



Original Article

Breastfeeding Practices and Perception among Mothers of Infants (0–6 Months) in an Urban Community of Rewa District

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ABSTRACT

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Background: Exclusive breastfeeding (EBF) is a cornerstone of infant survival, nutrition, and development. Despite widespread awareness, inappropriate feeding practices persist in many communities.

Objectives: To assess the perception and practices of breastfeeding among mothers of infants aged 0–6 months in an urban community of Rewa district.

Methods: A cross-sectional study was conducted among 100 mothers attending Shyam Shah Medical College and nearby Anganwadi centres. Data were collected using a structured questionnaire after informed consent. Descriptive statistics were applied and results expressed as frequencies and percentages.

Results: Awareness of exclusive breastfeeding was high (89.5%), but only 42.1% were practicing it. Early initiation within 2 hours occurred in 47.4% cases. Pre-lacteal feeding was reported in 63.2% infants. Colostrum was given by 89.5% mothers, though 10.5% still discarded it. Difficulties in initiation were reported by 63.2% mothers. The major barriers included perceived inadequate milk production and family pressure.

Conclusion: Although awareness regarding breastfeeding is satisfactory, significant gaps exist between knowledge and practice. Strengthening counselling and family-level interventions is essential.

Keywords: Exclusive breastfeeding, Colostrum, Pre-lacteal feeding, Infant feeding practices, Perception.

INTRODUCTION

Breastfeeding is the most natural and effective way of providing nutrition to infants and is associated with reduced morbidity and mortality [1,2]. Exclusive breastfeeding (EBF) for the first six months is recommended globally due to its protective effects against infections, especially diarrhoea and respiratory illnesses [1,3].

Despite these recommendations, suboptimal breastfeeding practices such as delayed initiation, discarding colostrum, and pre-lacteal feeding remain common in developing countries including India [4,5]. Early initiation of breastfeeding within one hour of birth significantly reduces neonatal mortality [6].

Colostrum, often referred to as “first vaccine,” provides essential antibodies and nutrients critical for neonatal immunity [7]. However, misconceptions regarding its quality still persist in certain communities [8].

Urban populations are expected to have better access to healthcare services and information; however, studies indicate that awareness does not always translate into appropriate practices [9,10]. Cultural beliefs, family pressure, and perceived insufficient milk production continue to influence feeding behaviours [11,12].

Hence, this study was conducted to assess breastfeeding practices and maternal perception in an urban setting of Rewa district.

Objectives

1. To assess mothers' knowledge regarding breastfeeding.
2. To evaluate breastfeeding practices among mothers of infants aged 0–6 months.
3. To identify barriers to exclusive breastfeeding.

MATERIALS AND METHODS

A cross-sectional study was conducted over a period of one month among mothers of infants aged 0–6 months attending Shyam Shah Medical College and nearby Anganwadi centres in Rewa, Madhya Pradesh. A total of 100 participants were included in the study using a convenient sampling technique. Data were collected after obtaining informed consent from the participants using a pre-tested, structured questionnaire designed to assess knowledge, perception, and practices related to breastfeeding. The collected data were entered and analysed using appropriate statistical methods. Descriptive statistics such as frequencies and percentages were calculated, and suitable statistical tests were applied wherever necessary to assess associations.

RESULTS

A total of 100 mothers of infants aged 0–6 months were included in the study. As shown in Table 1, the majority of mothers (89.5%) were aware of exclusive breastfeeding, while 10.5% had no awareness. All participants (100%) correctly knew that exclusive breastfeeding should be continued up to 6 months. Awareness regarding colostrum was universal (100%); however, only 89.5% believed that it should be given to the newborn, while 10.5% considered otherwise. Knowledge regarding expression of breast milk was relatively low, with only 42.1% of mothers being aware of it. Regarding the total duration of breastfeeding, 57.9% of mothers reported that it should be continued beyond 2 years, while 26.3% suggested up to 2 years and 15.8% reported less than 2 years.

According to Table 2, early initiation of breastfeeding within 2 hours of birth was observed in 47.4% of mothers, while 31.6% initiated feeding between 2–4 hours and 21.1% after 4 hours. Colostrum was actually given by 89.5% of mothers, whereas 10.5% did not provide it. Pre-lacteal feeding was practiced by 63.2% of mothers. Among those who provided pre-lacteal feeds, cow's milk, formula milk, and other feeds were equally used (26.3% each), while 21.1% reported not giving any such feed. Exclusive breastfeeding was practiced by only 42.1% of mothers, whereas 57.9% did not follow exclusive breastfeeding. Regarding the method of top feeding, spoon and bowl was the most common method (47.4%), followed by bottle feeding (10.5%) and other methods (21.1%).

As depicted in Table 3, a majority of mothers (63.2%) reported difficulties in initiation of breastfeeding, while 36.8% did not face any difficulty. Support from healthcare staff for positioning and attachment during breastfeeding was reported by 57.9% of mothers, whereas 42.1% did not receive such support. The major reasons for not practicing exclusive breastfeeding included perceived inadequate milk production, delayed initiation of lactation, family pressure for top feeding, and maternal fatigue. With respect to child health outcomes, 78.9% of infants had not experienced any episode of diarrhoea since birth, while 10.5% had one episode and 10.6% had three or more episodes.

Table 1: Awareness and Knowledge Regarding Breastfeeding (N = 100)

Variable	Category	Frequency (%)
Awareness of exclusive breastfeeding	Yes	89.5
	No	10.5
Knowledge of duration of exclusive breastfeeding	Up to 6 months	100
Heard about colostrum	Yes	100
	Colostrum should be given	Yes
	No	10.5
Knowledge of milk expression	Yes	42.1
	No	57.9
Recommended duration of breastfeeding	>2 years	57.9
	2 years	26.3
	<2 years	15.8

Table 2: Breastfeeding Practices among Mothers (N = 100)

Variable	Category	Frequency (%)
Timing of first feed	Within 2 hours	47.4
	2–4 hours	31.6
	>4 hours	21.1
Colostrum actually given	Yes	89.5
	No	10.5
Pre-lacteal feeding given	Yes	63.2
	No	36.8
Type of pre-lacteal feed	Cow's milk	26.3
	Formula milk	26.3

	Others	26.3
	None	21.1
Exclusive breastfeeding practiced	Yes	42.1
	No	57.9
Method of top feeding	Spoon & bowl	47.4
	Bottle	10.5
	Others	21.1
	None	21.1

Table 3: Barriers, Support and Child Health Outcomes (N = 100)

Variable	Category	Frequency (%)
Difficulty in initiation of breastfeeding	Yes	63.2
	No	36.8
Support from healthcare staff	Yes	57.9
	No	42.1
Reasons for non-exclusive breastfeeding	Perceived inadequate milk production	
	Delayed milk secretion	
	Family pressure for top feeding	
	Maternal fatigue	
Episodes of diarrhoea in child	None	78.9
	1 episode	10.5
	≥3 episodes	10.6

DISCUSSION

The present study demonstrates that although awareness of exclusive breastfeeding was high (89.5%), only 42.1% of mothers practiced it, indicating a substantial knowledge-practice gap. Similar findings have been reported in other Indian studies and national surveys [2,9].

Early initiation of breastfeeding within 2 hours was observed in 47.4% of cases, which is lower than recommended standards. Studies have shown that delayed initiation is associated with increased neonatal morbidity and mortality [6,13].

A high prevalence of pre-lacteal feeding (63.2%) was observed, which aligns with findings from other regions of India [5,14]. This practice interferes with exclusive breastfeeding and increases the risk of infections [3].

Although all mothers had heard about colostrum and 89.5% fed it, a small proportion still discarded it, consistent with earlier studies highlighting cultural misconceptions [7,8,15].

Perceived inadequate milk production and delayed lactation were major reasons for non-exclusive breastfeeding, similar to studies conducted in urban and rural settings [11,16]. Family influence also played a significant role in feeding decisions [12].

Lack of proper counselling was evident, as 42.1% mothers reported no assistance from healthcare staff. Effective counselling interventions have been shown to significantly improve breastfeeding practices [17,18].

The findings emphasize that improving knowledge alone is insufficient; behavioural change communication and family involvement are essential to bridge the gap between awareness and practice [19,20].

CONCLUSION

Although mothers demonstrated good awareness regarding breastfeeding, inappropriate practices such as delayed initiation, pre-lacteal feeding, and low exclusive breastfeeding rates persist.

Recommendations

Strengthening antenatal and postnatal counselling is important to improve breastfeeding practices, ensuring mothers receive proper guidance on exclusive breastfeeding and its benefits. Early initiation of breastfeeding within one hour of birth should be encouraged at all healthcare facilities.

REFERENCES

1. World Health Organization. *Infant and young child feeding*. Geneva: WHO; 2021.
2. International Institute for Population Sciences (IIPS), ICF. *National Family Health Survey (NFHS-5), India, 2019–21*. Mumbai: IIPS; 2021.
3. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475–90.
4. Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. *Cochrane Database Syst Rev*. 2012;(8):CD003517.

5. Patel A, Badhoniya N, Khadse S, Senarath U, Agho KE, Dibley MJ. Infant and young child feeding indicators and determinants of poor feeding practices in India: secondary data analysis of National Family Health Survey 2005–06. *Int Breastfeed J*. 2010;5:4.
6. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics*. 2006;117(3):e380–6.
7. Ballard O, Morrow AL. Human milk composition: nutrients and bioactive factors. *Pediatr Clin North Am*. 2013;60(1):49–74.
8. Khan ME. Breastfeeding and weaning practices in India. *Asia Pac Popul J*. 2017;32(2):5–28.
9. Tiwari R, Mahajan PC, Lahariya C. The determinants of exclusive breastfeeding in urban slums: a community-based study. *Indian J Community Med*. 2018;43(2):87–91.
10. Gupta A, Dadhich JP, Suri S. How can global rates of exclusive breastfeeding be enhanced? *Indian J Pediatr*. 2019;86(6):491–4.
11. Goyal RC, Banginwar AS, Ziyo F, Toweir AA. Breastfeeding practices: positioning, attachment (latch-on) and effective suckling – a hospital-based study in Libya. *J Family Med Prim Care*. 2011;1(1):30–4.
12. Patel DV, Bansal RK, Nimbalkar AS, Phatak AG, Nimbalkar SM. Breastfeeding practices, demographic variables, and their association with morbidities in children. *Int J Med Sci Public Health*. 2013;2(4):1–6.
13. Debes AK, Kohli A, Walker N, Edmond K, Mullany LC. Time to initiation of breastfeeding and neonatal mortality and morbidity: a systematic review. *BMC Public Health*. 2013;13(Suppl 3):S19.
14. Rai RK, Singh PK, Singh L. Prevalence and determinants of pre-lacteal feeding in India: evidence from NFHS-3. *BMJ Open*. 2014;4:e004959.
15. Srivastava A, Gupta A, Bhatnagar A, Dutta S. Colostrum feeding practices and associated factors. *Int J Community Med Public Health*. 2016;3(10):2740–4.
16. Sharma IK, Byrne A. Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia. *Int Breastfeed J*. 2016;11:17.
17. Haroon S, Das JK, Salam RA, Imdad A, Bhutta ZA. Breastfeeding promotion interventions and breastfeeding practices: a systematic review. *BMC Public Health*. 2013;13(Suppl 3):S20.
18. Sinha B, Chowdhury R, Sankar MJ, Martines J, Taneja S, Mazumder S, et al. Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis. *Lancet*. 2015;387(10017):491–504.
19. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491–504.
20. Kimani-Murage EW, Wekesah F, Wanjohi M, Kyobutungi C, Ezeh AC, Musoke RN, et al. Factors affecting breastfeeding practices in urban informal settlements. *Int Breastfeed J*. 2011;6:21.
21. UNICEF. *Improving breastfeeding practices globally*. New York: UNICEF; 2020.
22. Ministry of Health and Family Welfare. *Infant and Young Child Feeding (IYCF) Guidelines*. New Delhi: Government of India; 2020.
23. Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS; Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *Lancet*. 2003;362(9377):65–71.
24. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, de Onis M, et al. Maternal and child undernutrition and overweight. *Lancet*. 2013;382(9890):427–51.
25. Lamberti LM, Walker CLF, Noiman A, Victora C, Black RE. Breastfeeding and the risk for diarrhea morbidity and mortality. *BMC Public Health*. 2011;11(Suppl 3):S15.