

VIEW OF KNOWLEDGE, ATTITUDE AND PRACTICES OF BREAST FEEDING AMONG POST NATAL MOTHERS

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ABSTRACT

Background: Breastfeeding is a cornerstone of infant nutrition and maternal health, providing essential nutrients and immune protection while fostering mother-child bonding. The objective is to assess the knowledge, attitude, and practices of breastfeeding among postnatal mothers and to evaluate the association of sociodemographic factors such as education and socioeconomic status with breastfeeding behaviors. **Materials and Methods:** This cross-sectional descriptive study was conducted at Koppal Institute of Medical Sciences, Koppal, Karnataka, among 152 postnatal mothers in a tertiary care hospital. Data were collected using a pretested, semi-structured questionnaire covering demographic details and questions related to knowledge, attitude, and practices of breastfeeding. **Result:** Out of 152 participants, most mothers (44.7%) had primary education and belonged to the lower-middle socioeconomic class (29.6%). A large majority (94.7%) fed their infants colostrum, while 80.3% practiced exclusive breastfeeding for six months. Awareness regarding correct feeding posture, burping, and on-demand feeding was observed in over 85% of participants. Most mothers demonstrated a positive attitude toward breastfeeding, with 92.1% recognizing its benefits and 88.8% motivating others to breastfeed. However, 16.4% reported giving prelacteal feeds and 19.7% introduced water before six months. Maternal education and socioeconomic status were positively associated with better knowledge and adherence to recommended practices. **Conclusion:** It is concluded that postnatal mothers in this study exhibited good knowledge and positive attitudes toward breastfeeding, though certain cultural misconceptions and practical barriers remain.

INTRODUCTION

Breastfeeding remains one of the most effective public health interventions for ensuring the survival, health, and well-being of infants and mothers alike. It serves as the infant's first immunization, providing vital nutrients and antibodies that safeguard against infections and chronic diseases.^[1] The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) jointly recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. Despite widespread awareness of these recommendations, the rates of exclusive breastfeeding often fall short of global targets, particularly in developing countries where social, economic, and cultural factors strongly influence maternal practices and perceptions.^[2] Understanding the knowledge, attitude, and practices (KAP) regarding breastfeeding among

postnatal mothers is thus pivotal to identifying barriers and guiding targeted interventions that promote optimal infant feeding. Breast milk is uniquely composed to meet the infant's nutritional needs, containing an optimal balance of proteins, fats, vitamins, and minerals in bioavailable forms.^[3] Additionally, it contains immunoglobulins, lactoferrin, and oligosaccharides that bolster the infant's immune system, protecting against respiratory and gastrointestinal infections. Beyond nutrition, breastfeeding fosters mother-infant bonding, enhances cognitive development, and reduces the risk of non-communicable diseases later in life. For mothers, breastfeeding is associated with quicker uterine involution, decreased postpartum hemorrhage, natural child spacing due to lactational amenorrhea, and reduced risks of breast, ovarian, and endometrial cancers.^[4] It also contributes to emotional well-being by reducing postpartum depression and enhancing maternal confidence. These well-established benefits make breastfeeding

a cornerstone of both maternal and child health strategies worldwide.^[5]

However, despite these advantages, several barriers hinder optimal breastfeeding practices. In many communities, traditional beliefs, misconceptions, and social norms lead to inappropriate feeding behaviors. For example, colostrum, the first thick, yellowish milk, is often discarded due to the false belief that it is harmful or impure, depriving newborns of its immunological benefits.^[6] Similarly, prelacteal feeds such as honey, sugar water, or animal milk are frequently administered before the initiation of breastfeeding, increasing the risk of infections and delaying the first feed. Working mothers may also face structural challenges, including short maternity leave, lack of lactation spaces, and insufficient support from employers, making continued breastfeeding difficult.^[7] Moreover, aggressive marketing of infant formula by commercial entities further undermines confidence in breastfeeding, particularly among urban and educated mothers who may perceive formula as a “modern” or more convenient option. Knowledge and attitude are crucial determinants of maternal behaviour.^[8] Research consistently shows that mothers with adequate knowledge about the benefits of exclusive breastfeeding are more likely to practice it. Positive attitudes toward breastfeeding, such as viewing it as a natural, nurturing, and empowering act, are strongly associated with longer duration and exclusivity of breastfeeding.^[9] Conversely, negative perceptions, such as embarrassment about public breastfeeding or doubts about milk sufficiency, often lead to early supplementation or cessation. Hence, effective promotion of breastfeeding requires not only disseminating information but also transforming maternal attitudes through supportive counseling and peer encouragement.^[10]

Socio-demographic factors also exert a strong influence. Maternal age, educational level, parity, socioeconomic status, and place of residence all shape feeding decisions. Studies indicate that mothers with higher education levels tend to initiate breastfeeding earlier and maintain it longer, possibly due to better access to health information and exposure to antenatal care counselling.^[11] On the other hand, mothers from lower socioeconomic backgrounds may lack access to accurate health information or professional support, relying instead on cultural beliefs and advice from elders. In rural areas, breastfeeding may be more common but not always optimal, with misconceptions and traditional practices persisting despite modern health campaigns.^[12] Healthcare systems play a central role in shaping breastfeeding behaviors. The Baby-Friendly Hospital Initiative (BFHI), launched by WHO and UNICEF, emphasizes early initiation of breastfeeding, rooming-in, and discouragement of artificial feeding unless medically indicated.^[13]

Objective

To assess the knowledge, attitude, and practices of breastfeeding among postnatal mothers and to evaluate the association of sociodemographic factors such as education and socioeconomic status with breastfeeding behaviors.

MATERIALS AND METHODS

This cross-sectional descriptive study was conducted at Koppal Institute of Medical Sciences, Koppal, Karnataka, among 152 postnatal mothers in a tertiary care hospital. The study included postnatal mothers within six weeks of delivery who were willing to participate and able to provide informed consent. Only mothers who were physically and mentally capable of understanding and responding to the questionnaire were enrolled. Mothers with severely ill newborns admitted to the neonatal intensive care unit, those suffering from significant postpartum or psychiatric complications, and those unwilling to participate were excluded from the study.

Data collection: Data were collected using a pretested, semi-structured questionnaire designed according to WHO and UNICEF guidelines on infant and young child feeding. The questionnaire was divided into four sections. The first section gathered sociodemographic information such as age, education level, socioeconomic status, and place of residence. The second section assessed mothers' knowledge of breastfeeding, including awareness of the importance of colostrum, exclusive breastfeeding, correct feeding posture, and timing of initiation. The third section focused on attitudes toward breastfeeding, including beliefs about continuation during illness and motivation to encourage others. The final section evaluated actual breastfeeding practices, such as early initiation, exclusive breastfeeding duration, and use of prelacteal or complementary feeds. After obtaining informed consent, each participant was interviewed individually. The questionnaire was administered by trained interviewers in the local language to ensure clear understanding and accurate responses. Each interview took about 10 to 15 minutes to complete. Mothers were assured of anonymity and confidentiality, and their participation was entirely voluntary. Completed questionnaires were checked on the same day to verify the accuracy and completeness of the data.

Data analysis: The collected data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarize the demographic data and responses related to knowledge, attitude, and practices. Cross-tabulation was used to explore relationships between variables such as education, socioeconomic status, and breastfeeding practices. The chi-square test was

applied to determine statistical significance, with a p-value of less than 0.05 considered statistically significant.

RESULTS

Data were collected from 152 participants, mean age of the participants were 25.12±4.16 years. The most common age among mothers was 23 years (16.4%), with the majority having primary education (44.7%)

and belonging to lower-middle socioeconomic backgrounds (29.6%). In terms of breastfeeding knowledge, a significant majority of mothers, 144 (94.7%), fed their infants colostrum, while 8 (5.3%) discarded it. Regarding the importance of colostrum, 126 mothers (82.9%) were aware of its benefits, and 130 (85.5%) knew the correct feeding posture. Additionally, 134 (88.2%) mothers breastfed on demand, and 114 (75.0%) followed the recommended 15–20 minute feeding duration.

Table 1: Sociodemographic Characteristics and Knowledge Regarding Breastfeeding Among Postnatal Mothers (n = 152)

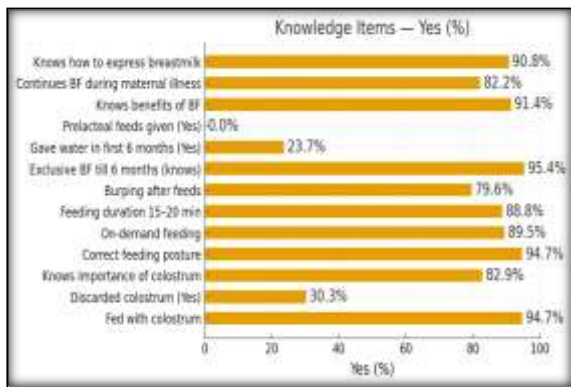
Category	Variable	Response / Most Common Category	n (%)
Sociodemographic Profile	Age (years)	25.12±4.16 years	25 (16.4%)
	Education level	Primary	68 (44.7%)
	Socioeconomic status	Lower middle class	45 (29.6%)
	Total participants	—	152 (100%)
Knowledge Regarding Breastfeeding	Fed with colostrum	Yes	144 (94.7%)
	Discarded colostrum	Yes	8 (5.3%)
	Knew importance of colostrum	Yes	126 (82.9%)
	Knew correct feeding posture	Yes	130 (85.5%)
	Breastfed on demand	Yes	134 (88.2%)
	Feeding duration 15–20 minutes	Yes	114 (75.0%)
	Practiced burping after feeds	Yes	137 (90.1%)
	Practiced exclusive breastfeeding till 6 months	Yes	122 (80.3%)
	Gave water during first 6 months	Yes	30 (19.7%)
Prelacteal feeds given	Yes	25 (16.4%)	

Most mothers had a positive attitude toward breastfeeding, with 140 mothers (92.1%) acknowledging its benefits and 130 mothers (85.5%) continuing breastfeeding during maternal illness. Additionally, 120 mothers (78.9%) knew how to express breastmilk, and 125 (82.2%) continued breastfeeding after resuming work. A majority of mothers (135, 88.8%) also motivated other mothers

to breastfeed. Regarding breastfeeding practices, 128 mothers (84.2%) initiated breastfeeding within one hour of delivery, and 134 mothers (88.2%) breastfed on demand. Of the participants, 122 mothers (80.3%) exclusively breastfed for the first six months, and 127 mothers (83.6%) avoided prelacteal feeds.

Table 2: Attitude, Practices, and Educational Association Regarding Breastfeeding Among Postnatal Mothers (n = 152)

Category	Variable	Response / Most Common Category	n (%)
Attitude Toward Breastfeeding	Knows benefits of breastfeeding	Positive attitude	140 (92.1%)
	Continues feeding during mother's illness	Positive attitude	130 (85.5%)
	Knows how to express breastmilk	Positive attitude	120 (78.9%)
	Continues breastfeeding after resuming work	Positive attitude	125 (82.2%)
	Motivates other mothers to breastfeed	Positive attitude	135 (88.8%)
Practices Related to Breastfeeding	Initiated breastfeeding within 1 hour of delivery	Good practice	128 (84.2%)
	Breastfed on demand	Good practice	134 (88.2%)
	Exclusively breastfed for 6 months	Good practice	122 (80.3%)
	Continued breastfeeding after resuming work	Good practice	120 (78.9%)
	Avoided prelacteal feeds	Good practice	127 (83.6%)
Association Between Education and Knowledge	Primary education	Knew importance of colostrum	86.8%
	Secondary education	Knew importance of colostrum	79.1%
	Graduation	Knew importance of colostrum	82.3%



Exclusive breastfeeding for six months was practiced by 34 (75.5%) mothers from lower socioeconomic backgrounds, 45 (82.0%) from lower-middle class, 26 (86.7%) from middle class, and 7 (87.5%) from upper class. Early initiation of

breastfeeding within one hour occurred in 36 (80.0%) lower-class mothers, 42 (77.8%) lower-middle-class mothers, 27 (90.0%) middle-class mothers, and 8 (100%) upper-class mothers. Regarding the avoidance of prelacteal feeds, 38 (84.4%) lower-class mothers, 41 (75.9%) lower-middle-class mothers, 25 (83.3%) middle-class mothers, and 7 (87.5%) upper-class mothers reported avoiding them. The continuation of breastfeeding after returning to work was also highest in the upper class, with 7 (87.5%) mothers continuing breastfeeding, compared to 32 (71.1%) of lower-class mothers, 38 (70.3%) of lower-middle-class mothers, and 24 (80.0%) of middle-class mothers.

Table 3: Association Between Socioeconomic Status and Breastfeeding Practices (n = 152)

Socioeconomic Status	Exclusive Breastfeeding ≤6 Months n (%)	Initiation Within 1 Hour n (%)	Avoided Prelacteal Feeds n (%)	Continued After Work (%)
Lower class	34 (75.5%)	36 (80.0%)	38 (84.4%)	32 (71.1%)
Lower middle class	45 (82.0%)	42 (77.8%)	41 (75.9%)	38 (70.3%)
Middle class	26 (86.7%)	27 (90.0%)	25 (83.3%)	24 (80.0%)
Upper class	7 (87.5%)	8 (100%)	7 (87.5%)	7 (87.5%)
Total	112 (80.3%)	113 (83.0%)	111 (81.0%)	101 (76.3%)

DISCUSSION

The present study assessed the knowledge, attitude, and practices related to breastfeeding among 152 postnatal mothers attending a tertiary care hospital. Overall findings revealed that most mothers had satisfactory awareness regarding breastfeeding, demonstrated a generally positive attitude, and practiced appropriate feeding behaviors, although certain misconceptions and deviations from recommended practices persisted. These results highlight both the progress made in maternal education and the areas that require continued intervention. The study showed that 94.7% of mothers fed their infants colostrum, while only 5.3% discarded it. This high acceptance of colostrum feeding suggests effective dissemination of knowledge through health education programs and antenatal counseling. Similar findings have been reported in studies from India and Pakistan, where more than 90% of mothers acknowledged the importance of colostrum as the infant's first natural immunization. In contrast, earlier studies from rural communities indicated lower rates of colostrum feeding, mainly due to cultural misconceptions that it is impure or indigestible. The improvement seen in the current study could therefore reflect increased exposure to institutional deliveries and hospital-based counseling, where trained nurses and midwives emphasize early initiation and exclusive breastfeeding.^[14]

Knowledge about exclusive breastfeeding till six months was adequate among 80.3% of mothers in this study. This finding is comparable to national surveys and regional research, where awareness

levels generally range from 70–85%. However, a small but notable proportion of mothers reported giving water or prelacteal feeds during the first six months, reflecting a lingering cultural norm that newborns require water in hot climates. Such practices are known to increase the risk of infections and undermine exclusive breastfeeding. Previous studies have also documented that prelacteal feeding is more common among mothers from lower socioeconomic backgrounds and those lacking family or institutional support.^[15] The results also indicated that 85–90% of participants were aware of correct feeding posture, burping techniques, and on-demand feeding, signifying strong fundamental knowledge. Similar high awareness has been reported by studies in Bangladesh and Sri Lanka, which emphasized the role of frontline health workers and postnatal counselling.^[16] However, a portion of mothers (around 15–20%) still adhered to scheduled feeding or inadequate feeding duration. This suggests that while informational exposure is high, the translation into consistent daily practice may be influenced by maternal workload, fatigue, or social advice from elders. In terms of practice, 84.2% of mothers initiated breastfeeding within the first hour of delivery, consistent with WHO recommendations. This early initiation rate is higher than the national average reported in many developing countries, where institutional and home births combined often reduce early initiation opportunities. The high compliance in this study may reflect increased institutional deliveries and enhanced perinatal care.^[17] Exclusive breastfeeding up to six months was practiced by about 80% of mothers, a favorable outcome compared to global

data that often report lower adherence. Still, about 20% of respondents introduced water or complementary foods prematurely, mirroring challenges seen in other South Asian populations. Comparison with previous literature supports these findings. Multiple studies have consistently shown that antenatal counseling, educational status, and hospital delivery are strong predictors of proper breastfeeding practices.^[18] A study conducted in Tamil Nadu found that 88% of mothers who attended antenatal classes-initiated breastfeeding within one hour, while only 60% of those without counseling did so. Likewise, a Pakistani study reported that health-worker contact during pregnancy significantly increased the likelihood of exclusive breastfeeding. These comparisons emphasize that structured maternal education remains the cornerstone of improving breastfeeding outcomes.^[19] Despite the positive trends, this study identified several persistent challenges. Cultural practices such as prelacteal feeding and early supplementation continue in small subsets of the population, mainly among mothers with limited family or institutional support. Misconceptions about breastfeeding during illness and work resumption also reflect systemic gaps particularly in workplace policies and postpartum guidance. To address these, there is a need for sustained community-based awareness programs, peer counseling, and breastfeeding-friendly workplace policies. Integration of breastfeeding counseling into routine antenatal and immunization visits could further bridge the gap between awareness and action.

CONCLUSION

It is concluded that the majority of postnatal mothers in this study possessed good knowledge, a positive attitude, and satisfactory practices regarding breastfeeding. Most participants were aware of the importance of colostrum, exclusive breastfeeding for six months, and proper feeding techniques such as correct posture, adequate duration, and burping after feeds. Antenatal counseling, institutional deliveries, and health education were found to play a vital role in improving awareness and promoting favorable practices. However, a small proportion of mothers still practiced prelacteal feeding or introduced water and complementary foods before six months, indicating that certain cultural beliefs and misconceptions persist. Maternal education and socioeconomic status showed a positive influence on breastfeeding knowledge and adherence to recommended practices.

REFERENCES

- Bala K, Sahni B, Bavoria S, Narangyal A. Knowledge, attitude, and breast-feeding practices of postnatal mothers in Jammu: A community hospital based cross sectional study. *J Family Med Prim Care*. 2020 Jul 30;9(7):3433-3437. doi: 10.4103/jfmpe.jfmpe_333_20. PMID: 33102309; PMCID: PMC7567223.
- Divyarani DC, Patil GR. Knowledge, attitude and practices of breast feeding among post natal mothers. *Int J Contemp Pediatr* 2015;2:445-9
- Kumar A, Unnikrishnan B, T R, Mithra P, Kumar N, Kulkarni V, Holla R, B B D. Awareness and attitude regarding breastfeeding and immunization practices among primigravida attending a tertiary care hospital in southern India. *J Clin Diagn Res*. 2015 Mar;9(3):LC01-5. doi: 10.7860/JCDR/2015/11892.5616. Epub 2015 Mar 1. PMID: 25954638; PMCID: PMC4413086.
- Alhamedy NM, Alshoaibi NF, Alamri RMS, Alamri SA, Alsulami SS, Ghulam E, Shawish SH. Knowledge, attitude, and practice of breastfeeding among mothers attending King Abdulaziz University Hospital, Jeddah, Saudi Arabia. *J Family Med Prim Care*. 2025 Apr;14(4):1295-1306. doi: 10.4103/jfmpe.jfmpe_1465_24. Epub 2025 Apr 25. PMID: 40396100; PMCID: PMC12088536.
- Smith, E., Johnson, S., & Lee, M. (2023). The role of knowledge, attitude, and practice in maternal and child health: A review of current research. *J Public Health Matern Care*, 8, 115–128.
- Garcia, M., Patel, A., & Nguyen, L. (2021). Impact of breastfeeding knowledge, attitudes, and practices on maternal and child well-being: A global perspective. *Glob Health Insights*, 5, 67–81.
- Al-Farsi, M., Al-Sharbaty, M., & Al-Sati, H. (2022). Cultural influences on breastfeeding practices among mothers in Saudi Arabia: A qualitative study. *J Saudi Matern Child Health*, 3, 35–49.
- Khalid, F., Ali, S., & Ahmed, Y. (2023). Barriers and facilitators in adhering to optimal breastfeeding practices: Insights from Saudi Arabian mothers. *Saudi J Matern Child Health*, 6, 77–89.
- Wong, J., Kim, S. J., & Patel, R. (2023). Global perspectives on breastfeeding: Trends, challenges, and innovations in maternal and child health. *Int J Matern Child Health*, 9, 215–230.
- Chen, W., Kumar, A., & Gomez, M. (2023). Cross-cultural perspectives on breastfeeding: A comparative analysis of knowledge, attitudes, and practices. *Int J Glob Health*, 7, 89–104.
- Taylor, E., Nguyen, L., & Patel, A. (2021). The impact of breastfeeding on infant health: A comprehensive review. *J Infant Health Dev*, 4, 50–65.
- Smith, S., Johnson, E., & Davis, M. (2020). The role of information in breastfeeding initiation and duration: Insights from a qualitative study. *J Matern Infant Nutr*, 7, 98–112.
- Raheel, H., & Tharkar, S. (2018). Why mothers are not exclusively breastfeeding their babies till 6 months of age? Knowledge and practices data from two large cities of the Kingdom of Saudi Arabia. *Sudan J Paediatr*, 18, 28–38.
- Hegazi, M. A., Allebdi, M., Almohammadi, M., Alnafie, A., Al-Hazmi, L., & Alyoubi, S. (2019). Factors associated with exclusive breastfeeding in relation to knowledge, attitude, and practice of breastfeeding mothers in Rabigh community, Western Saudi Arabia. *World J Pediatr*, 15, 601–609.
- Ibrahim, H. A., Alshahrani, M. A., Al-Thubaity, D. D., Sayed, S. H., Almedhesh, S. A., & Elgzar, W. T. (2023). Associated factors of exclusive breastfeeding intention among pregnant women in Najran, Saudi Arabia. *Nutrients*, 15, 3051.
- Alahmed, S., Meedya, S., Mutair, A. A., & Fernandez, R. (2023). Saudi women's breastfeeding knowledge, attitude, and practices: A systematic review and meta-analysis. *J Transcult Nurs*, 34, 68–82.
- Shahrani, A. S. A., Hushan, H. M., Binjamaan, N. K., Binhuwaimel, W. A., Alotaibi, J. J., & Alrasheed, L. A. (2021). Factors associated with early cessation of exclusive breastfeeding among Saudi mothers: A prospective observational study. *J Family Med Prim Care*, 10, 3657–3663.
- Fok, D., Aris, I. M., Ho, J. H., Chan, Y. H., Rauff, M., Lui, J. K., et al. (2019). Early initiation and regular breast milk expression reduces risk of lactogenesis II delay in at-risk Singaporean mothers in a randomized trial. *Singapore Med J*, 60, 80–88.
- Gianni, M. L., Bettinelli, M. E., Manfra, P., Sorrentino, G., Bezze, E., Plevani, L., et al. (2019). Breastfeeding difficulties and risk for early breastfeeding cessation. *Nutrients*, 11, 2266.