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## RESEARCH ARTICLE

### EXPLORE THE EXPERIENCE OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS - A PHENOMENOLOGICAL APPROACH

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#### ABSTRACT

**Aim:** To explore the experience of exclusive breastfeeding among mothers. **Design:** A qualitative phenomenological research design using reflexive thematic analysis **Methods:** Using an interview guide that included 60 open-ended questions, ten exclusive nursing women participated in semi-structured, in-depth interviews. **Results:** Participants described their experience of exclusive breastfeeding which led to the identification of three themes and different patterns. The themes and its patterns covered the experience of exclusive breastfeeding during third trimester of pregnancy, experience of exclusive breastfeeding during puerperium, and, experience of exclusive breastfeeding after puerperium until six months. **Conclusion:** This phenomenological study examines the experience of exclusively breastfeeding mothers, uncovering the intricate and personal aspects of this journey. Through in-depth interviews and analysis, the study shed light on the significant implications of exclusive breastfeeding from physical, emotional, and societal perspectives. Comprehensive support systems offer accurate information and encouragement, particularly during the crucial initiation and maintenance stages of exclusive breastfeeding, which span the first six months. The results emphasized the importance of comprehensive support systems, solutions to barriers, and fostering a nurturing environment for mothers. It was evident that women's success with exclusive breastfeeding was significantly influenced by the type and timing of support provided. Ultimately, healthcare professionals and policymakers need to create targeted interventions and policies that support effective breastfeeding practices, thereby enhancing the health and well-being of both mothers and infants.

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## INTRODUCTION

Breastfeeding is the most divine gift of God to the human being; therefore, breastfeeding is the birthright of every neonate. It is essential for child survival, nutrition and development, and maternal health. Breastfeeding is an unequalled way of providing ideal food for infants' healthy growth and development; it is also an integral part of the reproductive process with significant implications for the mother's health. It promotes a healthy mother-child relationship and provides immunological benefits to the baby throughout its life. Reduce the mother's risk of developing breast cancer, ovarian cancer and osteoporosis. (Magon S, 2021). Exclusive breastfeeding means giving the baby only breast milk until the baby is six months old. No supplemental feeds such as water, tea, juice, or herbal products are necessary as breast milk is sufficient in quantity and nutritional composition to meet the baby's needs at all times. Breastfeeding exclusively reduces infant mortality due to common childhood illnesses and helps with quick recovery. (Sharma J B, 2020)

## BACKGROUND

The fifth round of National Family Health Survey data shows improvement in exclusive breastfeeding, with 16 states and union territories reporting an increase. Andaman and Nicobar Islands, Assam, Bihar, Dadra and Nagar Haveli and, Daman & Diu, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Ladakh, Lakshadweep, Maharashtra, Meghalaya, Mizoram, Telangana, and West Bengal are among them. Maharashtra has reported an increase of 14.4 percent in exclusive breastfeeding, whereas Sikkim has recorded a decline of 26.3 percent. (Jagtap S, 2020). A study investigated breastfeeding practices in India. According to a meta-analysis, breast feeding has remained a less than desirable practice, particularly in developing countries such as India. Over a ten-year period, India's institutional conveyance rates increased significantly, from 38.7% in the third round of the national family health survey to 78.9% in the fourth round of the national family health survey. Nonetheless, nearly half of all children under the age of six months (45.1%) are not exclusively breastfed. According to the fourth round of the national family health survey, 21% of infants receive prelacteal feeds, and about 22% are born with low birth weight and require additional assistance.

Prelacteal feeds are widely practiced in India, particularly in rural areas. Many institutional deliveries in India occur in private hospitals, and infant formula is commonly used in these facilities. (Sharma *et al.*, 2021)

## Aim

The aim of this study was to explore the experience of exclusive breastfeeding during the third trimester of pregnancy, the experience of exclusive breastfeeding during puerperium, and the experience of exclusive breastfeeding after puerperium until six months.

## Research questions

- What is the experience of exclusive breastfeeding during the third trimester of pregnancy?
- What are the experiences of exclusive breastfeeding during puerperium?
- What are the experiences of exclusive breastfeeding after puerperium until six months?

## METHODS AND METHODOLOGY

**Design:** Adopted a qualitative approach to explore the experience of exclusive breastfeeding among mothers. Brief demographic data were gathered before in-depth interviews combining semi-structured and open-ended questions. A conversational interview style was adopted with prompts to ensure consistency across participants.

**Study setting and recruitment:** In this study, the sample size consisted of 10 participants. The participants were selected from the village of Padmanabhapuram Municipality in Kanyakumari district and gave exclusive breastfeeding for six months. The investigator adopted a purposive sampling technique to select 10 exclusive breastfeeding mothers. Exclusion criteria included those who were not willing to participate in this study.

**Data collection and management:** A concise self-introduction about the investigator and a meticulous explanation regarding the purpose of the study were given to the participants. The investigator obtained written informed consent from the participants and assured them that their responses would be kept confidential. Throughout the data collection process, strict ethical principles were followed. An in-depth interview technique was used to collect the data and the generated information are stored independently. The investigator used an interview guide and handwritten notes to conduct a direct, in-depth interview. The investigator asked 60 open-ended questions. The participants discovered their information through the story-telling method, and an audio recorder was also used to record the information. The investigator approached the participants at their own residence based on their convenience of time and work schedule. All 10 participants had given investigator appointments for their next conference. Each meeting would last approximately one hour and thirty minutes. The interview process continued until the participants had fully described their experience and could provide no further information to the investigator. This ensured that the data had reached the saturation point. The investigator achieved saturation of data with six in-depth interviews with the participants.

**Ethical considerations:** The study was conducted after obtaining ethical approval from the institutional ethics committee of St. Xavier's Catholic College of Nursing. (Reference Number 4478/NC/2011). Anonymity was assured using codes in the analysis and reporting stages. Data were stored in password-protected files on the servers.

**Data analysis:** Following data collection, the investigator comprehends, carefully listens to the data twice, and transcribes it in English. According to the peer review method, this was established.

The investigator avoided premature analysis by immediately analyzing the early interview. The investigator contacted each participant to clarify the information. The investigator maintained files, codes, and retrieved data in a system for data analysis. The researcher adopted Colaizzi's method for data analysis.

## RESULTS

**Participant descriptors:** The investigator recruited participants from Padmanabhapuram municipality in Kanyakumari district. According to age, 2 (20%) were between 18-22 and 28-33 years of age, and 6 (60%) were between 23 and 27 years of age. With regard to education, 1(10%) completed secondary school education, 7(70%) were graduates, and 2(20%) were post graduates. According to occupation, all participants were not working. Analyzing the type of family, 6(60%) belong to a nuclear family and 4(40%) belong to a joint family. With regard to religion, 7(70%) were Hindu, 1(10%) were Muslim, and 2(20%) were Christian. Considering the diet, all participants had a mixed diet. 3(30%) were of normal weight, and 7(70%) were overweight. During the six-month period, participants received 4(40%) of their support from their mother and 2(20%) from their sister, spouse, and grandmother. Among 3(30%) had knowledge from family members, 5(50%) from healthcare professionals, and 2(20%) from the mass media.

**Themes:** The investigator identified three themes and their related patterns across interview data from exclusively breastfeeding mothers.

**Theme 1:** Experience of exclusive breastfeeding during third trimester of pregnancy

### Physiological experience

#### Breast preparation

Awareness of exclusive breastfeeding

*"I attended a seminar at the primary health centre in Padmanabhapuram where we were instructed on proper feeding techniques for babies".*

*"My university degree was in nutrition and dietetics. Therefore, I focused much of my research on infant feeding techniques and appropriate food types".*

Health Professionals

*"In accordance with my doctor's advice, I exclusively breastfed my baby for 6 months before introducing solid foods as it is the best way to nourish a baby".*

Family

*"My mother instructed me to solely breastfeed the baby as it was the ultimate source of nutrition".*

*"I received advice on the significance of breastfeeding from both my sister and neighbors".*

Friends

*"During my pregnancy, my friends and myself discussed the subject of breastfeeding. I asked them about their personal experiences and how long they had opted to nurse their infants. Some of them said that they had only breastfed for a brief amount of time. After weighing all the information, I preferred to breastfeed my newborn for at least six months".*

## Mass media

*"I have read and watched a lot of doctor interviews where they talk about how to deal with infants and babies appropriately. These experts offer helpful advice on how to interact with babies in order to understand their requirements".*

*"When I was seven months pregnant, several people suggested that the best way to keep a baby healthy is to breastfeed, so I looked up for breastfeeding-relation information on a lot of websites and YouTube videos".*

## Diet

*"To ensure good lactation, I prioritized consuming foods like sprouts and spinach during my pregnancy".*

*"I was recommended to drink warm milk mixed with garlic during my last six months of pregnancy to increase lactation. Therefore, I made sure to consume this mixture every night".*

## Breast care

*"During my pregnancy, my sister-in-law advised me to apply oil and massage the nipple while taking a hot bath, although it took me some time to implement it fully and started on it only after seven months".*

*"After the seventh month of my pregnancy, I daily rubbed oil onto my nipples to facilitate easier breastfeeding for the infant".*

## Psychological readiness

### Positive attitude toward breastfeeding

*"It brought me delight to know that everyone recommends mother's milk as the best source for infants' nourishment".*

*"My body lacks immunity because I wasn't nursed when I was an infant, so I made the decision to exclusively breastfeed my child".*

### Anxiety toward the adequacy of breast milk

*"I was concerned about being able to breastfeed my child because it seems like a lot of people these days have trouble with milk secretion".*

*"Every time baby sobbed, I got the impression that the milk might not have been enough for her".*

## Themes 2: Experience of exclusive breastfeeding during puerperium

### Initiation of breastfeeding

#### Colostrum

*"Some people advice against feeding colostrum milk to infants, but after researching and learning about its great nutritional value, I offered it to my new born".*

*"Due to the fact that a newborn must be fed within two hours after delivery to promote a healthier and stronger immune system, I fed my child with colostrum milk".*

#### Hours of initiation

*"In about an hour after normal delivery, my baby was brought to the room so I could breastfeed. As soon as I placed the baby near the nipple latched easily and began sucking immediately".*

*"At 6 p.m., I gave birth and half an hour later I was shifted to the intensive care unit. Within 10 minutes, the baby was brought in, and I breastfed her.*

## Support system

*"My mother is my greatest supportive".*

*"The nurse assisted me in breastfeeding my baby".*

*"The therapist demonstrated the proper posture by placing the pillow on lap and positioning the baby on top of it, and also explained about the nursing positions".*

## Position during breastfeeding

### Sitting position

*"From the very first day, I have only fed my baby in a sitting position".*

*"The day after delivery, when I woke up, I breastfed my baby in the sitting position".*

### Lying position

*"The nurse cautioned me not to feed the infant in lying-down position. If I did so, I was instructed to gently tug on his ears to prevent the milk from being aspirated into the lungs or causing the breast milk to drip into the ear".*

*"I refrained from feeding the baby in a lying-down position because I was concerned about the milk entering his nostrils".*

## Adequacy of breast milk

### Sucking response

*"The baby latched on and started to suckle immediately, but after a few minutes, she stopped as she encountered difficulty sipping effectively at first. However, after two attempts, she successfully latches and sucks before eventually falling asleep".*

*"The nurses at the hospital exerted significant effort to facilitate my baby's breastfeeding and help them latch and suckle milk".*

*"I was delighted by her self-sucking abilities".*

### Elimination of meconium and urine

*"My baby's meconium and urination occurred less than an hour after she was born".*

*"My baby urinated and defecated at 8:00 a.m. on the night of his birth".*

### Cry of baby

*"Initially, I was perplexed about the reason behind my baby's crying. I took her to the hospital, where the doctor diagnosed her with colic pain and gave me drops to help ease her discomfort. On the 40<sup>th</sup> day after her birth, my baby continued to cry incessantly, this left me panicked and anxious. However, my mother came to my aid and sang a lullaby to soothe my baby to sleep".*

*"At times, I am unsure as to why my baby is crying. To calm him, I gently place him on my shoulder, tap his back, and sing a lullaby till he goes asleep. If he happens to suffer from a stomach ache, I would provide him with gripe water and put him to sleep".*

## Emotional wellbeing during feeding

### Perception

*"I have observed that in certain cases, women who have undergone a caesarean section may not start producing milk immediately after giving*

birth. This caused me to worry due to my anemia, as I feared that insufficient blood supply might affect my ability to breastfeed”.

### Happiness

“Breastfeeding was a joyful experience for me, and I did not encounter any difficulties while feeding my baby. I felt relaxed when I breastfed her, and it was satisfying to know that her stomach was full and she was getting the nourishment she required”.

“Reminiscing back on those days, I am filled with happiness. Being able to nurture and care for my child provides me enormous joy and ecstasy”.

### Bonding and attachment

“I remember the moment when my baby first recognized me, it was on the 20<sup>th</sup> day. Every time she cried, I would comfort her by holding her close, and she would stop weeping. As time went on, I developed a strong emotional bond with my baby”.

“I recall a specific incident where my baby was crying in the midst of some family tensions, I fed her while tears welled up in my eyes, and it was in that heartfelt moment that I noticed tears accumulating in my baby’s eyes as well”.

### Satisfaction

“I was overjoyed that I had enough milk to feed my baby. It would be truly great if all mothers could experience the same and have enough milk to nourish their babies. However, it is important for them to take certain measures and follow steps to ensure adequate lactation”.

“I take great satisfaction in myself and feel confident that this feeding process will considerably increase my baby’s immunity in the future”.

### Breast complications

#### Inverted nipple

“Due to slightly inverted nipple, my baby had trouble latching properly. To remedy this, I summoned a nurse, who carefully massaged my nipple by gently pulling, twisting, and, releasing it until it protruded perfectly. As a result, the baby was able to latch onto the breast and consume breast milk successfully”.

“Initially, my nipple was not protruding outside, which made it difficult for my infant to latch and suckle properly. To fix this, I used a syringe to gently pull out the nipple. After doing so, my baby was able to latch on and successfully suckle breast milk”.

#### Breast engorgement

“After delivery, I used to consume pony fish while my baby exclusively nursed from one side of my breast. Unfortunately, this resulted in pain and swelling on the other breast, which caused me a lot of distress. I even developed a fever. Fortunately, my mother, aunt, and grandmother recommended me to undergo a hot massage and extract some milk from the affected side, as it was considered unsafe for the infant”.

“After delivery, during my hospitalization, I felt heaviness in my breast accompanied by pain. My mother came to my aid by buying a breast pump, which she used to assist in relieving the engorged breast. With the pump, I was able to express milk two to three times a day”.

#### Cracked nipple

“I experienced some discomfort and developed minor wounds on the tip of my nipple after the hospital discharge. The doctor prescribed me a cream to relieve the agony and informed me to use a nipple shield when nursing my baby after washing the breasts”.

“After two days of breastfeeding, my nipples became injured and began to bleed. This caused me significant pain and distress. Thus, the doctor provided me with an ointment to apply to the affected area”.

### Practice of exclusive breastfeeding

#### Acceptance

“As breast milk is known for its immune-boosting properties, I ensured to breastfeed my baby for a long period. Moreover, my baby primarily relies on breast milk and does not anticipate other foods”.

“Some mothers may be hesitant to breastfeed, but I am not one of them. My baby’s health is my top priority, and I believe that breastfeeding is the best way to ensure that”.

#### Support system

“Both my mother-in-law and husband were supportive”.

“My relatives, who work in the medical advised me to breastfeed my baby until she was two years old, and I intended to do so”.

#### Breastfeeding Frequency

“I fed my baby every two hours, even though I often felt sleepy. Eventually, as the baby grew older, I altered my routine to meet her demands, which meant that I fed her whenever hungry or uncomfortable. I would also feed her whenever she woke up and appeared agitated”.

“As a new mother, it is important to develop a feeding routine that meets the need of our baby. I received guidance from my mother to feed my baby every thirty minutes to prevent her throat from getting dry. I have adhered to this advice and prioritize feeding my baby whenever she wakes up from nap.

“I had to wait hours to feed the baby. If my baby hasn’t breastfed in more than three hours, I will gently wake her up and offer a feed. In addition, I devised a feeding pattern for myself and my baby by setting an alarm to wake up every three hours to nurse the baby at night”.

**Themes 3:** Experience of exclusive breastfeeding after puerperium until six months

### Expressed breast milk

#### Ejection

“During pregnancy I faced difficulty breastfeeding my baby. Fortunately, the hospital provided me with an electric breast pump including nipple shields. Using it was simple and painless, and it helped me to feed my baby adequately”.

“When I had breast engorgement, the nurse suggested using a breast pump, which I chose to try, and it provided minimal relief immediately”.

#### Device utility

“I used a breast pump and fed my baby continuously”.

“I only used the breast pump once, when I had an overabundance of milk in my breasts. I utilize the breast pump only in cases of emergency”.

#### Breast milk storage

“I never preserve milk because my baby typically drinks only two or three paladai of milk and gets full. However, I usually feed her within an hour of pumping to ensure freshness. If I am unable to feed her within that time frame, I discard the milk”.

*"The doctor recommended me to pump and preserve my breast milk in the refrigerator for up to six months. Instead I store it at room temperature".*

### **Breastfeeding in public places**

#### Religious places

*"On the first day to the temple, there was a large crowd which caused the infant to cry. I had no choice but to feed the baby".*

#### Family events

*"I wear feeding tops when I go to functions or gatherings with my baby".*

*"I took my baby to church for the baptism ceremony, and to our surprise, she didn't cause any trouble as we had anticipated. As soon as we returned home, I fed her and then took her to the community hall. I was dressed in a saree, so when the baby cried during the ceremony, it was easy for me to go feed her in a separate room".*

#### Travel

*"I frequently undertake long-distance travel to visit my mom's house. To ensure a convenient trip with baby, I make sure to wear comfortable tops that allow for easy breastfeeding".*

*"When we traveled to Bangalore, we had to rely on a car for transportation, which made me anxious because my child was only three months old at the time, and I was concerned about feeding her during the drive. However, I fed her only three times during the trip to comfort and nourish her".*

### **Growth & development**

#### Baby weight

*"My baby gained little weight and looked chubby".*

*"Consulting with doctors has taught me that it is advised to avoid giving infants extra food as they will gain weight at their own pace".*

#### Achievement of milestones

*"My baby gradually began to smile as an infant. She would turn herself around if we put her on the bed. By the third month, she started moving her tongue in a manner that resembled talking. Initially, she would turn to one side. Consequently, these are some of her early developmental milestones".*

*"Between the ages of 3 and 4 months, my baby achieved the milestone of turning and rolling over. She is now able to turn herself up and engage in active movements".*

#### Activity of baby

*"After I feed my baby, she becomes active and starts shaking her hands and legs, engaging in play. However, when she feels hungry again, she cries to indicate her need for milk".*

*"While feeding my baby consistently gazes at me with an affectionate look. He even laughs when I speak to him. This brings me immense joy and happiness".*

#### Sleeping pattern

*"During the initial 41 days everyone at home experienced significant hardship as my baby struggled to sleep at night. I had to stay awake and feed him frequently to keep him content, which caused lot of exhaustion and sleep deprivation".*

*"Initially, my baby had a good sleep pattern. However, her sleep duration significantly diminished over time. Currently, she sleeps for about two hours in the morning and afternoon, and for about six hours in the evening. She awakens when she is hungry".*

### **Problem faced by mother**

#### Sleeping disturbance

*"After delivery, I find myself getting tired rapidly and tend to rest for some time. Unfortunately, by the time I try to go to sleep, my baby starts to cry".*

*"After pregnancy, I had trouble falling asleep at night. This restless night resulted in postpartum insomnia, which led to stress".*

*"For the first three months, I struggled to obtain a good night's sleep as I would occasionally my baby to feed him, leaving me awake till 1 a.m.".*

#### Back pain

*"Whenever I feed I experience back pain, so I was given a hot water bath to ease my discomfort".*

*"I had prior back pain, which worsened after normal delivery, and I suffered tremendously".*

## **DISCUSSION**

The study aimed to explore the experience of exclusive breast feeding among mothers, and covers the experience of exclusive breastfeeding preparation during the third trimester of pregnancy, experience of exclusive breastfeeding during puerperium, and experience of exclusive breastfeeding after puerperium until six months. The study findings were supported by Theodorah D Z, Mc'Deline R N. (2021), who conducted a qualitative, descriptive, and contextual study on the type of support that is essential for exclusive breastfeeding in the Buffalo City metro area of South Africa. The research study selected 10 primi mothers using a purposive sampling technique. Data was collected through in-depth, face-to-face, semi-structured individual interviews. The findings demonstrate that professional, practical, and social support for primi mothers is vital to the initiation and maintenance of exclusive breastfeeding for the first six months. In another study, Kazmi *et al.* (2021) conducted a community-based cross-sectional survey on the prevalence and predictors of exclusive breastfeeding in urban slums in Bihar. They used a structured questionnaire to collect information from the 297 mothers, and a descriptive analysis was performed. The analysis revealed that only 23% of mothers initiate breastfeeding within 1 hour of delivery, and 27.6% practice exclusive breastfeeding for up to six months. The duration of the exclusive breastfeeding was found to be related to the mother's education level, with term babies being more likely to be breastfed exclusively for six months than preterm babies. Additionally, antenatal care visits and completion of immunizations were significantly related to the duration of exclusive breastfeeding. The majority of mothers acquire knowledge about exclusive breastfeeding through television, radio, and newspaper advertisements. Consequently, the prevalence of exclusive breastfeeding up to six months of age and early initiation of breastfeeding remain low in the slums of Bihar. One effective way to enhance maternal health outcomes is by providing education and counseling to mothers during their health facility contacts with primary care providers.

### **LIMITATION**

Data collection had a time constraint. The data had to be gathered with one month. Investigator worked hard to meet the deadline and collected all of the data on time. During the discussion, some participants found it difficult to open up and convey their emotions and opinions.

## CONCLUSION

This qualitative systematic review examines mothers' experiences with exclusive breastfeeding. Each mother had a different experience during the third trimester of pregnancy, the puerperium, and after puerperium until six months. To breastfeed exclusively, mothers need a support system comprising health professionals, family, friends, and the media. This study found that there is a lack of support during the third trimester of pregnancy for physiological preparation, during the puerperium, and after the puerperium up to six months. The results of the study showed that many mothers receive inadequate information and support during this period, thus jeopardizing the success of exclusive breastfeeding. As a result, it is essential to ensure that mothers receive quality education and support during this period to increase the chances of exclusive breastfeeding success. Although mothers have a positive attitude towards exclusive breastfeeding and are aware of its benefits, such as improved mother-child bonding, reduced infant illness, and a more active baby, there is still a need to educate and support mothers during antenatal and postnatal clinics to optimize the practice of exclusive breastfeeding.

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