

Breastfeeding and Working Mother: Knowledge, Attitude and Practice in the Context of Healthcare Settings in Bangladesh



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Abstract

Background: Breastfeeding is universally recognized as the optimal infant nutrition, providing essential nutrients and immunological protection. Despite its benefits, breastfeeding rates remain suboptimal among working mothers, particularly in healthcare settings. In Bangladesh, while breastfeeding initiation is nearly universal, exclusive breastfeeding rates drop significantly after four months due to workplace challenges and cultural practices.

Aim: This study assessed the knowledge, attitudes, and practices (KAP) of breastfeeding among working mothers in healthcare settings in Bangladesh.

Methods: A descriptive cross-sectional study was conducted among 100 working mothers from three hospitals in Barisal, selected through purposive sampling. Data were collected using structured questionnaires adapted from FAO guidelines, assessing socio-demographic characteristics, breastfeeding knowledge (8 items), attitudes (10 items), and practices (5 items). Ethical clearance was obtained, and confidentiality was maintained throughout the study. Statistical analysis included descriptive measures (mean, SD, percentages).

Results: Participants had a mean age of 32.08 (± 6.30) years, with 72% in nuclear families. The mean breastfeeding duration was 10.32 (± 6.38) months, falling short of the WHO recommendations. Knowledge scores were moderate (mean 76.5%), with gaps in awareness of breastfeeding's role in preventing diarrhea (35% correct) and dietary practices to enhance lactation (25% accurate). Attitudes were favorable (mean score 81.4%), though 48% endorsed pre-lacteal feeds. Practice scores were lowest (mean 52.1%), with only 20% receiving lactation counseling, 50% using pre-lacteal feeds, and 40% not breastfeeding on demand.

Conclusion: While working mothers demonstrated good breastfeeding knowledge and positive attitudes, practices were suboptimal due to cultural traditions and inadequate workplace support.

Recommendation: Interventions should include lactation counseling, workplace policies (lactation breaks, daycare), and community education to address misconceptions and improve breastfeeding practices.

Keywords: Breastfeeding, working mothers, knowledge-attitude-practice (KAP), healthcare settings, Bangladesh.

INTRODUCTION

Breast milk is universally acknowledged as the optimal source of nutrition for infants, providing essential nutrients, antibodies, and immunological protection crucial for growth and development (WHO, 2023). The American Academy of Pediatrics emphasizes that exclusive breastfeeding for the first six months of life significantly reduces infant mortality, enhances cognitive development, and protects against infections and chronic diseases (Meek *et al.*, 2022). Beyond its nutritional benefits, breastfeeding fosters emotional bonding between mother and child, laying the foundation for healthy psychosocial development (Modak *et al.*, 2023). Despite these well-documented advantages, breastfeeding rates remain suboptimal in many regions, particularly among working mothers. In Bangladesh, while nearly 100% of rural mothers initiate breastfeeding, only 16% exclusively breastfeed their infants up to four months (Bangladesh Demographic and Health Survey [BDHS], 2011). Early introduction of supplementary foods, bottle feeding, and workplace challenges contribute to this decline, increasing the risk of infant malnutrition and infections.

Working mothers, particularly those in healthcare, face unique barriers to sustaining breastfeeding. Despite their professional knowledge of its benefits, many struggle to practice it due to work-related constraints such as shift duties and long working hours, inadequate workplace facilities including the absence of daycare centers and lactation rooms, and sociocultural factors like misconceptions about breastfeeding and lack of family support (Hirani & Kamaliani, 2013). A study by Hirani and Kamaliani (2013) highlights that workplace interventions -such as flexible schedules, lactation rooms, and employer awareness programs - can significantly improve breastfeeding continuation among employed mothers. However, in Bangladesh, such facilities are rare, forcing many working mothers to wean their infants prematurely (BDHS, 2011). This contradiction is particularly evident among healthcare workers, who, despite being primary advocates for breastfeeding, often cannot practice it themselves due to occupational demands (Hawkins *et al.*, 2007). Observations indicate that nurses and midwives frequently cannot breastfeed on demand due to rigid hospital shifts, lack of refrigeration facilities for storing expressed milk, and have no access to on-site daycare, preventing them from nursing during breaks.

This study aimed to address the research gap by focusing on healthcare professionals -the very individuals responsible for disseminating breastfeeding knowledge- to assess their knowledge, attitudes, and practices (KAP) regarding breastfeeding. By identifying systemic barriers and advocating for workplace policies such as lactation breaks, daycare centers, and milk storage facilities, the study sought to improve breastfeeding rates among working mothers, particularly in healthcare settings. The national target for exclusive breastfeeding in Bangladesh is 80%, yet current rates remain alarmingly low (BDHS, 2011). Addressing these challenges can enhance infant health outcomes, prolong breastfeeding duration, and reduce neonatal mortality rates (NMR) by preventing early weaning-related infections. The findings will contribute to the development of institutional policies that support breastfeeding, ultimately benefiting both mothers and infants across Bangladesh.

METHODOLOGY

This study employed a descriptive cross-sectional design to assess the knowledge, attitudes, and practices (KAP) of breastfeeding among working mothers in healthcare settings. The research was conducted at Sher-e-Bangla Medical College, Sher-e-Bangla Medical College Hospital, and Sadar Hospital, Barisal, over six months. These three are the largest government healthcare facilities in the Barishal district, where a huge number of healthcare workers are employed. As a consequence, these places were selected as study sites due to the abundance of

potential and authentic target populations. The target population consisted of 600 female healthcare workers, from which a purposive sample of 100 working mothers meeting the inclusion criteria (having at least one child aged 2 to 59 months) was selected. Ethical clearance was obtained from the research committee of Atish Dipankar University of Science & Technology (ADUST) and the respective hospital administrations, ensuring voluntary participation, confidentiality, and the right to withdraw at any stage (World Medical Association, 2013).

Data collection was carried out using two structured questionnaires: (1) a demographic profile capturing personal details (age, occupation, income, education, and lactation history) and (2) a breastfeeding KAP questionnaire adapted from the Food and Agriculture Organization (FAO) guidelines (FAO, 2011). The FAO-based tool was selected for its validity, reliability, and prior field-testing in multiple countries. The KAP questionnaire included 8 knowledge-based questions (e.g., importance of colostrum, exclusive breastfeeding), a 3-point Likert scale assessing attitudes (agree/unsure/disagree), and 5 practice-related questions (e.g., duration of breastfeeding, prelacteal feeding). Before full implementation, the questionnaire was pre-tested on 10 participants to ensure clarity and ease of administration. Based on the feedback received, minor revisions were made to improve question phrasing and comprehension. The 10 participants involved in the pre-test were excluded from the main sample to prevent potential bias in the study findings.

Interviews were conducted in a private, participant-preferred setting, each lasting 20–30 minutes. Hospital matrons assisted in identifying eligible participants, and written informed consent was obtained before data collection. To maintain confidentiality, responses were anonymized using ID numbers rather than names. This methodology ensured a systematic assessment of breastfeeding KAP while upholding ethical research standards (Elo *et al.*, 2014).

RESULTS

This section presents a detailed analysis of the research findings obtained from participants through questionnaire-based data collection. The results systematically outline the key patterns and trends identified from the survey responses, offering comprehensive insights into the study's core objectives. All data presented were gathered directly from respondents using the standardized research instrument developed for this investigation.

Table 1 shows the socio-demographic profile and lactation history of the 100 participating working mothers. The mean age of the mothers was 32.08 years ($SD \pm 6.30$), with the majority (34%) between 31 - 36 years of age. Regarding their children's age, most (45%) had children aged between 1- 2 years, and the mean child age was 1.85 years ($SD \pm 0.99$). In terms of religion, 55% of the mothers were Muslim, 40% were Hindu, and 5% were Christian. Forty percent of the mothers had one child, while 38% had two children, and 22% had more than two. A large proportion (70%) reported that their husbands were engaged in service-based jobs. The mean family monthly income was 33,100 BDT ($SD \pm 9,637$), with more than half (56%) earning between 20,000 - 35,000 BDT. Most of the participants (72%) lived in nuclear families, while 28% belonged to joint families. Regarding lactation history, the mean duration of breastfeeding was 10.32 months ($SD \pm 6.38$), with 33% breastfeeding for 6 - 12 months and 31% breastfeeding for 0 - 6 months.

Table 1: Distribution of Participants According to Socio-demographic Profile Along with Lactation History (N=100)

Variables	Categories	n	%	Mean±SD
Mother's age (in years)	21-25	23	23	32.08 ± 6.30
	26-30	15	15	
	31-36	34	34	
	>36	28	28	
Children age (in years)	<1	25	25	1.85 ± 0.99
	1-2	45	45	
	>2-5	35	35	
Religion	Islam	55	55	
	Hindu	40	40	
	Christian	5	5	
Number of children	1	40	40	
	2	38	38	
	> 2	22	22	
Husband in service	Yes	70	70	
	No	30	30	
Family monthly income (in Bangladeshi Taka)	<20,000	7	7	33,100 ± 9,637 BDT
	20,000-35,000	56	56	
	>35,000	37	37	
Types of family	Joint	28	28	
	Nuclear	72	72	
Lactation history	0-6 months	31	31	10.32 ± 6.38 months
	6-12 months	33	33	
	12-18 months	19	19	
	>18 months	17	17	

Table 2 presents the distribution of respondents according to their knowledge of breastfeeding. A majority of participants (83%) acknowledged the importance of exclusive breastfeeding, and 86% agreed that it improves a child's immunity. About 68% recognized the importance of initiating breastfeeding within one hour of birth, while 58% understood the nutritional benefits of colostrum. However, only 35% knew that exclusive breastfeeding can prevent diarrhea, indicating a gap in awareness regarding its role in infection prevention. This knowledge gap may have practical implications; as insufficient understanding of breastfeeding's protective benefits could lead to inconsistent or early cessation of exclusive breastfeeding. Consequently, such gaps may undermine optimal infant feeding practices, increasing the risk of preventable illnesses such as diarrhea and other infections in early childhood. Regarding the difference in

growth patterns, 77% of respondents correctly identified that breastfed and formula-fed infants grow differently. Knowledge about dietary practices to improve milk production was relatively low, with only 25% aware that almonds and fenugreek could help. In terms of the recommended duration of exclusive breastfeeding, 44% correctly stated six months, while 25% believed less than six months, and 31% believed more than six months. Overall, the mean knowledge score among the participants was 76.5%, reflecting a generally good but not comprehensive understanding of breastfeeding practices.

Table 2: Distribution of the Respondents According to the Knowledge of Breastfeeding (N=100)

Question	Response	Number (n)	Percentage (%)
Is exclusive breastfeeding important?	Yes	83	83%
	No	17	17%
Is colostrum nutritionally beneficial to the child?	Yes	58	58%
	No	42	42%
Does exclusive breastfeeding improve immunity?	Yes	86	86%
	No	14	14%
Is it important to initiate breastfeeding within 1 hr. after birth?	Yes	68	68%
	No	32	32%
Can exclusive breastfeeding prevent a child from diarrhea?	Yes	35	35%
	No	65	65%
Growth patterns of breastfed infants differ from formula-fed.	Yes	77	77%
	No	23	23%
Consuming almonds and fenugreek can improve milk production.	Yes	25	25%
	No	75	75%
How long should exclusive breastfeeding be continued?	<6 months	25	25%
	6 months	44	44%
	>6 months	31	31%
The mean score for the level of knowledge based on the responses provided is			76.5%

Table 3 illustrates the respondents' attitudes towards breastfeeding. A substantial majority (70%) agreed that breastfeeding should be continued up to two years, while 82% supported breastfeeding on demand. Notably, 48% believed in giving pre-lacteal feeds, reflecting the

persistence of some traditional but non-recommended practices. A very high percentage (90%) showed positive attitudes towards adhering to vaccination schedules and acknowledged that formula feeding is not better than breastfeeding. Moreover, 88% emphasized the importance of health and hygiene in breastfeeding, and 70% agreed that breastfeeding might cause changes in body shape. Encouragingly, 81% recognized that breastfeeding strengthens mother–child bonding. While 65% opposed stopping breastfeeding during diarrhoeal episodes, 20% still disagreed, suggesting the need for further awareness. Overall, the mean attitude score was 81.4%, indicating a predominantly favorable attitude towards breastfeeding among the participants.

Table 3: Distribution of the Respondents According to the Attitude Towards Breastfeeding

Questions	Agree (n, %)	Unsure (n, %)	Disagree (n, %)
Should breastfeeding be continued up to 2 years?	70 (70%)	10 (10%)	20 (20%)
Do you think breastfeeding should be on demand?	82 (82%)	8 (8%)	10 (10%)
Do you believe in giving pre-lacteal feeds to babies?	48 (48%)	30 (30%)	22 (22%)
Do you believe in following the vaccination schedule?	90 (90%)	0 (0%)	10 (10%)
Should breastfeeding be stopped when the child has diarrheal episodes?	65 (65%)	15 (15%)	20 (20%)
Is formula feeding better than breastfeeding?	90 (90%)	8 (8%)	2 (2%)
Do you think health and hygiene are more important for breastfeeding?	88 (88%)	7 (7%)	5 (5%)
Do you believe that breastfeeding causes changes in body shape?	70 (70%)	10 (10%)	20 (20%)
Does breastfeeding increase mother–child bonding?	81 (81%)	9 (9%)	10 (10%)
The mean score for the level of attitude based on the responses provided is			81.4%

Table 4 presents the distribution of respondents based on their breastfeeding-related practices. Only 20% of mothers reported receiving advice from a lactation counsellor, suggesting limited professional guidance. Half of the respondents (50%) admitted to giving pre-lacteal feeds to their infants, which is contrary to recommended practices. While 60% provided breast milk as the first feed, 40% still resorted to honey or sugar water, reflecting traditional but potentially harmful practices. Encouragingly, 70% initiated breastfeeding within the first hour of birth, aligning with global recommendations. Additionally, 60% reported breastfeeding on demand, which is a positive indicator of responsive feeding. However, a notable 40% breastfed at fixed or random intervals, indicating inconsistencies in optimal feeding practices. The overall mean practice score was 52.1%, highlighting a moderate level of appropriate breastfeeding practices among the participants, with substantial room for improvement through education and support.

Table 4: Distribution of the Respondents According to the Practice Attitude of Breastfeeding

Variables	Response	Frequency (n)	Percentage (%)
Did you take advice from a lactation counsellor before breastfeeding?	Yes	20	20%
	No	80	80%
Did you give pre-lacteal feeds to the infant?	Yes	50	50%
	No	50	50%
What was the type of the first feed given to your last child?	Breast milk	60	60%
	Honey	20	20%
	Sugar Water	20	20%
When did you start breastfeeding after delivering your last child?	In an interval of one hour	70	70%
	In an interval of 2–6 hours	20	20%
	After 24 hours	10	10%
How frequently do you breastfeed?	On demand	60	60%
	At specific intervals	20	20%
	At random	20	20%
The mean score for the level of practice based on the responses provided is			52.1%

DISCUSSION

This study examined the knowledge, attitude, and practice (KAP) of breastfeeding among working mothers through a structured questionnaire in three selected hospitals situated in Barishal, Bangladesh. In addition, the socio-demographic profile of the study subjects and their lactation history was sought to understand the diverse nature of participants for containing different levels of KAP.

Socio-demographic and Lactation History

The findings highlight key socio-demographic and lactation patterns among working mothers in Bangladesh. The mean breastfeeding duration (10.32 ± 6.38 months) falls short of the WHO-recommended 24 months (WHO, 2023), suggesting a need for workplace lactation support. The predominance of nuclear families (72%) may limit familial breastfeeding assistance, aligning with previous studies (Sharmin *et al.*, 2016). Additionally, 70% of husbands held service-based jobs, implying potential financial stability but time constraints affecting maternal support. Income disparities (56% earned 20,000–35,000 BDT) may influence access to breastfeeding resources, as lower-income mothers often face challenges in maintaining lactation (Hassan & Hossain, 2023). The shorter breastfeeding durations (31% for 0 - 6 months)

may reflect workplace barriers, emphasizing the need for institutional policies like paid maternity leave and lactation breaks (Waidler *et al.*, 2021).

Knowledge About Breastfeeding

The study reveals that working mothers in Bangladesh have a generally good level of knowledge about breastfeeding, with a mean knowledge score of 76.5%. A high proportion (83%) recognized the importance of exclusive breastfeeding, and 86% understood its role in enhancing child immunity, aligning with global health recommendations (WHO, 2023). However, critical knowledge gaps persist - particularly regarding the role of breastfeeding in preventing diarrhea, with only 35% of respondents aware of this connection. This limited awareness is concerning given the high burden of infant morbidity from diarrheal diseases in low- and middle-income countries (Lamberti *et al.*, 2011). Such knowledge gaps may contribute to suboptimal practices, such as the continued use of pre-lacteal feeds, which can disrupt gut flora and increase infection risk. Furthermore, only 68% knew the importance of initiating breastfeeding within the first hour of birth, suggesting insufficient antenatal counselling. Since early initiation is closely linked to improved neonatal survival outcomes (Victora *et al.*, 2016), strengthening maternal education during pregnancy could help translate knowledge into life-saving practices.

Additionally, misconceptions about the recommended duration of exclusive breastfeeding were evident, with only 44% correctly identifying six months, while others either underestimated (25%) or overestimated (31%) it. This reflects inconsistencies in healthcare messaging, as observed in similar low-resource settings (Adhikari, *et al.*, 2014). The low awareness (25%) of dietary practices to enhance milk production, such as consuming almonds and fenugreek, indicates a gap in maternal nutrition counseling, which could improve lactation outcomes (Taneja *et al.*, 2021).

Despite adequate general knowledge, these gaps suggest that workplace lactation programs and targeted health education interventions are needed to reinforce accurate breastfeeding practices among working mothers in Bangladesh. Strengthening antenatal and postnatal counseling, along with workplace policies supporting breastfeeding, could bridge these knowledge deficits and improve infant health outcomes.

Attitude About Breastfeeding

The findings show predominantly positive attitudes toward breastfeeding among working mothers in Bangladesh, with a mean attitude score of 81.4%. A substantial majority (70%) supported breastfeeding up to two years, aligning with WHO (2023) recommendations, and 82% favored on-demand feeding, reflecting an understanding of responsive infant feeding practices (Pérez-Escamilla *et al.*, 2016). However, the persistence of traditional beliefs, such as giving pre-lacteal feeds (48%), remains a concern, as these practices can delay early breastfeeding initiation and reduce colostrum intake, increasing neonatal health risks (Bhandari *et al.*, 2008).

Encouragingly, 90% of mothers recognized the superiority of breastfeeding over formula feeding, consistent with global health advocacy (Rollins *et al.*, 2016). The high emphasis on hygiene (88%) and vaccination adherence (90%) suggests effective health messaging in maternal care programs. However, misconceptions persist, with 70% associating breastfeeding with body shape changes - a potential deterrent that requires counseling to address cultural perceptions (Oribe *et al.*, 2015).

While 81% acknowledged breastfeeding's role in mother-child bonding, a concerning 20% still believed in discontinuing breastfeeding during diarrheal episodes, contrary to medical advice (WHO, 2024). This highlights gaps in knowledge about breastfeeding's protective role in childhood illnesses.

Overall, while attitudes are largely favorable, targeted education is needed to dispel myths, particularly regarding pre-lacteal feeds and illness-related breastfeeding cessation. Workplace lactation support and community-based counseling could further strengthen positive attitudes and practices among working mothers.

Practice About Breastfeeding

In regard to the practice of breastfeeding, significant gaps between recommended breastfeeding practices and actual implementation among working mothers in Bangladesh were noticed, with an overall practice score of only 52.1%. While 70% of mothers-initiated breastfeeding within the first hour of birth - aligning with WHO (2023) recommendations for optimal newborn care - several concerning practices persist. The widespread use of pre-lacteal feeds (50%) and alternative first feeds like honey or sugar water (40%) reflects deep-rooted cultural traditions that contradict medical advice (Neves *et al.*, 2022). These practices may compromise the benefits of early breastfeeding and increase infection risks (Lamberti *et al.*, 2011).

The low proportion (20%) receiving lactation counseling suggests inadequate healthcare support systems, a critical barrier to improving breastfeeding rates (Rollins *et al.*, 2016). While 60% practiced on-demand feeding - associated with better infant growth and maternal milk supply (Pérez-Escamilla *et al.*, 2016) - the remaining 40% followed less optimal fixed or random schedules, potentially affecting milk production and infant satiety.

These findings highlight the need for targeted interventions addressing both structural and cultural barriers. Strengthening lactation support services in healthcare settings and workplaces could bridge the knowledge-practice gap (Victora *et al.*, 2016). Community-based education programs should specifically address harmful traditional practices while respecting cultural contexts. Workplace policies enabling breastfeeding breaks and facilities may help sustain breastfeeding among employed mothers (Waidler *et al.*, 2021).

LIMITATIONS

Several limitations should be considered when interpreting these findings. The study's cross-sectional design limits causal inferences about factors affecting breastfeeding practices. The purposive sampling from three hospitals in Barisal may not fully represent Bangladesh's diverse healthcare workforce. Self-reported data may be subject to recall and social desirability biases, particularly regarding sensitive topics like breastfeeding practices. The relatively small sample size (n=100) restricts the generalizability of findings. Additionally, the study didn't explore specific workplace policies or institutional barriers in depth, which could provide more targeted solutions for healthcare settings. These limitations suggest caution in extrapolating the results to all working mothers in Bangladesh.

CONCLUSION

This study reveals significant gaps between breastfeeding knowledge, attitudes, and actual practices among working mothers in Bangladeshi healthcare settings. While participants demonstrated good theoretical understanding (mean knowledge score 76.5%) and positive attitudes (mean score 81.4%), their practical implementation lagged considerably (mean practice score 52.1%). The persistence of harmful traditions like pre-lacteal feeding (50%) and inadequate workplace support systems highlight critical barriers to optimal breastfeeding.

These findings underscore the paradoxical situation where healthcare professionals - despite being breastfeeding advocates - face systemic constraints that prevent them from practicing what they preach. The results emphasize the urgent need for multidimensional interventions that address both structural workplace barriers and deep-rooted cultural practices to improve breastfeeding outcomes in this population.

RECOMMENDATIONS

Strengthen Workplace Support for Breastfeeding Mothers

Healthcare institutions and employers across sectors should align with the WHO/ILO breastfeeding-friendly workplace guidelines, which advocate for:

1. Designated lactation rooms that ensure privacy, cleanliness, and access to refrigeration for milk storage.
2. Mandatory paid lactation breaks, ideally two 30-minute sessions per day, to facilitate milk expression during working hours.
3. On-site childcare facilities to support maternal proximity and breastfeeding continuity.
4. These measures should be mandated through national policy, with workplace inspections and monitoring mechanisms under the Ministry of Labour and Employment to ensure compliance.

Community-Based Education and Engagement Programs

Targeted, culturally sensitive education campaigns should be launched in collaboration with the Ministry of Health and Family Welfare, local NGOs, and community clinics. These should:

1. Be led by trained community health workers, peer counselors, and midwives.
2. Specifically address harmful myths and practices such as pre-lacteal feeding, early supplementation, and discontinuing breastfeeding during maternal or child illness.
3. Engage religious leaders, community elders, and male family members to promote cultural acceptability and support within households.
4. Be integrated into antenatal and postnatal care visits to reach mothers directly.

Policy Reform and Enforcement

National legislation should mandate minimum standards for workplace breastfeeding support across all sectors - public and private - with a particular focus on the garment industry and informal labor sectors, where women's employment is concentrated. Enforcement mechanisms, including regular audits and complaint redress systems, should be established. Additionally, maternity protection laws should be updated to ensure job security, salary continuity, and re-employment support after maternity leave.

Future Research Directions

To assess the real-world impact of these recommendations, future studies should:

1. Use longitudinal or quasi-experimental designs to evaluate how workplace policies, education interventions, and lactation counseling influence breastfeeding duration, exclusivity, and maternal return-to-work outcomes.

2. Include larger, regionally diverse samples to improve generalizability across Bangladesh's urban and rural settings.
3. Investigate employer perspectives, policy implementation challenges, and cost-effectiveness of breastfeeding-supportive workplace models.

By implementing these measures, policymakers and health systems can address persistent knowledge gaps, reshape harmful practices, and improve breastfeeding outcomes—contributing to better maternal and child health in Bangladesh.

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