

RESEARCH ARTICLE

Knowledge and Practice of Breastfeeding Among Lactating Mothers in Ratnanagar Municipality, Chitwan

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Abstract: Breastfeeding is a key component of a healthy infant and child nutrition. Breast milk is a crucial source of nutrition and plays a significant role in the growth and development of the infant, both physically and psychologically. The initial milk produced after birth (colostrum) has protective properties which benefit the baby's immune system. This study aimed to explore the knowledge and practices of breastfeeding mothers in Ratnanagar Municipality of Chitwan in Nepal. The study targeted exclusive breastfeeding, colostrum feeding, feeding frequency, complementary feeding, bottle feeding, mothers' hygiene, breastfeeding position and the correlation between the breastfeeding practices and mothers' educational level. This study used a quantitative descriptive research design. Two hundred lactating mothers were studied and the 110 mothers with children under 12 months of age were selected purposefully. Mothers who visited the Ratnanagar Health Post for their children's immunisations were the respondents. An interview schedule was used as the main instrument for the collection of the primary data. The instrument was pre-tested with seven similar informants at Gitanagar VDC of Chitwan and the necessary changes were made in the instrument before final data collection. Data collected were summarized in tables and presented in frequency and percentage. The results show that 94.55% of the respondents were educated, 68.18% were living in joint families. As far as breastfeeding knowledge and practices are concerned, 68.18 percent of the mothers knew about colostrum and 62.73 percent of them used it to feed their babies. Only 41.82% of newborns were breastfed within one hour of birth. Breastfeeding frequencies were high, with 90% breastfeeding more than six times a day, but there were significant gaps in knowledge on exclusive breastfeeding. Only 30.91 percent understood exclusive breastfeeding as the exclusive use of breast milk, and 60.91 percent did not. Likewise, 48.18% bottle fed, and 72.72% of them did not wash or clean their breasts before breastfeeding. About 52.72% started complementary feeding after six months. The results revealed that the knowledge and proper breastfeeding practice was not acquired entirely from general education. The study highlights the need for health education and counselling for pregnant and lactating mothers, community participation and dissemination of specific knowledge about exclusive breastfeeding and child-care practices.

Keywords: breastfeeding, lactating mothers, colostrum, exclusive breastfeeding, child health, maternal education

1 Introduction

1.1 Background

Health is an essential foundation of human life and development. The thesis recognizes the importance of health through the widely accepted idea that "Health is Wealth" and describes health as a state involving physical, mental, and social well-being. Human health is influenced by biological, social, economic, cultural, nutritional, sanitation, and behavioral factors. Maternal health and child health are closely connected, and inadequate maternal nutrition and care can adversely affect the growth and development of children.

Nutrition has an especially important role during infancy. The study emphasizes that malnutrition is a major health problem and that poor diet, frequent illness, and inadequate care can contribute to poor nutritional status among children. Breastfeeding is therefore presented as an important practice for protecting infant health and maintaining nutritional well-being. The thesis

describes breast milk as a natural food containing nutrients and protective substances required by infants, particularly during the early months of life. Breast milk provides both nutritional and immunological benefits. According to the literature reviewed in the thesis, breast milk contains essential nutrients and antibodies and contributes to the emotional bond between mother and child. This relationship is considered important for the emotional, physical, and psychological development of the child. Colostrum, which is the first secretion from the mother's breast after delivery, is particularly important because it contains antibodies that help protect newborn babies from diseases.

Breastfeeding is also important for mothers. The study recognizes breastfeeding as a practice that is convenient, naturally available, and inexpensive. It also discusses its possible benefits for mothers, including recovery after childbirth and reduction of certain health risks. Breastfeeding is consequently viewed not only as an infant-feeding practice but also as a component of maternal and child health. The social and cultural environment in which mothers live can influence breastfeeding knowledge and practices. Ratnanagar Municipality contains people from different social and cultural backgrounds, and the thesis identifies differences in social norms, beliefs, customs, values, and economic conditions as factors that may affect breastfeeding. Traditional beliefs and inadequate health awareness may influence mothers' decisions concerning colostrum, exclusive breastfeeding, and other infant-feeding practices.

1.2 Statement of the Problem

Breast milk is recognized in the study as the most appropriate food for young infants during the early months of life. However, as children grow, their nutritional requirements increase, and complementary foods need to be introduced. The thesis emphasizes that breastfeeding and complementary feeding should therefore be understood as interconnected components of infant nutrition.

Child health remains an important concern in Nepal. The thesis associates child health problems with poverty, inadequate education, poor health practices, and communicable diseases. Maternal education is also identified as an important factor influencing breastfeeding practice. Mothers' knowledge, family circumstances, cultural beliefs, economic conditions, and use of available health services may all influence how breastfeeding is initiated and continued. The study area includes different caste and ethnic groups, and therefore mothers may have different ideas and attitudes about breastfeeding. Traditional beliefs, early marriage, economic difficulties, limited women's literacy, and unhygienic health behaviors are described as factors that may affect maternal and child health. These circumstances provided the basis for conducting the study on knowledge and practice of breastfeeding among lactating mothers.

1.3 Objectives

The general objective of the study was to assess knowledge and practices of breastfeeding among lactating mothers in Ratnanagar Municipality of Chitwan district. The specific objectives were:

- (1) To find out the knowledge and practice of exclusive breastfeeding.
- (2) To find out the knowledge and practice of colostrum feeding among mothers.
- (3) To examine the relationship between breastfeeding practice and the educational status of mothers.

1.4 Significance of the Study

The study is significant because maternal knowledge and breastfeeding practices directly concern infant nutrition and child care. The thesis identifies several potential uses of the study. It may contribute to the promotion of breastfeeding, create awareness about the importance of colostrum, assist health workers in developing breastfeeding awareness programs, provide information for future researchers, and help local planners understand the existing situation and develop appropriate programs and policies.

2 Review of Related Literature

Breastfeeding has been a traditional feeding practice in Nepal among infants and the factors that influence this practice include maternal knowledge, family support, cultural beliefs, socioeconomic status and access to health information. The health promoting nutritional and immune properties of breastfeeding and the role of ideal breastfeeding practices in infant growth and

development have been emphasized throughout the literature. Family and community support may also enable breastfeeding, especially for those mothers who have heavy domestic and childcare responsibilities.

A study conducted by Gurung (2000) [1] on breastfeeding behavior of mothers visiting an MCH clinic in Kathmandu showed that 90% of the mothers provided colostrum and that trained health workers should be better supported in giving better assistance in breastfeeding. Similarly, Bishwokarma (2005) [2] studied breastfeeding and weaning in a Dalit community of the Morang District and found that traditional practices of the community, milk supply and weaning age affected the practices of mothers in the community.

Bhetwal (2007) [3] found that only 25.45% of mothers started breastfeeding within one hour of birth and noted differences in the mothers' knowledge on the duration and adequacy of breastfeeding. Baral (2005) [4] found that the complementary food was mostly given two or three times a day in Nangkhel VDC, Bhaktapur. Dharel et al. (2020) [5] studied breastfeeding among 574 mother-baby pairs in Mid-western and Eastern areas of Nepal. 48.6% had partial breastfeeding and 23.2% exclusively breastfed until six months. Sixty-seven point two percent of babies were put on to the breast within one hour of birth; one-quarter got prelacteal feeds, most of which were honey. The study also revealed that some breastfeeding issues, such as late initiation of breastfeeding, breastfeeding problems, and poor knowledge of the recommended duration of exclusive breastfeeding, were linked to partial breastfeeding. These results show that knowledge and practical assistance continues to be important in breastfeeding practice in Nepal.

Dhakal et al. (2022) [6] studied exclusive breastfeeding status among 362 exclusive breastfeeding mothers attending selected health facilities in Kathmandu. According to the study, 64.1% of the mothers were exclusively breastfeeding for 6 months. It also identified high self-efficacy, positive attitudes and social support among the respondents. The authors, however, stressed that exclusive breastfeeding still needs specific interventions and the need to incorporate breastfeeding awareness in existing immunization services. It should be noted that this study was published in 2022, but data were collected in 2018, and hence the results of this study should be read as evidence published in the recent period, rather than evidence from the recent field data.

Tariqujjaman et al. (2022) [7] conducted a study on infant and young child feeding behaviours at the broader South Asian level, based on nationally representative survey data from Afghanistan, Bangladesh, India, Maldives, Nepal and Pakistan. The percentage of early initiation of breastfeeding and exclusive breastfeeding was 45.4 and 53.9 per cent respectively across the six countries. In the data used for the study, 67% of the population in Nepal were exclusively breastfeeding. The researchers also discovered differences in infant and young child feeding practices by maternal education, area of residence and household socioeconomic status. Results show that breastfeeding practices are influenced not only by individuals' knowledge, but also by their social and socioeconomic environment.

Wasti et al. (2023) [8] performed a systematic review and a meta-analysis on exclusive breastfeeding practice in Nepal. A total of 28 studies were included in the review; the pooled prevalence of exclusive breastfeeding was estimated to be 43% (95% CI [34%, 53%]). The factors associated with exclusive breastfeeding identified by the study were the type of delivery, ethnic minority status and the birth order. The authors have found that multifaceted and evidence-based interventions such as breastfeeding counseling as part of existing maternal health services are required for exclusive breastfeeding in Nepal. This evidence indicates that the breastfeeding practice is related to multiple interacting individual, social and health-service factors, and that maternal education alone does not significantly influence the breastfeeding practice.

Singh et al. (2024) [9] provided more recent nationally representative evidence by analysing the Nepal Demographic and Health Survey (2022). They studied 540 infants, aged 0- 5 months, and identified 57.46% exclusive breastfeeding for a 24 hour period. The factors at the individual or community level were associated with exclusive breastfeeding. The study revealed that antenatal care services coverage, maternal employment status, poverty status and geographical variation were associated with exclusive breastfeeding practices. The results highlight the need to look at the practice of breastfeeding from an individual and community perspective in Nepal.

Hossain and Miharshahi (2024) [10] analyzed the association between exclusive breastfeeding and child morbidity in young children (0–6 months) using Demographic and Health Survey data from five South Asian countries, including Nepal. The study used data from the 2022 survey in Nepal and revealed that exclusive breastfeeding was linked to a reduced risk of diarrhoea

in Nepal. The study additionally reported associations between infant feeding practices and diarrhoea, acute respiratory infection and fever in South Asian countries studied. The results confirm the significance of proper nursing for infants' health.

Nai et al. (2025) [11] aimed to study the social support and self-efficacy of 153 exclusively breastfeeding mothers attending the MCH clinic of Bheri Hospital at Nepalgunj in Nepal. This study was descriptive cross-sectional with a focus on the level of social support and breastfeeding self-efficacy among mothers. This evidence strengthens the argument for the importance of psychosocial and interpersonal support and not just breastfeeding knowledge and health education.

3 Methodology

3.1 Research Design

A descriptive quantitative research design was used to determine the knowledge and practices of lactating mothers on breastfeeding including colostrum feeding, exclusive breastfeeding, breastfeeding frequency, bottle feeding, hygiene, breastfeeding position and complementary feeding.

3.2 Study Population and Sample

The study was carried out in Ward No. 6 of Ratnanagar Municipality in Chitwan District. The total number of the subjects in the study was 200 lactating mothers. Using purposive sampling, a sample of 110 mothers with children aged up to 12 months was selected. This study was done with mothers who came to Ratnanagar Health Post for their children's immunization.

3.3 Data Collection Instrument

A structured interview schedule was used to collect data about mothers' knowledge and practices in breastfeeding and infant feeding. The instrument was pre-tested with seven respondents similar to the main respondents in Gitanagar VDC, Chitwan. The necessary revisions were made after the pre-test, in consultation with the research supervisor, before the final data collection. The study employed a descriptive survey research design. With the permission of the relevant authority the researcher took a field visit to the health post and made arrangements with the MCH clinic. Eligible mothers were interviewed, face-to-face. Data obtained were presented in tabular form and analyzed systematically with frequency and percentage. Results were summarized in tables and analyzed descriptively.

4 Results

4.1 Socio-Demographic Characteristics

One hundred and ten lactating mothers were studied. The largest proportion (47.27%) was aged 21–25 years, followed by 32.73% aged 26–30 years, 13.64% aged 15–20 years, and 6.36% aged 31–35 years. The total percentage of literate respondents was 94.55%, while the illiterate comprised 5.45%. In terms of the level of education, 34.55% had attained primary education, 36.36% secondary education, and 23.64% higher education. The majority of the respondents (68.18%) were found residing in joint families and 31.82% were in nuclear families. Of the children, 52.73% were female and 47.27% were male. Regarding children's age, 29.09% were aged 0–3 months, 23.64% were 4–6 months, 29.09% were 7–9 months, and 18.18% were 10–12 months. For place of birth, 45.45% of the children were born in hospital, 30% were born at their home and 24.55% were born elsewhere. (see [Table 1](#))

4.2 Knowledge and Practice of Colostrum Feeding

The knowledge and practice of colostrum feeding were assessed. There was a considerable lack of knowledge and practice around colostrum feeding. 68.18% of mothers reported that they knew about colostrum, while 62.73% of mothers reported feeding colostrum to their newborns. Frequently, 37.27% of the general population was unaware of the feeding of colostrum and 31.82% of the population had no knowledge about colostrum. The results indicate that knowledge of colostrum was not always associated with appropriate practices. Possible influences on mothers' decisions about colostrum feeding were identified as cultural and traditional beliefs.

Table 1 Sociodemographic characteristics of the study participants (N = 110)

Category	Subcategory	Frequency (n)	Percentage (%)
Mother's age (years)	15–20	15	13.64
	21–25	52	47.27
	26–30	36	32.73
	31–35	7	6.36
Literacy status	Literate	104	94.55
	Illiterate	6	5.45
Level of education	Primary	38	34.55
	Secondary	40	36.36
	Higher	26	23.64
Family type	Joint family	75	68.18
	Nuclear family	35	31.82
Gender of the child	Female	58	52.73
	Male	52	47.27
Age of the child (months)	0–3	32	29.09
	4–6	26	23.64
	7–9	32	29.09
	10–12	20	18.18
Place of delivery	Hospital	50	45.45
	Home	33	30.00
	Elsewhere	27	24.55

4.3 Initiation of Breastfeeding

The percentage of early initiation of breastfeeding was relatively low. 41.82% of mothers started breastfeeding within 1 hour of birth. Another 18.18% started breastfeeding after 1 hour, 24.55% after 3 hours, and 15.45% after the second day. This means that less than half of the mothers fed within the first hour after giving birth, suggesting the need for improved antenatal and postnatal counseling on getting the baby fed within the first hour and the significance of the colostrum.

4.4 Frequency of Breastfeeding

Breastfeeding rates were relatively high. A total of 36.36% of mothers reported breastfeeding 6–8 times a day, 25.45% reported 8–10 times, and 29.09% reported more than 10 times a day. 9.09% breastfed 4–6 times a day. Most mothers reported that they breastfed their children more than six times a day (91% overall).

4.5 Current Breastfeeding Practice

Of the mothers in the study, 77.27% were breastfeeding while 22.72% were not. The study noted some mothers who had stopped breastfeeding due to pregnancy and other factors. Knowledge of exclusive breastfeeding was a major area of concern. The knowledge of exclusive breastfeeding, which is defined as providing the infant with nothing but breast milk, was seen to be correct among 30.91% of mothers. Another 5.45% thought that breast milk and water were exclusive breastfeeding, and 2.72% thought that breast milk and solid food were exclusive breastfeeding. A large proportion (60.91%) responded with other answers. The finding is important as 94.55% of the respondents were literate and only 30.91% had an understanding of exclusive breastfeeding. This implies that there is no direct link between general literacy and sufficient breastfeeding knowledge.

4.6 Perception of Breast Milk Sufficiency

About 64.54 percent of respondents reported that breast milk secretion was sufficient for their babies, while 35.45 percent reported that it was insufficient. The thesis also examined mothers' views about the duration for which breast milk alone was adequate. A majority, 68.18 percent, reported that breast milk alone was adequate for more than six months, 22.75 percent reported three to six months, and 9.09 percent reported one to three months. These findings indicate that mothers had varying perceptions about the adequacy of breast milk and the period during which breast milk alone could meet infant needs. Such differences may influence the timing of introduction of other foods.

4.7 Use of Additional Foods

When mothers considered their own breast milk insufficient, buffalo or cow milk was the most common additional food. Half of the respondents reported using buffalo or cow milk. Formula feeding was reported by 26.36 percent, family food by 10 percent, and Sarbottom Pittho by 13.63 percent. The finding shows that mothers used a variety of foods when they perceived breast milk to be inadequate. The practice was influenced by mothers' perceptions and available household feeding options.

4.8 Bottle Feeding

Bottle feeding was practiced by 48.18 percent of mothers, while 51.81 percent reported that they did not practice bottle feeding. At the same time, only 42.18 percent of mothers knew about the disadvantages of bottle feeding, whereas 56.81 percent did not. This result reveals another gap between feeding practice and knowledge. Nearly half of the mothers used bottle feeding, while more than half did not know about its disadvantages. The study therefore identifies bottle feeding as an area requiring further maternal and family education.

4.9 Hand Washing and Breast Cleaning

The practice of hand washing and cleaning the breast before breastfeeding was poor. Only 27.27 percent of mothers reported practicing hand washing and breast cleaning, while 72.72 percent did not. This finding is significant because hygiene is an essential component of infant care. The study associates poor hygiene practices with inadequate knowledge and emphasizes the need for health education concerning cleanliness and child care.

4.10 Burping Practice

The study found that 54.54 percent of mothers had knowledge about burping practice, while 45.45 percent did not. Burping was described as a practice that helps relieve gas pressure after feeding and may help prevent vomiting problems. Thus, although more than half of mothers knew about burping, a considerable proportion lacked knowledge about this aspect of infant care.

4.11 Breastfeeding Position

Regarding breastfeeding position, 47.27 percent of mothers fed their babies while placing the baby on their lap, 39.09 percent fed while lying, and 13.63 percent used a side-turning position. The study considered feeding while placing the baby on the mother's lap as the appropriate position. The finding suggests that more than half of the mothers used positions other than the one identified by the study as appropriate. This again indicates the need for practical breastfeeding education rather than only theoretical information.

4.12 Complementary Feeding

The study found that 52.72 percent of mothers started complementary feeding after six months, 40 percent started within four to six months, and 7.27 percent started earlier than four months. More than half of the mothers therefore followed the practice identified in the study as appropriate by beginning complementary feeding after six months. However, a substantial proportion introduced additional foods before six months.

4.13 Mothers' Knowledge of the Benefits of Breastfeeding

The respondents identified several benefits of breastfeeding for mothers. Half of the mothers stated that breastfeeding helped mothers recover from childbirth, 37.27 percent identified all listed benefits, 7.27 percent identified reduction of breast and ovarian cancer risks, and 5.45 percent stated that breastfeeding keeps women healthier. The findings suggest that mothers possessed some awareness of the maternal benefits of breastfeeding, although knowledge was not uniform.

5 Discussion

The findings demonstrate that breastfeeding practice among the mothers in the study area was characterized by both positive practices and important knowledge gaps. The high literacy level of the respondents is particularly notable. Although 94.55 percent of mothers were literate,

specific breastfeeding knowledge remained inadequate in several areas. The most prominent example is exclusive breastfeeding: only 30.91 percent correctly understood its meaning, while 60.91 percent did not provide the correct response. This finding supports the study's broader observation that general education does not automatically translate into adequate health knowledge. The thesis explicitly notes that many mothers were literate but did not have adequate information about breastfeeding, its importance, and appropriate techniques. Colostrum feeding also illustrates the difference between knowledge and practice. While 68.18 percent knew about colostrum, only 62.73 percent actually fed it. Cultural and traditional beliefs were identified as factors affecting the practice. Thus, breastfeeding interventions need to address not only information deficits but also social beliefs and family practices.

Early initiation of breastfeeding was another area of concern. Only 41.82 percent of mothers initiated breastfeeding within one hour or immediately after birth. The study therefore emphasizes antenatal education so that pregnant women understand the importance of early initiation and colostrum before delivery. In contrast, breastfeeding frequency was comparatively satisfactory. More than 90 percent of mothers breastfed more than six times per day. The study interpreted this as a satisfactory practice among the respondents. However, the coexistence of relatively good breastfeeding frequency with poor knowledge of exclusive breastfeeding suggests that mothers may engage in appropriate practices without fully understanding the underlying principles. Bottle feeding and hygiene practices reveal further concerns. Almost half of the mothers practiced bottle feeding, while a majority did not know its disadvantages. Similarly, nearly three-quarters did not practice hand washing and breast cleaning before breastfeeding. These findings suggest that maternal and child health programs should combine breastfeeding promotion with practical demonstrations of hygiene and infant care. Complementary feeding showed a comparatively favorable pattern, with 52.72 percent of mothers starting complementary foods after six months. Nevertheless, 47.27 percent introduced complementary foods before six months. This indicates that mothers' understanding of infant feeding requirements was inconsistent.

Overall, the findings show that breastfeeding behavior is influenced by multiple factors, including education, culture, family structure, maternal knowledge, beliefs, and access to health information. The study's literature review also emphasizes the role of family and community support, particularly for mothers with heavy workloads.

6 Conclusion

The study concludes that breastfeeding was a common practice among the respondents, and many mothers demonstrated satisfactory breastfeeding frequency. Nevertheless, significant gaps existed in specific breastfeeding knowledge and practice. The educational status of the mothers was relatively high, with 94.55 percent being literate. However, this high literacy level did not correspond to adequate knowledge of exclusive breastfeeding. Only 30.91 percent correctly understood its meaning. Similarly, although 68.18 percent knew about colostrum, only 62.73 percent actually fed colostrum to their newborns. Early initiation of breastfeeding was also inadequate, with only 41.82 percent beginning breastfeeding within the first hour after birth. On the other hand, more than 90 percent of mothers reported breastfeeding more than six times per day. About 64.54 percent considered their breast milk sufficient, while buffalo or cow milk was the most common additional food when mothers perceived their breast milk as inadequate.

Bottle feeding was practiced by 48.18 percent of mothers, while more than half did not know its disadvantages. Hygiene practice was particularly weak, as 72.72 percent did not practice hand washing and breast cleaning before breastfeeding. Knowledge of burping was present among 54.54 percent, and 47.27 percent used the breastfeeding position identified by the study as appropriate. More than half of mothers, 52.72 percent, started complementary feeding after six months. The central conclusion is therefore that mothers' general educational status was good, but specific breastfeeding knowledge and practical skills required improvement. Breastfeeding promotion should consequently extend beyond general literacy and include focused, practical, and culturally appropriate health education.

7 Recommendations

Based on the findings of the study, recommendations can be made as follows:

- (1) Community-based health education should be strengthened to improve mothers' knowledge of breastfeeding, child care, complementary feeding, hygiene, and other child-health issues.

- (2) Regular counseling should be provided to pregnant women and lactating mothers. Such counseling should begin before childbirth and continue during the breastfeeding period.
- (3) Mothers should receive specific information about the importance of colostrum and early initiation of breastfeeding.
- (4) Special attention should be given to exclusive breastfeeding because the study found that a large majority of mothers did not correctly understand its meaning.
- (5) Health education should include practical demonstrations of appropriate breastfeeding positions, hygiene practices, and other aspects of infant care.
- (6) Family members should be involved in breastfeeding promotion because family structure, traditional beliefs, domestic responsibilities, and community practices can influence maternal behavior.
- (7) Breastfeeding promotion activities should be integrated into existing health-related programs. The thesis specifically recommends health education in the community, counseling for pregnant and lactating mothers, appropriate breastfeeding information, and further research concerning occupation and breastfeeding practice and community-specific breastfeeding schedules.

8 Limitations and Scope for Further Research

The study was limited to Ratnanagar Municipality Ward No. 6 and involved lactating mothers attending Ratnanagar Health Post. The findings therefore represent the respondents and setting included in the study rather than all mothers in the municipality. This research suggests examining the relationship between mothers' occupation and breastfeeding practice and conducting research that could help develop breastfeeding schedules appropriate to particular communities.

9 Implications

The study has implications for mothers, families, health workers, local planners, and future researchers. For mothers, the findings demonstrate the need for specific knowledge about exclusive breastfeeding, colostrum, early initiation, hygiene, and infant feeding. For families, the findings emphasize the importance of supporting lactating mothers in domestic and child-care responsibilities. For health workers, the study provides evidence for developing targeted breastfeeding counseling and community education. For local planners, the study identifies areas where breastfeeding promotion and maternal-child health activities can be strengthened. For researchers, it provides a basis for further investigation of occupational, socio-cultural, and community factors influencing breastfeeding.

Breastfeeding is an important component of maternal and child health, and the study conducted among 110 lactating mothers in Ratnanagar Municipality provides evidence of both strengths and weaknesses in breastfeeding knowledge and practice. The mothers generally had a good level of literacy and breastfeeding frequency was comparatively satisfactory. However, important deficiencies were observed in exclusive breastfeeding knowledge, early initiation, colostrum feeding, bottle-feeding awareness, hygiene, breastfeeding position, and complementary feeding.

The most important finding is the gap between general education and specific breastfeeding knowledge. Although 94.55 percent of mothers were literate, only 30.91 percent correctly understood exclusive breastfeeding. This demonstrates that literacy alone is insufficient to ensure appropriate breastfeeding behavior. Targeted health education and counseling are therefore necessary. The study ultimately emphasizes the importance of strengthening breastfeeding promotion through community education, antenatal and postnatal counseling, family support, and practical instruction. Such activities can help mothers translate general awareness into appropriate breastfeeding and child-care practices.

Conflicts of Interest

The author declares no conflicts of interest.

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