International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 9 Issue 6, Nov-Dec 2025 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

A Descriptive Study to Assess Breastfeeding Practices among Breastfeeding Mothers of Selected Rural Area of Rajpura, District Patiala, Punjab

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ABSTRACT

Background of the study: Breastfeeding is the most natural and complete source of nutrition for infants, providing essential nutrients, and health benefits for both mother and child. It not only fulfills the infant's nutritional requirements but also plays a crucial role in enhancing immunity, promoting healthy growth, and fostering maternal–infant bonding. The World Health Organization recommends early initiation within one hour of birth, colostrum feeding, exclusive breastfeeding for the first six months, and continued breastfeeding for two years or longer. Despite its benefits, optimal and appropriate duration are critical indicators of optimal infant feeding practices. Despite its benefits, optimal breastfeeding practices are influenced by socio-demographic, cultural, and healthcare-related factors, particularly in rural communities. Aim of the Study: To assess breastfeeding practices among mothers and to find the association between these practices and selected demographic factors Methodology: A descriptive study was carried out among 70 breastfeeding mothers in Thuha village, Rajpura, District Patiala, Punjab, Participants were selected using convenient sampling technique. Data were collected through interviews using a structured questionnaire and analysed with descriptive and inferential statistics. Results: Findings of the study revealed that (65.7%) initiated breastfeeding within one hour of birth and (71.4%) practiced exclusive breastfeeding for six months. Most (90%) believed that breast milk was sufficient for the first six months, and 80% showed good practices. The mean practice score was 14.24 ± 1.82. Only (10%) had attended health education sessions, and (31.4%) faced breastfeeding-related problems such as latching problems, nipple soreness, or insufficient milk perception. Significant associations were found between practices and maternal age, education, family type, and place of delivery ($p < 0.05$).Conclusion: Most rural mothers practiced breastfeeding, yet many lacked full knowledge of exclusive breastfeeding and correct techniques. Recommendation: Integrating targeted breastfeeding education into antenatal and postnatal care, strengthening community-based awareness campaigns, and empowering healthcare workers to provide hands-on guidance could improve exclusive breastfeeding rates and support mothers in overcoming breastfeeding challenges.

How to cite this paper: Manu Sharma | Navdeep Kaur | Rajwinder Kaur | Seema Limbu | Vikas Jhakar | Ms. Poonam Thakur | Dr. Davinder Kaur "A Descriptive Study to Assess Breastfeeding Practices among Breastfeeding Mothers of Selected Rural Area of Rajpura, District Patiala, Punjab" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-6, December 2025, pp.895-901, URL: www.ijtsrd.com/papers/ijtsrd99990.pdf

IJTSRD99990

KEYWORDS: *Breastfeeding, Exclusive breastfeeding, Infant feeding, Rural mothers, Health education.*

INTRODUCTION

Breastfeeding is a fundamental public health strategy for improving infant and maternal health. Exclusive breastfeeding for the first six months is strongly recommended by WHO and UNICEF, as it enhances immunity, supports physical and cognitive development, and reduces infant mortality. Especially in rural communities where education access to health services and socio-cultural beliefs play a major role.[2] Assessing current breastfeeding practices is critical to designing effective interventions for maternal and child well-being. World Health Organization recommends exclusive breastfeeding (EBF) for the first 6 months of life. EBF has sustainable long-term health benefits for both infants and mothers.[3]

Breastfeeding offers incredible health benefits to both child and mother. It is suggested by World Health Organization that an able mother should practice and maintain exclusive breastfeeding for first six months of her infant's life. According to World Health Organization (WHO), breastfeeding is one of the most natural and cost-effective processes of feeding infants aged less than 24 months to obtain the right amount of nutrition needed for healthy growth and development.[4] Breast feeding is the first fundamental right of the child. It provides a unique biological and emotional basis for the health development of the children. It offers infants and young children complete nutrition, early protection against illness and promote growth and development of the baby. Early initiation of breast feeding lowers the mother's risk of postpartum haemorrhage and anaemia. Boosts mother's immune system and reduces the incidence of diabetes and cancers.[5] Exclusive breastfeeding for the first four to six months of life and timely introduction of weaning foods are important for laying down proper foundations of growth in later childhood. This is due to the fact that by five to six months of age babies need additional food besides breast milk, which supplies energy, protein and other nutrients. Since this form one of the most sensitive periods, the combined effects of inadequate and un-hygienically prepared supplemented food that is prone to infections may ultimately lead to increased risk of growth retardation.[6] Benefits to the new born include good nutrient supply and immunity, decrease risk of sudden infant death and conditions such as type 1 diabetes type 2 diabetes and reduced risk of conditions such as breast cancer, cardiovascular disease and rheumatoid arthritis in the mother, whilst aiding in mother's weight reduction and enhancing close relationship with the child. Exclusive breastfeeding is feeding infants only breast milk, with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else. Several studies have shown that exclusive breastfeeding for the first six months plays a great role in preventing morbidity and mortality.

Exclusive breastfeeding (EBF) is the most cost-effective intervention to reduce infant morbidity and mortality worldwide. It is crucial since human milk contains nutrients, living cells, and defensive factors which enable infants to have better immunity, physical and mental development. Exclusive breastfeeding (EBF) can prevent death and disease among children's. Mothers are encouraged to practice exclusive breastfeeding for the first six months of a child's life.

Breastfeeding is considered as the most complete nutritional source for infants because breast milk contains the essential carbohydrates, fats, proteins, and immunological factors needed for infants to thrive and resist infection in the formative first year of life. Knowledge of exclusive breastfeeding (EBF) among women is essential when promoting optimal breastfeeding practices. It is providing ideal food for the healthy growth and development of infants. Exclusive breastfeeding is feeding infants only breast milk, with no addition of any liquid or solids apart from drops or syrups consisting of vitamins, mineral supplements or medicine, and nothing else. Several studies have shown that exclusive breastfeeding for the first six months plays a great role in preventing morbidity and mortality.

Exclusive breastfeeding (EBF) is the most cost-effective intervention to reduce infant morbidity and mortality worldwide. It is crucial since human milk contains nutrients, living cells, and defensive factors which enable infants to have better immunity, physical and mental development. Exclusive breastfeeding (EBF) can prevent death and disease among children's. Mothers are encouraged to practice exclusive breastfeeding for the first six months of a child's life.

Material and methods

A descriptive research design was used to assess the breastfeeding practices among breastfeeding mothers. Permission was obtained from the concerned rural health authority of Rajpura, Punjab. The data was collected during the month of june. The sample consisted of 70 breastfeeding mothers selected from the Tuha village of Rajpura, Punjab, using a convenient sampling technique.Data were collected through interviews using a structured questionnaire and analysed with descriptive and inferential statistics. The reliability of the tool was checked by using Karl Pearson's coefficient method. The

reliability of the tool was 0.83, indicating that the tool was reliable.

Validation of research tool

The tool was developed after a thorough review of literature and consultation with subject experts. Content validity was ensured by obtaining expert opinions from professionals in maternal and child health nursing. Pre-testing was conducted on a small sample to assess clarity, relevance, and feasibility.

Reliability of the tool

The reliability of the tool was checked by using Karl Pearson's coefficient method. The reliability of the tool was 0.83, indicating that the tool is sufficiently consistent and dependable for data collection.

Organization and Presentation of Data:-

Section A : sample characteristics in frequency and percentage.

Section B: Breastfeeding Practices of mothers.

Section C: Assessment of Practice level.

Section D: Practices According to Socio – demographic characteristics.

SECTION A

Table 1:Sample characteristics in frequency and percentage

Characteristic	Frequency (f)	Percentage (%)
Age (years)		
18 – 20	4	5.7
21 – 25	22	31.4
26 – 30	27	38.6
31 – 35	16	22.9
> 35	1	1.4
Religion		
Hindu	22	31.4
Muslim	0	0.0
Sikh	48	68.6
Others	0	0.0
Education		
Illiterate	1	1.4
Primary education	10	14.3
Matric	18	25.7
Secondary education	21	30.0
Graduation and above	20	28.6
Occupation		
Home-Maker	63	90.0
Employed	7	10.0
Other	0	0.0
Type of family		
Nuclear	40	58.6
Joint	27	38.6
Extended	2	2.9
Monthly Family income(in Rs.)		
Less than 1000	1	1.4
10,000 -20,000	22	31.4
20,000 – 30,000	28	40.0
30,000 - 40,000	12	17.1
More than 40,000	07	10.0
Mode of delivery		
Normal vaginal delivery	48	68.6
Cesarean section	21	30.0
Assisted/Instrumental delivery (Forceps/Vacuum)	1	1.4
Place of delivery		
Government hospital	22	31.4
Private hospital	48	68.6

Age of baby		
0 – 6 months	18	25.7
6 – 12 months	20	28.6
1 – 2 years	32	45.7

Table 1: showed that majority of breastfeeding mothers were aged 26-30 years (38.6%), belonging to the prime reproductive age. Majority of participants were sikh (68.6%). (58.6%) had completed matriculation or higher education. A significant number of them were home - makers (90%). (58.6%) were residing mainly in nuclear families. Most mothers had children aged 1-2 years (45.7%) .Overall, the sample was fairly literate, Primarily unemployed, and largely exposed to health services through private institutions, all of which could influence breastfeeding behaviours and knowledge.

SECTION B

Table 2 : Breastfeeding Practices of Breastfeeding mothers

(N=70)

Breastfeeding practices	Yes		No	
	F	%	F	%
Have you initiated breastfeeding within one hour after delivery?	46	65.7	24	34.3
Have your baby received colostrum(first milk) after birth?	46	65.7	24	34.3
Have you given any Pre-lacteal feed (water, honey, or formula) before initiating breastfeeding?	36	51.4	34	48.6
Have you received any support form health worker or nurse during the first breastfeeding ?	50	71.4	20	28.6
Have you breastfeed your baby exclusively without water, formula or solids?	50	71.4	20	28.6
Do you believe that breast milk alone is sufficient for the first six months?	63	90.0	7	10.0
Are you aware of the benefits of exclusive breastfeeding?	56	80.0	14	20.0
Do your burp your baby after breastfeeding?	70	100.0	0	0.0
Do you breastfeed your baby whenever the baby cries or shows hunger clue?	70	100.0	0	0.0
Do you breastfeed your baby during the night as well?	70	100.0	0	0.0
Have you ensured that one breast must be emptied before switching to the other ?	68	97.1	2	2.9
Do you check for the signs of good attachment?	41	58.6	29	41.4
Do you feel your baby is satisfied after breastfeeding?	67	95.7	3	4.3
Have you attended any health session regarding Breastfeeding techniques?	7	10.0	63	90.0
Have you experienced any breastfeeding problem (pain, cracked nipples, engorgements?	22	31.4	48	68.6
Do you believe that breastfeeding strengthen the bond between mother and baby?	66	94.3	4	5.7
Have you received counselling on breastfeeding during antenatal visit?	17	24.3	53	75.7
Do you feel confident in your ability to breastfeed?	68	97.1	2	2.9
Do you seek help from any health professional when facing breastfeeding problem?	23	32.9	47	67.1
Did you receive any support from your family or partner for breastfeeding?	61	87.1	9	12.9

The key findings of the study indicated that (65.7%) of mothers initiated breastfeeding within one hour of delivery, and the same percentage provided colostrum to their newborns. About (51.4%) of mothers gave pre-lacteal feed before initiating breastfeeding, while (71.4%)received initial support from health workers or nurses. A total of (71.4%) of mothers practiced exclusive breastfeeding, and (90%)believed that breast milk alone is sufficient for the first six months. Furthermore, (80%)of the mothers were aware of the benefits of exclusive breastfeeding. All mothers (100%) reported burping their babies after feeding, and they also practiced night feeding and responsive feeding. However, only (10%)of mothers attended formal sessions on breastfeeding techniques, and just (24.3%) received counselling on breastfeeding during antenatal visits. Practice level of mothers in the current study.

SECTION C

Table 3 : Assessment of Practice level (N=70)

Practice level	Score	Frequency(F)	Percentage(%)
Poor	**0 - 6**	0	0.0
Average	**7 - 12**	14	20.0
Good	**13 - 20**	56	80.0
Range		10 - 18	
Mean ± SD		14.24 ± 1.82	

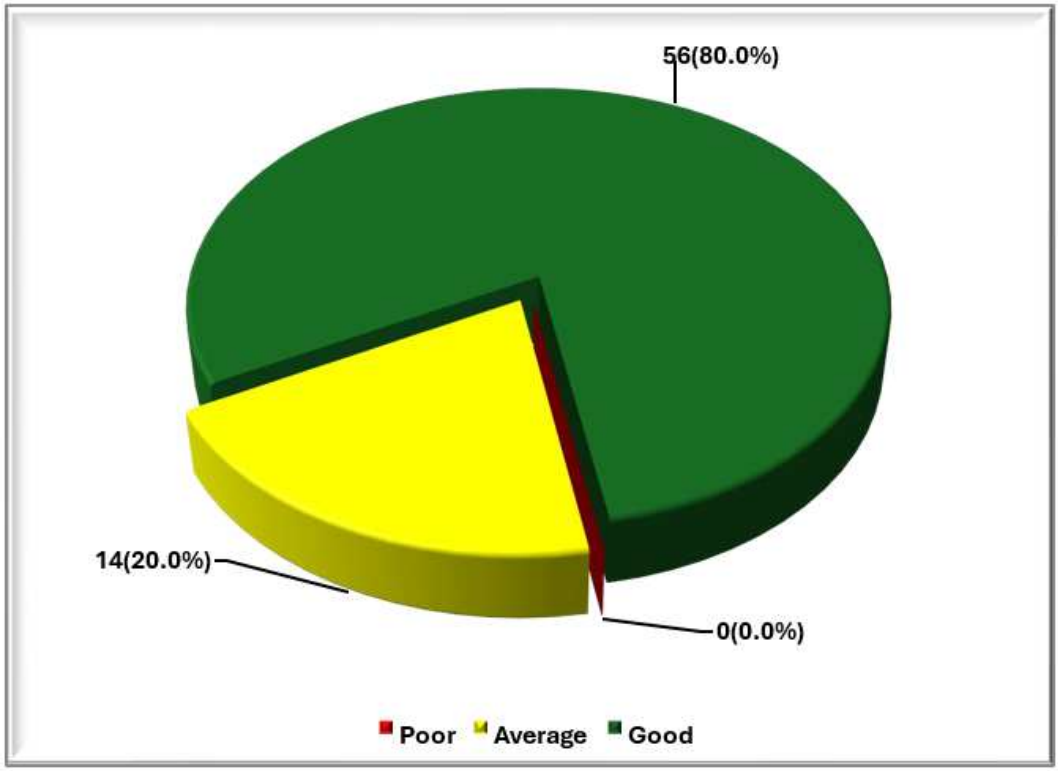

Fig 2: Assessment of Practice level

The results showed that the majority of mothers(80.0%) had good breastfeeding practices, while (20%) had average practices, and none showed poor practices. These findings indicate that most mothers in the study area are following recommended breastfeeding guidelines and highlight a positive trend towards better infant health and nutrition.

SECTION D

Table 4: Practices of mothers according to their socio demographic characteristics

Characteristic	Frequency (f)	Practice level		p-value
		Average (n=14)	Good (n=56)	
Age(years)		**f(%)**	**f(%)**	
18 - 20	4	4(100.0)	0(0.0)	0.006^{S}
21 – 25	22	4(18.2)	18(81.8)	
26 – 30	27	4(14.8)	23(85.2)	
31 -35	16	2(12.5)	14(87.5)	
> 35	1	0(0.0)	1(100.0)	
Religion Hindu	22	5(22.7)	17(77.3)	0.752^{NS}
Sikh	48	9(18.8)	39(81.2)	
Education Illiterate	1	1(100.0)	0(0.0)	0.049^{S}
Primary education	10	4(40.0)	6(60.0)	
Matric	18	4(22.2)	14(77.8)	
Secondary Education	21	4(19.0)	17(81.0)	
Graduation and above	20	1(5.0)	19(95.0)	
Occupation Home-Maker	63	14(22.2)	49(77.8)	0.331^{NS}
Employed	7	0(0.0)	7(100.0)	

Type of family Nuclear	41	8(19.5)	33(80.5)	0.045^{S}
Joint	27	4(14.8)	23(85.2)	
Extended	2	2(100.0)	0(0.0)	
Monthly Family income(in Rs.) Less than 10,000	1	0(0.0)	1(100.0)	0.151^{NS}
10,001 – 20,000	22	2(9.1)	20(90.9)	
20,001 – 30,000	28	8(28.6)	20(71.4)	
30,001 – 40,000	12	1(8.3)	11(91.7)	
More than 40,000	7	3(42.9)	4(57.1)	
Mode of delivery Normal vaginal delivery	48	8(16.7)	40(83.3)	0.465^{NS}
Cesarean section Assisted/ Instrumental	21	6(28.6)	15(71.4)	
delivery (Forceps/ Vacuum)	1	0(0.)	1(100.0)	
Place of delivery Government hospital	22	10(45.5)	12(54.5)	0.001^{S}
Private hospital	48	4(8.3)	44(91.7)	
Age of baby 0 - 6 months	18	4(22.2)	14(77.8)	1.000^{NS}
6 - 12 months	20	4(20.0)	16(80.0)	

S- Significant($p<0.05$) NS-Non significant($p>0.05$)

Chi-square test showed significant associations between breastfeeding practice level and other variables like religion, occupation, income, mode of delivery, and age of baby were not statistically significant.

CONCLUSION

The study concluded that breastfeeding practices among mothers in the selected rural area of Rajpura, district Patiala, were generally good, with the majority of mothers adhering to recommended guidelines such as early initiation, exclusive breastfeeding, responsive feeding, and proper techniques. However, gaps were identified in professional counselling, antenatal guidance, and continued health education, as many mothers had limited exposure to structured sessions on breastfeeding. Pre-lacteal feeding practices and breastfeeding-related problems also indicate areas needing intervention. Significant associations between breastfeeding practices and demographic factors such as maternal age, education, family type, and place of delivery suggest that socio-demographic background and healthcare setting play an important role in shaping maternal practices. Strengthening awareness programs, antenatal counselling, and community-based health education initiatives could further enhance breastfeeding practices, reduce harmful feeding behaviors, and promote optimal infant growth and development.

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