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Breastfeeding Knowledge and Practices: Exploring Awareness, Challenges, and Misconceptions among Mothers in Lalitpur, Nepal

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Abstract

Breastfeeding behavior, though fundamental to mothers' and infants' health, is still affected by socio-cultural, economic, and medical factors. The current study explores breastfeeding knowledge, practice, and difficulties of mothers in Lalitpur Metropolitan City-25, Bhaisepati, Nepal. Similarly, I selected 50 respondents by using purposive sampling and conducted semi-structured interviews. I found that despite seventy-eight percent of respondents having started breastfeeding within one hour and ninety percent recognizing the value of colostrum, there is still a shortfall in exclusive breastfeeding behaviors. Specifically, forty-two percent doubt the adequacy of breast milk for the first six months, and misconceptions about preserving expressed breast milk are prevalent, with sixty-eight percent suggesting frying as a method of preservation. Furthermore, socio-cultural orientations, economic factors, and the absence of work support are all implicated in suboptimal breastfeeding behavior. In addition, this paper proposes the necessity for targeted interventions, such as professional training and policy reform, to counteract cultural prejudice, economic limitations, and structural barriers.

Keywords

Breastfeeding practices, Socio-cultural perceptions, Colostrum, Exclusive breastfeeding, Lalitpur, Nepal.

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1. Introduction

Breastfeeding is an integral part of obstetrical and infant health, and the optimal growth of the child depends on the optimal supply of nutrients. It is well established that it should be the preferred mode of feeding of an infant, and breast milk provides all the needs and has an array of health benefits (American Academy of Pediatrics, 2012). Moreover, breastfeeding has been an intrinsic part of the culture and biology of the human condition for centuries, but practice still depends on a diverse array of socio-cultural, economic, and health-care-related factors.

The benefits of breastfeeding extend beyond nutrition, offering immune protection to infants, reducing the risk of infections, and fostering cognitive development (Victora et al., 2016). Furthermore, it has been demonstrated to be associated with an increased risk of the development of chronic disease (e.g., diabetes, obesity) in adulthood. For mothers, breastfeeding offers benefits such as hormonal balance, faster postpartum recovery, and a reduced risk of breast and ovarian cancers. Therefore, breastfeeding is also identified as a top priority in global public health.

Although effective, the establishment and length of breastfeeding are extensively determined by socio-cultural views and behaviors. First, in most cultures, breastfeeding is regarded as a normal and essential aspect of being a mother, and there are social norms promoting the extended practice of breastfeeding. During these situations, practice is recommended as early as possible after birth and repeated several times over a long period of time. However, the nursing of an infant in the presence of others may be seen as an inappropriate or even private act in some other cultures, such as in public spaces. Such beliefs may stop mothers from going for breastfeeding in the open or for the usual length of time (Kumar & Singhal, 2016).

Economic factors are also important to influence breastfeeding behavior. For instance, research points to the difficulty low-income mothers face in sustaining exclusive breastfeeding, in part, to the confluence of socio-economic factors such as the limitations of work schedules and absence of access to healthcare support (Mwase, et al., 2021). In addition, it is of utmost importance that health care staff educate and empower mothers to breastfeed. For example, research in Bangladesh shows that counseling from healthcare providers is associated with an increased proportion of breastfeeding attempts and persistence (Haider et al., 2018).

Religious prejudices and historical practices add more and more factors to the situation of breastfeeding. For instance, breastfeeding in public is frowned upon in some African communities, such as due to concern that the nursing child will be exposed to malevolent spirits (Afolayan et al., 2018). Similarly, for some Asian populations, colostrum, the richly milked first milk, is seen as unclean and therefore discarded, as a result of misinformation regarding its quality. Consequently, these practices can delay the start of breastfeeding and have adverse consequences for the maternal and child health indicators.

Feeding practices in Nepal represent a mixture between traditional culture and contemporary influences. Evidence is that although the majority of mothers begin breastfeeding by one hour postpartum, some mothers also give prolateral feeds, for example, honey or sugar water, which violate recommendations of global health (Karkee et al., 2016). Moreover, family members (grand-parents) have a strong influence on breastfeeding decisions and may conversely promote formula feeding instead of exclusive breastfeeding (Shrestha et al., 2019). Likewise, health care personnel in Nepal are decisive in supporting breastfeeding, yet the training and knowledge gaps of health care personnel hinder their contribution in assisting mothers (Khatri et al., 2018).

In view of the intricate relationship of socio-cultural, economic, and health-related factors, context-specific research is now overdue to gain insights into breastfeeding practices. Finally, the purpose of this study is to investigate socio-cultural perceptions and practices of breastfeeding among mothers living in Lalitpur Metropolitan City-25, Bhaisepati, Nepal. In an attempt to offer the counseling information needed to develop targeted intervention strategies, this study

attempts to achieve insight into the breastfeeding patterns in the study region through socio-demographic status and cultural factors.

2. Literature Review

2·1 Theoretical Perspectives on Breastfeeding Practices

Breastfeeding behavior is influenced by a number of socio-cultural and economic factors, and sociological theorizing can explain them. Symbolic interactionism, social exchange theory, and Pierre Bourdieu's theory of practice are the most relevant theoretical perspectives to interpret breastfeeding behavior and beliefs.

2·1·1 Symbolic Interactionism

Symbolic interactionism asserts that human practices are shaped by social transactions and the assumptive meanings attached to them. Furthermore, not only is breastfeeding far from being a biological process itself, but it is also very deeply ingrained in the beliefs and values of the culture (Ryan, 2019). For example, in some cultures, breastfeeding is celebrated as a natural and essential aspect of motherhood, while in others, it may carry stigma when performed in public. Here, to highlight this aspect of the theory, the nature of how socialization processes influence decisions to breastfeed is focused around the role played by social norms and values as transmitted through the family, friends, and healthcare professionals (Nunes et al., 2019).

Evidence for the hypotheses regarding the impact of cultural appraisal on breastfeeding practices is also strong. For instance, a study by Merewood et al. (2010) reported that Latina women who considered breastfeeding fundamental to their culture were more likely to start and continue breastfeeding. Similarly, Qureshi et al. (2018) emphasized the role of social support, noting that encouragement from family members and healthcare providers positively influenced breastfeeding practices among Pakistani women.

2·1·2 Social Exchange Theory

Social exchange theory postulates that people act on the basis of perceived costs and benefits. For example, in the context of breastfeeding, mothers accept tradeoffs of health/emotional risks for self and infant against potential challenges such as unappealing physical discomfort and social rejection (Papinczak et al., 2015).

Furthermore, evidence has demonstrated that mothers in low-income housing experience a greater prevalence of insufficient breastfeeding (DiGirolamo et al., 2005) because of perceptions of barriers, such as inadequate access to lactation consultants and breast pumps. Additionally, social support has been demonstrated to overcome these barriers. Odom et al. (2013) reported that African American women breastfed most often when their maternal family and health professionals provided support.

2·1·3 Pierre Bourdieu's Theory of Practice

According to Bourdieu's theory of practice, social structures, including class and culture, exert a controlling influence on the way behaviors can be executed. Further, according to Bourdieu, feeding is a mediation process that consists of localizing the maternal social capital acquired within the context of socialization and professional activities (Bourdieu, 1977).

Researchers have also been applying Bourdieu's conceptualization to define breastfeeding in different contexts. For example, Liamputtong and Yimyam (2008) found that cultural factors related to maternal attachment in the shape of positive strong beliefs in the value of Thai strong positivity promote breastfeeding. Similarly, McInnes et al. (2013) stated that decisions of Australian women to breastfeed were affected by current social norms and the presence of supportive environments.

2·2 Empirical Studies on Breastfeeding Practices

2·2·1 Socio-Cultural Influences

Socio-cultural determinants and associated behaviors exert significant influence on breastfeeding practices. For example, in Nigeria, Ogbo et al. (2018) have stated that the effects of both positive and negative cultural beliefs of breastfeeding additively influenced breastfeeding. However, despite the promotion of early start and extended breastfeeding, misinformation around colostrum resulted in an increase in the time taken for initiation of breastfeeding. Similarly, Zainudin et al. (2020) evidenced that in Malaysia, cultural factors, family, and work communities helped in positive effects on breastfeeding attitudes.

As well, breastfeeding practices in Nepal are greatly affected by traditional gender roles and family context. Marahatta et al. (2019) also observed that maternal and paternal grandparents can routinely

influence feeding (such as in favor of formula feeding rather than exclusive breastfeeding).

2·2·2 Economic Factors

Breastfeeding is driven by socioeconomic status in terms of resource access as well as competing demands. For instance, low-income mothers in the United States cited financial constraints and workplace policies as barriers to breastfeeding (DiGirolamo et al., 2005). Moreover, in Nepal, Karkee et al. (2016) reported that financial pressures often push mothers to discontinue exclusive breastfeeding earlier than recommended.

2·2·3 Role of Healthcare Providers

Healthcare providers are pivotal in promoting breastfeeding. For instance, Kaviani et al. (2019) reported that positive reinforcement and health professional backing effectively promoted breastfeeding at initiation in Iran. However, Marahatta et al. (2019) recognized knowledge gaps in the healthcare providers of Nepal that prevent effective promotion of breastfeeding.

2·2·4 Policy Interventions

Breastfeeding promotion has also been a major interest for international health programs. Exclusive breastfeeding for the first 6 months by the WHO is proposed along with continued exclusive breastfeeding with complementary feeding up to 2 years or beyond (WHO, 2003). Particularly, the Baby-Friendly Hospital Initiative of the United Nations Children's Fund (UNICEF) has proven successful in increasing perinatal breastfeeding rates through guidance based on concrete cases for health care facilities (UNICEF, n.d.).

In Nepal, there is a national Safe Motherhood and Newborn Health Long-Term Plan (2016-2030) (Nepal Ministry of Health and Population, 2016), aiming to raise exclusive breastfeeding rates from 66% to 85% in Nepal by the year 2030. In addition, the Infant and Young Child Feeding (IYCF) Act, 2017 has been revised to regulate the promotion of breast milk substitutes and to promote a breastfeeding supportive environment (Government of Nepal, 2017). However, implementation at the system level remains challenging, particularly in the context of rural and deprived areas (UNICEF Nepal, n.d.).

In this context, the literature also affects the complexity of breastfeeding behavior induced by social-cultural views, economic constraints, and access to health care. Sociological theories-symbolic

interactionism, social exchange theory, and practice theory-shed light on these dynamics. Last, efficacious interventions must be informed by socio-cultural, economic, and systemic barriers to promote the best practices in exclusive breastfeeding. In Nepal, strengthening policy implementation and enhancing the capacity of healthcare providers can play a crucial role in improving breastfeeding outcomes.

3. Research Site and Methodology

The research was carried out in Lalitpur Metropolitan City-25, Bhaisepati, Lalitpur district. This place was chosen because it is a heterogeneous community consisting of people from different ethnic, caste, and religious groups. The platform provided a novel way to interact with participants that came from a wide range of socio-economic backgrounds, including many participants that were engaged in income-generating (e.g., beauty salon business) activities. Out of the universe, a total of 50 women with children under the age of two years were selected as respondents by using purposive sampling method. Similarly, I used a descriptive study design to effectively describe breastfeeding practices in the study area.

Data collection involved both primary and secondary sources. Primary data was collected in the field by conducting semi-structured interviews to collect rich data. Secondary data was collected from books, articles, institutional reports, and online publications. The collected data was successively cleaned and preprocessed and analyzed by using the software package Excel and a manual approach. Quantitative data was summarized in tables, graphs, and statistical analysis, whereas qualitative data was summarized descriptively in order to give an account of breastfeeding practices of mothers in the study region.

4. Data Presentation and Analysis

4·1 Socio-Demographic Profile of the Respondents

The socio-demographic profile of the respondents reveals an overall picture of education, marital status, marital order, religion, and labor status. These factors are important to decipher the context in which breastfeeding practices are carried out. The following table summarizes data from several categories: education, marital status, marriage type, religion, and occupation, to give an all-encompassing picture of the respondents' backgrounds.

Table-1 : Socio-Demographic Profile of the Respondents

Category/Variables	Respondents Number	Percentage (%)
Educational Level		
No formal schooling	4	8.0
Primary	6	12.0
Secondary	20	40.0
Tertiary	12	24.0
Postgraduate	8	16.0
Marital Status		
Single	3	6.0
Married	39	78.0
Divorced/Separated	4	8.0
Widow/Widower	4	8.0
Type of Marriage		
Monogamy	30	60.0
Polygamy	13	26.0
Others	7	14.0
Religion		
Hindu	40	80.0
Christian	4	8.0
Muslim	1	2.0
Others	5	10.0
Occupation		
Housewife	11	22.0
Student	4	8.0
Unskilled worker	6	12.0
Skilled worker	9	18.0
Professional	13	26.0
Unemployed	7	14.0
Total	**50**	**100.0**

Source : Field Survey, 2024.

Table-1 presents the socio-demographic characteristics of the respondents, showing a heterogeneous sample in terms of their education, marital status, marital system, religion, and job. Educational levels ranged from no formal schooling (8%) to postgraduate qualifications (16%), with secondary education being the most common (40%). Most participants (78%) were married, with monogamy being the most common form of marriage (60%). In terms of religion, Hinduism was the most prevalent, practiced by 80% of respondents, followed by smaller proportions identifying as Christian (8%), Muslim (2%), or other religions (10%). In terms of occupation, respondents were classified into more than one category: 26% professionals and 22% housewives. This table presents the heterogeneity of the respondent sample and constitutes a basis for the socio-cultural and economic analysis of their practices of breastfeeding.

4·2 Child Demographics of the Respondents

Knowledge about the children's demographic status involved in the study is crucial for the analysis of breastfeeding practices and their correlation with family structure, child development, and maternal decision-making. This paragraph summarizes data on the number of children, months of age, and sex, giving a summary of the respondents' family composition and practices of child rearing. The data also shows children per household, the most crucial age groups for nutritional needs, and the sex ratio of children in the group of respondents. These considerations are important in investigating the socio-cultural and economic dictates of breastfeeding choices and behavior. The following shows more concrete information about the child distributions derived from the field survey.

Table-2 : Child Demographics of the Respondents

Category/Variables	Respondents Number	Percentage (%)
Number of Children		
One	36	72.0
Two	13	26.0
Three	1	2.0
Age of Child (Months)		
0-6	13	26.0
7-12	10	20.0

13-18	7	14.0
19-24	20	40.0
Gender of Child		
Female	29	58.0
Male	21	42.0
Others	–	–
Total	**50**	**100.0**

Source : Field Survey, 2024.

The above table offers some interesting and useful data about children in study population. It shows that a majority of subjects (72% have one child, thereby implying a family size trend towards miniaturization, that could affect parental attention and parental caregiving behaviours. The balance of respondents has two (26% or three (2% children, so there is some variation in family size.

From the standpoint of age, it is especially striking that 40% of the children belong to the 19-24-month-old age-group, and the breast milk becomes a complementary food in their diet. At the same time, 26% of them are 0-6 months-old infants, highlighting the necessity of exclusive breastfeeding at the early developmental period of infants (0-6 months). Gender distribution indicates that 58% of children are females and 42% are males which is slightly higher female child proportion in the respondent sample. This demographic breakdown provides a foundation for understanding the breastfeeding practices and challenges faced by mothers, particularly in terms of addressing the nutritional and developmental needs of their children across different age groups and family sizes.

4·3 Delivery Information of Respondents

The context and route at which care is provided is critical in determining the health care access and organization of care that the respondents report. This information is telling us something about how delivery settings and procedures affect maternal and child health outcomes, and most importantly, breastfeeding behaviours. Table-3 summarizes the data on the location and mode of respondents' delivery on next page.

The above mentioned table shows that the highest number of respondents delivered the children at institutionalized settings, by 34% at the hospital, by 32% at the hospital/government hospitals/

health centers, and by 26% at private hospitals. Only 8% provided delivery at home, suggesting a high preference for institutional delivery service among this group. With regard to delivery types, the most frequent were Caesarean sections (54%), followed by normal deliveries (34%) and assisted vaginal deliveries (12%). The high prevalence of Caesarean sections could reflect advancements in medical practices or indicate underlying health challenges during pregnancy. These results indicate dependence upon institutionalized delivery services and contemporary delivery formats that may be affecting early approaches to breastfeeding and experiences of maternal recovery.

Table-3 : Delivery Information of Respondents

Category/Variables	Respondents Number	Percentage (%)
Place of Delivery		
Hospital	17	34.0
Other Govt. Hospital/Health Center	16	32.0
Private Hospital	13	26.0
Home	4	8.0
Type of Delivery		
Normal Delivery	17	34.0
Caesarian Section	27	54.0
Assisted Vaginal Delivery	6	12.0
Total	**50**	**100.0**

Source : Field Survey, 2024.

4·4 Knowledge About the Best Food for a Newborn Baby

Respondents' knowledge about the ideal food for a newborn baby shows different degrees of awareness and cultural practices in infant feeding. There is essential knowledge to support the best possible growth and development of infants, as breast milk is universally considered the perfect food for the newborn. Table-4 summarizes the data on the Knowledge about the best food for a newborn baby on next page.

Table-4 : Knowledge About the Best Food for a Newborn Baby

S.No.	Best Food for a Newborn Baby	Respondents Number	Percentage (%)
1.	Breast Milk	20	40.0
2.	Infant Formula	6	12.0
3.	Glucose Water	—	—
4.	Herbal Concoction	12	24.0
5.	Clean Water	7	14.0
6.	Others	5	10.0
Total		**50**	**100.0**

Source : Field Survey, 2024.

The above table shows a substantial difference in respondents' beliefs about the optimal food for a newborn infant. Although 40% of respondents accurately selected breast milk as the ideal food, the other 60% chose other food options, which indicates holes in the awareness and the influence of cultural/traditional eating habits. Interestingly, herbal mixtures were chosen by 24% of respondents and suggested the use of traditional remedies in infant feeding practices. Also, 14% thought clean water was safe for infants by lactating, which could be related to the wrong ideas of accommodation required for hydration. Infant formula was selected by 12% of respondents, possibly because of contemporary reasons (for example, or breastfeeding difficulties). Respondents did not choose glucose water, a finding indicative of a degree of awareness of its inappropriate use in neonates. The data show that there is a necessity of educational interventions to encourage breastfeeding as the prime food for newborns (to overcome myths about this topic and to promote evidence-based feeding behaviors in this group) in order to guarantee a good outcome for both infant health and nutrition.

4·5 Knowledge about the Advantages of Breastfeeding for the Baby

Knowing why breastfeeding is beneficial is critical to encouraging practices of breastfeeding and consequently to ensuring infant and maternal health. Breastfeeding offers numerous benefits, including optimal nutrition, protection against diseases, and fostering emotional bonds between the mother and baby. Table-5 summarizes the respondents' understanding of these benefits on next page.

Table-5 : Knowledge About the Advantages of Breastfeeding for the Baby

S.No.	Advantage of Breastfeeding for Baby	Respondents Number	Percentage (%)
1.	It contains all the nutrients the baby needs	20	40.0
2.	It protects the baby from certain diseases	10	20.0
3.	It is cheaper	—	—
4.	It is convenient	13	26.0
5.	It can help the mother space her children	—	—
6.	It protects the mother from some diseases	—	—
7.	It promotes infant-mother bonding	7	14.0
8.	I don't know	—	—
Total		**50**	**100.0**

Source : Field Survey, 2024.

The data contained in the above table reveal that 40% of respondents identified the key advantage of breastfeeding as providing all the nutrients a baby need. This result is a reasonable interpretation of its nutritional effects. However, only 20% recognized that breastfeeding protects babies from certain diseases, indicating gaps in awareness of its immunological advantages. Notably, 26% of respondents considered breastfeeding a good match, as a matter of both practicality and convenience, for their needs as mothers. On the other hand, no respondents associated breastfeeding with benefits such as being cost-effective, aiding in child spacing, or protecting the mother from diseases, suggesting a lack of comprehensive understanding of its broader benefits.

Also, 14% of respondents reported that breastfeeding enhances the attachment between the infant and the mother, demonstrating a degree of understanding of its psychological and emotional benefits. The lack of "I don't know" responses indicates that participants at least had some knowledge about breastfeeding effects, but still there are substantial misconceptions and knowledge gaps. These results highlight the necessity of focused educational interventions to promote knowledge about the multiple advantages associated with breastfeeding and to dispel myths and promote informed choices about breastfeeding among mothers.

4·6 Timing of Breastfeeding Initiation

Puerperal endogenous estrogen secretion at the time of breastfeeding initiation is a key determinant of high-quality neonatal care and mother-infant consoling. The international health organizations suggest early initiation of breastfeeding, preferably within the first hour of birth, to improve the immune status of the infant and stimulate milk production. The following table 6 presents survey findings for the respondents' practice and attitude on the topic of breastfeeding initiation timing.

Table-6 : Timing of Breastfeeding Initiation

S.No.	Timing of Breastfeeding Initiation	Respondents Number	Percentage (%)
1.	Within 30 minutes to 1 hour of delivery	39	78.0
2.	At any time during baby's first day of life	7	14.0
3.	24 hours after delivery or more	2	4.0
4.	I don't know	2	4.0
Total		**50**	**100.0**

Source : Field Survey, 2024.

The above table reveals that the majority of respondents (78%) initiated breastfeeding within the recommended window of 30 minutes to 1 hour after delivery, reflecting a strong adherence to best practices in neonatal care. This result shows a high awareness among the mothers of the crucial role of early feeding with breast milk. A few respondents (14%) started with breastfeeding at any point in the first day of the baby's life; although it is a later start, it still is within an acceptable period to bring some health benefits. However, 4% initiated breastfeeding 24 hours after delivery or more, and another 4% reported being unaware of the appropriate timing. These delayed practices and the insufficient awareness expose knowledge gaps that may lead to adverse neonatal health outcomes.

This result suggests the need to inform mothers about the importance of early initiation of breastfeeding. Targeted interventions, especially in healthcare settings, can further enhance adherence to optimal breastfeeding practices and ensure timely support for mothers immediately after delivery.

4·7 Knowledge About Giving the First Milk to a Baby

Milk in the initial stage, colostrum, has many advantages for neonates because it is loaded with both antibodies and nutrients that make the neonatal immune system stronger and contribute to early development. Familiarity with respondent practices and knowledge of colostrum feeding helps to understand community breastfeeding practices.

Table-7 : Knowledge About Giving the First Milk to a Baby

S.No.	Response	Respondents Number	Percentage (%)
1.	Yes	45	90.0
2.	No	5	10.0
3.	I don't know	—	—
Total		**50**	**100.0**

Source : Field Survey, 2024.

The above table shows that a majority (90% of respondents) agree that 1st milk (colostrum) should be administered to the baby by the mother's breast. This high percentage clearly reflects a good level of knowledge on the advantages of colostrum found in mothers that is positively promising for neonatal care practices. Yet, 10% of respondents stated that colostrum should not be given to a newborn. The current perception may reflect this due to cultural or traditional beliefs regarding the colostrum as impure or dangerous, an aspect still presents in certain communities. Notably, no respondents reported being unaware of the practice, indicating that all participants had at least some knowledge about colostrum feeding. These results highlight the importance of specific health educational programs to correct beliefs and foster colostrum feeding globally. Healthcare professionals have an important role to play in further promoting the significance of colostrum during antenatal and postnatal consultations.

4·8 Beliefs on the Adequacy of Breast Milk for The First 6 Months

Exclusive breastfeeding for the first 6 months of life in a baby is being widely recommended by health organizations on the basis of best infant growth and development. It provides all necessary nutrients and protects against infections. Table-8 presents the respondents' perception of the adequacy of breast milk for this pivotal stage on next page.

Table-8 ; Perception About the Adequacy of Breast Milk for the First Six Months

S.No.	Perception	Respondents Number	Percentage (%)
1.	Yes, breast milk alone is adequate	29	58.0
2.	No, breast milk alone is not adequate	21	42.0
Total		**50**	**100.0**

Source : Field Survey, 2024.

The above table indicates that 58% of respondents thought breast milk sufficient for the first 6 months in a life, which corresponds with the world health guidelines. This is in line with a prevalent knowledge of the advantages of exclusive breastfeeding. Nevertheless, 42% of participants think breast milk is not enough on its own, which reveals a major knowledge gap. This fallacy may be due to cultural practices, absence of correct guidance, or false information about feeding an infant. These results also suggest that education should be applied to correct misconceptions and to support exclusive breastfeeding as a good practice during the first six months of life. Healthcare providers and community health programs should emphasize the sufficiency of breast milk to improve adherence to exclusive breastfeeding recommendations.

4·9 Knowledge and Practices Related to Breastfeeding among Mothers

The knowledge, emotions, and behaviors related to breastfeeding of mothers are important clues to their knowledge, obstacles, and adherence to the advised nursing behavior. This section consolidates data on the importance of exclusive breastfeeding, breastfeeding while at work, and the preservation of expressed breast milk for later use.

Table-9 : Knowledge and Practices Related to Breastfeeding

Response	Respondents Number	Percentage (%)
Importance of exclusive breastfeeding		
Yes	50	100.0
No	—	—

Working mothers breastfeeding at work		
Yes	37	74.0
No	13	26.0
Preserving expressed breast milk		
Yes	–	–
No	40	80.0
I don't know	10	20.0
Total	**50**	**100.0**

Source : Field Survey, 2024.

The role of exclusive breastfeeding, working mothers' behaviors related to breastfeeding at work, and the notion of storing expressed breast milk for future use. Data in table-9 show a complete agreement (100%) among the respondents to the importance of exclusive breastfeeding for all mothers, which corresponds to a high awareness of its effects and its value. However, among working mothers, only 74% breastfeed their baby while at work, while 26% do not. This indicates practical issues or the absence of facilities to facilitate breastfeeding at work. By contrast, storing expressed breast milk for use later is poorly understood/practiced by any of the respondents. Specifically, 80% of respondents did not practice breast milk preservation, while 20% did not know what practice was. This observation points to a noticeable shortfall in knowledge along the lines of storage and usage of expressed breast milk and may be useful to lactating mothers working and to promote exclusive breastfeeding efforts.

These findings raise the importance of specific interventions like the provision of workplace support, education of expressing breast milk persistence, and organizational policies that allow working mothers to continue to breastfeed while mitigating practical issues.

4·10 Knowledge About Preservation of Expressed Breast Milk

Proper preservation of expressed breast milk is critical in conserving its nutritional and immunological properties for the nursing infant. The techniques to preserve them represent the respondents' knowledge and practices, which are very important to help maintain breastfeeding, especially from a working mother's perspective. Table-10 describes the respondents' knowledge and usage patterns of expressed breastmilk preservation on next page.

Table-10 : Utilization Pattern of Expressed Breast Milk Preservation

S.No.	Method of Preservation	Respondents Number	Percentage (%)
1.	By frying it	34	68.0
2.	By cooking it	5	10.0
3.	By placing in a refrigerator	3	6.0
4.	By placing on a shelf for over 6 hours	8	16.0
Total		**50**	**100.0**

Source : Field Survey, 2024.

The above table shows important misconceptions regarding the storage of expressed breast milk. Most (68% of respondents) falsely thought that it was possible to cook breast milk and freeze it by frying it, and 10% felt that cooking was the right way to do so. Only 6% of the respondents correctly defined refrigeration as an appropriate way for expressing breast milk to be stored, and 16% of respondents reported exposing the milk onto a shelf for more than six hours, which are both not safe activities.

These results draw attention to an important knowledge hole concerning the ideal practices for expressing and maintaining expressed breast milk. Inadequate procedures (e.g., frying or cooking) break down the nutritious and immunological characteristics of breast milk and make it useless for infant feeding. Educational programs are critically required to correct this misinformation and to encourage safe and good breast milk preservation, e.g., refrigeration and sterile container storage. Such interventions will be especially useful for working mothers and will contribute to achieving exclusive breastfeeding of the baby in the first six months of the existence of the baby.

5. Major Findings

- The largest proportion of respondents (40%) had secondary education, were married (78%), engaged in monogamy (60%), were Hindu (80%), and were professionals (26%) or housewives (22%).
- Most respondents had one child (72%), with children primarily aged 19-24 months (40%) and a gender distribution of 58% females and 42% males.

- Institutional deliveries were the most likely, with 34% in hospitals and 54% by Caesarean section, reflecting a tendency toward contemporary delivery practices.
- Although 40% correctly identified breast milk as the top food, 24% selected herbal brews, indicating the influence of traditional feeding practices.
- Only 40% of respondents believed that breastfeeding accounted for all the required nutrients, and 26% understood it to be easy, but awareness of its other benefits was limited.
- Most started breastfeeding within the first 24 hours (78%); nonetheless, 4% initiated breastfeeding 24 hours or more later, revealing knowledge deficits.
- Regarding colostrum, the majority of respondents (90%) recognized its value, though 10% still harbored misconceptions regarding its safety.
- While 58% believed breast milk alone was adequate for six months, 42% doubted its sufficiency, indicating significant misconceptions.
- All respondents (100%) agreed on the importance of exclusive breastfeeding, but 80% did not practice breast milk preservation, showing a major gap in knowledge.
- Suboptimal preservation techniques were common; 68% opted for frying breast milk, and only 6% regarded freezing as the correct technique.

6. Conclusion

This study demonstrates the complexity of breastfeeding patterns among mothers in Lalitpur, Nepal, by focusing on the complex interaction of socio-cultural, economic, and health-care-related determinants. In line with the proposal and the literature review, the results confirm the importance of breastfeeding as a basis for the health of the infant and for the health of the mother. Although the introduction highlights the advantages of breastfeeding (e.g., immunity, cognition, and restoration), the study results also highlight knowledge and practice gaps, including misconceptions regarding colostrum and the failure of breast milk for the first 6 months. In addition, the excessive use of inappropriate conservation methods with expressed breast milk and the lack of understanding of its significance among working mothers refer to the socio-cultural

and system implications in the literature. For example, cultural stigma, economic limitation, and lack of employer support reported in the literature were reflected in the study's results, especially in relation to the lateness of breastfeed initiation and non-adherence to EBF recommendations.

On the other hand, the same research also reveals the points of improvement, like the high number of institutional deliveries and the practice of exclusive breastfeeding, which remarkably agrees with the positive aspects mentioned in the literature. Sociological theories, such as symbolic interactionism and Bourdieu's theory of practice, offer an appropriate frame of reference to explain these processes and suggest how norms of culture, socialization, and economic constraints influence breastfeeding practices. However, the study's findings reveal persistent challenges that hinder optimal breastfeeding practices, such as inadequate healthcare support and the influence of traditional family roles, as highlighted in both the literature and introduction. Fostering better policy implementation, mother education using evidence-based practices, and the reduction of systemic obstacles are extremely important for bettering breastfeeding outcomes. In conclusion, this study underscores the need for targeted interventions that integrate cultural sensitivity, economic considerations, and healthcare improvements to promote and sustain breastfeeding practices effectively.

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