

**ASSESSMENT OF KNOWLEDGE ABOUT EXCLUSIVE BREAST FEEDING
AMONG PREGNANT WOMEN ATTENDING AT GYNECOLOGICAL OUT
PATIENT DEPARTMENT IN DHAKA MEDICAL COLLEGE & HOSPITAL**

Habibur Rahman

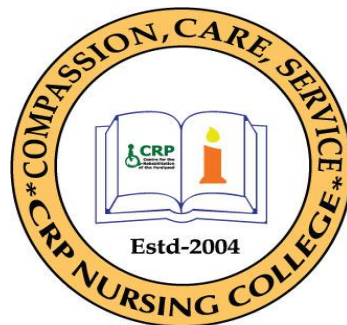
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EVALUATION OF RESEARCH

We the members of Research Defense Committee certify that we have carefully read and recommended to the University of Dhaka, Bangladesh for the approval of this research entitled

Assessment of Knowledge about Exclusive Breast Feeding among Pregnant Women Attending at Gynecological Out Patient Department in Dhaka Medical College & Hospital

Submitted by, **Habibur Rahman** for partial fulfilment of the requirement for the degree of B. Sc. in Nursing.

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DEDICATION

Dedicated to

Prof. ARM Luthful Kabir

Prof. Nazneen Kabir

&

My Parents

Who accelerate me from behind.

DECLARATION

I declare that the work presented here is my own. All source used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of the study, I would be bound to take written consent from the supervisor and Principal of CRP Nursing College.

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List of abbreviation

AIDS: Acquired Immune Deficiency Syndrome
BBF: Bangladesh Breast Feeding Foundation
BF: Breast Feeding
BHPI: Bangladesh Health Professions Institute
BMRC: Bangladesh Medical and Research Council
BMS: Breast Milk Substitutes
CRP: Centre for the Rehabilitation of the Paralysed
DGFP: Directorate General Family Planning
DHS: Directorate of Health Services
DHS: Directorate of Health Services
DMCH: Dhaka Medical College & Hospital
EBF: Exclusive Breast Feeding
FWA: Family Welfare Assistant
HIV: Human Immunodeficiency Virus
IRB: Institutional Review Board
IYCF: Infant and Young Child Feeding
LMP: Last Menstrual Period
MOHFW: Ministry of Health and Family Welfare
SD: Standard Deviation
SOGC: Society of Obstetrics and Gynaecologists
SPSS: Statistical Package for Social Science
WBW: World Breast Feeding Week
WHO: World Health Organization

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Abstract

Background: Almost all infants, breastfeeding remains the simplest, healthiest and least expensive feeding method that fulfills the infants' needs. The numerous benefits of breastfeeding are of public health relevance for developing countries as well as for industrialized nations. **Objectives:** To identify the level of mothers knowledge about Exclusive Breast Feeding who are attending in Gynecological out Patient department at Dhaka Medical College & Hospital. **Methodology:** Method of the study was a cross sectional type of descriptive study which was conduct through face to face interviews, by using questionnaire with informed consent of the participants. Data were numerically coded and captured in Excel, using an SPSS 20 version software program. **Results:** Most of the participants out of 100 mothers 43(43%) completed primary education, 23 (23%) S.S.C pass, 21(21%) mothers passing H.S.C+ above degree, and illiterate 13(13%), most of the mothers' who are highly or secondary educational level completed they have good knowledge about benefits and advantage of exclusive breast feeding for baby's health with growth and development. So it is proved that there is a significant relation between educational levels of pregnant mother with exclusive breast feeding. In a word it is proved which mothers' are well educated they know better than about exclusive breast feeding from lower or illiterate mothers. **Conclusion:** It was realized that millions of children die worldwide each year because of faulty or no knowledge regarding the benefits of exclusive breast feeding and initiation of proper weaning at the correct time. These sufferings were unnecessary and preventable. Mothers' were not properly aware about exclusive breast feeding but a disparity was observed between their perception and practice. **Key words:** *Pregnancy, Exclusive breast feeding, Breast feeding, Colostrums Complementary feeding, Weaning food, Para, Gravid.*

1.1 Background

Infants are the most vulnerable group among the group in our society. Infants constitute about 3% of the total population of Bangladesh. About 1 newborn comes to the earth per 11 seconds in Bangladesh. Breastfeeding of infants is an essential health medical decision for both the mother and her baby. Breastfeeding results in significant health gain, obesity reduction and cost saving to society.

For almost all infants, breastfeeding remains the simplest, healthiest and least expensive feeding method that fulfills the infants' needs. The numerous benefits of breast-feeding are of public health relevance for developing countries as well as for industrialized nations. Exclusive breastfeeding, which giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality .Exclusive breast-feeding provides low cost, complete nutrition for the infant, protects him/ her against infections including infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing. Poor feeding practices such as sub-optimal breastfeeding is still pervasive and frequently leads to undernourishment which is a foremost cause of more than half of all child deaths (Sokol et al. 2007).

Exclusive breastfeeding is the most efficient type of infant feeding for the first six months of life. The United States Breastfeeding Committee (USBC) and the American Academy of Pediatrics (AAP) declare that breastfeeding is the physiologically normal form of infant and child feeding (Labbok & Taylor, 2008; AAP, 2012).

As repeatedly shown that human milk and breastfeeding of children provide advantage with regard to general health, growth and development, while significantly decreasing the risk of a large number of acute and chronic diseases including diarrhea, ear infections, asthma, respiratory infections, botulism, urinary tract infections, leukemia, autoimmune thyroid disease and multiple sclerosis. Breastfeeding has been shown to increase school performance and decrease the incidence of childhood and adult obesity.

The anti-infective properties of breast milk help to protect infant against diseases. It is an infant first immunization after birth (WHO, UNICEF, 2010). A breast feed child suffers less from pneumonia, diarrhea and acute respiratory tract infection. The recommendation from the Global Strategy for Infant and Young Child Feeding, developed by World Health Organization (WHO) and United Nations Children's Fund (UNICEF, 2010), is that infants should be exclusively breastfed for the first six months of life. After six months, infants should receive nutritionally adequate and safe complementary foods while continuing to be breastfed for up two years of age or beyond.

The nutritional status of adolescent girls and women affects pregnancy outcomes and the ability to provide essential child care, including breastfeeding. One-third of ever-married Bangladeshi women have a low body mass index indicating chronic energy deficiency (BDHS, 2008). Anemia is very common in women in Bangladesh, particularly in pregnancy (46%) (UNICEF, 2010), and is one of the leading causes of maternal death.

The specific nutritional Strategy, to be achieved by 2010, are-increase the percentage of newborns who are breastfed within one hours of birth from 24% to 50% (early initiation of breastfeeding).Increase the percentage of infants aged less than 6 months of age who are exclusively breastfed from 42% to 60% (exclusive breastfeeding).Maintain the percentage of children aged 20-23 months who are still breastfed at 90% (continued breastfeeding).Increase the percentage of children aged 6-9 months who are breastfed and receive appropriate complementary foods (rice or starch plus foods from animal sources and one other item of fruit pulses or vegetables) to 50% (complementary feeding).Recent estimates predict that current breastfeeding patterns are far below the recommended levels especially in Africa and Asia where rates of exclusive breastfeeding for the six months are less than 40%.In Bangladesh, infectious diseases, such as diarrhea and acute respiratory infections are a cause of more than two thirds of all children aged less than one year (BDHS, 2008).

One bottle of artificial milk is enough to spoil the baby's gut which takes time of one week to recover with even continuous breastfeeding. Studies proved that there is a real threat of traditional breastfeeding practices worldwide like with holding the colostrums and

artificial feeding. Despite strong evidences in support of exclusive breast feeding for the first six months of life, its prevalence has remained low worldwide (Nutr, 2008).

To help develop a future generation with proper cognitive development it is necessary to increase awareness among the mothers about the necessity of exclusive breast feeding which will increase the practice. The purpose of the study is to determine and explore the level of knowledge of the mothers about exclusive breast feeding. The need to protect, promote and support breastfeeding in our communities has been widely recognized. It is in realization of this noble objective that the Federal Ministry of Health and Social Services in conjunction with UNICEF and WHO launched the Baby Friendly Hospital Initiative (BFHI) to protect, promotes and support breastfeeding in Nigeria (Niger Post grad Med, 2008).

The findings of the study will help the policy makers to develop a proper need based awareness raise campaign among the mother about exclusive breast feeding which ultimately will reduce the chance of occurrence of diarrhea and infectious diseases and protect malnutrition and help develop a better future generation.

1.2 Justification of the study

“Today’s children are tomorrow’s citizen”. Health of the future citizens depends on the care we are giving to our children today. Breast feeding is currently a subject of immense health and nutritional interest all over the world (Anyanwa RC and Enwana Co, 2009).

Currently, the recommendation from the Global Strategy for Infant and Young Child Feeding, developed by World Health Organization (WHO, 2012) and United Nations Children’s Fund (UNICEF, 2008), is that infants should be exclusively breastfed for the first six months of life. After six months, infants should receive nutritionally adequate and safe complementary foods while continuing to be breastfed for up to two years of age or beyond.

Recent estimates predict that current breastfeeding patterns are far below the recommended levels especially in Africa and Asia where rates of exclusive breastfeeding for the first six months are less than 40%. In Bangladesh, infectious diseases, such as diarrhea and acute respiratory infections are a cause of more than two thirds of all deaths in children aged less than one year.

To help develop a future generation with proper cognitive development it is necessary to increase awareness among the mothers about the necessity of exclusive breast feeding which will increase the practice. The purpose of the study is to determine and explore the level of knowledge of the mothers about exclusive breast feeding. The findings of the study will help the policy makers to develop a proper need based awareness raise campaign among the mother about exclusive breast feeding which ultimately will reduce the chance of occurrence of diarrhea and infectious diseases and protect malnutrition and help develop a better future generation. This will consequently make the northern Bangladesh and hence country a prosperous one.

1.3 Research question

What are the levels of knowledge about exclusive breastfeeding among the pregnant women?

1.4 Study objectives

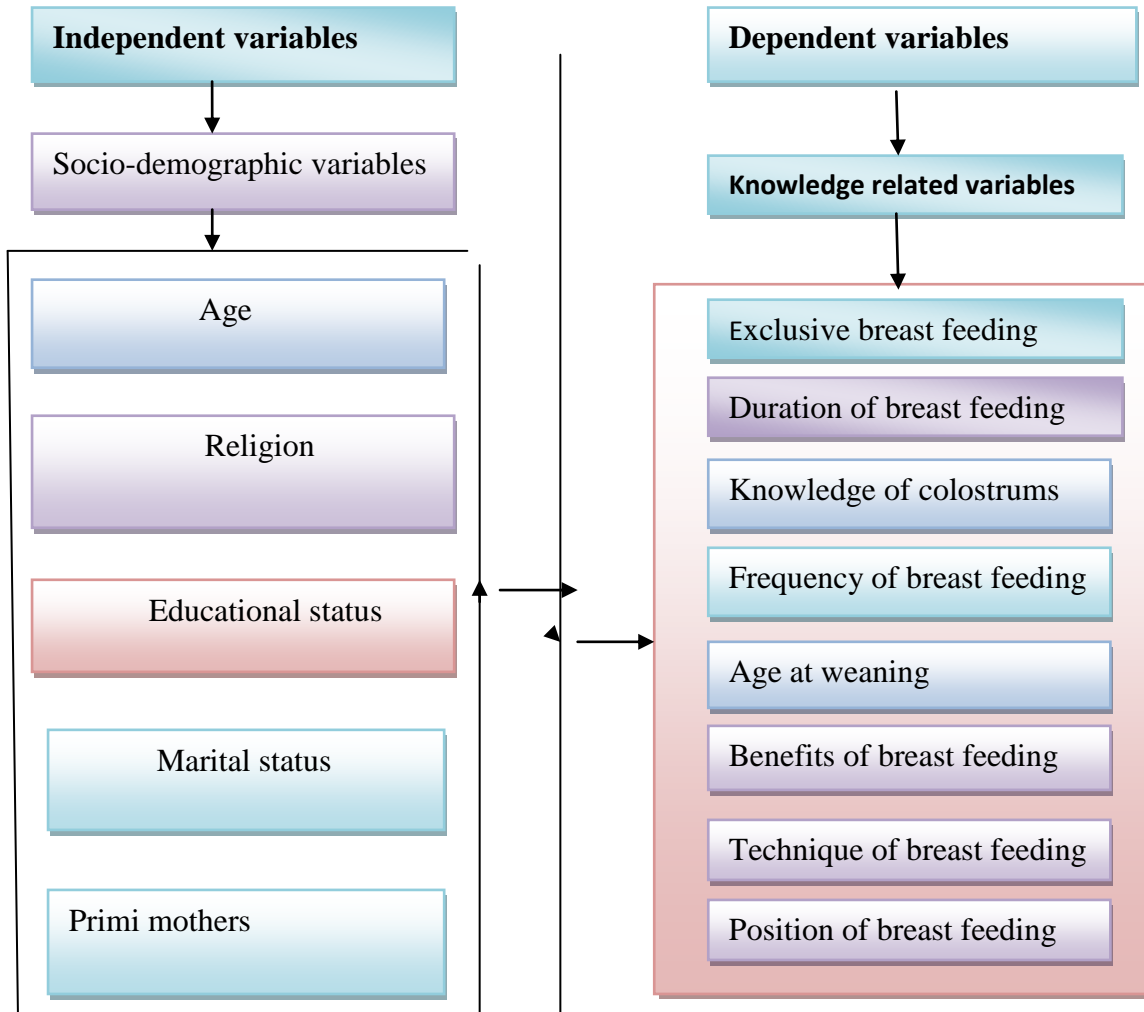
1.4.1. General objective

To identify the level of pregnant women knowledge about Exclusive Breast Feeding who are attending in Gynecological out Patient department at Dhaka Medical College & Hospital.

1.4.2. Specific objectives

- To find out the pregnant women knowledge about the concept of Exclusive Breast Feeding.
- To evaluate the level of knowledge regarding beneficial effects of Breast feeding.
- To identify mothers perception regarding colostrum.
- To know the socio-demographic status of the respondents.
- To find out the attitude about exclusive breastfeeding among the women.
- To determine women knowledge on positioning and attachment for breast feeding.

1.5 Conceptual framework



1.6 Operational definition

Knowledge: Information gained through the experience on education. It refers to correct response of the primi mothers regarding breast feeding which is measured by questionnaire.

Breastfeeding: Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development.

Exclusive breastfeeding: The infant has received only breast milk from the mothers with no other liquids even any drop of water.

Full breastfeeding: Exclusive breastfeeding and predominant breastfeeding together constitute full breastfeeding.

Colostrum: The yellowish, sticky breast milk produced at the end of pregnancy is recommended by WHO as the perfect food for the newborn and feeding should be initiated within the first four hours after birth.

Primipara mothers: A woman who has been delivered of a child for the first time.

Weaning food: The weaning process begins the first time your baby takes food from a source other than breast milk.

Bottle feeding: The child has received liquids or semi-solid food from a bottle with a nipple/teat.

Literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in context (Polit D.F and Cheryl Tatano Beck).

There are so many study done in worldwide and nationally to understand the level of knowledge of mother regarding of Exclusive Breast Feeding among women. Some reviews of literature on various studies related to exclusive breast feeding are presented here.

Overview of exclusive breast feeding. Breast feeding is currently a subject of immense health and nutritional interest all over the world. It is the ideal feeding and is crucial for lifelong health and well-being. Breast feeding is the birth right of every baby. Nature has designed that when a baby is born a readymade food in the form of breast milk flows like divine nectar.

Breast Feeding only breast milk is given other food or drink not even water is given an infant should be exclusively breast feed for 6 months of life.

Components of Breast Milk fat provide the baby with more than 50% of his caloric requirements. Protein Human milk contains has than half amount of protein contained in cow's milk, but because of its easy digestibility it provides the baby with the ideal quantity. Lactose, there is more lactose in human milk than any other mammalian milk. Vitamin A; mature human milk contains 280 international units(IU) of vitamin A, if vitamin A and colostrums contains twice that amount cow's milk contains only 180 international units(IU). Vitamin B complex; All of the B vitamin are present at levels which believed to provide the baby with his necessary daily requirements. Vitamin C; Human milk contains 43mg/100ml is vitamin c compared with 21mg/100ml in fresh cow's milk. Vitamin D, It is now believed that both water soluble and for soluble vitamin D are present in human milk. Vitamin -E: Human colostrum is rich in vitamin E and the levels in mature human milk and higher than in cow's milk. Vitamin-K: This vitamin is essential for the synthesis of blood clotting factors. It is present in human milk and absorbed efficiently. Iron; normal full term babies are usually born with a high hemoglobin level (16-22) which decreases rapidly after birth . Zinc; this trace mineral is essential to humans. A deficiency may results in failure to thrive and typical skin lesions. Other minerals;

Human milk has significantly lower levels of calcium, phosphorus, sodium, and potassium than cow's milk. (Preventive and Social Medicine K. Park 20th/399/)

Other important properties of immunoglobulin IgA, IgG, IgM, and IgD are all found in human milk. Lysozyme; It is present in breast milk in concentrations 5000 times greater than in cow's milk. Lactoferrin; Is abundant in human milk but is not present in cow's milk. The bifid us factors; the bifidus factor in human milk promotes the growth of gram-positive bacilli in the gut –flora, particularly *Lactobacillus bifidus*, which discourages the multiplication of pathogens. Anti-allergic factors; Allergic problems occur less frequently in breastfeed babies than in bottle fed babies.

Benefits of Breast Feeding a review of existing literature should that breast milk is a hygienic source of energy, essential nutrients, water and contains immune factors that are protective and thereby decrease infant morbidity and mortality (Kakute et al. 2008).

Benefits for infants Breast feeding protects the infants from health problems mother's milk contains protective factors for the baby such as active enzymes, immunoglobulin, and hormones and growth factors. Breast feeding has a significant effect in preventing infectious diseases. It provides protection against pathogens by providing anti-bacterial and anti-viral substances that stimulate the immune system (Victora et al, 2008, as cited in Mhrshahi et al. 2008).It decreases the incidence and severity of infectious diseases including diarrhea, respiratory tract infections, necrotizing enterocolitis, otitis media, urinary tract infection, and late onset sepsis in preterm (UNICEF, 2008).It also protects against allergy (Leung & Sauve, 2009; Rddy,n.d; Wardley et al.).

Breast feeding reduces the rates of sudden infant death syndrome, the incidence of diabetes, obesity, hypercholesterolemia, and asthma (United States Breastfeeding Committee 2010.)

Human milk easily digestible (Reddy).Mentioned that breastfeeding is very effective for protecting young infants from diarrheal disease. For premature infants human milk reduces the risk of life- threatening diseases of the gastrointestinal system and other infectious diseases. Human milk significantly shortens the length of hospital stays and reduces hospital costs. In a study comparing premature infants who received human milk with those who received formula milk the latter have future intelligence quotients (IQ) that are 8-15 points lower. Breastfed infants have been shown to have a higher intelligence

quotient (United States Breastfeeding Committee, 2009). In addition, it enhances the neurological, visual, and oral development of the baby. A newborn's strongest defense comes from colostrums, the substances produced from the first few days after birth. Which provides the baby's first immunization? Breast milk contains antibody and live cells which protect infants from bacterial and viral pathogens. This work before and during the time the baby acquires active immunizations through vaccination. Breast milk provides an infant's total nutrient requirements for the first six months of life. Exclusive breastfeeding for the first six months of life reduces the infant's mortality rate linked to common childhood illness and under-nutrition (UNICEF, 2008). It provides perfect nutrition for infants and lays the foundation for their psychosocial development (Dakshayani & Gangadhar, 2008).

Benefits for mothers Breastfeeding protects the mother's health (Rehana, 2008). Breastfeeding reduces the mother's risk of breast cancer and protects her from ovarian cancer. It also reduces the risk of postpartum bleeding which can kill the mother. Breastfeeding contributes to birth spacing. Frequent suckling from the birth hormonally inhibits ovulation and therefore delays the next pregnancy. Exclusive breastfeeding can protect against pregnancy 98% during the first six months after giving child birth. It also reduces the mother's risk of anemia and may improve the health of the mother. It promotes good bonding between mother and infants. Bonding between mother and child is a continuous process, and early initiation of breastfeeding helps mother and child to get extra contact which promotes bonding between them. It facilitates skin-to-skin contact and physical warmth between the mother and child, which further strengthens the emotional bond between mother and child (Taylor, Wardley et al; 2008).

Benefits for the family It is suggested that breastfeeding reduces the need for costly health services that must be paid by families and also reduces the number of sick days that families must use to care for their sick children (United States Breastfeeding Committee, 2002). From the economic perspective, breastfeeding saves money. It is also less expensive than formula feeding (Leung & Sauve, 2008).

Benefits for the society Breastfeeding decreases the environmental burden for disposal of formula cans and bottles and decreases the energy demands for production and transport of artificial feeding products. It requires no packaging and its production does not harm the

environment. It also reduces the need for costly health services that must be paid for by insurers or government agencies (United State Breastfeeding Committee, 2008).

Over all benefits of breast feeding:

- ❖ **B**=Best for baby.
- ❖ **R**=Reduces allergy from mothers.
- ❖ **E**=Economical no needed.
- ❖ **A**=Act as antibiotics.
- ❖ **S**=Stool so inoffensive.
- ❖ **T**=Temperature in correct stage.
- ❖ **F**=Fresh and healthy.
- ❖ **E**=Easy to processing.
- ❖ **E**=Emotional bonding between mother and child.
- ❖ **D**=Digest easily and no reaction.
- ❖ **I** = Immediate available.
- ❖ **N**=Nice nutritional balance.
- ❖ **G**=Gastroenteritis greatly reduce.

Hacket KM (Published on 2012 Oct).

Breastfeeding knowledge in Bangladeshi mothers Bangladesh has achieved significant progress in breastfeeding as special attention has been given to it recognizing the fact that “there is no alternative to breast feeding”. It has been recognized worldwide that breastfeeding is crucial for building a physically and mentally sound nation. Bringing most of the mothers under breast feeding programmed is one of the major successes of the country following another success of Bangladesh with regard to reducing maternal mortality rate to a significant level. According to data gathered by World Breastfeeding Trends Initiative (WBTI2013) Bangladesh has remarkable progress in breast feeding. Bangladesh so far moved one step forward in breastfeeding as the country has now secured a position on “Blue color” list from previous position on “Yellow color” list. Now, the main objective of Bangladesh is to get a position on “Green Color” list among the breastfeeding countries. However, the WBTI data revealed that Bangladesh got 110.05 marks in regard to breastfeeding children while in 2008 and 2005 it earned 87 and 90.5 marks respectively. (Daily Ittefaq, June,2013). Hacket KM (Published on 2012 Oct).

Studied on, knowledge , attitudes, perception, on infants and young child nutrition and feeding among adolescent girls and young mothers in rural Bangladesh ,where he found Bangladesh approximately 60% of rural girls become mothers before the age of 18 and they have few knowledge of exclusive breast feeding comparatively multigravida. Mothers' knowledge on breastfeeding and complementary practices was poor. Only 33% of mothers knew that a child should be exclusively breastfed for six months. 42% gave incorrect answers, and 25% did not know. Only 40% of mothers knew that a child should be began complementary feeding at 6 months of age, 40% gave incorrect answers and 20% did not know. Only 13% of mothers said that a child should be given family food from six months of age, over 70% from seven months or later, and 2% below six months of age, (Child and Mother Nutrition Survey of Bangladesh,2009).A cross sectional type of descriptive study was carried out in a Dinajpur Medical College with a view to find out infant feeding practice by the rural mothers of Dinajpur district. A total of 465 respondents were interviewed purposively. Majority of the respondents were housewives and had primary education. A large proportion of the respondents (61.3%) breastfed their children exclusively allowing chips of water rarely. Most of the mothers (92%) fed colostrums to their babies and a large proportion of them (49%) had accurate knowledge about colostrums. A countable number of mothers (21.7%) weaned their child much earlier i.e. before attaining the age of 4 months. Educational status of the mothers was found inversely related to prelacted feeding practice, which was statistically significant ($P < 0.05$). This study, though a small one might help the planner and concerned health authority to take some interventional measures by providing some specific recommendations. (Haque et al, 2010).

According to statistics of Bangladesh Breast Feeding Foundation (BBF), the number of breastfeeding cases rose to 64 percent in 2010 from 43 percent in 2007. When his attention was drawn, chairperson of the foundation S K Roy said the government initiative is the main reason for increase of the number of breastfeeding cases in the country. Breastfeeding rates increase with mothers' age. Mothers age 30 or over had the highest levels of breast feeding (50% 62% respectively). However, females aged under 20 demonstrated the lowest breastfeeding incidence (24%) (Statistical Overview, 2012).Complementary foods given to infants and young children in Bangladesh are often nutritionally inadequate and unsafe, leading to malnutrition (BBS/UNICEF;2008).

Foods from animal sources such as fish, chicken, beef, and egg are expensive and not commonly given to children: Only 22% of children aged 6-9 months are given foods from animal sources (BDHS, 2008).

The nutritionally status of adolescent girls and women affects pregnancy outcomes and the ability to provide essential child care, including breastfeeding. One-third (34%) of ever-married Bangladeshi women have low body mass index indicating chronic energy deficiency (BDHS, 2008). Anemia is very common in women in Bangladesh. Partially in pregnancy (46%) and is one of the leading causes of maternal death. (BBS/UNICEF, 2008)

According to World Bank, exclusive breast feeding rate in Bangladesh in the year 2009 is 42.9% which is far below than that of the developed countries. The situation is even worse in the northern part of Bangladesh where it is well known for its poor nutritional status. In compared to the other part of Bangladesh, the level of IQ is lower in the northern Bangladesh. Lack of practice of exclusive breast feeding is considered one of the contributors to this problem

Breast feeding Knowledge among Global mothers A study was conducted on knowledge and practice among mothers in a rural population of North India (2009). All the mothers of infants between 0-6 months were interviewed using a pretested semi structured questionnaire. Position of the baby during breast feeding and attachment of the baby mouth to the breast were assessed by direct observation while feeding. Out of 77 mothers 30% and 10% exclusively breastfed their infants till 4 and 6 months of age respectively. There was good attachment in 42% mother-infant pairs and infant were held in correct position by 60% of the mothers. 39% of the mothers had satisfactory breastfeeding knowledge. Lack of breast feeding counseling was significantly associated with decreased rates of exclusive breast feeding at 4 and 6 months ($P=0.01$ and 0.002 respectively). Breast feeding counseling with emphasis on correct technique can improve the exclusive breast feeding rates (Damstra et al, 2012).

Conducted cross sectional study on knowledge and practice of exclusive breast feeding among mothers in Nigeria. The target population of interest was nursing mothers who have infant's aged 6-12 months, pretested structured closed ended interviewer questionnaire was used. Four hundred and seventy nursing mothers consented were recruited for the study through a house to house visit 2 female and 1 male were recruited

and trained on the questionnaire administration. Results showed that out of the 470 nursing mothers studied 387 were able to define correctly and sensitization is necessary in preparing them for motherhood. (Ogbonna Daboer et al, 2009)

Conducted descriptive study on knowledge, attitudes and practice of employed mothers about breast feeding .The main objectives of the study to determine knowledge, attitudes and practice of breast feeding . The major results showed that the level of knowledge shows that 28% of the sample had poor knowledge regarding breast feeding. The mother has higher means. Percentage 73% knowledge score in the area of benefits of breast feeding.(Joshi Barakoti (2008)).

Mother's knowledge and belief on breast feeding. A study conducted as the knowledge and belief of mothers towards breast feeding the study was carried out on 317 mothers with newborn. The conventional cluster sampling technique was utilized to select the study subjects. Almost all mothers 308(92%) of them considered human milk is best milk for good child growth compared to cow's milk. (Worldege brief,(2008)).

Special care of the breasts during pregnancy is an important preparation for breastfeeding. During antenatal period, the breasts often have a feeling of fullness and become larger, heavier, and more pendulous because of the stretching of the cooper's ligament that supports the breast. A well fitting supporting brassiere that holds the breasts up and it relieves back ache and promotes good posture. It may also help to prevent the subsequent tissue sagging, so often noticeable after delivery owing to the increased weight of the breasts during pregnancy and lactation. (Bosnjak, 2009).

3.1 Study Design

The study was descriptive cross sectional study design to meet the study objectives. Because the cross sectional study is the simplest variety of descriptive or observational epidemiological study that can be conducted on representative samples of a population. This design involved identifying group of people and then collecting the information that required when they use the particular service. Cross sectional studies gather information about the prevalence of health related states and conditions and measure the frequency of conditions and demonstrate associations.

The researcher chose quantitative survey method to carry out the research aim and objectives because the quantitative methods are appropriate if the issue is known about, relatively simple and unambiguous. The purpose of quantitative research is theory testing to establish facts, show causal explanations and relationships between variables, allow prediction. Quantitative research designs are predetermined and structured and do not change during the study. Quantitative research studies answered specific research questions by producing statistical evidence to prove a point.

3.2 Study Area

The study was conducted pregnant women at Gynecological ward.

3.3 Study Site

The study was carried out among pregnant women attending at Gynecology outdoor patient department (OPD) in Dhaka Medical College and Hospital, Dhaka.

3.4 Study Populations

A population refers to the members of a clearly defined set or class of people, objects or events that are the focus of the investigation. The criteria of study populations were determined from a literature review and the goals for the study. Selection criteria were established gradually, as the assumptions and theoretical base of the study unfold. All the pregnant women and lactating mothers of Bangladesh were considered as the study population.

3.5 Sample selection

Sample was selected from pregnant women and lactating mothers who came for clinical check-up at outdoor service of gynecology departments in selected hospitals.

3.6 Sample Size

It is very difficult to establishing the best size of sample since this decision depends very largely on the investigator which is being undertaken. Statistical studies are always better when they are carefully planned. In the study, sample must be adequate in size, relative to the goals of the study. Study sample must be 'big enough' that an effect of such magnitude as to be of scientific significance will also be statistically significant. The actual sample size of this study was calculated as 369, using the calculation of following formula;

$$n = \frac{z^2 pq}{d^2}$$

Where,

n = required sample size

z = standard normal distributaries with 95% confidential level 1.96

p = proportion of dependent variables

= (Present proportion of exclusive breast feeding is 60%)

=0.6

q = 1-p,

So, 1-0.6

=0.4

d = precision or proportion of error%

Usually set as 5% = 0.05

Required sample size, $n = \frac{z^2 pq}{d^2}$

$$= \frac{(1.96)^2 \times 0.6 \times 0.4}{(0.05)^2}$$

= 368.8

= 369

The study was conduct with 369 samples that was contact the inclusion & exclusion criteria.

3.7 Sampling Procedure

Finding the appropriate number and type of people to take part in the study is called sampling. Samples were selected conveniently from selected hospitals of Bangladesh. Sampling is an important concept in research. Basically it is about how to choose the people who will study or who will participate in research. Samples that were studied most easily, cheaply or quickly, selected for the study by using convenience sampling procedure. Because convenience sampling is usually used for exploring complex issues: for examples, in economic evaluation, in complex evaluations of health states etc.

3.8 Inclusion Criteria

- Mothers' who are present in Dhaka Medical College & Hospital at Gynae Outdoor Patient Department& antenatal Unit.
- All newly pregnant women at Dhaka Medical College & Hospital.
- Mothers' who are pregnant during data collection period.
- Mothers' who are willing to participate.

3.9 Exclusion Criteria

- Pregnant women who are not available at the time of study or data collection.
- Pregnant women and lactating mothers who are not willing to participate in the study.

3.10 Data Collection Instruments and Tools

To collect data, the questionnaire form, pen, papers, files, used as data collection tools

3.10.1 Questionnaire

In this questionnaire form structured questions were included for collecting data from the participants. So the investigator reviewed some relevant previous studies questionnaires that help to design the questionnaire in order to identify important part of questions that needed to include. Mixed types of questions were selected to make the questionnaire .Questionnaire in short that the respondents would finish it but long enough to obtain the desired information and the question should be sequenced in a logical order that they follow one another. In this questionnaire researcher tried to keep the questions very easy, so that participants can understand to answered. Investigator collected data from questionnaire form and setup sequentially. The questions in the questionnaire are in two parts, one is about socio demographic information and another is directly related to exclusive breast feeding among the pregnant women.

3.10.2 Informed Consent

Before conducting research with the respondents, it is necessary to gain consent form from the subject or participant. A participant has rights to know about their participatory effectiveness. In this study, participants were given an information sheet explaining the aims and purpose of the study and the methods of data collection they may be required to participate in. All were personally spoken to and given an opportunity to ask questions prior to signing a consent form. They were also informed that they were free to withdraw from the study at any time and in the event of this, any provide information would be destroyed at their request. It should be assured the participant that her name or address would not be used. The information of the subjects might be published in any normal presentation or seminar but they would not be identified. Subjects were also informed that all of the information given by her should be maintained confidentiality, the study might not have direct effect on her but the members of nursing profession and other clinical related profession may be benefited from the study in future.

3.11 Method of Data Collection

Researcher used interviews by which information was gathered. Structured questions are always closed questions and most frequently used in survey research design. The strength of structured questionnaire was the ability to collect unambiguous and easy to count answers, leading to quantitative data for analysis. Open ended questions are those which allow respondents free range when supplying their answers. Open ended questions are most useful in dealing with complicated information when slight differences of opinion are important to know. And closed ended questions allow the respondents only a limited choice of how to answer the questions. In close ended questions, it gives respondents an easy way out and would rather force them into a positive or negative answer. The face to face interview was provided opportunity to observe the facial expression and this was helped the researchers to determine whether the participant understands the questions or not.

The investigator went to selected hospitals to take permission if they are interested in this study or not. Firstly, the researcher introduced her and described the objectives and purpose of the research project as well. Then the researcher submitted written application to the authority of the Dhaka Medical College & Hospital, Dhaka and took permission from the authority of selected hospitals and met with the individual subject to find out if they were interested in participating in the study. For data collection, the investigator used Bengali type of questionnaire so that pregnant women and lactating mothers understood the questionnaire in the easiest way. Data was collected by the researcher from the pregnant women and lactating mothers who came for check-up Dhaka Medical College & Hospitals.

3.12 Data Management and Analysis

The data analysis was performed in the program ‘Statistical Package for Social Science’ (SPSS) version 20. The presentation was performed in SPSS and in Microsoft office word 2007. Every questionnaire was rechecked for missing information or unclear information. At first put the name of variables in the variable 22 views of SPSS and the types, values, decimal, label alignment and measurement level of data. The next step was to input data view of SPSS. After input all data researcher checked the inputted data to ensure that all data had been accurately transcribed from the questionnaire sheet to SPSS data view. Then the raw data was ready for analysis in SPSS. Microsoft word excel was also used to present data using column and pie chart.

3.13 Ethical Consideration

It was ensured that it would maintain the ethical consideration at all aspects of the study. It is the crucial part of the all form of research. The study was approved by ethical committee of the research project before conducting the research project. Ethical issues were followed by World Health Organization (WHO) and Bangladesh Medical and Research Council (BMRC). At first to conduct Institutional Review Board (IRB) of BHPI this study, the research project was submitted to the CRP Nursing College CRP, Savar and obtained approval. A written application was submitted to the authority of the Dhaka Medical College & Hospital (DMCH), Dhaka. Dhaka for involvement of clients and others facilities to complete this study.

This chapter provides an overview of the findings and the results from the analysis are presented. The statistical Package for the Social Science (SPSS) and Ms- Excel spreadsheets were used to assist in the statistical analysis of the data from 94 participants from Dhaka Medical College & Hospital (DMCH). To avoid any bias in the data caused by discussion between the participants, the investigator was present at all times during the data collection. The data obtained from the study were analyzed using descriptive statistics. According to the appropriate scales of measurement, measures of central tendency, frequency distribution and measures of dispersion were used to analyze and describe the data. The most significant results are discussed. Percentage analysis has appeared to be the most effective method for providing the greatest amount of information about how the participants answered these questions.

Table- 1: Distribution of respondents by age:

Age in Years	Number of respondents	Number of percentage
15-20	51	51%
21-25	36	36%
26-30	8	8%
31-35	5	5%
Total	100	100

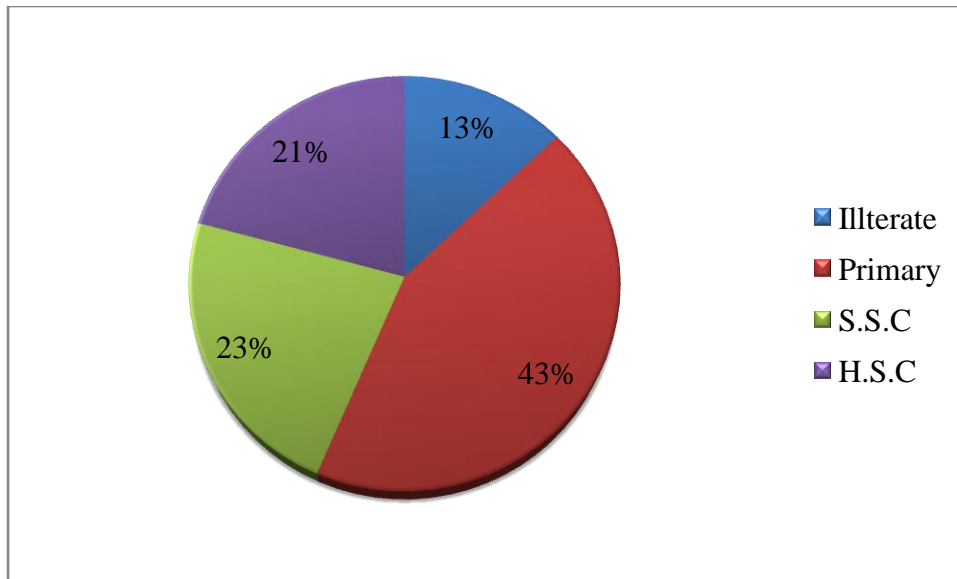
Among 100 mothers 51 mothers (51%) were between 15-20 years. 36 mothers (36%) were 21-25 years, 8 mothers (8%) were between 26-30 years. Only 5 mothers (5%) were between 31-35 years

Table-2: Distribution of respondents by residential area of mothers

Residential area	Numb of respondent	Number of percentage
Urban	51	51%
Rural	42	42%
Slum area	7	7%
Total	100	100

Table shows that 51% of the mothers came from urban area, 42% of the mothers came from rural area and 7% of the mothers came from slum area. So the highest number of mothers comes from urban area.

Figure-1: Distribution of respondents by educational status of pregnant women



The pie diagram shows that out of 100 mothers 43 completed primary education, 23 S.S.C pass, 21 mothers passing H.S.C+ above degree.

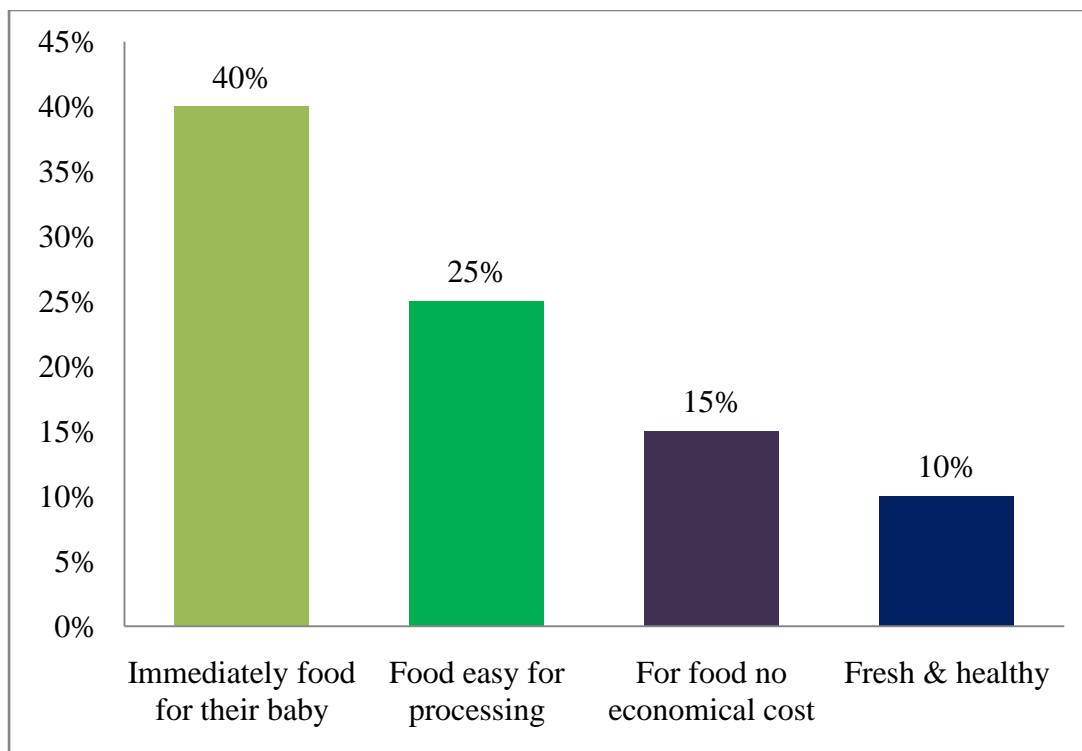
At last 13 mothers were found to illiterate. It also clarifies that most of the selected mothers were below the S.S.C educational qualifications.

Table -3: Distribution of mothers' knowledge about benefits of colostrum

Benefits for colostrum	Number of respondent	Number of percentage
For immunity	58	58%
For growth and development	31	31%
For mentally satisfaction	11	11%
Total	100	100

Table shows that about 58% of the respondents said that colostrum were needed for immunity, 31% thought that colostrum was useful for the growth and development of the babies and 11% of the mothers knew that colostrum was important for their own mental satisfaction .

Figure- 2: Distribution of knowledge of mothers about the benefits of Breast- Feeding.



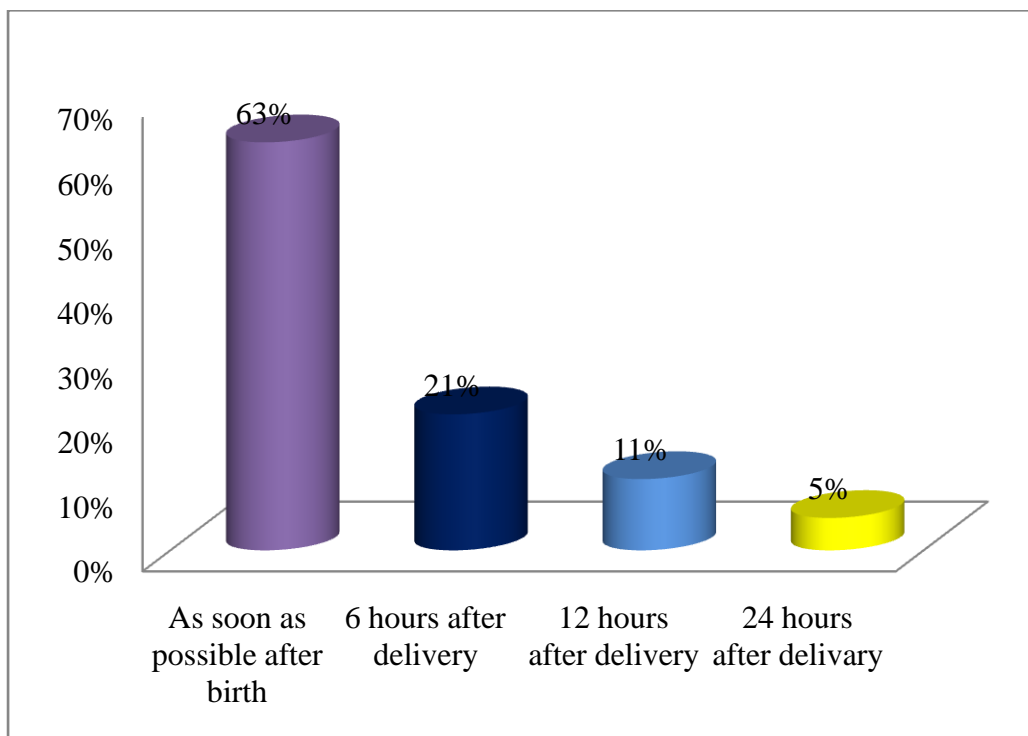
100 mothers were asked to benefits of exclusive breast feeding. 40 mothers said that it was a immediate available. 25% of the mothers told it was food for easy processing. 15% of the respondents said there was no needed economical support. 10% of the mothers thought that it was fresh and healthy for baby.

Nutrition present in Breast milk	Number of respondent	Number of percentage
Only Vitamins	30	30%
Only minerals	8	8%
Protein, fat and vitamin	53	53%
Unknown	9	9%
Total	100	100

Table-4: Distribution of respondents by knowledge of nutrients present in breast milk.

Table shows that most of the mothers (53%) gave correct answer in case of nutrition protein, fat and vitamin presence in the breast milk. (9%) of the mothers expressed they had no knowledge. About (30%) of the mothers said breast milk contained only vitamin and (8%) of the others' said breast milk contained only mineral

Figure- 3: Distribution of respondents by starting time for Breast -Feeding.



In this study 100 mothers were asked when they would like to start breast feeding after the birth of baby. 63mothers (63%) said that should be given feed as soon as possible after birth.

21 mothers (21%) said that baby should be given breast feeding 6 hours after the delivery of the baby. 11mothers (11%) given their opinion that 12 hours after delivery is the appropriate way of providing breast feed. 5 mothers (5%) said that appropriate starting time for breast feeding starting 24 hours after delivery

Table-5: Distribution of mothers’ knowledge about improving secretion of breast milk.

Methods to improve secretion for Breast feeding	Number of respondents	Number of percentage
Cold or hot compress on the breast	19	19%
Walking before breastfeeding	4	4%
Frequent sucking of the breast by baby	71	71%
No knowledge	6	6%
Total	100	100

Table shows that 71% of the mothers said that frequent sucking of breast promote secretion for breast feeding. 4% of the respondents said that walking before breast feeding. About 19% of the respondents chose cold or hot compress on the breast and only 6% mothers said that they have no knowledge about it.

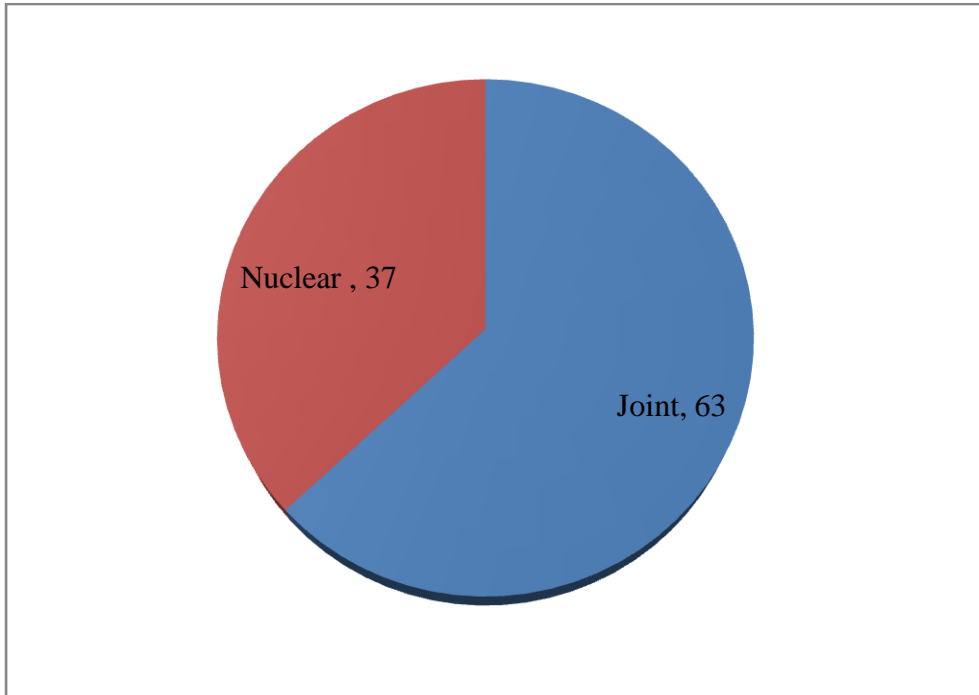
Table-6: Distribution of mothers’ knowledge about effects of breast feeding on physical structure.

Effects on breast feeding on physical structure	Number of respondents	Number of percentage
Yes	6	6%
No	94	94%
Total	100	100

Table shows that 94 mothers (94%) belied continuing that breast feeding to a baby would continue there has no effect on their physical structure on the other hand only (6%) of the

mothers' thought some effect can be on their physical structure due to breast feeding to their baby.

Figure-4: Distribution of respondents by family status.



This figure shows that (63%) of the mothers' lived in joint family where 37% of the mothers lived in nuclear families.

Figure-5: Distribution of respondents by knowledge of Exclusive Breast Feeding upto 6 months.

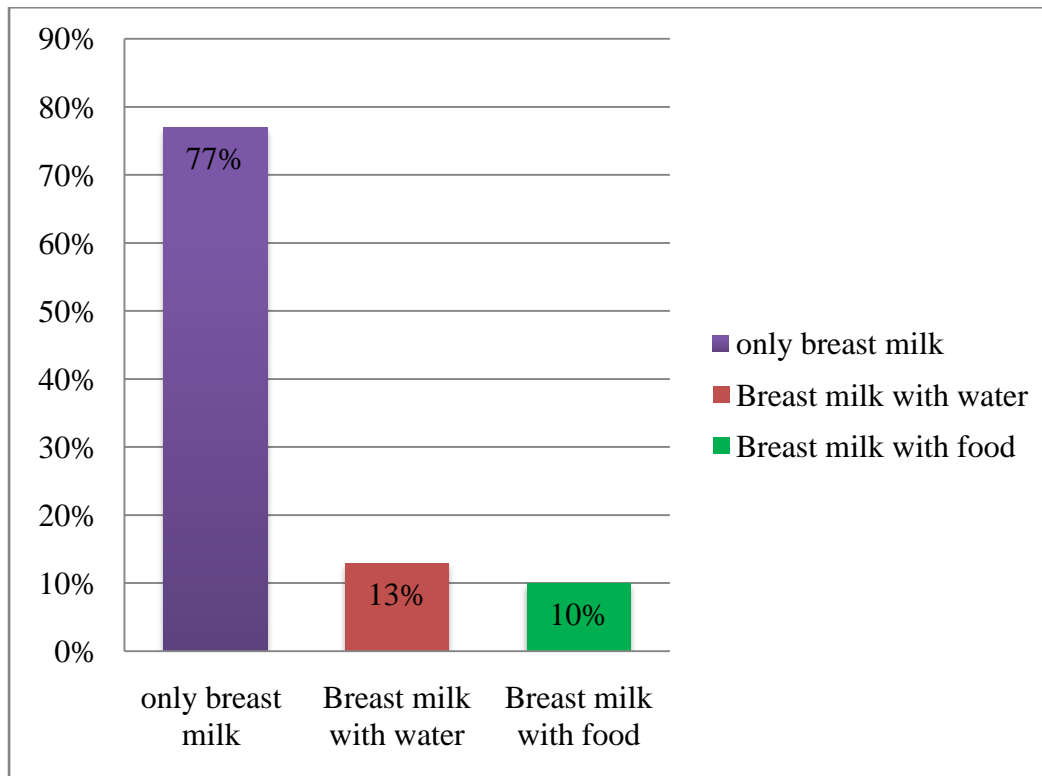


Figure shows that, regarding the knowledge of Exclusive Breast Feeding, out of 100 mothers, 77 mothers (77%) said that Exclusive Breast Feeding (EBF) means baby should only breast feed upto 6 months. 13 mothers' (13%) said Exclusive Breast Feeding means Breast milk with water. 10 mothers' (10%) given their opinion that Exclusive Breast Feeding means Breast milk with food.

Figure- 6: Distribution of respondents' knowledge about colostrum as a vaccine

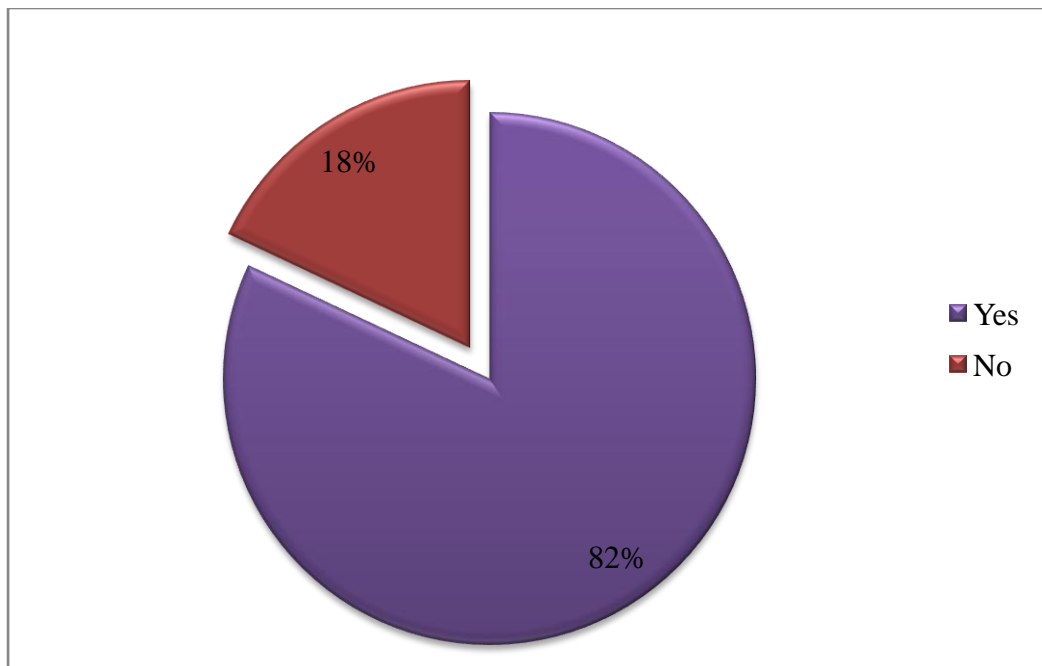
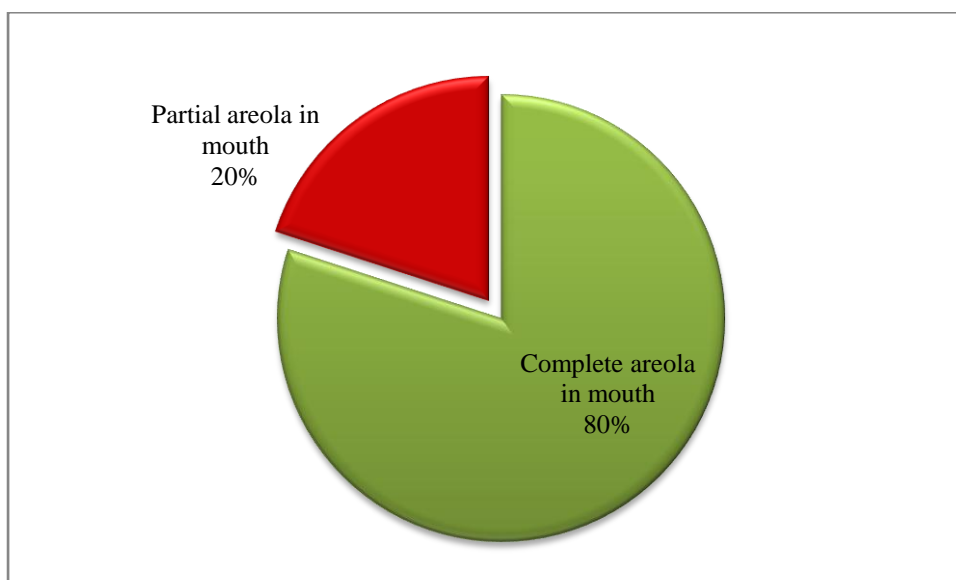


Figure shows that 82% of the mothers' believed that colostrum acted as a first vaccine for babies, but 18% of the mothers' given their opinion that it never acted as the first vaccine.

Figure- 7: Distribution of mothers' knowledge about technique of breast feeding.



This figure shows that out of 100 mothers most of the (80) mothers' knew the technique of breast feeding. 80% of the mothers' prefer to give breastfeeding by complete areola in mouth. 20% mothers' thought partial areola into the mouth of baby is best technique.

Figure- 8: Distribution of respondents' knowledge of continuation of breast feeding.

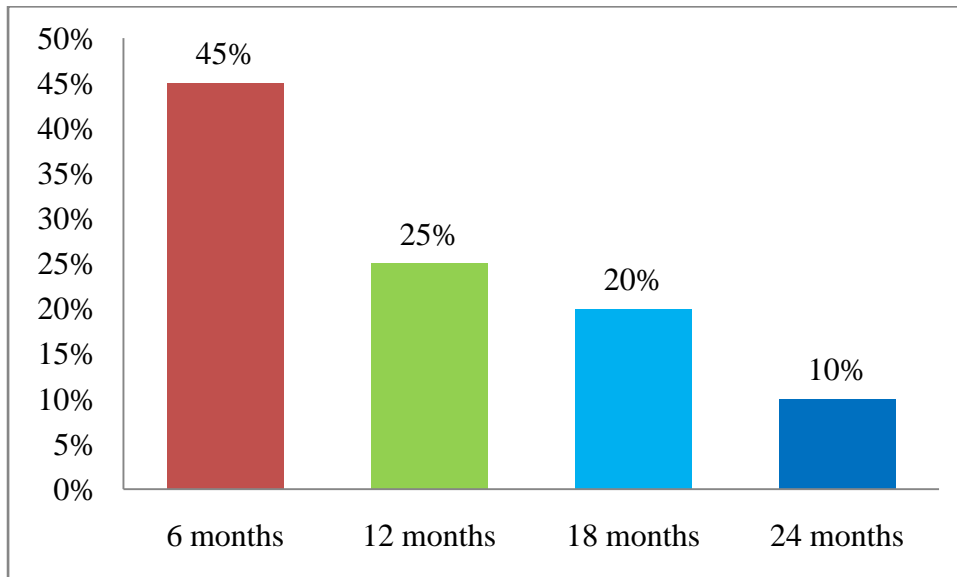


Figure shows that 45% of the mothers' said that baby should continue breast feeding up-to 6 months of age. 25% of the mothers' thought breast feeding should be given up-to 12 months. About 20% of the mothers' given their opinion to breast feeding should continue up-to 18 months. 10% of the mothers' said continuation of breast feeding should be done for 24 months.

Figure-9: Distribution of respondents' knowledge of starting complementary feeding.

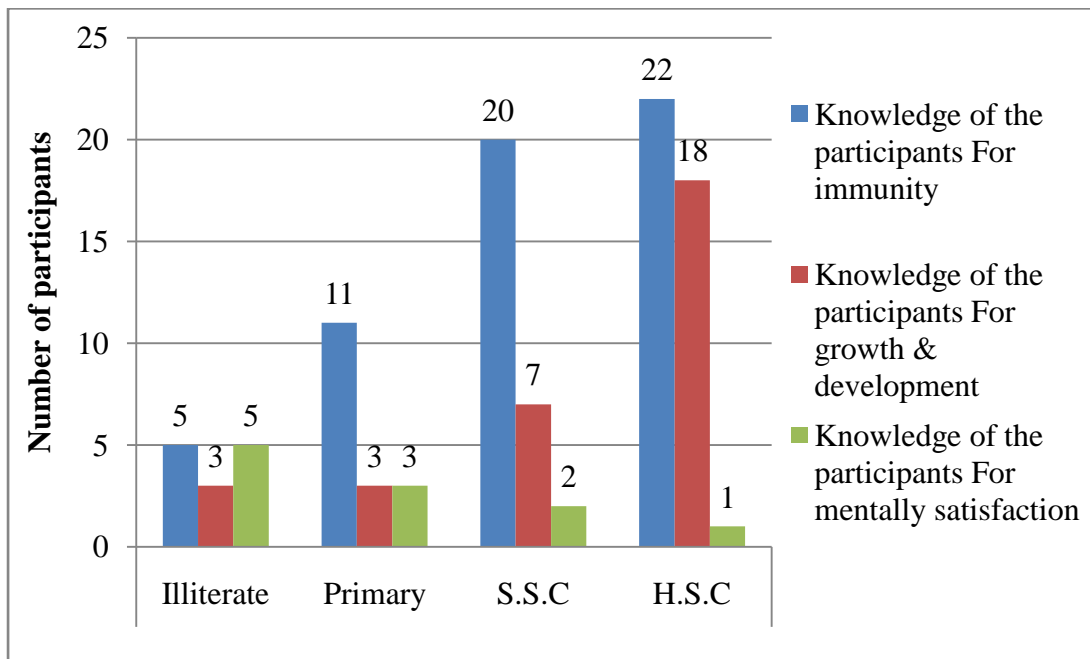
This figure shows that about 50% of the mothers' given their opinion that complementary feeding should be given after the 6 months of age. 30% of the mothers said that complementary feeding should start after the 12 months of age. 15% of the mothers' said that complementary feeding should start after the 1 year of age. 5% of the mothers' have said that complementary feeding should start after 2 years of age.

Educational level & Knowledge of the participants Cross tabulation:

		Knowledge of the participants			Total
		For immunity	For growth & development	For mentally satisfaction	
Educational level	Illiterate	5	3	5	13
	Primary	11	3	3	17
	S.S.C	20	7	2	29
	H.S.C	22	18	1	41
Total		58	31	11	100

Table-7: Correlation between education & knowledge

Figure no 10: Correlation between educational level and knowledge about exclusive breast feeding



This table and bar chart shows that most of the mothers' who are highly or secondary educational level completed they have good knowledge about benefits and advantage of exclusive breast feeding for baby's health with growth and development. So it is proved that there is a significant relation between educational levels of pregnant mother with exclusive breast feeding. In a word it is proved which mothers' are well educated they know better than about exclusive breast feeding from lower or illiterate mothers.

The study is conducted to find out knowledge of exclusive breast feeding among pregnant women. This descriptive type of cross sectional study carried out among 100 mothers attending at Dhaka Medical College & Hospital, Dhaka. A close ended questionnaire was used to collect data by face to face interview. All the data were carried and analyzed by using Statistical Package of Social Science (SPSS) 20.0 versions..

According to age distribution, among 100 mothers 51 mothers (51%) were between 15-20 years. Most of the selected mothers were in between 15-20 years group attending at Dhaka Medical College & Hospital at the time of data collection. 36 mothers (36%) were 21-25 years, 8 mothers (8%) were between 26-30 years, and only 5 mothers (5%) had found in between 31-35 years.(Table-1). In Bangladesh, approximately 60% of rural girls become mothers the age of 18 and they have few knowledge of exclusive breast feeding comparatively multigravida. (Hackett KM et al 2012).

In this study out of 100 mothers 43% completed primary education, 23% completed S.S.C, 21% of the mothers were completed H.S.C and above degree. 13% mothers have found to illiterate. It has found that educated mothers were more conscious than illiterate mothers, but educated mothers' knew but they had less practice during feeding.

Family status of the mothers is categorized on nuclear and joint family. In this study most of the mothers lived in joint family which is 71% where 29% mothers lives in nuclear family. The mothers who came from nuclear family has less knowledge on technique, position, baby care than mothers from joint family.

In this study residential area of mothers is categorized by urban, rural, slum area 51% of the mothers came from urban area, 42% of the mothers came from rural area and 7% of the mothers came from slum area. So the highest number of mothers came from urban area.

In this study 100 mothers was asked to have any idea about exclusive breast feeding. Most of the mothers (82%) gave positive answer but (18%) said they have no good idea or knowledge about exclusive breast feeding. (Worldege brief et al 2008) found 92% mothers have the knowledge regarding exclusive breast feeding among women.

In this study 100 mothers were asked when they would like to start breast feeding after the birth of baby. 63 mothers (63%) said that should be given feed as soon as possible after birth. 21 mothers (21%) said that baby should be given breast feeding 6 hours after the delivery of the baby. 11 mothers (11%) given their opinion that 12 hours after delivery is the appropriate way of providing breast feed. 5 mothers (5%) said that appropriate starting time for breast feeding starting 24 hours after delivery. Breast feeding initiation and determinants (2008) in urban population in western Nepal found that breast feeding initiation rate at first hours is 66%.

Majeda Khatun, 2012 found that 85% respondent gave the correct answer regarding colostrums. In this study 82% mothers' know the colostrums. This rate is increased due to educational status of women, available health care facilities and breaking down the superstition among the mothers.

In this study 100 mothers were asked about exclusive breast feeding and milk, 77 mothers (77%) said that breast milk is the best food for the baby. 13 mothers' (13%) said that Breast milk with water. 10 mothers' (10%) given their opinion that they should give Breast milk with food, but Worldege brief in 2010 almost 90 mothers' considered human milk is the best milk for baby for their childhood growth compared to cow milk or artificial milk.

Table shows that most of the mothers (53%) gave correct answer in case of nutrition protein which significantly help for baby's growth and development, fat and vitamin presence in the breast milk. (9%) of the mothers expressed they had no knowledge. About (30%) of the mothers said breast milk contained only vitamin and (8%) of the mothers' said breast milk contained only minerals. Kumar et al, 2012 found that 41% mothers had knowledge that breast feeding help in proper growth of children and fight against infection and 59% mothers knew that breast feeding provide nutrition for baby.

This figure shows that about 50% of the mothers' given their opinion that complementary feeding should be given after the 6 months of age. 30% of the mothers said that complementary feeding should start after the 12 months of age. 15% of the mothers' said that complementary feeding should start after the 1 year of age. 5% of the mothers' have said that complementary feeding should start after 2 years of age. It was observed that 62% of the mothers' aware that weaning food should start from 4-6 months (Mohd. Shafee et al, KAP study of weaning practice).

Limitations:

There might be a number of limitations in this study. First of all, the result of the study cannot be generalized to the whole population of pregnant women in Bangladesh as the samples were collected only from Dhaka Medical College & Hospital. This Study finding may not be utilized to represent the whole country as the sample size was small and chosen purposively for fulfilling academic requirement. Due to time constraint and financial limitation selected of the respondents were purposive selected. As most of the respondents mothers were from rural household so it was very difficult to collect information through questionnaire survey. The respondents were very reserved and felt shy telling about breast feeding. Relevant data was not available.

It was realized that millions of children die worldwide each year because of faulty or no knowledge regarding the benefits of exclusive breast feeding and initiation of proper weaning at the correct time. These sufferings were unnecessary and preventable. Mothers' were not properly aware about exclusive breast feeding but a disparity was observed between their perception and practice. Despite the efforts of health policy makers, the result showed a situation that was not improving. There was an urgent need to expedite the use of proper weaning practice among the poor economic status and illiterate mothers' for the improvement of child health through various information media. An informal program about exclusive breast feeding should be designed to mothers' awareness and to improve their knowledge and correct their misperception and remove all kind of superstition about the issue in to the community. It was better to continue breast feeding along with weaning up to two years which may be considered as a key component of all work (literature, program or research) on weaning. It was necessary to create awareness about child feeding practices especially colostrum and breast feeding practice among the mothers. Traditional of home delivery rather than attending a health care center or hospital for child birth are still common practice, which loses opportunity for the mothers to receive proper exclusive breast feeding advice from health care provider.

Recommendation:

On the basis of findings of the present study following recommendations are put forwards. Health care team members should be arranging some special training for newly mother and pregnant women's care. Awareness program regarding pregnant women should be arranged by health care agency & organization. National level survey can be conducted to know the exclusive breast feeding is needed to raise awareness among pregnant women. It would be better to have an arrangement for counseling of the pregnant women to preparation of exclusive breast feeding. There exists a need for awareness campaign on the provision of colostrum. Mothers' should be informed about the benefits of exclusive breast feeding and colostrum recurrently that their practice. A detail study is needed to be undertaken the reasons behind and to understand the co- relationship between exclusive breast feeding practice knowledge and educational level of mothers.

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Appendix-I: Informed Consent (Bengali)

সম্মতিপত্র

আস&সালামুয়ালাইকুম/ নমস্কার,

আমি হাবিবুর রহমান এই গবেষণা প্রকল্পটি –সি আর পি নার্সিং কলেজে পরিচালনা করছি যা আমার ৪র্থ বর্ষ বি এস সি ইন নার্সিং কোর্সের অধিভুক্ত। আমার গবেষণার শিরোনাম হল - “ **ঢাকা মেডিকেল কলেজ ও হাসপাতালের স্ত্রীরোগবিদ্যা বর্ধিবিভাগে উপস্থিত নারীদের মধ্যে নিয়মিত দুগ্ধদান সম্পর্কে জ্ঞান**” আমি নিয়মিত দুগ্ধ দান সম্পর্কিত মাতৃস্বকালীন জ্ঞান সম্পর্কে কিছু ব্যক্তিগত এবং অন্যান্য সম্পর্কিত প্রশ্ন সম্পর্কে আপনার কাছে জানতে চাই। এটি প্রায় ১৫- ২০ মিনিট লাগবে।

আমি আপনাকে অবগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্য কোন উদ্দেশ্যে ব্যবহৃত হবে না। এই গবেষণায় আপনার অংশগ্রহণ বর্তমান কর্মস্থলে কোন প্রকার প্রভাব ফেলবে না। আপনি যেসব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছাপ্রণোদিত এবং আপনি যেকোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন এছাড়াও কোন নির্দিষ্ট প্রশ্ন অপছন্দ হলে উত্তর না দেয়ার এবং সাক্ষাৎকারের সময় কোন উত্তর না দিতে চাওয়ার অধিকারও আপনার আছে।

এই অধ্যয়নে অংশগ্রহণকারী হিসেবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা এবং আমার সুপারভাইজার মোহাম্মদ মিল্লাত হোসাইন, সহকারী অধ্যাপক এবং এম এস সি ইন রিহ্যাবিলিটেশন সাইন্স এর সমন্বয়কারী, বিএইচপিআই, সিআরপি, সাভার, ঢাকা-তে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে কি আপনার কোন প্রশ্ন আছে ?

সুতরাং আমি আপনার অনুমতিতে এই সাক্ষাৎকার শুরু করতে পারি ?

হ্যাঁ না

১। অংশগ্রহণকারীর স্বাক্ষর ও তারিখ _____

২। উপাত্ত সংগ্রহকারীর স্বাক্ষর ও তারিখ _____

৩। গবেষকের স্বাক্ষর ও তারিখ _____

Appendix-II: Informed Consent (English)

Assalamualaikum/Namasker,

I am Habibur Rahman 4th year B.Sc. in Nursing, student at CRP Nursing College. I am conducting this study for a Bachelor project study titled “**Assessment of Knowledge about Exclusive Breast Feeding among Pregnant Women attending at Gynecological Out Patient Department in Dhaka Medical College & Hospital**” I would like to know about some personal and other related questions about your exclusive breast feeding knowledge. This will take approximately 15 - 20 minutes.

I would like to inform you that this is a purely an academic study and will not be used for any other purposes. Your participation in the research will have no impact on your present or future treatment. All information provided by you will be treated as confidential and in the event of any report or publication it is ensured that the source of information remains anonymous. Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview. I am conducting this study project under supervision of Muhammad Millat Hossain, Assistant Professor & Coordinator of M.Sc. in Rehabilitation Science, BHPI.

I anticipate your cordial co-operation in this study project. If you kindly permit I would like to start.

So may I have your consent to proceed with the interview?

YES

NO

Signature of Participant & Date.....

Signature of Data collector & Date.....

Signature of Researcher & Date.....

Appendix-III: Bengali Questionnaire

প্রশ্নমালা

কোড নং :

তারিখ :

ক) সামাজিক- ভৌগলিক তথ্য:

নির্দেশ : উপযুক্ত বক্সের ডান পার্শে টিক চিহ্ন (✓) এবং ফাঁকা স্থানে আপনার মতামত পেশ করুন।

১) তথ্যদানকারীর নাম :.....

২) বয়স.....বছর

৩) ধর্ম : ইসলাম হিন্দু বৌদ্ধ খ্রিস্টান

অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

৪) বৈবাহিক অবস্থা : স্বামীর সহিত বসবাস পৃথক বসবাস তালাক প্রাপ্ত

৫) শিক্ষাগত যোগ্যতা : অশিক্ষিত ৫ম শ্রেণী পাশ এস.এস.সি এইচ.এস.সি পাশ

অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

৬) মায়ের পেশা : গৃহিনী চাকুরী দিনমজুর ব্যবসায়

অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

৭) মায়ের বাসস্থান : গ্রামে শহরে বস্তিতে শহরের নিকটে

৮) আপনার অর্থনৈতিক অবস্থা কেমন বলে মনে করেন: সন্তোষজনক সন্তোষজনক নয় ভাল

৯) আপনি কোন ধরনের পরিবারে বসবাস করেন : একক পরিবারে যৌথ পরিবারে

খ) জ্ঞান বিষয়ক তথ্য :

নির্দেশ : উপযুক্ত বক্সের ডান পার্শে টিক চিহ্ন (✓) এবং ফাঁকা স্থানে আপনার মতামত পেশ করুন।

১) শুধুমাত্র মায়ের বুকের দুধ খাওয়ানো সম্পর্কে আপনার ধারণা আছে কি? হ্যাঁ না

২) যদি উত্তর হ্যাঁ হয়, তাহলে সেটা কি ?

প্রথম ৬ মাস শুধুমাত্র বুকের দুধ বুকের দুধের সাথে পানি বুকের দুধের সাথে মধু

প্রথম ১২ মাস শুধুমাত্র বুকের দুধ অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

৩) আপনি কি বুকের দুধ খাওয়ানো সম্পর্কে কোন স্বাস্থ্য জ্ঞান পেয়েছেন? হ্যাঁ না

৪) যদি হ্যাঁ হয়, তাহলে আপনি কোথায় থেকে পেয়েছেন ?

টেলিভিশন বা বেতার অনুষ্ঠান স্বাস্থ্যকর্মী মা ও শিশুকল্যাণ কেন্দ্র

অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

৫) আপনি কি বুকের দুধ খাওয়ানো শুরু করার সময় সম্পর্কে জানেন? হ্যাঁ না

- ৬) প্রসবের পর কখন বুকের দুধ খাওয়ানো শুরু করা উচিত বলে মনে করেন ?
 যত তাড়াতাড়ি সম্ভব ৬ ঘন্টা পর ১২ ঘন্টা পর ২৪ ঘন্টা পর
 অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ৭) শালদুধ সম্পর্কে আপনার ধারণা আছে কি ? হ্যাঁ না
- ৮) যদি হ্যাঁ হয়, তাহলে লিখুন.....
- ৯) আপনি কি বিশ্বাস করেন যে, শালদুধ নবজাতকের প্রথম টীকা হিসেবে কাজ করে ? হ্যাঁ না
- ১০) শালদুধ নবজাতকের জন্য কেন প্রয়োজন ?
 রোগ প্রতিরোধের জন্য স্বাস্থ্য বৃদ্ধি ও উন্নতির জন্য মানসিক প্রশান্তির জন্য বাচ্চার কান্না থামানোর
 জন্য অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১১) কত দিন পর্যন্ত বুকের দুধ খাওয়ানো চালিয়ে যাওয়া উচিত বলে মনে করেন ?
 মাস/..... বছর
- ১২) কোন খাদ্যটি নবজাতক শিশুর জন্য সবচেয়ে ভাল ?
 বুকের দুধ গরুর দুধ রান্না করা খাবার কোঁটার দুধ
 অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন
- ১৩) শুধুমাত্র মায়ের বুকের দুধ খাওয়ানোর উপকারিতা গুলো কি ?
 তাৎক্ষণিক সহজলভ্য সহজে প্রক্রিয়া যোগ্য টাকার প্রয়োজন হয় না সতেজ এবং
 স্বাস্থ্যসম্মত অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১৪) বুকের দুধে কোন ধরনের পুষ্টি উপাদান আছে ? শুধুমাত্র ভিটামিন শুধুমাত্র খনিজ উপাদান আমিষ, চর্বি এবং
 ভিটামিন অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১৫) আপনি কি বুকের দুধ খাওয়ানোর সঠিক পদ্ধতিটি জানেন ? হ্যাঁ না
- ১৬) যদি উত্তর হ্যাঁ হয়, তাহলে নিচের কোনটা সঠিক ? দুধের সম্পূর্ণ কালো অংশটি মুখের ভেতর দেয়া আংশিক
 মুখের ভেতর দেয়া অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১৭) বাচ্চাকে বুকের দুধ খাওয়ানোর সঠিক অবস্থান কোনটি ? বাচ্চার পাশে শোয়া বসে খাওয়ানো মায়ের সুবিধা
 অনুযায়ী অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১৮) দিনে সর্বনিম্ন কতবার বুকের দুধ খাওয়ানো উচিত ? ৫ বার ১০ বার ২০ বার
 অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....
- ১৯) বাচ্চার মায়ের জন্য কোন ধরনের পুষ্টির দরকার ?

আমিষ সমৃদ্ধ খাবার আয়রন সমৃদ্ধ খাবার ক্যালসিয়াম সমৃদ্ধ খাবার মিনারেল সমৃদ্ধ খাবার
অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

২০) নিচের কোন পদ্ধতিটি দুধ নিঃসরণে সহায়তা করে? স্তনে ঠান্ডা ছেকা নেয়া কিছুক্ষণ হাটা বাচ্চাকে দিয়ে বার
বার স্তন চোষানো অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

২১) বুকের দুধ খাওয়ালে আপনার শারীরিক গঠনের উপর খারাপ প্রভাব বলে মনে করেন কিনা? হ্যাঁ না যদি হ্যাঁ হয়,
তাহলে কি প্রভাব পরতে পারে

২২) কখন থেকে বুকের দুধের পাশপাশি শিশুকে পরিপূরক খাবার দেয়া উচিত?
৬ মাস পর ১২ মাস পর ১ বছর পর ২ বছর পর
অন্যান্য যদি অন্যান্য হয়, তাহলে লিখুন.....

Appendix-IV: English Questionnaire

Code:

Date:

Part- A : Socio-Demographic information

Direction: Please give tick on the appropriate box and specify your answers in the space provided.

1. Name
2. Age years .
3. Religion: Muslim Hindu Buddhist Christians
Others If others, mention
4. Marital Status: Living with husband Separate Divorced
5. Educational status: Illiterate Primary school pass S.S.C pass
H.S.C pass Above If above, mention.....
6. Occupational status: Housewife Service holder Day labor Others
If others, mention
7. Residential area : Urban Rural Semi- urban Slum area
8. What is your opinion about your economic status?
Good Satisfactory Not satisfactory
9. Types of your family: Nuclear Joint family

Part- B : Knowledge Based information

Direction: Please give tick on the appropriate box and specify your answers in the space provided.

1. Do you have any idea about exclusive breast feeding? Yes No
2. If yes, What it is ?
Only breast milk up-to 6 months Breast milk with water
Breast milk with food Breast milk for 12 months
Others If others, mention
3. Did you get any health education regarding breast feeding? Yes No
4. If yes, Sources of breast feeding education?

- TV or Radio programs Health personnel Maternal and Child health center Others If others, mention.....
5. Do you know about starting time of breast feeding? Yes No
6. If yes, when should start breast feeding after delivery?
 As soon as possible after birth 12 hours after delivery
 24 hours after delivery Others If others, mention
7. Do you have any idea about colostrums? Yes No
8. If yes, what do you mean colostrums?
 1st secretary breast milk Yellowish coloration breast milk Brownish coloration breast milk Others If others, mention.....
9. Do you believe Colostrums works as a first vaccine of a newborn baby?
 Yes No
10. Why colostrums is needed for the newborn baby?
 For immunity For growth and development For mental satisfaction For stop baby's cry Others If others, mention.....
11. How long breast feeding should be continued? Up-to...Months/Up-to ...years.
12. Which food is best for newborn baby?
 Breast milk Cow's milk Cooked food Bottle feed Others If others, mention.....
13. What are the benefits of breast feeding?
 Immediate available Easy to processing Economical no needed Fresh & healthy Others If others, mention
14. What type of nutrition present in breast milk?
 Only vitamins Only minerals Protein, fat and vitamin
 Others If others, mention.....
15. Do you know the technique of breast feeding? Yes No
16. If yes, which is the correct from the followings?
 Complete areola in mouth Partial areola in mouth Others
 If others, mention

17. What is the best position for mother while feeding?
 Side lying Siting position Mothers comfortable Others
 If others, mention.....
18. At least, how many times breast feed can be given during, day time?
 5 times 10 times 20 times Others If
 others, mention.....
19. What type of nutrition is best for lactating mothers?
 Protein rich diet Iron rich diet Calcium rich diet Mineral rich diet
 Others If others, mention.....
20. What are the methods improving the secretion of breast milk?
 Cold compress on the breast Walking before breast feeding Press in
 the breast Others If others, mention.....
21. Do you think, Breast feeding to a baby will bad impact on your physical structure?
 Yes No
 If yes, What bad impact may occurs
22. When should start complementary feeding with breast feeding?
 After 6 months After 12 months After 1 year After 2 years
 Others If others, mention

Appendix-V: Permission Letters

October 18, 2017

The Nursing Superintendent

Dhaka Medical College & Hospital, Dhaka

Through: Principal, CRP Nursing College, CRP Savar, Dhaka-1343.

Subject: Seeking permission for data collection to conduct my study project.

Madam,

With due respectfully to state that, I am Habibur Rahman, 4th year B.Sc.in Nursing student at CRP Nursing College, under Faculty of Medicine, University of Dhaka. I have to conduct a study project on “**Assessment of Knowledge about Exclusive Breast Feeding among Women attending at Gynecological Out Patient Department in Dhaka Medical College & Hospital**” under honorable supervisor, Muhammad Millat Hossain, Assistant Professor & Coordinator of M.Sc. in Rehabilitation Science, BHPI. This study project is a partial fulfillment of the requirement for the degree of B.Sc. in Nursing. I want to collect research data for my study project at Gynae Out Patient Department of Dhaka Medical College & Hospital (DMCH).

So I need your permission for data collection from Gynae Out Patient Department. I would like to assure that anything of my study will not be harmful for the participants.

I therefore, pray and hope that you would be kind enough to grant my application and give me the permission for data collection and oblige thereby.

Sincerely yours

Habibur Rahman

Habibur Rahman

4th year B.Sc. in Nursing

Session: 2013-2014

Roll: 13

CRP Nursing College

CRP- Chapain, Savar, Dhaka- 1343.

Forwarded
Permission
for data
collection.
Alowudhury.

Zunnu Chowdhury
Principal
CRP Nursing College
RP, Chapain Savar

Forwarded &
Recommended
for permission
Muhammad Millat Hossain
21/10/2017
Assistant Professor
Project & Course Coordinator
Dept. of Rehabilitation Science
BSP, CRP, Dhaka-1343, Bangladesh



সিআরপি নার্সিং কলেজ

CRP NURSING COLLEGE

(An Academic Institute of CRP)

P.O: CRP-Chapain, Savar, Dhaka-1343, Tel: 7745464-5, Ext-260, Fax: 7745069, E-mail: contact@crp-bangladesh.org, Web: www.crp-bangladesh.org

Ref: ২৪৩ - সিআরপি - এর সি

Date: ০৯.১০.১৭

বরাবর,
পরিচালক
ঢাকা মেডিকেল কলেজ ও হাসপাতাল,
ঢাকা।

বিষয়ঃ বিএসসি ইন নার্সিং কোর্সের ৪র্থ (সেশনঃ ২০১৩-২০১৪) বর্ষের ছাত্র-ছাত্রীদের গবেষণা কাজে তথ্য সংগ্রহের অনুমতি প্রসঙ্গে।

মহোদয়,
আপনার সদয় জ্ঞাতার্থে অবগত করছি যে, সিআরপি নার্সিং কলেজ ঢাকা বিশ্ববিদ্যালয়ের অধীনে বিএসসি-ইন নার্সিং কোর্স পরিচালনা করে আসছে। কোর্স কারিকুলামের অংশ হিসাবে অত্র প্রতিষ্ঠানে অধ্যয়নরত ছাত্র-ছাত্রীদের গবেষণা কাজে বিভিন্ন হাসপাতাল ও স্বাস্থ্যসেবায় নিয়োজিত প্রতিষ্ঠানসমূহ থেকে তথ্য সংগ্রহ, গবেষণা ও প্রতিবেদন প্রস্তুত করা বাধ্যতামূলক। এজন্য তাদের যথাযথ গবেষণা ও প্রতিবেদন তৈরির সুবিধার্থে বিভিন্ন ধরনের জেনারেল হাসপাতাল থেকে তথ্য সংগ্রহ করা অত্যন্ত প্রয়োজন।

তাই আমরা অত্র প্রতিষ্ঠানের ৪র্থ বর্ষের মোট ৯ জন ছাত্র-ছাত্রীকে আগামী ১১.১১.২০১৭ থেকে ১৬.১১.২০১৭ তারিখ পর্যন্ত আপনার মেডিকেল কলেজ ও হাসপাতালে তথ্য সংগ্রহের জন্য পাঠাতে অগ্রহী।

অতএব, আপনাকে এ ব্যাপারে প্রয়োজনীয় অনুমতি প্রদানের জন্য সর্বিনয় অনুরোধ করছি।

ধন্যবাদান্তে-

রুনা চৌধুরী
অধ্যক্ষ
সিআরপি নার্সিং কলেজ
CRP-Chapain, Savar, Dhaka-1343

সংযুক্তিঃ

১. স্ব-স্ব ছাত্র-ছাত্রীর পক্ষ থেকে আবেদন।
২. গবেষণা বিষয় সহ নামের তালিকা।

অনুলিপিঃ

১. নার্সিং সুপারিনটেনডেন্ট, ঢাকা মেডিকেল কলেজ ও হাসপাতাল, ঢাকা।
২. নার্সিং সুপারভাইজার, ঢাকা মেডিকেল কলেজ ও হাসপাতাল, ঢাকা।
৩. অফিস সহকারী, ঢাকা মেডিকেল কলেজ ও হাসপাতাল, ঢাকা।



CRP-Mirpur, Dhaka, Plot: A/5, Block- A, Section- 14, Mirpur, Dhaka- 1206, Tel: 02 9025562-4, Fax: 02 9025561, Email: dgm-mirpur@crp-bangladesh.org. CRP-Ganakbari, P.O: Bolibadro, Sreepur, P.S: Ashulia, Savar, Dhaka, Tel: 02 7789227, Email: ganakbari@crp-bangladesh.org. AK Khan CRP- Chittagong, Kalurghat, Mohra, Chadgaon, Chittagong, Tel: 031- 2573412, Email: chittagong@crp-bangladesh.org. Afsar Hussain CRP- Rajshahi, House no: 11, Mohishbathan, Rajshahi Court Rajpara, Rajshahi, Tel: 0721 771709, Email: rajshahi@crp-bangladesh.org. CARSA Foundation- CRP, Barisal, 12 Gonopara, Barisal Sadar, Barisal, Phone: 0431 71556, Email: barisal@crp-bangladesh.org. CRP- Moulvibazar, 836 Sayed Muztaba Ali Road, Poschim Bazar, Tel: 0861 52469, E-mail: moulvibazar@crp-bangladesh.org
As a donor to CRP you qualify for a tax rebate as the Government of Bangladesh have approved CRP as a Philanthropic Institution from February 2008

Requesting for Research Permission from DMCH

List of Students

SL	Name	Research Title
1	Rubel Rana	Factors Associated With Maternal Anaemia among Pregnant Women in Selected Hospital at Dhaka.
2	Tonmoy Pasha	Assessment of Nutritional Knowledge of Pregnant Women in Selected Hospital in Dhaka City.
3	Kamrul Hasan	Prevalence of Low Back Pain and its Associated Factors among The Nurses of a Selected Hospital in Dhaka.
4	Mst. Ayesha Siddika	Psychological Status of Breast Cancer Patient at DMCH
5	Jinat Ara	Perception of Family Planning Methods among Lactating mothers at Postnatal Period at Selected Hospital.
6	Md. Abdur Rohit	Level of Awareness of Hospital Acquired Infection (HAIs) among Nurses Staff of Selected Hospital.
7	Habibur Rahman	Assessment of Knowledge about Exclusive Breast Feeding among Pregnant Women Attending at Gynecological Out Patient Department in Dhaka Medical College & Hospital
8	Mehedi Hasan Nazmul	Characteristics of Burn Injury among Patient Attended in Burn Unit of DMCH
9	Umme Salma	Common Pregnancy Related Health Problems Experienced by Pregnant Women at Selected Hospital in Dhaka.

Runu Chowdhury
01-11-17
Runu Chowdhury
Principal
CRP Nursing College
CRP-Chapain Saver, Dhaka-12.

Appendix-VI: IRB Form



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref.

Date: 18/12/2017

CRP-BHPI/IRB/12/17/175

Habibur Rahman
4th year B.Sc. in Nursing
Session: 2013- 2014, DU Reg. No: 5380
CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal – “Assessment of Knowledge about Exclusive Breast Feeding among Pregnant Women attending at Gynecological Out Patient Department in Dhaka Medical College & Hospital.” by ethics committee.

Dear Habibur Rahman,

Congratulations,

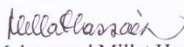
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application on August 10/08/2017 to conduct the above mentioned thesis, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

Since the study involves answering a close ended (questionnaire) that takes 10 to 15 minutes, have no likelihood of any harm to the participants, the members of the Ethics committee has approved the study to be conducted in the presented form at the meeting held at 08:30 AM on August 20/08/2017 at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,


Muhammad Millat Hossain
Assistant Professor, MRS
Member Secretary,
Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন : ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স : ৭৭৪৫০৬৯

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