal role in improving breastfeeding practices. For instance, research has shown that postnatal education significantly enhances mothers' breastfeeding knowledge and self-efficacy, ultimately leading to higher EBF rates (Akturk NBK 2023). However, in Bangladesh, the prevalence of EBF is inconsistent across regions, with rates influenced by socio-demographic factors, maternal education, and healthcare access (K. M. Rahman MA 2020).

In a tertiary care Hospital, Dhaka City, there is limited evidence on the level of knowledge among postnatal mothers regarding the benefits of EBF. This gap in understanding hinders targeted interventions to improve EBF practices in this population. Addressing this issue is essential for achieving national health goals and aligning with global initiatives such as the Sustainable Development Goals (SDGs), which emphasize child survival and maternal health through optimal breastfeeding practices (Agho KE 2021). Therefore, this study aims to assess the knowledge regarding the benefits of EBF among postnatal mothers in a tertiary care Hospital to identify barriers and inform strategies for promoting EBF practices effectively.

Breastfeeding offers incredible health benefits to both child and mother. Most full-term, healthy babies are ready and eager to begin breastfeeding within the first half hour to 2 hours after birth. This first hour or 2 is an important time baby will receive approximately ½ tsp of colostrum per feed in the first 24 hours (Belda N B 2025). In Bangladesh, 65% of women EBF their babies up until five months old. Bangladesh, reported that only 60 % of the children were given colostrum (K. M. Rahman MA 2020). More than 80% of

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neonates receive breast milk in nearly all countries and rates of EBF are well below 50% in most of the countries. (Sitelbanat O M A 2023).

World Health Organization (WHO) recommended EBF for the first six months of an infant's life due to its numerous health benefits (World Health Organization 2021). Many postnatal mothers lack adequate knowledge regarding the benefits of exclusive breastfeeding, which can result in suboptimal feeding practices and negative health outcomes for both mother and child (B. R. Victora CG 2016).

In Bangladesh, breastfeeding is widely practiced; however, the rates of exclusive breastfeeding remain below the recommended level due to various factors, including maternal knowledge, socio-economic conditions, cultural beliefs, and hospital practices (NIPORT 2019). Studies have shown that a mother's knowledge about the benefits of EBF significantly influences her decision to initiate and continue exclusive breastfeeding (Rollins 2016).

A tertiary care Hospital provides maternal and neonatal care services. Understanding the knowledge level of postnatal mothers in this hospital regarding EBF is crucial for designing effective educational interventions and support programs to promote optimal breastfeeding practices. Addressing knowledge gaps can contribute to improved infant nutrition, enhanced maternal well-being, and a reduction in infant morbidity and mortality rates (Hossain MM 2020). Therefore, this study aims to assess the knowledge regarding the benefits of exclusive breastfeeding among postnatal mothers in a tertiary care Hospital, Dhaka City.

While national and regional studies in Bangladesh have explored exclusive breastfeeding (EBF) practices and their determinants, there is a lack of hospital-specific research, particularly in facilities like Kurmitola General Hospital. Most studies focus on demographic surveys or broad population-level data, leaving a gap in understanding the unique challenges and knowledge levels among postnatal mothers in specific healthcare settings.

Knowledge assessment deficiency Existing research primarily emphasizes breastfeeding prevalence, initiation timing, and associated factors such as maternal employment or socioeconomic status. However, there is insufficient focus on assessing mothers' knowledge regarding the benefits of EBF and how this knowledge influences breastfeeding practices.

Impact of family and healthcare support Studies highlight the role of family support and postnatal counseling in improving EBF rates but do not adequately address how these factors interact with mothers' knowledge levels in hospital environments. For example, while family support has been shown to positively influence breastfeeding duration, its role in shaping maternal knowledge remains underexplored

Intervention effectiveness in urban hospitals Research on the effectiveness of postnatal counseling or educational programs to promote EBF is often conducted in rural or mixed settings. There is limited evidence on how such interventions perform in urban hospitals like Kurmitola General Hospital, where cultural and logistical factors may differ

Maternal employment and of knowledge Although maternal employment has been identified as a barrier to EBF, there is a lack of studies investigating whether employed mothers possess less knowledge about EBF benefits compared to unemployed mothers. This aspect requires further exploration to tailor interventions for working mothers.

Research Question:

"What is the level of knowledge regarding the benefits of exclusive breastfeeding among postnatal mothers in a Tertiary Care Hospital, Dhaka?"

Objectives

General objective:

To assess the level of knowledge regarding the benefits of exclusive breast-feeding among postnatal mothers in a Tertiary Care Hospital, Dhaka.

Specific objectives:

- To identify the socio-demographic characteristics of the respondent.
- To identify sources of information among the study subjects.
- To reveal different components of knowledge on breast-feeding among the respondent
- To assess the relationship of knowledge among postnatal mothers in Tertiary Care Hospital regarding the benefits of exclusive breastfeeding.

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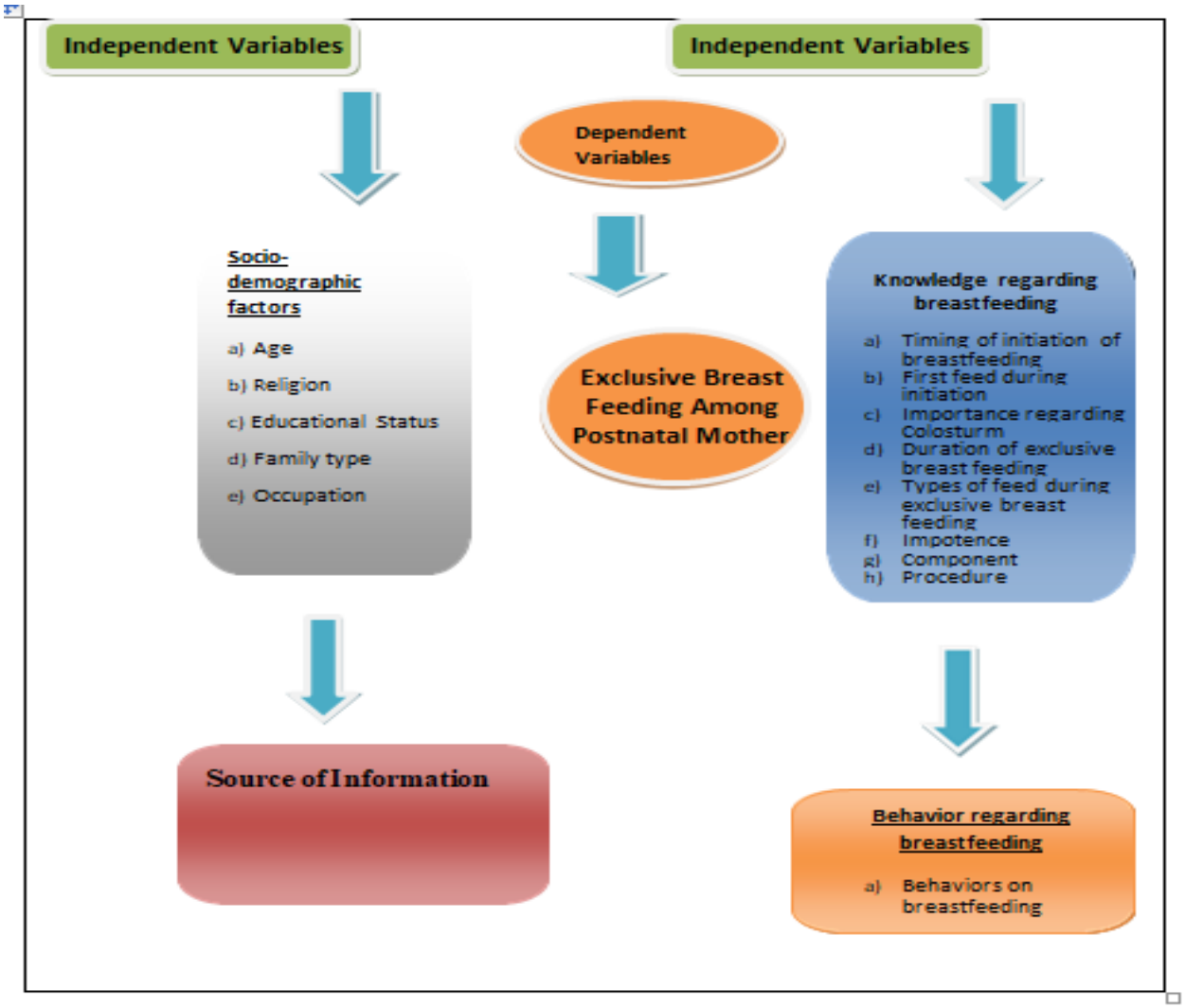
- To identify factors influencing mothers' knowledge and practice of exclusive breastfeeding.

Variables

Variables related to Socio-demographic information	Variables related to knowledge regarding breastfeeding	Variables related to Advantage of breastfeeding	Variables related to source of information and behavior
Age (in year) Education Parity (in number) Family type Occupation	First feed during initiation Importance regarding Colosturm Myth regarding colostrum feeding Duration of exclusive breast feeding Types of feed during exclusive breast feeding Impotence of exclusive breast feeding Component of Breast milk	Advantages of Mothers Reduce the risk factors Improving a child's immunity support better brain development in children Reduce environmental waste Workplaces support breastfeeding mothers Public awareness	Sources of information Difficulties during feeding

Conceptual framework

Operational definitions:



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Exclusive Breast feeding: Exclusive breastfeeding means that a baby is fed only breast milk for the first six months of his life, with no additional food or drinks. This is the best nourishment for the baby, who is not even given water.

Colostrum: Colostrum is the primary milk created in the first few days after birth. Although colostrum feeding provides newborns with immunity to infection, any practice that reduces a frequency or volume of breastfeeding during this time could reduce an infant's long-term health and immunological defense.

Initiation of Breastfeeding: Early initiation of breastfeeding (EIBF) is putting the newborns to feed breast milk within 1 h of birth. Early suckling of the breast milk stimulates milk production and facilitates release of oxytocin. When a mother initiates breastfeeding within one hour after birth, production of breast milk is stimulated. The yellow or golden first milk produced in the first days, also called colostrum, is an important source of nutrition and immune protection for the newborn.

Proper position of Breastfeeding: Positioning and attachment are the terms used to describe how you hold your baby at your breast so they can feed. Correct positioning and attachment is the most important thing for successful breastfeeding. Attachment is also sometimes known as latching on. Proper position reefers the appropriate attachment & position.

LITERATURE REVIEW

Introduction to Exclusive Breastfeeding

EBF for the first six months of life is associated with numerous health benefits. According to WHO (2021), EBF reduces infant mortality due to infections such as diarrhea and pneumonia while promoting sensory and cognitive development. Maternal benefits include a reduced risk of postpartum hemorrhage, breast cancer, and ovarian cancer (Victora ,2016).

Educational level, socio-economic status, and healthcare access significantly impact mothers' knowledge and practice of EBF. Studies suggest that mothers who receive antenatal counseling and postnatal support are more likely to practice EBF (Khan, 2018). Hospital-based interventions, including lactation counseling and peer support groups, enhance EBF adherence (Hossain 2019). A former study conducted in Wuhan, China reported a lack of knowledge and practical skills regarding breastfeeding, most mothers did not believe that exclusive breastfeeding is enough for infant growth in the six months after birth (Quyang, 2016) alongside another study, identified the needs of mothers to professional, technical and individualized support, and education about the breastfeeding difficulties and challenges especially in the first several days after delivery and after hospital discharge (Wang , 2014). lower risks of infections such as diarrhea and pneumonia (Sankar MJ 2015) . Educating mothers about the benefits of EBF ensures higher adherence, which in turn contributes to better nutritional status and long-term health outcomes for infants (Horta BL 2015).

Exclusive breastfeeding (EBF) is defined as feeding infants only breast milk, with no additional foods or liquids, except for oral rehydration solutions, vitamins, or medications, for the first six months of life (WHO, 2011). This literature review explores studies related to EBF knowledge and its impact on maternal and infant health, focusing on the context of Bangladesh and Kurmitola General Hospital in Dhaka Cantonment.

Benefits of Exclusive Breastfeeding

EBF provides infants with optimal nutrition, reducing the risk of gastrointestinal infections, respiratory tract infections, and other diseases such as diabetes and obesity (WHO, 2011; AAP, 2022). It also enhances cognitive and motor development and decreases the risk of sudden infant death syndrome (SIDS) (Syeda N H 2012). For mothers, EBF supports postpartum weight loss, uterine contraction, and reduces the risk of breast and ovarian cancer (Nasir, 2024).

Current Practices and Challenges in Bangladesh

Despite the National Breastfeeding Policy and Baby-Friendly Hospital Initiative in Bangladesh, the exclusive breastfeeding rate remains below optimal levels (Science Publishing Group, 2024)3. Studies indicate that socio-demographic factors, such as education level and employment status, influence breastfeeding practices (Banglajol, 2024)4. Postnatal care, including breastfeeding counseling, is crucial for improving EBF rates, but there is a gap between policy and practice in government hospitals (North South University, 2012).

Despite awareness campaigns, barriers such as maternal employment, social stigma, and inadequate maternity leave hinder EBF practice (Ahmed 2021). Additionally, the introduction of formula feeding due to marketing strategies

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negatively affects breastfeeding rates (Rollins, 2016). The exclusive breastfeeding rate for six-month-old infants in the sample was 15.7%. A positive correlation (OR 1.98; 95% CI 1.40, 2.80) existed between the average health and nutrition knowledge of the mother and primary family caregiver and exclusive breastfeeding. The primary family caregiver's health and nutrition knowledge was positively correlated with the practical family support perceived by the mother (OR 1.23; 95% CI 1.02, 1.49) and breastfeeding self-efficacy of the mother (Jingchun Nie 2023)

Knowledge Level among Postnatal Mothers

Research suggests that while many mothers are aware of the benefits of colostrum, there is a need for more targeted education on the comprehensive benefits of EBF (Science Publishing Group, 2024). Postpartum breast complications can also hinder successful breastfeeding practices, highlighting the importance of addressing these issues in healthcare settings (Ara 2024).This study aimed to investigate factors associated with EBF during postpartum. (Yuelu Chen 2023)

Rationale of the Study

Breastfeeding generates short-term and long-term benefits for both mother and child. Exclusive breastfeeding (EBF) is promoted in China for years, but its practice still lags far behind the international average, even among low- and middle- income countries.

This study is significant as it provides insights into the awareness levels of postnatal mothers at Kurmitola General Hospital, Dhaka Cantonment. Identifying gaps in knowledge will enable healthcare professionals to design effective breastfeeding promotion programs and interventions tailored to the needs of this population. Additionally, the findings will help policymakers and health practitioners develop strategies to improve breastfeeding practices, ultimately reducing infant morbidity and mortality rates (Perez-Escamilla R 2016).

METHODOLOGY

Study design

A descriptive type of cross-sectional study was conducted.

Study Period:

The study was conducted from 1st January 2024 to 31st June 2025.

Place of the study:

This study was conducted at Kurmitola General Hospital, a 500-bed military hospital located in Dhaka Cantonment, Dhaka. The hospital is situated on New Airport Road, Kurmitola, Dhaka-1206. Kurmitola General Hospital provides comprehensive healthcare services to both the military community and civilians, with a commitment to excellence and patient-centric care.

Study population:

The sample populations were postnatal mothers who was at their post-partum stage at the time of data collection was considered as study population of selected hospitals of Kurmitola General Hospital.

Inclusion criteria:

- Mothers who was in post -partum stage.
- Mothers who was willingly participated in data collection.
- Mothers who was free from physical and mental retardation.

Exclusion criteria:

- Mothers of those who was disagreed the study subject and out of the study area.

Sampling size:

Sample size was determined by the following formula: Cochrans formula,

$$n = \frac{z^2 \ pq}{d^2}$$

Required sample size,

$$n = \frac{z^2 \ pq}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.359 \times 0.641}{(0.05)^2}$$

n = 334

Where, n= required sample size

z= 1.96, the standard normal deviation set as1.96 with 95% confidence interval.

p= 35.90%. (Bangladesh Demographic and Health Survey (BDHS-2014). Exclusive breastfeeding practice during first six months of an infant's life in Bangladesh: A country-based cross-sectional study).

q=1-p

=1- 0.3590

= 0.641

d = Acceptable error = 0.05.

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Due to resources, population limitation & budget constrain, sample size was reduced to 120 by the supportive decision from guide. The final sample size was 120.

Sampling Technique:
A non-probability, purposive sampling technique was used for selecting sample.

Data collection instrument:
Data was collected using semi-structured questionnaire based on the objective with simple and understandable language. The questionnaire was made on the basis of variables. According to the specific objectives the variables was identified and an English questionnaire was drafted.

Pre-test:
To remove errors and ambiguities of data, pre-test was done. Information was collected from 6 participants and then required modifications was done by the help of supervisor before beginning of data collection.

Validity and Reliability of the Instrument:
The content of the questionnaire was constructed in simple language as far as possible. Sequence was maintained. Opinion was obtained from supervisor and co-supervisor. Also, questionnaire of a recent study was followed.

Data collection technique/procedure
Data was collected through face to face interview based on semi-structured questionnaire.

Data collection instruments
A questionnaire was prepared and information was collected through
Questionnaire

Data collection technique:
The objective and nature of the study was explained and a written consent was carried out. The purpose of the study was explained to the written parts & assurance was given about the confidentiality of the information of the participants. After such briefing, data collection process was started. Face to face interview method using semi-structured questionnaire which was prepared in English language and translate into Bengali.

Data management and analysis:
Data was collected and verified daily for accuracy. Coding was done by giving a serial number for each answer. After that data was transferred to appropriate tables and analyzed and interpreted in appropriate statistical inferences. All the data entered and analyzed by using Statistical packages for social science (SPSS) software version 25. Processed data was presented in the form of percentage, tables, charts and bars.

Ethical Consideration
- Ethical clearance was obtained from World University of Bangladesh Dhaka.
- Take permission from committee, Kurmitola General Hospital.
- Both verbal and informed written consent was taken from the respondents.
- Confidentiality of the respondent information was maintained

RESULTS

Table 1: Distribution of the respondents according to age (n=120)

Age (year)	N	%
Less than 20 year	21	17.5
20-29 year	74	61.7
30-39 year	16	13.3
Above 39 year	9	7.5
Mean ± SD	26.41 ± 6.78	

Table I showed that the majority (61.7%) were in the age group of 20–29 years. Smaller proportions (17.5%) were less than 20 years old. Respondents aged 30–39 years accounted for 13.3%, while only 7.5% were above 39 years. The mean age of the participants was 26.41 ± 6.78 years**.**

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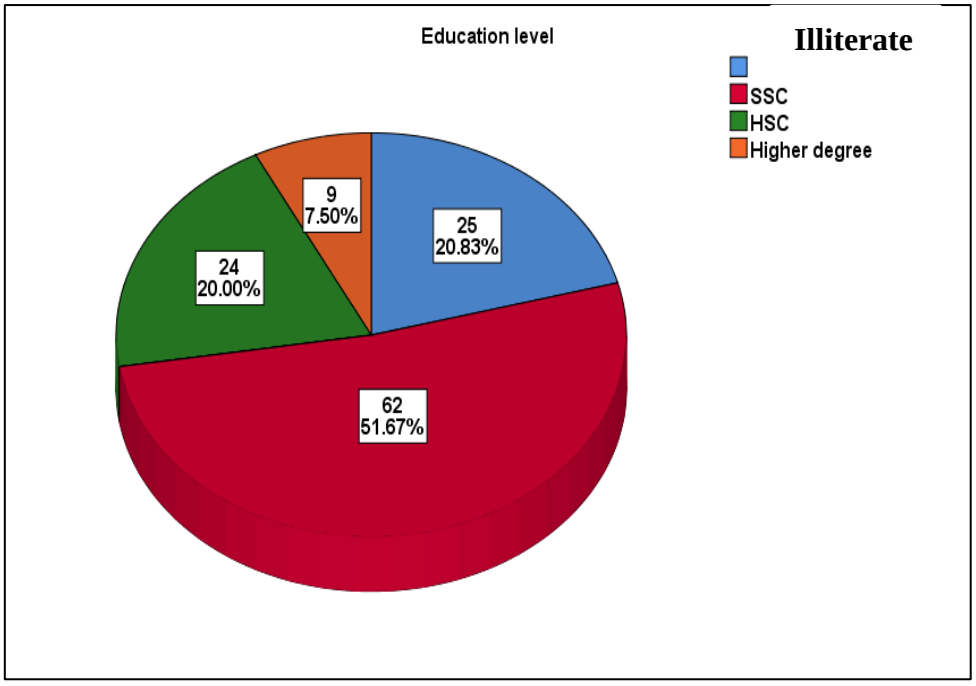

Figure 1: Distribution of the respondents according to education (n=120)

Figure 1 showed the level of educational background of the respondents revealed that the majority had completed SSC level education (51.7%). About 20.8% had illiterate, while 20.0% had completed HSC. Only 7.5% of the respondents had a higher degree**.**

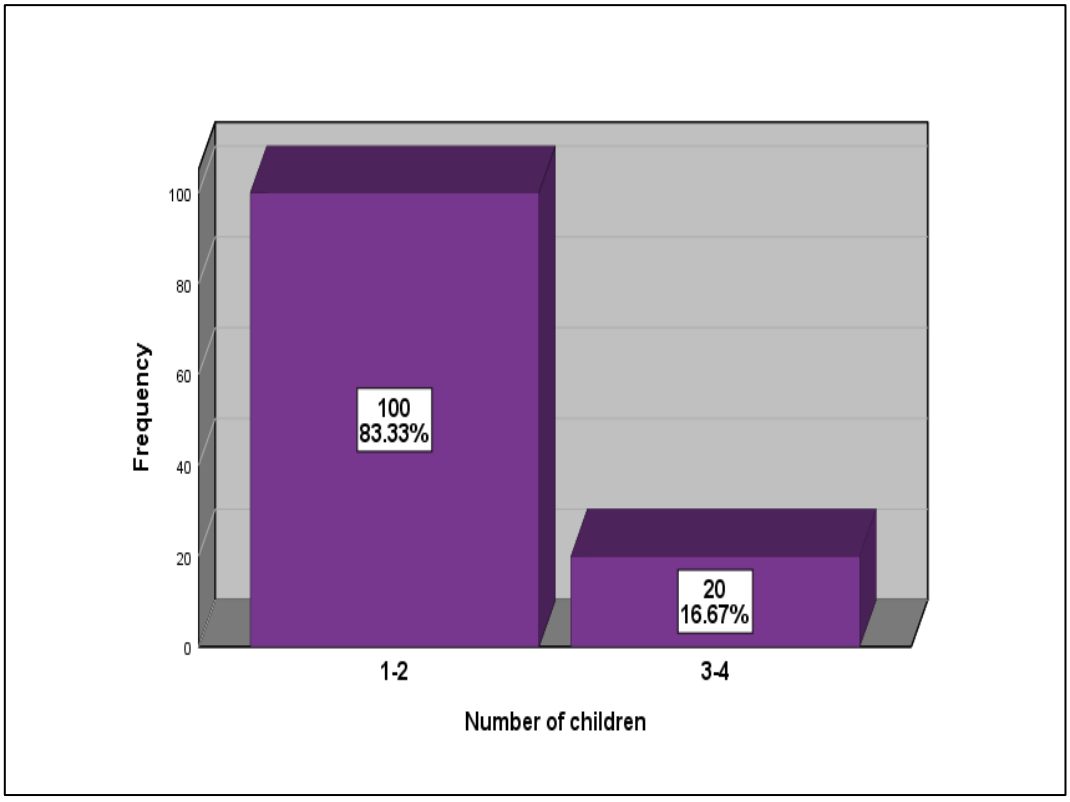

Figure 2: Distribution of the respondents according to number of children (n=120)

Figure 2 showed the bar chart, majority of respondents (83.3%) had 1–2 children, while the remaining 16.7% had 3–4 children**.**

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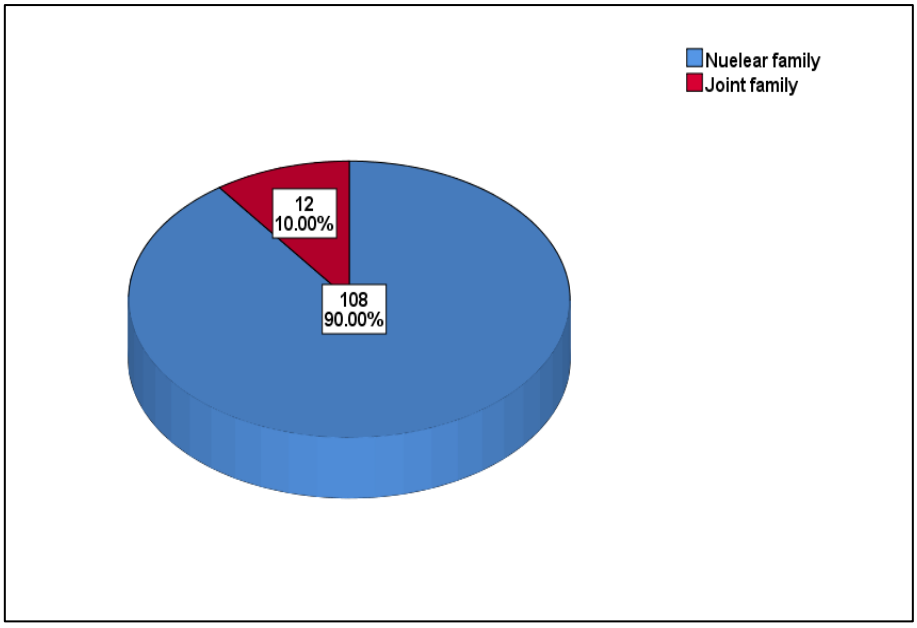

Figure 3: Distribution of the respondents according to types of family (n=120)

Figure 3 showed the pie chart, (90.0%) of respondents belonged to a nuclear family, while only 10.0% were from a joint family.

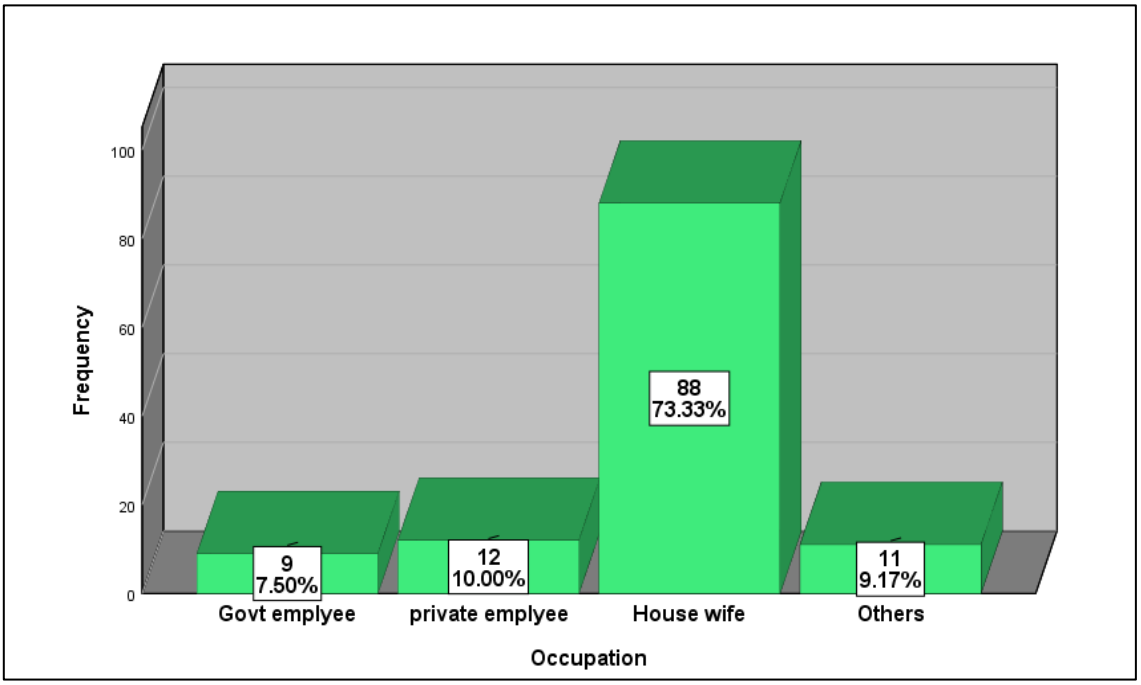

Figure 4: Distribution of the respondents according to Occupation (n=120)

Figure 4 the occupational status of the respondents showed that the majority were housewives (73.3%). About 10.0% were private employees**,** 7.5% were government employees, and 9.17% were engaged in other occupations.

Table 2: Distribution of the respondents according to sources of acquiring knowledge regarding exclusive breastfeeding (n=120)

Sources of information	N	%
Television	58	48.3
Friends/ Neighbors/ Colleague	68	56.7
Self-Idea /Previous experience.	109	90.8
Internet	12	10.0

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Table II showed the majority of participants (90.8%, n = 109) relied on self-ideas or previous experience as their main source of information. Friends, neighbors, or colleagues were cited by 56.7% (n = 68) of participants. Television was a source for 48.3% (n = 58), while facebook was the least common source, reported by 10.0% (n = 12) of participants.

Table 3: Distribution of the respondents according to knowledge regarding exclusive breastfeeding (n=120)

Variables	Categories	Frequency	Percentage
Do you know about exclusive breast feeding	Yes	111	92.5%
	No	9	7.5%
Do you know importance regarding colostrum feeding	Yes	108	90.0%
	No	12	10.0%
Do you know about importance of exclusive breast feeding	Yes	58	48.3%
	No	62	51.7%
Do you know the duration of exclusive Breast feeding	Yes	108	90.0%
	No	12	10.0%
Do you know any Myth regarding colostrum feeding	Yes	67	55.8%
	No	53	44.2%
Do you know the correct positioning for breastfeeding	Yes	78	65.0%
	No	42	35.0%
Do you know the types of breastfeeding	Yes	78	65.0%
	No	42	35.0%
Do you know the component of breast milk	Yes	85	70.8%
	No	35	29.2%
Do you know episodes of breastfeeding /day	Yes	97	80.0%
	No	23	19.0%
Do you know the procedure of storage of Breast milk	Yes	97	80.8%
	No	23	19.2%
Do you know the timing of storage of Breast Milk	Yes	86	71.7%
	No	34	28.3%

Table III showed different a large majority (92.5%) of respondent's awareness about exclusive breastfeeding, while 7.5% did not. Similarly, all respondents (90%) knew the duration of breastfeeding. Awareness of the importance of colostrum feeding was reported by 90%, while 10% were unaware. Knowledge regarding myths about colostrum feeding was present in 55.8% of participants, with 44.2% lacking such awareness. About 65% of respondents were knowledgeable about correct positioning for breastfeeding and types of breastfeeding, whereas 35% were not. Regarding the components of breast milk, 70.8% had correct knowledge, while 29.2% did not. Additionally, 80.8% of participants were aware of the procedure for storing breast milk, and 71.7% knew the correct timing for storage.

Table 4: Distribution of the respondents according to benefits of mother and child about exclusive breastfeeding (n=120)

Variables	Categories	Frequency	Percentage
Breastfeeding helps mothers recovery faster after childbirth	Yes	105	87.5%
	No	15	12.5%
Breastfeeding can reduce the risk of breast and ovarian cancer in mothers	Yes	89	74.2%
	No	31	25.8%
Natural family planning	Yes	65	54.2%
	No	55	45.8%
Help mothers bond better with their babies	Yes	98	81.7%
	No	22	18.3%
Improving childs immunity	Yes	97	80.8%
	No	23	19.2%
Breastfeed babies are less likely to suffer from infections and diarrhea	Yes	100	83.3%

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	No	20	16.7%
Support better brain development in children	Yes	109	90.8%
	No	11	9.2%
Reduces the risk of obesity and chronic diseases in children later in life	Yes	96	80.0%
	No	24	20.0%
Reduces healthcare costs for families and the nation	Yes	100	83.3%
	No	20	16.7%
Reduce environmental waste compared to formula feeding	Yes	99	82.5%
	No	21	17.5%
Public awareness of breastfeeding can improve overall child health in society	Yes	112	93.3%
	No	8	6.7%

Table IV showed that respondents had a strong understanding of the various benefits of exclusive breastfeeding for both mother and child. A majority (87.5%) recognized that breastfeeding helps mothers recover more quickly after childbirth, and 74.2% were aware that it reduces the risk of breast and ovarian cancer. Just over half (54.2%) acknowledged its role in natural family planning. Additionally, 81.7% believed breastfeeding helps mothers bond better with their babies, while 80.8% recognized its role in boosting a child's immunity. Most respondents (83.3%) were aware that exclusive breastfeed babies are less likely to suffer from infections and diarrhea, and 90.8% understood its importance in supporting better brain development. Furthermore, 80% acknowledged that it reduces the risk of obesity and chronic diseases in children later in life. Similarly, 83.3% believed breastfeeding helps reduce healthcare costs, and 82.5% agreed it reduces environmental waste compared to formula feeding. A large majority (93.3%) recognized that public awareness of breastfeeding contributes to overall child health in society.

Table 5: Distribution of the respondents according to behavior related information (n=120).

Variables	Categories	Frequency	Percentage
Any kind of difficulties during feeding	I didn't know the technique of breastfeeding	0	0.0
	There was lack of milk flow due cesarean section	42	35.0
	I prefer artificial feeding	9	7.5
	Feeling very sick because of cesarean section	56	46.7
	There were no support from my care giver/ attendance	13	10.8

Table V indicates, difficulties experienced during exclusive breastfeeding, participants reported multiple challenges, often associated with cesarean delivery: 46.7% (n = 56) of mothers reported feeling very sick because of cesarean section, which impacted their ability to breastfeed. 35.0% (n = 42) experienced a lack of milk flow due to cesarean section, 10.8% (n = 13) noted lack of support from caregivers or attendants, 7.5% (n = 9) stated a preference for artificial feeding.

Table 6: Relationship between socio-demographic characteristics and known when to start exclusive breastfeeding (n=120)

Variable Age(year)	Frequency		p-value
	Yes	No	
Less than 20	19	2	.049
20-29	70	4	.057
30-39	13	3	.179
Above 39	9	0	.597
Level of education			
Illiterate	25	0	.28
SSC	53	9	.969
HSC	24	0	.001
Higher degree	9	0	.007
Occupation			

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Govt. employee	9	0	.332
private employee	12	0	1.000
House wife	79	9	.008
Others	11	0	.987

Note: Significant at p < 0.05

Table VI showed relationship between socio-demographic characteristics and knowledge about when to start exclusive breastfeeding among 120 participants. Among different age groups, those aged 20–29 years had the highest number of respondents with correct knowledge (70 answered "Yes" and 4 "No"), followed by the below-20 group (19 "Yes", 2 "No"), showing a significant association (p = .049). In contrast, the 30–39 group had a lower proportion of correct responses (13 "Yes", 3 "No"), and all respondents above 39 answered "Yes". Regarding education level, all participants with a higher degree, HSC, or illiterate answered "Yes", while 9 participants with SSC responded "No", indicating a statistically significant relationship especially for those with HSC qualifications (p = .001).

Occupation-wise, housewives had the largest group with correct knowledge (79 "Yes", 9 "No") and showed a significant association (p = .008), whereas all government employees, private employees, and participants in the "others" category responded "Yes", showing no significant difference.

Table 7: Relationship between socio-demographic characteristics and knowledge about exclusive breast feeding (n=120)

Variable Age(year)	Frequency		p-value
	Yes	No	
Less than 20	10	11	.006
20-29	40	34	.028
30-39	8	8	.122
Above 39	0	9	1.76
Level of education			
Illiterate	25	0	.023
SSC	40	11	.965
HSC	11	13	.000
Higher degree	0	0	1.45
Occupation			
Govt. employee	9	0	.78
private employee	12	0	.000
House wife	42	33	.002
Others	11	0	.89

Table VII showed according to the findings revealed a significant relationship between age and knowledge about the importance of exclusive breastfeeding. Among participants under 20 years, only 10 responded "Yes" while 11 responded "No" (p = .006). In the 20–29 age group, 40 answered "Yes" and 34 answered "No" (p = .028), while equal numbers of participants aged 30–39 responded "Yes" and "No" (8 each, p = .122). Notably, all respondents aged above 39 (9 individuals) answered "No".

Regarding education, all illiterate respondents (25) answered "Yes", while among SSC holders, 40 responded "Yes" and 11 "No" (p = .965), showing no significant association. However, in the HSC group, a reverse trend was observed — only 11 responded "Yes" and 13 "No", indicating a significant association (p = .000). No respondents with higher degrees participated.

As for occupation, all government (9) and private employees (12) responded "Yes", with private employees showing a significant p-value (.000). Among housewives, 42 answered "Yes" and 33 answered "No" (p = .002), suggesting a mixed level of awareness. All participants in the "Others" category (11) answered "Yes".

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Table 8: Relationship between socio-demographic characteristics and breastfeeding can reduce the risk of breast and ovarian cancer in mothers (n=120)

Variable Age(year)		Frequency		p-value
		Yes	No	
	Less than 20	10	11	.672
	20-29	39	22	.252
	30-39	16	0	.001
	Above 39	9	0	1.00.
Level of education				
Illiterate		25	0	.0234
SSC		40	22	.312
HSC		0	11	.054
Higher degree		9	0	.984
Occupation				
Govt. employee		9	0	.001
private employee		12	0	1.00
House wife		42	33	.003
Others		11	0	.000

Note: Significant at p < 0.05

Table VIII showed according to the study explored the association between socio-demographic characteristics and knowledge that breastfeeding can reduce the risk of breast and ovarian cancer in mothers. Among respondents aged less than 20 years, 10 answered "Yes" while 11 answered "No" (p = .672), indicating limited awareness in this group. In the 20–29 age group, 39 responded "Yes" and 22 "No" (p = .252), while all respondents aged 30–39 (16) and above 39 (9) answered "Yes", demonstrating significantly higher awareness, particularly in the 30–39 group (p = .001).

Regarding education, all participants with Illiterate (25) and higher degrees (9) answered "Yes". Among SSC holders, 40 responded "Yes" and 22 "No" (p = .312), and in the HSC group, all 11 respondents answered "No" (p = .054), highlighting a lack of awareness in that subgroup.

In terms of occupation, all government employees (9), private employees (12), and those in the "Others" category (11) answered "Yes", with a statistically significant association for government employees (p = .001) and others (p = .000). Among housewives, 42 responded "Yes" while 33 responded "No" (p = .003), suggesting mixed knowledge levels within this group.

Table 9: Relationship between socio-demographic characteristics and reduces healthcare costs for families and the nation (n=120)

Variable Age(year)		Frequency		p-value
		Yes	No	
	Less than 20	10	11	.000
	20-29	50	13	.000
	30-39	16	0	.000
	Above 39	0	0	.768
Level of education				
Illiterate		25	0	.567
SSC		40	11	.000
HSC		11	13	.000
Higher degree		0	0	.345
Occupation				
Govt. employee		0	0	1.00
private employee		12	0	1.00
House wife		53	24	.000
Others		11	0	.126

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Note : Significant at p < 0.05

Table IX showed that under 20 years, only 10 responded "Yes" while 11 responded "No", showing a significant lack of awareness in this age group (p = .000). In contrast, a high level of awareness was found among respondents aged 20–29, where 50 answered "Yes" and 13 "No" (p = .000), and among those aged 30–39, all 16 participants answered "Yes" (p = .000). No responses were recorded for participants aged above 39.

Regarding education level, all Illiterate participants (25) answered "Yes", while among SSC holders, 40 responded "Yes" and 11 "No", indicating a statistically significant association (p = .000). However, in the HSC group, only 11 participants answered "Yes" and 13 "No", reflecting limited awareness and a significant difference (p = .000). No participants with higher degrees were included in this analysis.

In terms of occupation, all private employees (12) and individuals in the "Others" category (11) responded "Yes", while no government employees were represented. Among housewives, 53 answered "Yes" and 24 "No", showing a statistically significant association (p = .000), suggesting varying levels of awareness in this group.

Table 10: Relationship between socio-demographic characteristics and Importance of exclusive breast feeding (n=120)

Age	Frequency		p-value
	Yes	No	
Less than 20	10	11	.002
20-29	40	34	.000
30-39	8	8	.000
Above 39	0	9	.798
Level of education			
Illiterate	13	12	.043
SSC	21	41	.969
HSC	24	0	.000
Higher degree	0	9	.867
Occupation			
Govt. employee	0	9	1.23
private employee	12	0	.000
House wife	46	42	.008
Others	0	11	.134

Note: Significant at p < 0.05

Table X showed that aged less than 20 years, 10 responded "Yes" and 11 "No" (p = .002), while in the 20–29 group, 40 answered "Yes" and 34 "No" (p = .000), indicating varied levels of awareness. An equal number of respondents aged 30–39 (8 each) answered "Yes" and "No" (p = .000), whereas all participants aged above 39 (9) responded "No", reflecting a notable gap in knowledge in older age groups.

In terms of education, all participants with HSC qualifications (24) responded "Yes" (p = .000), whereas SSC holders showed mixed responses (21 "Yes", 41 "No") with no significant association (p = .969). Among Illiterate participants, responses were nearly balanced (13 "Yes", 12 "No"). Interestingly, all participants with higher degrees (9) responded "No", highlighting a possible misconception or lack of awareness in that group.

Occupation-wise, all private employees (12) answered "Yes" (p = .000), suggesting strong awareness, while all government employees (9) answered "No", indicating a significant knowledge gap. Among housewives, 46 responded "Yes" and 42 "No" (p = .008), showing a mixed level of awareness. All participants in the "Others" category (11) responded "No", suggesting a complete lack of recognition regarding the importance of exclusive breastfeeding within that group.

DISCUSSION

The demographic profile of the study participants offers critical insights into the target population. The majority (61.7%) of respondents were in the 20–29-year age group, which reflects the reproductive age range typical in Bangladesh and many developing countries (Kamal *et al.,* 2016). This age bracket is generally associated with higher fertility rates, active parenting, and

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heightened engagement with maternal and child health issues. The smaller representation of those under 20 years (17.5%) and those aged 30–39 years (13.3%) suggests that early and late maternal age is less common in this context. Only a minimal proportion (7.5%) were aged above 39 years, which aligns with national trends showing declining fertility with increasing age (NIPORT, 2020). The mean age of 26.41 ± 6.78 years further confirms that the sample primarily consists of women in their peak reproductive years.

Regarding educational status, over half (51.7%) of the participants had completed SSC-level education. This is a positive indicator, as education is known to significantly influence health-seeking behavior and awareness about maternal and child health practices (Rahman *et al.*, 2018). However, a noteworthy portion of the sample had Illiterate (20.8%), indicating potential challenges in accessing health information due to limited literacy. Only 7.5% had pursued education beyond the HSC level, highlighting the continued need for policies that promote higher education among women in rural or underserved areas.

In terms of occupation, most of the respondents were housewives (73.3%), with only a small proportion engaged in formal employment—10.0% in private jobs and 7.5% in government positions. A striking finding was the extremely high rate of cesarean section deliveries (89.2%) compared to normal vaginal deliveries (10.8%). This rate far exceeds the World Health Organization's recommended upper limit of 15% for cesarean births (WHO, 2015). Such a trend may indicate over-medicalization, fear of labor pain, convenience preferences among providers, or underlying obstetric complications. Rising cesarean rates in Bangladesh have been previously linked to private healthcare facilities and increased maternal request without clinical indication (Yasmin *et al.*, 2016).

In the present study, a large majority (92.5%) of respondents were aware of exclusive breastfeeding, and all participants (100%) knew the recommended duration. Awareness of the importance of colostrum feeding was high (90%), although knowledge about myths related to colostrum was moderate (55.8%). Furthermore, 65% of participants were informed about correct positioning and types of breastfeeding, while 70.8% correctly identified the components of breast milk. These findings align with the study conducted by Haque et al. (2022), which reported that 94% of mothers had knowledge about exclusive breastfeeding and 88% understood the importance of colostrum feeding. However, their study also noted a slightly higher awareness of breastfeeding techniques (75%) and breast milk composition (80%) compared to the present study, indicating some variation likely influenced by sociodemographic factors and access to health education.

In the present study, mothers reported several difficulties with exclusive breastfeeding, particularly following cesarean delivery. Nearly half (46.7%) felt too unwell to breastfeed due to post-operative discomfort, while 35% experienced delayed milk flow, which they attributed to the cesarean section. Additionally, 10.8% cited a lack of support from caregivers, and 7.5% expressed a preference for artificial feeding. These findings are consistent with the study by Sharma et al. (2021), which found that 42% of mothers who underwent cesarean deliveries faced delayed lactation, and 38% reported pain and fatigue as major barriers to initiating exclusive breastfeeding. Similarly, their study highlighted that insufficient family or healthcare support contributed to early cessation of breastfeeding in 12% of cases. These parallels emphasize the need for targeted breastfeeding support, particularly for post-cesarean mothers, to overcome early postpartum challenges.

The present study explored the relationship between socio-demographic characteristics and knowledge about the appropriate time to start exclusive breastfeeding among 120 participants. The majority of respondents aged 20–29 years demonstrated correct knowledge (70 "Yes", 4 "No"), followed by those under 20 (19 "Yes", 2 "No"), with a statistically significant association ($p = .049$). Although all participants above 39 answered correctly, the 30–39 age group had relatively fewer correct responses (13 "Yes", 3 "No"). Educational background also showed a significant influence: all participants with HSC, higher education, or no formal education answered correctly, whereas 9 respondents with SSC qualifications answered incorrectly ($p = .001$). Occupation-wise, housewives formed the largest group with correct knowledge (79 "Yes", 9 "No"), and the association was significant ($p = .008$), while all employed respondents (government, private, and others) answered correctly, reflecting no significant variation. These findings are consistent with those of Khan et al. (2020), who found that maternal age, education, and occupation significantly affected breastfeeding knowledge,

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with younger, educated mothers—especially those with higher secondary education—showing better awareness of exclusive breastfeeding practices. Their study emphasized the importance of targeted education and support for mothers in lower educational groups to bridge knowledge gaps.

CONCLUSION AND RECOMMANDATIONS

This study explored postpartum mothers' knowledge regarding the benefits of exclusive a natural contraceptive, and difficulties associated with cesarean delivery. Mothers should be encouraged to attend antenatal clinic and the health

Recommendations

Based on the study's findings, the following recommendations are proposed:

- Strengthen Breastfeeding Education in Antenatal and Postnatal Care.
- Address Myths and Misconceptions about Colostrum.

breastfeeding and identified both strengths and gaps across various domains, including initiation, exclusive breastfeeding, colostrum feeding, positioning, benefits, and challenges. While the majority demonstrated sound understanding of colostrum and the health benefits of exclusive breastfeeding for both mother and child, notable gaps persisted. These included misconceptions about colostrum, limited awareness of breastfeeding as

professionals should educate mothers regarding benefits of EBF and to discourage supplementary foods unless advised medically.

- Promote Breastfeeding through Mass and Social Media.
- Enhance Community and Family Support Systems.
- Conduct Further Research.

Study Timeline

Budget

Category	Monthly Plan					
	January 25	Feb 25	Mar 25	April 25	May 25	June 25
Title Selection						
Literature Review						
Questionnaire Development						
Proposal Preparation						
Proposal presentation						
Proposal Submission						
Data collection						
Data analysis						
Interpretation						
Dissemination						

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