



International Journal of Engineering Researches and Management Studies

AN ANALYTICAL STUDY ON THE AWARENESS LEVEL OF LACTATING MOTHERS REGARDING THE BENEFITS OF EXCLUSIVE BREASTFEEDING IN CHANDAUTI BLOCK, GAYA DISTRICT, BIHAR.

Ms. Rekha Kumari¹, Dr Deep Shikha Pandey²

¹Research Scholar, P.G. Department of Home Science, Magadh University, Bodhgaya

²Assistant Professor, P.G. Department of Home Science, Magadh University, Bodhgaya

ABSTRACT

Exclusive breastfeeding plays a vital role in ensuring the healthy growth and optimal development of infants, particularly during the critical first six months of life. Recognized by global health authorities such as the WHO and UNICEF, exclusive breastfeeding contributes to enhanced immunity, reduced infant mortality, and stronger bonding between mothers and their children. Despite its proven benefits, awareness and practice of exclusive breastfeeding can vary significantly based on regional, cultural, and socio-economic factors. This study aims to assess the level of awareness regarding the benefits of exclusive breastfeeding among lactating mothers residing in the Chandauti Block of Gaya District, Bihar. Employing a combination of structured questionnaires and personal interviews, the research investigates how various determinants—such as the mother's educational background, type of family structure (nuclear or joint), socio-economic status, and prevailing traditional beliefs—impact breastfeeding knowledge and behaviour.

The findings indicate that while a substantial number of mothers are aware of the general importance of breastfeeding, there exist considerable gaps in specific knowledge about exclusive breastfeeding and its long-term advantages for both infants and mothers. These gaps are more pronounced among mothers with lower education levels, those living in extended family settings influenced by traditional practices, and those from economically disadvantaged backgrounds.

KEYWORDS: Exclusive breastfeeding, optimal development, immunity, determinants, lactating, Advantages, traditional practices.



1. INTRODUCTION

Exclusive breastfeeding plays a vital role in ensuring the healthy growth and optimal development of infants, particularly during the critical first six months of life. Recognized by global health authorities such as the WHO and UNICEF, exclusive breastfeeding contributes to enhanced immunity, reduced infant mortality, and stronger bonding between mothers and their children. Exclusive breastfeeding (EBF)—defined as feeding infants only breast milk for the first six months of life, without any additional food, drink, or even water. This critical practice is not only nutritionally sufficient during the first half of life but also plays a fundamental role in safeguarding infant health. Breast milk contains the ideal balance of nutrients, essential enzymes, antibodies, and bioactive compounds that support optimal physical and cognitive development.

Exclusive breastfeeding significantly contributes to the strengthening of the infant's immune system, providing natural protection against a range of infectious diseases. It is especially effective in preventing common and potentially life-threatening childhood illnesses, such as diarrhea and pneumonia, which remain leading causes of under-five mortality, particularly in low- and middle-income countries. Exclusive breastfeeding (EBF) not only benefits the infant but also offers significant advantages to the mother. It fosters a strong emotional bond between mother and child through close physical



contact and hormonal responses, particularly the release of oxytocin. EBF also aids in postpartum recovery by promoting uterine contraction and reducing postpartum bleeding. In addition, it has been associated with a reduced risk of several chronic health conditions in mothers, including breast cancer, ovarian cancer, type 2 diabetes, and postpartum depression, thereby contributing to long-term maternal well-being. Given its numerous health, economic, and emotional benefits, promoting exclusive breastfeeding is considered a key public health strategy to reduce infant morbidity and mortality and to lay the foundation for a healthier future generation.

This study aims to assess the level of benefits regarding exclusive breastfeeding (EBF) among nursing mothers in both rural and urban areas of the Chandauti Block, Gaya District. Specifically, it seeks to evaluate mothers' understanding of the recommended duration of EBF, its health benefits for both mother and child, and the socio-cultural, educational, and economic factors that may either facilitate or hinder its practice.

- **Shatrughan Pareek (March 2019)**, from the Department of Medicine, Northern Western Railway Divisional Hospital, Bikaner, Rajasthan, authored an article titled “Exclusive Breastfeeding in India: An Ultimate Need of Infants.” In his study, Pareek observed that the global prevalence of exclusive breastfeeding (EBF) remains relatively low, ranging between 30% to 50%. In comparison, India demonstrates a slightly higher prevalence of EBF at 54.9%, indicating a moderately better adherence to recommended practices.

However, the study also highlights that within India, exclusive breastfeeding rates vary widely, with prevalence ranging from 35.8% to 77.2%, depending on cultural, religious, and geographic differences across regions. These disparities suggest that while national awareness and promotion of EBF have made progress, local practices and beliefs continue to influence breastfeeding behaviors significantly, underscoring the need for region-specific strategies and culturally sensitive interventions to improve and sustain EBF rates throughout the country.

- **Muhammad Nasir (January 2024)**, from Aga Khan University, Nairobi, authored an article titled “The Benefits of Exclusive Breastfeeding: A Comprehensive Literature Review.” This review consolidates findings from a wide range of scholarly studies to explore the extensive benefits of exclusive breastfeeding (EBF) for both infants and mothers. It positions EBF not only as a nutritional choice but as a critical global public health strategy, strongly endorsed by international health organizations.

The literature review highlights that exclusive breastfeeding offers multifaceted advantages, including nutritional sufficiency, immune system enhancement, optimal physical and cognitive development, and stronger emotional bonding between mother and child. For mothers, the review discusses significant health benefits such as postpartum weight loss, accelerated uterine contraction, and a reduced risk of chronic conditions, including breast and ovarian cancers.

Breastfeeding has been a fundamental practice in human societies for millennia, serving as a primary means of nourishing infants and providing critical immunological protection during the earliest stages of life. Exclusive breastfeeding is widely recognized as a cornerstone of maternal and child health, with authoritative health bodies such as the World Health Organization (WHO) and the American Academy of Pediatrics (AAP) recommending it as the optimal method of infant feeding. These recommendations are based on a robust and expanding body of scientific evidence that highlights the multifaceted benefits of exclusive breastfeeding. Breast milk is uniquely formulated to meet the evolving nutritional needs of infants. It provides a well-balanced composition of macronutrients—carbohydrates, proteins, and fats—along with an extensive array of micronutrients, enzymes, hormones, and bioactive compounds. These components not only support physical and cognitive development but also bolster the infant’s immune system.

Importantly, breast milk acts as a first line of Défense against infections and diseases, owing to its rich content of antibodies, immunoglobulins, and other immune-enhancing substances. This natural protection reduces the incidence and severity of common childhood illnesses such as diarrhea, respiratory infections, and otitis media, which are among the leading causes of infant morbidity and mortality globally.

While national datasets such as the National Family Health Survey (NFHS) offer broad insights into breastfeeding trends across India, they often lack the localized detail required to design context-specific health interventions. In particular, the Chandauti Block of Gaya District in Bihar remains under-researched in terms of breastfeeding knowledge, benefits, and awareness among lactating mothers. Given the notable rural-urban divide in areas such as education, healthcare infrastructure, and information access, there is a strong possibility that maternal breastfeeding practices differ significantly across these settings.

OBJECTIVES

- To access the benefits of exclusive breastfeeding among lactating mothers in rural areas
- To access the benefits of exclusive breastfeeding among lactating mothers in urban areas



METHODOLOGY

The present study was conducted in the Chandauti Block of Gaya District, Bihar, with a total sample size of 300 nursing mothers, comprising 150 respondents from rural areas and 150 from urban areas. A purposive sampling technique was employed to select participants who were either currently practicing or had recently practiced exclusive breastfeeding. The study utilized both primary and secondary sources of data. Primary data was collected through structured questionnaires and interview schedules. Secondary data was obtained from Anganwadi records, government health department reports, and existing literature and research publications relevant to the topic. For data analysis, the Percentage methods were employed to summarize the findings and present comparative insights between rural and urban respondents.

DISTRIBUTION OF RESPONDENTS BASED ON THE BENEFITS OF EXCLUSIVE BREASTFEEDING

Table No. 1.1
Urban respondents

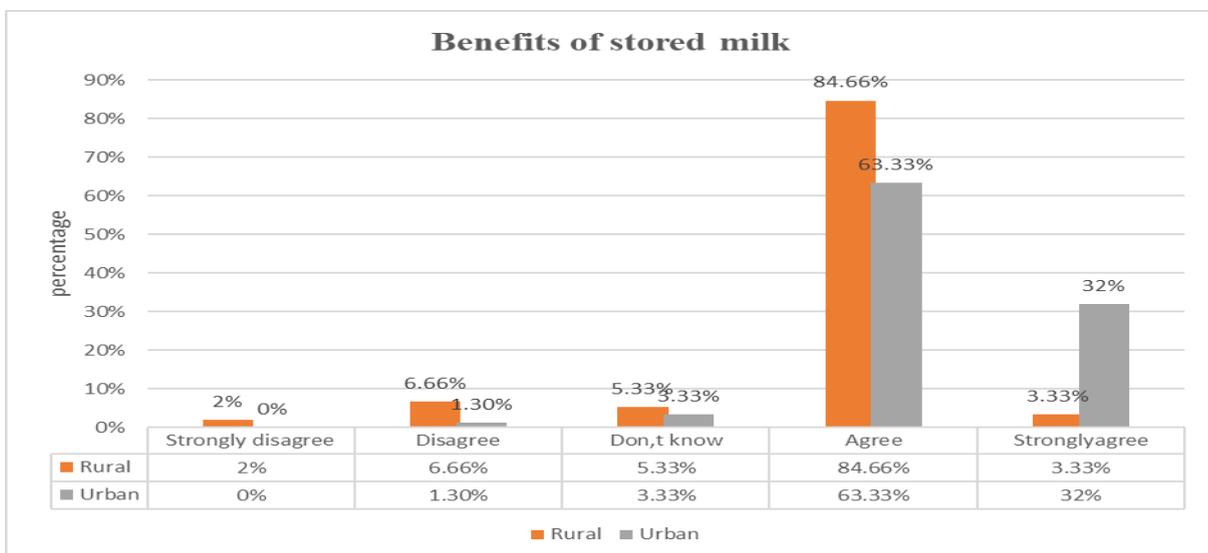
N = 150

S.N.	Statement	Strongly disagree		disagree		Don't know		agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
1	Breast milk does not lose its benefits when it is pumped out or stored	0	0	2	1.33	5	3.33	95	63.33	48	32

Rural respondents

N = 150

S.N.	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
1	Breast milk does not lose its benefits when it is pumped out or stored	3	2	10	6.66	5	3.33	127	84.66	5	3.33



Discussion

According to the table, 32% of urban lactating mothers strongly agree with the statement, “Breast milk does not lose its benefits when it is pumped out or stored,” whereas only 3.33% of rural lactating mothers expressed the same strong agreement. This marked disparity underscores a significant difference in perception between rural and urban mothers regarding the nutritional and immunological integrity of expressed or stored breast milk



Table no. 1.2
COMPARISON BETWEEN BREAST MILK AND FORMULA MILK
Rural responses

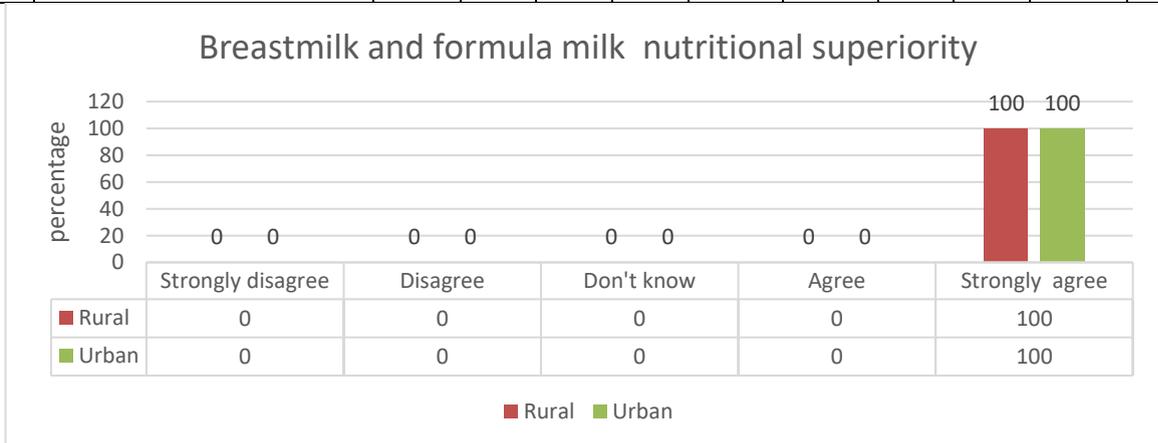
N = 150

S.N.	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly Agree	
		N	%	N	%	N	%	N	%	N	%
1	Breast milk is superior to formula milk in fulfilling a child's necessary dietary requirements	0	0	0	0	0	0	0	0	150	100

Urban responses

N = 150

S.N.	Statement	Strongly Disagree		Disagree		Don't know		Agree		Strongly Agree	
		N	%	N	%	N	%	N	%	N	%
1	Breast milk is superior to formula milk in fulfilling a child's necessary dietary requirements	0	0	0	0	0	0	0	0	150	100



Discussion

According to the table and graph presented above, 100% of both rural and urban lactating mothers strongly agreed that breast milk is superior to formula milk in fulfilling a child's dietary requirements. This unanimous agreement across two demographically distinct groups underscores a shared and deeply rooted understanding among mothers, irrespective of geographic location or socioeconomic status, about the unparalleled nutritional value of breast milk.

The findings strongly indicate that breastfeeding is not only viewed as a natural and culturally accepted practice but also as a strategic health behaviour supported by both knowledge and experience.

Table no.1.3
IMPACT OF BREASTFEEDING ON THE MOTHER'S HEALTH
Rural responses

N = 150

S. N	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
1	Breastfeeding	0	0	0	0	2	1.33	106	70.66	42	28

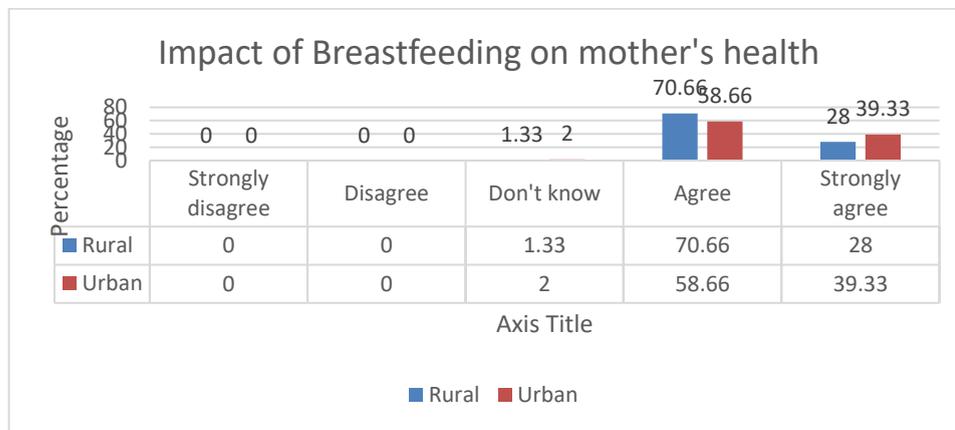


	decreases the mother's weight										
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Urban responses

N = 150

S.N.	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
1	Breastfeeding decreases the mother's weight	0	0	0	0	3	2	88	58.66	59	39.33



Discussion

According to the above table, 70.66% of rural lactating mothers and 58.66% of urban lactating mothers reported that breastfeeding has a negative impact on maternal health. Furthermore, 28% of rural mothers and a comparatively higher 39.33% of urban mothers strongly agreed that breastfeeding contributes to weight loss in mothers. This data reveals that a significant proportion of mothers in both rural and urban areas perceive breastfeeding as having adverse effects on maternal health.

Table no. 1.4
IMPACT OF BREASTFEEDING ON CHILD HEALTH
Rural responses

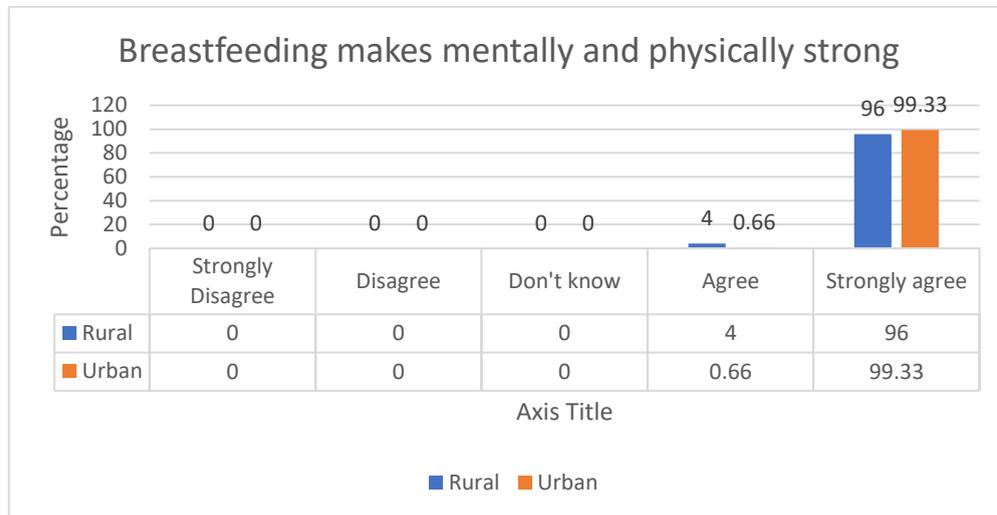
N=150

S.N.	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
1	Exclusive Breastfeeding makes the child physically and mentally strong	0	0	0	0	0	0	6	4	144	96

Urban responses

N =150

S. N	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
	Exclusive Breastfeeding makes the child physically and mentally strong	0	0	0	0	0	0	1	0.66	149	99.33



Discussion

According to the above table and graph, 96% of rural and 99.33% of urban lactating mothers strongly agreed that exclusive breastfeeding makes a child physically and mentally strong, whereas 4% of rural and 0.66% of urban lactating mothers simply agreed with the statement. This data reflects a strong consensus among both rural and urban mothers regarding the significant role of exclusive breastfeeding in promoting overall child health and development. The high percentage of strong agreement, especially in both settings, highlights widespread awareness and confidence in the benefits of exclusive breastfeeding, possibly shaped by personal experiences, community health messaging, and cultural practices.

Table no.1.5
EXCLUSIVE BREASTFEEDING STRENGTHENS THE IMMUNE SYSTEM
Rural responses

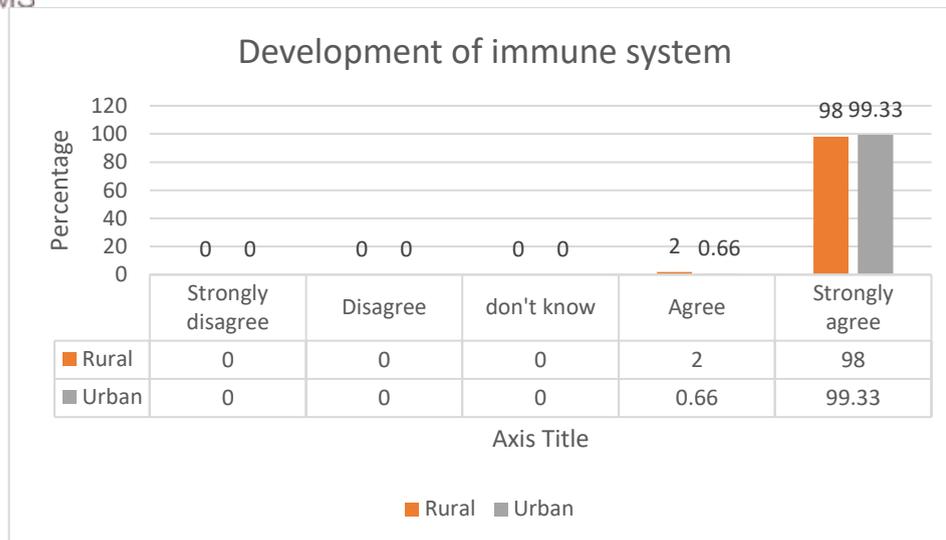
N= 150

S.N.	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
	Exclusive breastfeeding strengthens the immune system in a child's body.	0	0	0	0	0	0	3	2	147	98

Urban responses

N=150

	Statement	Strongly disagree		Disagree		Don't know		Agree		Strongly agree	
		N	%	N	%	N	%	N	%	N	%
	Exclusive breastfeeding develops the immune system in a child's body	0	0	0	0	0	0	1	0.66	149	99.33



Discussion

According to the above table, 98% of rural and 99.33% of urban lactating mothers strongly agreed that exclusive breastfeeding contributes significantly to the development of their child's immune system. Breast milk is rich in antibodies, immunoglobulins, nutrients, and bioactive components that are essential for strengthening a child's immune system, especially during the early months of life when the infant's immune defences are still maturing. These findings not only validate existing scientific evidence but also highlight the importance of sustaining and expanding educational outreach, community support programs, and healthcare services that promote exclusive breastfeeding.

CONCLUSION AND SUGGESTIONS

The study shows that lactating mothers in both rural and urban areas have a high awareness of breastfeeding and its benefits. This widespread awareness underscores the impact of maternal health programs, traditional knowledge, and community healthcare efforts in encouraging breastfeeding. Despite differences in location, healthcare access, and socioeconomic status, the results reveal a strong and consistent understanding among mothers about the importance of exclusive breastfeeding for both infant and mother's health.

The key findings of the study include:

- **Recognition of Exclusive Breastfeeding's Role in Child Growth:** Most mothers agree that exclusive breastfeeding greatly supports their child's physical and mental development.
- **Awareness of Immune System Benefits:** Many respondents recognize that exclusive breastfeeding boosts their child's immune system, lowering the risk of common infections during infancy.
- **Perceptions of Maternal Health Benefits:** While many mothers see breastfeeding as beneficial for their health—such as weight control and lower risk of chronic illnesses—some, especially in rural areas, voiced concerns about physical stress or health impacts, indicating a need for further education.
- **Knowledge Gaps About Pumped Milk:** Urban mothers are more aware of the nutritional value of pumped and stored breast milk than rural mothers, highlighting a need for targeted education in rural areas.
- **Cultural and Practical Acceptance of Breastfeeding:** The data reflect a strong cultural acceptance and practical understanding of breastfeeding across both rural and urban populations, suggesting the success of informal learning alongside formal health education.

Suggestions

- **Strengthen and Sustain Existing Awareness Programs**
Given the high level of awareness, efforts should focus on sustaining and enhancing existing health education programs through Anganwadi centers, ASHA workers, and primary healthcare staff. Regular reinforcement of breastfeeding knowledge helps maintain consistency across generations.
- **Bridge the Knowledge-Practice Gap**
Awareness does not always translate into practice. Programs should ensure that mothers not only understand the benefits but also apply recommended breastfeeding practices, such as exclusive breastfeeding for six months, correct latching techniques, and responsive feeding.



- **Address Myths and Misconceptions**
Despite general awareness, specific myths or misconceptions may persist, especially in rural areas (e.g., doubts about the safety of expressed breast milk or beliefs about colostrum). Targeted educational campaigns should be implemented to clarify such issues.
- **Promote Family and Community Involvement**
Breastfeeding success often depends on family support. Involving husbands, mothers-in-law, and other caregivers in awareness programs can help create a more supportive environment for breastfeeding mothers, especially in joint or extended families.
- **Introduce Awareness Modules on Expressed and Stored Breast Milk**
As knowledge of the benefits of expressed breast milk is lower in rural areas, practical demonstrations and informational sessions should be conducted to build confidence in storing and using breast milk safely.
- **Ensure Continued Support Through Postnatal Care**
Awareness should be backed by hands-on guidance. Healthcare facilities must offer breastfeeding counseling immediately after delivery and during follow-up visits to ensure mothers can apply their knowledge effectively.
- **Monitor and Evaluate Behavioral Outcomes**
Continuous assessment of breastfeeding practices in both rural and urban areas can help evaluate whether awareness translates into sustained breastfeeding behaviour and guide adjustments in outreach and education strategies.

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