

Original Article**AWARENESS AND ATTITUDE TOWARDS EXCLUSIVE BREASTFEEDING
AMONG MOTHERS OF URBAN AND RURAL COMMUNITY OF JHAPA
DISTRICT*****Pushpa Neupane***Department of Nursing, National Medical College Nursing Campus, Birgunj, Nepal***Submitted: 27th-March-2025 Revised: 16th-May-2025 Accepted: 30th-May-2025****DOI: <https://doi.org/10.3126/mjen.v4i01.80704>****ABSTRACT****Background**

Breastfeeding is the way of providing nutrients to young infants for proper growth and development whereas Exclusive Breastfeeding means a baby receives only breast milk without additional food or drink, including water until six months of age. Breastfeeding is the survival intervention for infant which is effective in reducing infant morbidity and mortality.

Methods

Descriptive comparative research design was used for the study to compare awareness and attitude towards Exclusive Breastfeeding among mothers residing in selected rural and urban community. Non probability sampling techniques was used with sample size 192.


Results

Among 192 mothers, more than half (53.2% and 53.0%) of mothers had good level of awareness in rural and urban community respectively. Among 192 mothers majority of mothers (85.4% and 82.3%) respectively in rural and urban community had positive attitude towards exclusive breastfeeding. The data shows that there is no significant difference in the level of awareness and attitude regarding exclusive breastfeeding among mothers residing in rural and urban community.

Conclusion

Among 192 mothers, more than half of the mothers had good level of awareness regarding exclusive breastfeeding where as two thirds of the mothers had positive attitude towards exclusive breastfeeding in both rural and urban community.

Keywords: Attitude, Awareness, Exclusive breast feeding, Infants

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INTRODUCTION

Children are the foundation of the future of the country. The Rights of the child to nutrition could be highest attainable by expanding mothers of exclusive breastfeeding till six months and breastfeeding till 2 years.¹

Breastfeeding is the way of providing nutrients to young infants for healthy growth and development. Breast milk provides all essential nutrients for infants less than six months of age and has many important properties like fat, lactose, protein, fat-soluble vitamins, water-soluble vitamins, minerals and anti-infective factors.^{2,3} Exclusive Breast Feeding means a baby receives only breast milk. World Health Organization and United Nations Children's Fund recommend early initiation of exclusive breastfeeding up to six months of age.² Poor infant breastfeeding practices and lack of awareness has been identified as one of major reasons for high burden of childhood morbidity and mortality in most of developing countries.⁴ Exclusive breastfeeding lower morbidity from gastrointestinal and allergic diseases, decrease the risk of obesity, diabetes, high blood pressure, fewer dental malocclusions and higher intelligence than those who were breastfed shortly.⁵ In addition, breastfeeding has several maternal benefits like wellbeing of mothers, lower the risk of breast and ovarian cancer, greater postpartum weight loss, helps in birth spacing, form emotional attachment between mother and child and decrease blood pressure in compared with no breastfeeding.^{6,7} According to Annual Report, exclusive breastfeeding record of children who registered in growth monitoring, are decreasing in trends which is recorded as 32% in 2015/16 and 25% in 2016/17. As report, 21% of infants in province no. 1, and 41% in Province no. 3, were breastfed exclusively.⁸

A study conducted in Lekhnath urban area of Pokhara in Nepal, 49.3% of mother had good knowledge whereas only 1.4% had poor knowledge regarding Exclusive Breastfeeding. Similarly, regarding attitude 53.6% believed that first breast milk should be discarded and 77.1% agreed that Exclusive Breastfeeding is enough for child up to six months.⁹ A study was conducted among mothers of urban and rural communities in south west, Nigeria to assess knowledge, attitude and practice regarding Exclusive Breastfeeding. The study findings showed that 84.75% of urban mothers and 89.5% of rural mothers had good knowledge whereas attitude of mothers was fair.¹⁰ Despite the increased awareness regarding importance of Exclusive Breastfeeding across the world, 36.3 million (63%) children of less than six months old in low and middle income countries were

not exclusively breast feed and only 41% in the world and 53% in South Asia were breast feed.¹

A cross sectional survey in Italy, Zainapora, Shopian, Dhaka and Ghana done to assess the level of knowledge, attitude and behaviors of women about breastfeeding suggested two thirds (64.6%), 87.0%, 81.2% and 87.5% of women had heard about exclusive breastfeeding and 71 percent of them knew that exclusive breastfeeding should be practiced for at least six months. Regarding attitude of breastfeeding, two thirds (76.3%) and majority (87.9%) of women agreed that breastfeeding creates bonding between mother and child and majority (91.1%) of women believed that breastfeeding provides the best nutrition for infants for the first six months of age.^{11,12,13,14,15}

In context of Nepal the prevalence of exclusive breast feeding is still low especially in the terai region, province no. 1, i.e. 21% only. Furthermore, awareness and attitude of mothers towards exclusive breastfeeding is crucial to save infant's lives. Thus, the researcher is highly motivated to conduct research on this topic.

METHODS

Descriptive comparative research design was used for the study to compare awareness and attitude towards Exclusive Breastfeeding among mothers residing in selected urban and rural community of Jhapa District. The study was conducted in urban community i.e. ward no.1 and 2 of Birtamode municipality and rural community i.e. ward no. 6 and 7 of Baradashi Gaupalika, of Jhapa District. 192 mothers (96 mothers from selected rural community and 96 mothers from selected urban community and non-probability purposive sampling technique was used to select the mothers currently residing in selected urban and rural community of Jhapa district. A structured Awareness interview schedule was used by researcher by using structured interview schedule from 2076-05-04 to 2076-05-30. Attitude in this study is measured as, Positive: score was more than 75%, Neutral: score was between 50-75% and Negative: score was less than 50%. The collected data were coded and entered into Statistical Package for Social Sciences, (SPSS-20 version) for data processing and statistical analysis.

RESULTS

Table 1 represents awareness of mothers regarding exclusive breastfeeding. Almost all (92.7% and 91.7%) of mothers respectively in rural community and Urban community had mentioned correct answer regarding feeding of breast milk for baby immediately after birth.

Table 1: Awareness of Mothers Regarding Feeding immediately after Birth, Meaning of Exclusive Breastfeeding, start time for Breastfeeding, Importance of Colostrums and Reasons for Colostrums Feeding N=192

Items	Correct Response			
	Rural Community (n=96)		Urban Community (n=96)	
	Frequency	Percentage	Frequency	Percentage
Nutrition for baby immediately after birth				
Breast milk only #	89	92.7	88	91.7
Meaning of exclusive breastfeeding				
Feeding the infants with only breast milk #	34	35.4	44	45.8
Breastfeeding start time after delivery				
Soon after birth to within one hour of birth #	88	91.7	79	82.3
Importance to feed colostrums to a baby				
Yes #	92	95.8	90	93.8
Reasons for colostrums feeding*				
It is nutritious and heavy food for babies	92	100.0	88	96.7
It protects babies from infection and illness	52	56.5	57	62.6

#Correct response * Multiple response

Table 2 shows awareness of mothers regarding frequency of breastfeeding, majority (91.7%) in rural community and more than half (60.4%) of mothers in urban community had answered breastfeeding on demand whenever the baby wants.

Table 2: Awareness of Mothers Regarding Frequency, Duration of Exclusive Breastfeeding, Duration of Each Breastfed, Benefits of Exclusive Breastfeeding to Mother and Baby N=192

Items	Correct Response			
	Rural Community (n=96)		Urban Community (n=96)	
	Frequency	Percentage	Frequency	Percentage
Frequency of breastfeeding*				
Breastfed on demand whenever the baby wants	88	91.7	58	60.4
Every two hours	55	57.3	54	56.3
Duration of exclusive breastfeeding				
Up to six months #	77	80.2	91	94.8
Duration of breastfeeding for babies for each feed*				
On demand feeding	58	60.4	56	58.3
10-20 minutes	38	39.6	54	56.3
Benefits of exclusive breastfeeding for baby*				
Healthy growth and development	95	99.0	93	96.9
Protection from diarrhea and other infection	24	25.0	24	25.0
Provides immunity for baby	78	81.3	86	89.6
Benefits of exclusive breastfeeding for mother*				
It helps to stimulate uterine contraction after delivery	14	14.6	22	22.9
It strengthens bond between the mother and baby	94	97.9	95	99.0

#Correct response * Multiple response

Table 3 represents awareness of mothers regarding use of expressed breast milk, very few (16.7%) of mothers in rural community and minority (13.5%) of mothers in urban community answered correctly.

Table 3: Awareness of Mothers Regarding Use of Expressed Breast Milk, Conditions for Continuous Breastfeeding, Ways to keep up Breast Milk Supply and Appropriate time for Complimentary Feeding N=192

Items	Correct Response			
	Rural Community (n=96)		Urban Community (n=96)	
	Frequency	Percentage	Frequency	Percentage
Expressed breast milk can be used later				
Yes #	16	16.7	13	13.5
Conditions in which breast feeding should be continued*				
Maternal illness	84	87.5	83	86.5
Child illness	96	100.0	95	99.0
Menstruation	96	100.0	96	100.0
Diffirent ways to keep up breast milk supply*				
Breast feeding exclusively on demand	51	53.1	61	63.5
Drink enough liquid during day	96	100.0	74	77.1
Having nutritious diet	95	99.0	94	97.9
Appropriate time to start solid foods to a baby				
Six months #	75	78.1	88	91.7

#Correct response * Multiple response

Table 4 represents the level of awareness of mothers regarding exclusive breastfeeding residing in rural and urban community. Among 192 mothers, more than half (53.2% and 53.0%) of mothers had good level of awareness in rural and urban community respectively.

Table 4: Level of Awareness Regarding Exclusive Breastfeeding among Mothers Residing in Rural and Urban Community N=192

Level of Awareness	Rural Community(n=96)		Urban Community(n=96)	
	Frequency	Percentage	Frequency	Percentage
Poor Awareness (<12)	1	1.0	0.0	0.0
Fair Awareness(12-18)	44	45.8	43.0	44.8
Good Awareness(>18)	51	53.2	53.0	55.2

Table 5 shows the level of attitude towards exclusive breastfeeding among mothers. Among 192 mothers majority of mothers (85.4% and 82.3%) respectively in rural and urban community had positive attitude towards exclusive breastfeeding.

Table 5: Level of Attitude towards Exclusive Breastfeeding among Mothers Residing in Rural and Urban Community N=192

Level of attitude	Rural Community(n=96)		Urban Community(n=96)	
	Frequency	Percentage	Frequency	Percentage
Neutral Attitude	14	14.6	17.0	17.7
Positive Attitude	82	85.4	79	82.3

DISCUSSION

In concern of awareness regarding exclusive breastfeeding among mothers, the present study findings revealed that almost (92.7% and 91.7%) of the

mothers respectively in rural and urban community had answered correctly regarding feeding of breast milk for baby immediately after birth. The results are inconsistent with the findings that more than half (52.2%) of the mothers answered correctly about meaning of exclusive breastfeeding.¹⁶ This contradiction might be due to different setting.

Regarding awareness of exclusive breastfeeding, all (100.0%) of mothers of rural community mentioned the different ways to increase breast milk supply. Among them, most of mothers (77.1%) mentioned that drinking of enough liquid during day for increasing breast milk supply whereas, more than half (53.1% and 63.5%) of mothers respectively in rural and urban community had answered that breastfeeding should be done exclusively on demand to keep up milk supply. The result is also inconsistent with the findings that 75.5% of the mothers were aware about starting time of complimentary feeding and this contradiction might be due to different education level.¹⁷

Regarding attitude, almost two thirds (78.55%) of the mothers in rural community strongly agreed that the breast milk is the ideal and important food for babies and majority (72.9%) of the mothers believed that breast milk losses its nutrition by expressing, freezing and thawing. The result is inconsistent with the findings that majority of mothers (80.9%) mentioned that breast milk can be expressed and stored for future use.¹⁸ This contradiction might be due to different setting.

In concern with level of attitude towards exclusive breastfeeding among mothers, majority of mothers (85.4% and 82.3%) respectively in rural and urban community had positive attitude towards exclusive breastfeeding. The finding is also consistent with the findings which revealed that almost all (90.0%) of the mothers had positive attitude as compared to rural mothers.¹⁹

The attitude towards Exclusive Breast Feeding and

socio-demographic variables of mothers residing in rural and urban community, the findings of the analysis shows that there is no statistically significant association between attitude and socio-demographic variables. The finding is inconsistent with the findings which revealed that mothers breastfeeding attitude was statistically significantly affected by maternal knowledge as evident showed p-value <0.001.²⁰ This contradiction might be due to difference in education.

CONCLUSIONS

Based on the findings of the study, it can be concluded that more than half of the mothers had good level of awareness regarding exclusive breastfeeding residing in rural and urban community and two thirds of the mothers had positive attitude towards exclusive breastfeeding in both rural and urban community. There was no significant difference regarding awareness and attitude towards exclusive breastfeeding among mothers residing in both rural and urban community.

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