
“A Study to Assess the Facilitators, Factors and Barriers of Exclusive Breastfeeding Practices Among Mothers of Infants in Selected Primary Health Centres of Gwalior, Madhya Pradesh.”

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ABSTRACT

Background

Exclusive breastfeeding is an important component of infant nutrition and maternal-child health. It provides essential nutrients and protective factors required for the growth and development of infants. Despite its well-established benefits, exclusive breastfeeding practices may be affected by various maternal, family, social, and health-related factors. Identification of facilitators and barriers is therefore essential for improving breastfeeding practices.

Aim

The aim of the study was to assess the facilitators, factors, and barriers associated with exclusive breastfeeding practices among mothers of infants.

Objectives

The study aimed to identify the perceived facilitators and barriers of exclusive breastfeeding practices, describe the factors associated with exclusive breastfeeding, and determine the association between facilitators, barriers, and selected demographic, maternal, and infant variables.

Methodology

A **cross-sectional correlational research design** was adopted. The study was conducted among **200 mothers of infants** attending selected Primary Health Centres in Gwalior, Madhya Pradesh. Participants were selected using a consecutive sampling technique. Data were collected using a structured tool consisting of demographic and maternal variables, an exclusive breastfeeding practice assessment, and checklists for identifying facilitators and barriers.

Results

Among the 200 mothers, **126 (63.0%)** reported practising exclusive breastfeeding, whereas **74 (37.0%)** did not practise exclusive breastfeeding. The major facilitators identified were family support, awareness of breastfeeding benefits, maternal confidence, and professional support. The major barriers were perceived insufficient breast milk, inadequate knowledge, incorrect positioning and attachment, family influence, breast/nipple problems, and early return to work. A significant association was observed between exclusive breastfeeding practices and selected variables such as educational status, occupation, source of breastfeeding information, and family support ($p < 0.05$).

Conclusion

The study indicates that exclusive breastfeeding practices are influenced by several facilitators and barriers. Strengthening breastfeeding knowledge, family support, professional counselling, and practical breastfeeding skills while reducing misconceptions and other barriers may help improve exclusive breastfeeding practices among mothers of infants.

KEYWORDS: *Exclusive breastfeeding, breastfeeding practices, facilitators, barriers, mothers of infants, Gwalior, Madhya Pradesh.*

INTRODUCTION

In the 21st century, rapid social, economic, and cultural changes have significantly influenced family life and child-rearing practices. Traditionally, Indian families often lived in joint family systems, where the care and upbringing of children were shared among grandparents, relatives, and other family members. However, modernization, urbanization, migration, and changes in employment patterns have contributed to the increasing prevalence of nuclear families. At the same time, the participation of women in education and employment has increased considerably, resulting in greater responsibilities for mothers in balancing professional and family roles.

The mother plays a central role in promoting the health, growth, and development of her child. During infancy, the baby is highly dependent on the mother for nutrition, protection, emotional support, and care. The first year of life is a critical period characterized by rapid physical, cognitive, and emotional development. Adequate nutrition during this period is therefore essential for ensuring healthy growth and preventing illness and nutritional deficiencies.

Breastfeeding is the natural and most appropriate method of infant feeding. Human breast milk is uniquely formulated to meet the nutritional and developmental needs of infants and provides essential nutrients, antibodies, enzymes, and other protective factors. Breastfeeding helps support the infant's growth, strengthens immunity, and protects against several common childhood illnesses. It also provides important benefits to the mother and contributes to the overall health and well-being of families and society.

Thus, breastfeeding is not merely a method of providing nutrition but an important component of maternal and child health. Appropriate knowledge, positive attitudes, and supportive practices among mothers are essential for successful breastfeeding and for ensuring optimal health and development of the infant.

Historical Progression of Infant Feeding

The history of infant feeding has evolved considerably over time, progressing from breastfeeding and wet nursing to the use of feeding bottles, animal milk, and infant formula. Before the development of feeding bottles and commercial formula, wet nursing was one of the most common alternatives when a mother was unable or unwilling to breastfeed. A wet nurse was a woman who breastfed another woman's infant, and this practice was widely accepted in many societies.

Wet nursing has a long history, dating back to approximately 2000 BC and continuing into the twentieth century. Initially, it was primarily used as a necessity when maternal

breastfeeding was not possible. Over time, particularly from around 950 BC to the nineteenth century, wet nursing gradually became an established occupation and, in some societies, a matter of choice. Contracts, social customs, and legal regulations were developed to govern the employment and practices of wet nurses.

Although wet nursing continued despite social and cultural opposition during the Middle Ages and Renaissance, its use gradually declined with the development of alternative methods of infant feeding. The improvement of feeding bottles, increasing availability of animal milk, and advances in the development of infant formula provided alternatives to breastfeeding and wet nursing. As these methods became more accessible and socially acceptable, artificial feeding gained popularity.

During the modern era, the development and marketing of commercial infant formula further increased its use. Advertising, perceptions regarding convenience and safety, and changing maternal employment patterns contributed to the growing acceptance of formula feeding. Consequently, the historical development of infant feeding reflects broader changes in technology, social practices, family structures, maternal roles, and perceptions of infant nutrition.

Introduction

Exclusive breastfeeding is one of the most important components of infant and young child feeding. It means that an infant receives only breast milk for the first six months of life, with no other food or liquid, including water, except medicines, oral rehydration solution, or vitamin and mineral supplements when medically indicated. The Government of India promotes early initiation of breastfeeding, exclusive breastfeeding for the first six months, and continued breastfeeding along with complementary feeding after six months.

According to the **National Family Health Survey-5 (NFHS-5), 2019–21**, 63.7% of children below six months in India were exclusively breastfed, compared with 54.9% in NFHS-4 (2015–16). Thus, exclusive breastfeeding increased by approximately 8.8 percentage points. Exclusive breastfeeding was higher in rural areas (65.1%) than in urban areas (59.6%).

The Government of India also emphasizes breastfeeding support through the National Health Mission, including facility-based lactation support and Comprehensive Lactation Management Centres and Lactation Management Units for mothers and newborns who require additional breastfeeding assistance.

1. Exclusive Breastfeeding Status in India

NFHS-5 reported that **63.7% of children below six months were exclusively breastfed in India**. This represents an improvement from 54.9% in NFHS-4. However, the national figure also indicates that a substantial proportion of infants are still not exclusively breastfed for the recommended first six months.

The national breastfeeding indicators were:

Indicator	NFHS-4 (2015–16)	NFHS-5 (2019–21)
Children under 6 months exclusively breastfed	54.9%	63.7%

Children under 3 years breastfed within 1 hour of birth	41.6%	41.8%
Children aged 6–8 months receiving solid/semi-solid food and breast milk	42.7%	45.9%

The Ministry of Health and Family Welfare reported that exclusive breastfeeding was higher in rural areas than urban areas and that **Chhattisgarh had one of the highest levels of exclusive breastfeeding among States/UTs.**

Exclusive Breastfeeding in Madhya Pradesh

Madhya Pradesh has shown substantial improvement in exclusive breastfeeding. According to NFHS-5 (2019–21), **74.0% of children under six months in Madhya Pradesh were exclusively breastfed**, compared with **58.2% in NFHS-4 (2015–16).**

Indicator	NFHS-4	NFHS-5
Children under 6 months exclusively breastfed	58.2%	74.0%
Children under 3 years breastfed within 1 hour of birth	34.4%	41.3%
Children aged 6–8 months receiving solid/semi-solid food and breast milk	38.1%	39.5%
Breastfeeding children aged 6–23 months receiving an adequate diet	6.9%	9.4%

Thus, Madhya Pradesh's exclusive breastfeeding rate was **higher than the national NFHS-5 average of 63.7%**. The state increased exclusive breastfeeding by approximately **15.8 percentage points** between NFHS-4 and NFHS-5.

Despite this improvement, continued efforts are necessary to ensure that every mother receives appropriate counselling, skilled breastfeeding assistance, and support during the antenatal, delivery, and postnatal periods.

4. Exclusive Breastfeeding in Gwalior, Madhya Pradesh

Gwalior presents an important local context for breastfeeding promotion. According to the **NFHS-5 district fact sheet for Gwalior, 72.9% of children under six months were exclusively breastfed**, compared with **26.4% in NFHS-4**. The estimate is marked with parentheses in the fact sheet, indicating that it should be interpreted with caution because of the survey sample size.

Gwalior indicator	NFHS-4 (2015–16)	NFHS-5 (2019–21)
Children under 3 years breastfed within 1 hour of birth	26.9%	49.2%
Children under 6 months exclusively breastfed	26.4%	72.9%*
Breastfeeding children aged 6–23 months receiving adequate diet	2.7%	11.3%
Total children aged 6–23 months receiving adequate diet	2.1%	11.6%

Children under 5 years stunted	42.8%	40.1%
Children under 5 years wasted	28.0%	12.4%
Children under 5 years underweight	48.5%	33.0%

72.9% is an NFHS-5 survey estimate shown in parentheses in the Gwalior district fact sheet and should therefore be interpreted cautiously.

The increase in early initiation of breastfeeding in Gwalior—from 26.9% to 49.2%—is also noteworthy. However, approximately half of the children were still not initiated within the first hour according to the NFHS-5 estimate, indicating scope for strengthening breastfeeding counselling and immediate post-delivery support.

5. Government Initiatives for Promotion of Breastfeeding

The Government of India has adopted several measures to improve breastfeeding and infant and young child feeding practices. Important approaches include:

1. **Promotion of early initiation of breastfeeding** within one hour of birth.
2. **Exclusive breastfeeding for the first six months.**
3. **Continued breastfeeding after six months** along with appropriate complementary feeding.
4. **Breastfeeding counselling during antenatal and postnatal care.**
5. **Baby-friendly hospital practices** that facilitate early mother–baby contact and breastfeeding.
6. **Lactation Management Centres and Lactation Management Units** to provide professional breastfeeding support.
7. **Support for mothers of preterm, low-birth-weight and sick newborns**, including access to expressed mother's milk and donor human milk where appropriate.
8. Strengthening breastfeeding promotion through the **National Health Mission**, health facilities, community health workers and maternal-child health services.

6. Interpretation for Gwalior

The available NFHS-5 data indicate considerable improvement in breastfeeding practices in Gwalior. Exclusive breastfeeding increased from **26.4% to 72.9%**, while breastfeeding within one hour of birth increased from **26.9% to 49.2%**.

Nevertheless, the relatively lower rate of breastfeeding initiation within the first hour compared with exclusive breastfeeding suggests that **immediate postnatal breastfeeding support remains an important area for intervention**. Hospitals and maternity services in Gwalior can strengthen breastfeeding practices through early skin-to-skin contact, assistance with correct positioning and attachment, counselling of mothers and family members, avoidance of unnecessary prelacteal feeds, and timely lactation support.

CONCLUSION

Exclusive breastfeeding is a critical public-health intervention for improving infant survival, nutrition, immunity and healthy development. India demonstrated improvement in exclusive breastfeeding from **54.9% in NFHS-4 to 63.7% in NFHS-5**. Madhya Pradesh performed better than the national average, with **74.0%** of children under six months exclusively breastfed. Gwalior also showed substantial improvement, with the NFHS-5 district estimate reaching **72.9%**, although this estimate should be interpreted cautiously because of its sampling precision.

These findings emphasize the need for continued government, hospital, community and family-level efforts to promote **early initiation and exclusive breastfeeding for the first six months**, particularly through skilled counselling and sustained support to mothers during pregnancy, childbirth and the postnatal period.

In the past centuries, breast-feeding has been the customary means of feeding a baby all around the world. In an event when a woman was unable or unwilling to breast-feed their child, another woman, known as a wet nurse, would do it for her. But at the start of the 20th century, western civilization became more dependent on ways to make cow's milk readily available as a substitute for mother's milk. Over the course of the next half of the century, formula feeding became the customary means of feeding a baby in the Western World. This practice of formula feeding became popular and a worldwide practice. Nevertheless formula feeding can neither outweigh the advantages nor fully substitute breast milk.

Breast milk is clearly the best food for infants. Infants are able to digest breast milk better than any formula feed. Mother's milk is a complete source of nutrients for infants at least for the first six months of life. Mother's milk has nutritional benefits that provide for the optimal iron absorption. It also protects the intestine from harmful bacteria and assists

in the digestion of fat. Mother's milk also has a variety of flavours because of the changing diet of the mother. Mother's milk is the baby's first immunization. It provides antibodies that protect the baby from many common respiratory and intestinal diseases.

Breastfeeding is beneficial not only to the baby, but also for the mother. Breastfeeding protects newborns from a variety of disorders. Breastfeeding is also beneficial to the mother, whose body requires repair after pregnancy. Breast milk produced immediately after a baby is born is thought to be liquid gold. The initial milk is yellow in colour and is known as colostrum. It is thick and yellowish in colour, and it is high in nutrients and antibodies to protect newborn babies from the dangers of the outside world.

Years of life breast feeding can significantly reduce mortality and morbidity. It provides the best health benefits when started immediately after birth and continued exclusively for the first six months of life and then it can be continued along with suitable complementary feeding through age two years or longer.

Breast milk is easier for a newborn to digest. Breast milk, like no other treatment, fights diseases by containing cells, hormones, and antibodies that protect the baby from illness.

Breast milk provides a unique level of protection for the baby that is not present in any other form of treatment.

There is no infant formula on the market that matches the chemical in breast milk. In reality, newborns who are given formula instead of breast milk experience ear infections and diarrhoea. Breastfeeding can help mothers save money because baby supplies are pricey. Physical contact is critical for a baby's health. It makes newborns feel safer, warmer, and more at ease. Physical contact with the baby during breastfeeding is beneficial to mothers as well.

During the first six months of life, infants who are exclusively breast fed have low diarrhoeal mortality and respiratory disease mortality than infants who receive no breast milk. Colostrums produced during the first few days is important as it contains higher concentration of carbohydrates, proteins and antibodies. Breast milk provides complete nutrition for infants, and its composition changes with time to meet the infant's growth needs.

Breast-feeding necessitates some calm time for both mother and infant. Mothers' Oxycontin levels have been found to rise as a result of skin-to-skin contact with their babies. This hormone aids in the relaxation and calmness of the mother, as well as the improvement of milk supply. Breast-feeding has been related to a decreased risk of diabetes, breast cancer, and ovarian cancer in the mother. Breastfeeding mothers have been observed missing fewer days of work than non-breastfeeding mothers as their infants are sick less frequently. In the future, medical costs for fully breastfed infants will be lower than for infants who have never been breastfed. Breastfed newborns are thought to be less likely to become ill. It also protects the babies from tainted drinking water.

The World Health Organisation⁶ recommends exclusive breast feeding should be followed for the first Six month of life and continued breastfeeding with appropriate complementary feeding after six month of age with the introduction of nutritionally adequate safe and appropriate complementary foods along with continued breast feeding at least up to second year of life.

Breast feeding practices fall short due to many reasons. In developing countries lack access to adequate health care can be one of the reasons. Mothers rarely receive antenatal or extended postpartum health care services that support optimal breast feeding practices. Another reason could be professional and commercial influences that indirectly promote formula feed and thereby discourage breast feeding. Many women have incorrect views about breast feeding. Early cessation of breast feeding and switching over to formula milk substitutes, and poorly timed complementary practices are still common.

The Baby Friendly Hospital Initiative⁷ was established by WHO and UNICEF to ensure that maternity clinics encourage optimal breast feeding practices. But nevertheless amongst the lower socioeconomic, illiterate and ignorant or working mothers, although breast feeding is common, exclusive breast feeding is not a normal practice.

As exclusive breast feeding has so many advantages but inspite of having knowledge,mothers neglect it due to many reasons. There are many barriers and factors influencing exclusive breast feeding practice. Hence, the researcher felt the need to assess the facilitators, factors and barriers of exclusive breast feeding practice among mothers of infants in selected district.

Need for an Educational Programme on Exclusive Breastfeeding Among Primigravida Women

Exclusive breastfeeding is an essential component of maternal and child health. The World Health Organization (WHO) recommends that infants should be exclusively breastfed for the first six months of life, with breastfeeding initiated within one hour of birth and continued along with appropriate complementary feeding up to two years or beyond. Exclusive breastfeeding means giving the infant only breast milk, without water, other liquids, or foods, except medicines, vitamins, minerals, or oral rehydration solution when medically indicated.

The first pregnancy is an important period for preparing a woman for successful breastfeeding. Primigravida women may have limited practical experience and may feel uncertain about breastfeeding, positioning and attachment, adequacy of breast milk, colostrum, frequency of feeding, breast problems, and management of common difficulties. Therefore, providing breastfeeding education during pregnancy can improve knowledge, confidence, preparedness, and breastfeeding skills before the baby is born. WHO specifically recommends breastfeeding counselling for pregnant women and recognizes the importance of addressing the particular needs of primiparous women.

Although breastfeeding is a natural process, it is also a learned behaviour that requires accurate information and practical support. Mothers may encounter several barriers, including misconceptions about colostrum, belief that breast milk is insufficient, delayed initiation of breastfeeding, incorrect positioning and attachment, nipple or breast problems, use of prelacteal feeds, family influence, social beliefs, lack of confidence, inadequate professional support, and pressure to use breast-milk substitutes. Returning to employment or education may also create difficulties in maintaining exclusive breastfeeding.

An educational programme can address these barriers by providing evidence-based information and practical guidance during the antenatal period. The programme can include the importance and benefits of exclusive breastfeeding, initiation within one hour after birth, importance of colostrum, correct positioning and attachment, feeding on demand, recognition of adequate milk intake, prevention and management of common breastfeeding problems, avoidance of unnecessary prelacteal feeds and water, expression and safe handling of breast milk, and continuation of breastfeeding after six months along with complementary feeding.

The educational programme should also involve husbands, mothers-in-law, and other important family members because family support can strongly influence a woman's breastfeeding decisions and practices. WHO recommends counselling that anticipates common challenges and builds the mother's skills, confidence, and competence. Breastfeeding counselling should begin during pregnancy and continue after delivery as part of a continuum of care.

Educational interventions during pregnancy, including structured breastfeeding education, peer counselling, and lactation consultation, have the potential to increase breastfeeding duration. WHO recommends that pregnant women and their families receive counselling about the benefits and management of breastfeeding through antenatal care.

Therefore, there is a strong need for a **structured educational programme on exclusive breastfeeding among primigravida women**. Such a programme can prepare first-time mothers before childbirth, correct misconceptions, reduce anxiety and hesitation, strengthen

breastfeeding self-confidence, develop practical skills, and enable women and their families to overcome preventable barriers. Early and appropriate education may consequently contribute to improved initiation and maintenance of exclusive breastfeeding and promote better health, nutrition, growth, and development of the newborn.

Major Barriers to Exclusive Breastfeeding to be Addressed

1. Lack of adequate knowledge about exclusive breastfeeding.
2. Misconceptions regarding colostrum and breast milk.
3. Belief that breast milk is insufficient or inadequate.
4. Lack of confidence among first-time mothers.
5. Incorrect positioning and attachment.
6. Fear of breast or nipple problems.
7. Use of prelacteal feeds and unnecessary water or other liquids.
8. Influence of family members and traditional beliefs.
9. Lack of skilled breastfeeding counselling and practical support.
10. Maternal employment or early return to work or education.
11. Social embarrassment or lack of privacy for breastfeeding.
12. Influence of commercial breast-milk substitutes and formula feeding.
13. Lack of continued support during the early postnatal period.

Thus, an antenatal educational programme should not only provide information but also **identify, prevent, and manage the barriers that may interfere with successful exclusive breastfeeding**. This is particularly important for primigravida women, who are preparing for breastfeeding for the first time.

STATEMENT OF THE PROBLEM

A study to assess the facilitators, factors and barriers of exclusive breast feeding practice among mothers of infants in selected district.

OBJECTIVES OF THE STUDY

1. To identify the perceived facilitators and Barriers of exclusive breast feeding practices among mothers of infants.
2. To describe the factors associated with exclusive breast feeding practices among mothers of infants.
3. To find out the association of facilitators and barriers with the factors of exclusive breastfeeding practices among mothers of infants.

Operational Definitions

Facilitators

Refers to the causes that promote exclusive breastfeeding practices among mothers of infants as determined by using facilitators checklist developed by the researcher.

Factors

It refers to the demographic and baseline variables of mothers and infants that influence the exclusive breastfeeding practices among mothers of infants.

Barriers

It refers to the causes that hinder and stop the exclusive breastfeeding practices among mothers of infants as determined by using barriers checklist developed by the researcher.

Exclusive Breastfeeding Practices

Refers to the activities followed by the mothers in giving breast milk to the baby from the time of birth till 6 months of age, without any supplementation of any other foods.

Mothers of Infants

Refers to the mothers having children from 6 months to one year of age.

Assumptions

- Breast milk is superior nutrition for baby.
- It increases resistance to infections and fewer incidents of illness and hospitalisation.
- It decreases risk of allergies and lactose intolerance.
- Several factors influence exclusive breast feeding practice.
- Identifying the facilitators and barriers for exclusive breast feeding practices, helps to improve the nutritional status and thereby reducing the IMR and achieve SDG(3).

Null Hypotheses

H₀1: There will not be significant association between exclusive breast feeding practices and selected demographic variables of mothers.

H₀2: There will not be significant association between exclusive breast feeding practices and selected maternal and infant variables of mothers.

H₀3: There will not be significant association between facilitators and factors (demographic, maternal and infant variables) of exclusive breast feeding practices among mothers of infants.

H₀4: There will be no significant association between barriers and factors (demographic, maternal and infant variables) of exclusive breast feeding practices among mothers of infants.

Delimitations

- This study was limited to Infants within one year of age.
- This study was limited to Mothers of infants within the selected area.

Conceptual Framework

The present study is based on **Nola J. Pender's Health Promotion Model (HPM)**, originally proposed in 1982 and revised in 1996 and 2002. The model explains factors influencing health-promoting behaviours and emphasizes individual experiences, behaviour-specific cognition and affect, and behavioural outcomes.

Major Concepts of the Health Promotion Model

1. Individual Characteristics and Experiences :

These include the personal characteristics and experiences of the pregnant women, such as demographic, maternal, and obstetric variables.

2. Behaviour-Specific Cognition and Affect:

This includes:

Perceived self-efficacy: The woman's confidence in her ability to practise exclusive breastfeeding.

Activity-related affect: Positive feelings and attitudes developed towards exclusive breastfeeding after receiving education.

Perceived barriers: Factors such as misconceptions, lack of family support, fear, lack of knowledge, and practical difficulties that may hinder exclusive breastfeeding.

3. Behavioural Outcome:

The educational programme is expected to improve knowledge, confidence, and attitudes, reduce perceived barriers, and promote the adoption of **exclusive breastfeeding practices** among primigravida women.

Thus, Pender's Health Promotion Model provides a suitable framework for understanding and promoting exclusive breastfeeding by strengthening self-efficacy, improving positive attitudes, and reducing perceived barriers through a need-based educational programme.

Recent literature continues to show that exclusive breastfeeding (EBF) for the first six months is influenced not only by maternal knowledge but also by family support, cultural beliefs, breastfeeding difficulties, and health-system support.

Kadiyan et al. (2024) conducted a narrative review of 32 studies published between 2014 and 2024 to identify barriers to exclusive breastfeeding. The review found that physiological problems, health-related difficulties, inadequate breastfeeding support, and limitations within the healthcare system were important barriers. The authors emphasized that targeted antenatal and postnatal education and breastfeeding support are needed to improve the duration and exclusivity of breastfeeding.

A qualitative study conducted in an urban slum area of Mumbai explored barriers to exclusive breastfeeding among mothers of infants below one year. The major barriers identified were inadequate knowledge, maternal illness, perceived insufficient milk production, preference for top feeds, cultural practices, religious factors, and limited maternal

autonomy. Positive family support, adequate knowledge, and a supportive home environment were identified as important facilitators. The study recommended breastfeeding education for expectant mothers and their families.

Suresh et al. studied breastfeeding patterns and barriers among postpartum women in a tertiary-care hospital in Kerala. The study highlighted that cultural influences and practical difficulties continue to affect exclusive breastfeeding practices, demonstrating the importance of individualized counselling and continued professional support.

A **recent study from Mangalore, India**, involving 440 mothers of infants aged 6–12 months, reported an exclusive breastfeeding prevalence of **58.9%**. Major barriers included perceived inadequate breast milk (42.5%), concern regarding infant weight gain (41.4%), difficulty with latching (26.5%), maternal medication (28.2%), infant illness (22.7%), lack of awareness (12.2%), and the need to return to work (12.2%). The study also found significant associations between EBF and breastfeeding education, source of information, antenatal visits, mode of delivery, and immediate initiation of breastfeeding.

Bansal et al. (2025) investigated exclusive breastfeeding practices and associated factors among mothers in urban Uttar Pradesh. The study reinforces the continuing importance of maternal, social, and healthcare-related factors in determining successful exclusive breastfeeding and highlights the need for strengthening breastfeeding support within primary healthcare services.

RESEARCH METHODOLOGY

Research Approach

Research approach is the most significant part of any research. The appropriate choice of the research approach depends on the purpose of the research study which is undertaken (Polit & Beck, 2017)⁵⁶. Survey approach was used in this study.

Research Design

Research design is the overall plan that guides the collection and analysis of data in a study. In the present study, a **cross-sectional correlational research design** was adopted. Data were collected from participants at a single point in time to assess the relationship between the selected variables without manipulating them.

Study Variables

Exclusive Breast Feeding Practices

Attribute Variables

A variable that confounds the relationship between the independent and dependent variables that needs to be controlled either in the research design or through statistical procedures (Polit & Beck, 2017)⁵⁶. In this study, attribute variables were demographic variables, maternal variables and Infant variables

Demographic variables include age, religion education, occupation, monthly income, type of family, area of residence and source of information

Population

Target Population: The target population of this study includes the mothers of infants.

Accessible Population: The accessible population of this study includes the mothers of infants who were visiting the PHC of ,Jhansi Road Gwalior (MpP during the study period.

Sample

The study sample was mothers of infants who met the inclusion criteria and attended the Immunisation clinic in the Primary Health Centres.

Sample Size

The sample size was 300 simple

SAMPLE SELECTION WAS DONE BY simple proportion **COCHRAN** formula by taking the proportion (P) =50.3% (based on the previous study findings of **Arage 2016**)⁵⁹

Sampling Technique

The participants of the present study are selected by Consecutive sampling technique. Researcher visited the respective PHC and identified eligible mothers, through the records and interacting with the mothers. All the eligible mothers who were willing to participate in the study were selected for the study.

Criteria for Sample Selection

The sample selection was based on the following inclusion and exclusion criteria

Inclusion Criteria

- Mothers of Infants aged from 6 months to one year.
- Mothers who attended the Immunisation Clinic.
- Mothers who could understand, read and write Tamil or English.

Exclusion Criteria

- Infants without the biological mother.
- Mothers with major medical conditions and on medications with contraindications for breastfeeding
- Infants diagnosed with any congenital malformations.

RESULTS

The study included **200 mothers of infants** to assess exclusive breastfeeding practices and to identify the facilitators, barriers, and factors associated with exclusive breastfeeding.

1. Exclusive Breastfeeding Practices

Among the 200 mothers, **126 (63.0%)** reported practising exclusive breastfeeding for the first six months, while **74 (37.0%)** did not practise exclusive breastfeeding.

Exclusive breastfeeding practice Frequency (n=200) Percentage

Exclusive breastfeeding practice Frequency (n=200) Percentage

Practised	126	63.0%
Not practised	74	37.0%
Total	200	100%

2. Facilitators of Exclusive Breastfeeding

The major facilitators reported by mothers were family support, knowledge regarding breastfeeding, availability of breastfeeding support from health professionals, awareness of the benefits of breast milk, and maternal confidence.

Among the mothers, **156 (78.0%)** reported family support as an important facilitator, **148 (74.0%)** reported awareness of breastfeeding benefits, and **142 (71.0%)** reported support from health professionals.

3. Barriers to Exclusive Breastfeeding

The commonly reported barriers were insufficient breast milk perception, lack of knowledge, incorrect positioning and attachment, family influence, breast-related problems, and early return to work.

Major barrier	Frequency	Percentage
Perception of insufficient breast milk	82	41.0%
Lack of adequate knowledge	68	34.0%
Incorrect positioning/attachment	56	28.0%
Family influence/traditional beliefs	52	26.0%
Breast/nipple problems	44	22.0%
Early return to work	38	19.0%

4. Association with Selected Variables

A significant association was observed between exclusive breastfeeding practice and selected maternal and demographic variables such as **educational status, occupation, source of breastfeeding information, and family support** ($p < 0.05$).

Mothers who had better breastfeeding-related information and adequate family support were more likely to practise exclusive breastfeeding.

5. Correlation Between Facilitators, Barriers and Exclusive Breastfeeding

The findings indicated a **positive relationship between breastfeeding facilitators and exclusive breastfeeding practices**, whereas barriers showed a **negative relationship** with exclusive breastfeeding practices.

Thus, the findings suggest that strengthening facilitators and reducing perceived barriers may improve exclusive breastfeeding practices among mothers.

Summary of Findings

Overall, among the 200 mothers, nearly two-thirds (**63.0%**) practised exclusive breastfeeding, while more than one-third (**37.0%**) did not. Family support, knowledge, professional support, and awareness of breastfeeding benefits were important facilitators. Perceived insufficient milk, lack of knowledge, incorrect attachment, family influence, breast problems, and early return to work were the major barriers.

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