

Exclusive Breast Feeding Practices in Bangladesh

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Abstract : Optimal breastfeeding practice is essential to reducing childhood morbidity and mortality and helps to achieve Millennium Development Goal (MDG). A cross-sectional study was conducted in a rural area in Dhaka district to explore the barrier to optimal breastfeeding practices. The population of this study constitutes all nursing mothers having children aged 0-6 months, and they were selected purposively. The study adopted a structured and in-depth interview procedure consisting of open and closed-ended questions. Four hundred rural nursing mothers constituted the sample of the structured interview, while 15 were involved in the in-depth interview. Among the respondent's majority (67%) were in the age group 17-25 years, with a mean age of 24.44 years. Most (39.5%) of the mothers were housewives with a secondary level of education (46.5%). About 32% of mothers started breastfeeding within one hour after birth. But delayed initiation was reported in 31.5% of mothers, whereas 36.8% of mothers forgot the exact time of initiation of breastfeeding. The main reason not to practice colostrum was mothers tried to breastfeed, but there was no milk, stated 13.8% of mothers. In addition, about one-third (34.3%) of the respondents practiced pre-lacteal feeding, and among them, 12.8% introduced sugar with water. Reasons given by the mothers for bottle-feeding was that baby was not satisfied with breast milk only; 22.0% of mothers indicated this cause. The main influence to take formula milk by their mother and mothers-in-law was stated by 18.8% of mothers. Some mothers stated that major constraints to EBF were the perception of not having enough milk (25.5 %) and babies crying seems to be hungry (8.8%). One-third of the mothers (31.5%) felt uncomfortable during breastfeeding. Access to antenatal and postnatal counseling in the study area also was a key obstacle to optimal breastfeeding practices. In a qualitative survey, some mothers believed that there was no difference between breast milk and formula milk. Colostrum feeding, pre-lacteal feeding, early initiation of breastfeeding, and exclusive breastfeeding were strongly associated with family type, family member, birth order, religion, husbands' occupation, delivery attendants and delivery type, postnatal care, and health care facilities. To reduce the barriers to the successful practice of exclusive breastfeeding, there is a need for a grass-roots approach to educating and counseling nursing mothers with identifying factors influencing or discouraging the optimal practice.

Keywords : exclusive, breast feeding, practices, Bangladesh

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