BREASTFEEDING PERCEPTIONS, PRACTICES AND SUPPORT AMONG BANGLADESHI IMMIGRANT WOMEN LIVING IN FINLAND

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Master's thesis
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May 2020
Key words: Breastfeeding, mother, exclusive, family, workplace, healthcare, support

Breastfeeding is very important to study because it is the best nutritious feeding way for infants. It always needs to be promoted among mothers and society. The purpose of my study is to know the perceptions, practices and perceived support among immigrant Bangladeshi women in Finland. The study also observed the cultural impact in their perception, practice and support of breastfeeding.

This study was conducted using qualitative research method. Semi-structured face-to-face interviews were conducted among 10 interviewees in Kuopio and Tampere, Finland. The inclusion criteria of participants included that child was born in Finland, age of the children were between 0 to 4 years, and currently living in Finland. Mothers working in health-related sectors were excluded from the study. I recorded all the interviews using a recorder and translated them from Bangla to English. All the data were analysed using thematic content analysis. After analysing the data, 6 main themes and 24 subthemes revealed. These are: 1. Sociodemographic characteristics 2. Perception of breastfeeding (General perception about breastfeeding, the effect on infant’s health, effect on Mother’s health, and bonding between mother and child) 3. The practice of Breastfeeding (willingness to breastfeeding, /decision making, exclusive breastfeeding (EBF), reasons for breastfeeding and continuation, schedule of breastfeeding, the practice of complementary feeding, reasons to stop or discontinue breastfeeding, challenges related with breastfeeding (problems), the effect of mother’s diet on breastfeeding, religious issues in practice, the practice of breastfeeding in Bangladesh & their childhood, and breastfeeding in a public place). 4. Support from family (Influence on breastfeeding decision, Mental support, Issues in communication, shyness, Support from husband, and Lack of family support 5. Healthcare support (health professionals support, access, source of information (Health care and other channels of information), and comparison with Bangladeshi healthcare support) 6. Workplace support. Bangladeshi immigrant mother has strong positive perception towards breastfeeding. They think that breastfeeding is the best food considering the health benefits it poses on infant and mother. They have a high impact on their own culture and religious value over their breastfeeding practice, although EBF and breastfeeding continuation time did not follow the recommendation. Regarding the support part, they got enough assistance from their husband and mental support from their family members from Bangladesh. Health care professionals were very supportive. There were no difficulties to communicate with them. Working place supports are unrevealed in my study.

The study recommends prenatal and postnatal personal counseling incorporating mother’s cultural beliefs to improve the EBF and the continuation of breastfeeding up to the recommended level.
ABBREVIATIONS

BF- Breastfeeding
BFHI- Baby Friendly Hospital Initiative
BMI- Body Mass Index
CF- Complementary Feeding
CM- Community Mobilization
EBF- Exclusive Breastfeeding
EIBF- Early Initiation of Breastfeeding
GBS- Group B Streptococcal
IPC- Intensive Interpersonal Counseling
IYCF- Infant and Young Child Feeding
MM- Mass Media
SES- Socio Economic Status
UNICEF- United Nations International Children's Emergency Fund
WHO- World Health Organization
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1 INTRODUCTION

Breastfeeding is a natural and ideal feeding process for infants for their healthy growth and development. Based on well-established evidence, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend that breast milk should be given to a newborn after one-hour of birth. Exclusive breastfeeding (EBF) should be done for the six months as well as continue for two years or more besides the complimentary food (WHO 2003).

A couple of studies revealed that the early beginning (within one hour of birth) of human milk feeding decreases the chances of neonatal death (Edmond et al. 2006, Mullany et al. 2008, Singh 2008). Breastfeeding alone is enough for the first six months for an infant as it provides all the essential nutrients, including vitamins, minerals, liquid or vital components such as antibodies to battle against different diseases, act as a safeguard for babies from diarrhea, and acute respiratory infections, activates the immune system and the response to vaccination (Dorea 2009). Some studies revealed that breastfeeding has a contribution to the cognitive benefits as well (Anderson et al. 1999, Drane & Logermann 2000, Mortensen et al. 2002, Dorea 2009).

One study was conducted in Australia among Vietnamese immigrant women living there to see the perception about breastfeeding and how it could be enhanced. The motive of the study was to see the influencing factors about the infant feeding method, find out the steps to improve the process by taking support from health care centers. A convenience sample of 182 ethnic Vietnamese women or Chinese Vietnamese women as sample and data collection was by face to face interviews. The study showed that the child feeding process was associated with a language barrier in communication with health care professionals, little support from society, follow up care about breastfeeding, and attitude of health professionals towards breastfeeding. Proper planning of the health care system and implementation of policies based on their social, cultural and languages need to be taken into consideration for promoting the breastfeeding practice among the Vietnamese community in Sydney (Rossiter et al. 2011).

One study conducted to see the perceptions and practices among 10 African immigrant mothers living in Finland by Abiola Adebayo in 2012 (Adebayo 2012). The study found that the African mothers have strong and positive perceptions about breastfeeding. Breastfeeding decisions and
practices were generally influenced by their own culture, own society, and the information regarding infant feeding. To encourage the EBF, the study emphasized on the breastfeeding educational program.

Breastfeeding practices is one of the areas where the nutrition for health and development focuses on. It is necessary to acknowledge the barriers and consider them when interventions of breastfeeding counseling are developed, practiced, or evaluated. To start the exclusive practices among mother’s appropriate support from health care professionals and family members is an influential factor to decide on child feeding practices. Some factors including traditional feeding practices, priest advice, mother-in-law’s influence on decision making, discarding colostrum, availability and accessibility of proper information, misperception, and support influence the breastfeeding practice of women in South Asian Countries (Sharma 2016). Moreover, the immigration has been a big concern in last decades (Dennis et al. 2019). EBF is a challenge for immigrant and nonimmigrant mother (Dennis et al. 2019). There is a need to study about the social, cultural factors effect on immigrant mothers breastfeeding practices.
2 LITERATURE REVIEW

2.1 Breast milk composition

Human milk is a special biofluid because of its nutritional value and the extreme variability of its bioactive components. Its composition provides children the required nutrients and protection against infectious diseases by making the immune system strong (Sharp et al. 2014). Human milk is composed of different kinds of bioactive components, including bioactive proteins and complex oligosaccharides. A recent study revealed that breast milk contains exosomes (microvesicles containing micro RNAs with sizes of 22 nucleotides) that are produced from the mammary gland (Lonnerdal 2019). It influences the body immune system, cellular development, and healthy microbial colonization. Compositional differences occur due to time of the lactation, length of the gestation, maternal health status, genotype, and diet. Human milk changes composition from colostrum to different stages of the lactation period (Ballard et al. 2013).

2.1.1 Components of breast milk

Lipid, protein, and carbohydrates are the main components, which produce energy in breast milk. Lipids act as an emulsion and it produces 40%-55% of energy in breastmilk (Lopez & Menard 2011). Nearly 98% of the lipids secreted in breastmilk are triglycerides, rest of the lipids consists of diacylglycerides, monoacylglycerides, free fatty acids, phospholipids and cholesterol. These components remain as a fat lipid globule and its size (1-10 µm) varies different stages of breastmilk (colostrum, transitional milk, and mature milk) (Michalski et al. 2005). Breast milk contains more than 200 fatty acids, where oleic acid is the most dominant one consisting of 30-40 g/100g fat in breast milk (Michalski et al 2005). Short-chain fatty acids (SCFA) are important components in breast milk due to their functions such as acting as a source of energy (Donohoe et al. 2011), developing the infant's gastrointestinal tract (GIT) (Peng et al. 2009), building the central nervous system (CNS)( Tanaka et al 2013) and especially improving the neurobehavioral development in a low birth weight infant (Tanaka et al. 2013). Breast milk contains more than 400 different proteins, these are mainly categorized by casein, whey, and mucin proteins (Andreas et al. 2015). These proteins pose different functions for infants including to act as a source of nutrition for infant’s proper growth, show antimicrobial activities, and act as absorbents of other nutrients (Prentice 1996). Non-protein nitrogen molecules such as nucleotides have an important role in early life due to its beneficial effect on the development, maturation, and repair
of the GIT. It also shows the enzymatic activities and act as a metabolic mediator in different cell process (Andreas et al. 2015). Different antibodies present in breastmilk protect infants from Group B streptococcal (GBS) infection and reduce the morbidity and mortality caused by GBS (Prentice 1996). A huge variety of and complex number of carbohydrates present in human breast milk, mostly it remains as lactose (Andreas et al. 2015). It provides energy for the human brain. However, human milk oligosaccharides (HMO) are a big portion of carbohydrates. It protects infants from gastrointestinal infection as well as prevent the infection from S. pneumonia and Escherichia coli (Andreas et al. 2015). Thiamin, riboflavin, vitamin B-6, and vitamin B-12 are present in human breastmilk and the concentration differs throughout the lactation period. The concentration of these vitamins has a positive association with the maternal diet. Folate and choline concentrations in breast milk are low in colostrum, but they increase over time (Dror & Allen 2018). Vitamin A, vitamin C, vitamin D, vitamin E, vitamin K, iron, copper, zinc, iodine, and calcium are present in human breastmilk, and concentration differs throughout the lactation period. Many factors such as supplementation, maternal parity, BMI, socioeconomic status, smoking, season, and diet affect the concentration of these vitamins and minerals (Dror & Allen 2018).

2.1.2 Changes in breast milk composition

Human milk composition changes gradually over the lactation period influenced by time of lactation, length of gestation, maternal disease, and genotype. Some of the maternal factors such as age, diet, weight gain during pregnancy, ethnicity, and birth weight of infant affects changes of composition in breastmilk. This change occurs to provide enough nutrients and protection against pathogens to infants (Mosca & Gianni 2017). According to the changes, breast milk can be classified into three categories, these are colostrum, transitional milk, and mature milk (Andreas et al. 2015). Colostrum, the first milk produced, is composed of a high concentration of protein but it contains a lower concentration of fat and lactose compared to mature milk. Considering its’ composition, colostrum has more immunologic function than nutritional function (Reinken & Dockx 1985). Protein concentration gradually decreases from the second month to seven months after that the concentration remains constant (Reinken & Dockx 1985). Protein concentration is usually high in young mothers, age between 20-30 years, although age does not show any effect on lipid and lactose concentration (Dror & Allen 2018). Maternal diet influences the changes of composition in breast milk especially fatty acid composition is greatly influenced (Yuhas et al. 2006). Fat content in breast milk vary among different ethnicities and
interindividual among mother’s same ethnicity (Yuhas et al. 2006). The association of compositional changes and fat content variation with the maternal weight gain still needs to study (Andreas et al. 2015). A mother who takes carbohydrate-rich foods and low-fat diet, their breast milk synthesis of medium-chain fatty acids (MCFA) and maintains the high quantity of triglycerides. There is an u-shaped association between infant birth weight and fat content in breast milk. Low birth weight increases the concentration of fat in breast milk. However, protein and carbohydrate concentration do not vary with the birth weight of infants (Andreas et al. 2015).

2.2 Recommendation

Breastfeeding is the superior method of child feeding process for the proper growth and development of an infant. This message is encouraged throughout the world by different organizations including WHO, UNICEF, the American College of Obstetricians and Gynecologists, The American Academy of Pediatrics, and many other organizations (Dennis et al. 2019). WHO and UNICEF recommend that EBF time is for 6 months (WHO 2009). Vitamin and minerals could be taken to avoid deficiency (Leaf 2007). EBF means infants will receive only breast milk without any kind of additional food or drink or not even water. Breastfeeding will be continued till 2 years with complementary foods (CF) (WHO 2009). “The period during which other foods and liquids are provided along with breast milk. Any nutrient containing foods or liquids or liquids other than breast milk given to young children during the period of complementary feeding are defined as complementary foods (CF)” (WHO 2009). Despite the message of the recommendation about the breastfeeding strongly spread almost all the healthcare center and among average people through health education, the EBF rate for 6 months is low especially in middle income and low-income country with only 37% and 19 % in Europe (Victora et al. 2016).

2.3 Health effects

Breastfeeding is an ideal method of feeding for infants because it poses positive health outcomes in infants and mothers (Dennis et al. 2019). Breastfeeding has immunological and anti-inflammatory properties. The health effects of breastfeeding are well recognized everywhere in developed countries as well as in developing countries. The Agency for Healthcare Research and Quality (AHRQ) published a summary of systematic reviews and meta-analysis, where they discuss the health outcomes of breastfeeding in mothers and infants in developed countries (Ip
et al. 2007). They also mention about the negative health consequences of formula feeding and early weaning (Ip et al. 2007).

### 2.3.1 Infant

Research has been conducted to study the health outcomes of breast milk’s short- and long-term effects on children and all revealed that the positive outcomes are directly proportional to the duration of feeding (Mosca & Gianni 2017). Considering short-term outcomes, it gives strong protection against infectious diseases including asthma, reduces the risk of mortality, and provides protection against sudden infant death syndrome (Mosca & Gianni 2017). EBF has many long-term health effects. Prolonged breastfeeding reduces the chances of obesity and overweight which may cause type 2 diabetes in the later stage of life (Horta et al. 2015). Breastfeeding reduces the chances of asthma and different autoimmune diseases (Colen & Ramey 2014). Most importantly, it revealed that longer breastfeeding associated with pragmatic cognitive outcomes in children than bottle-fed babies (Quigley et al. 2011). This process not only related to cognitive development only but also related to learning and educational performance which ultimately will increase the productivity and wage of a person. There is an estimation for the outcome that every $1 invested in breastfeeding will generate $35 as an economic return (Dennis et al. 2019).

### 2.3.2 Mother

Breastfeeding manifest its benefit not only in children but also in mother. Breastfeeding poses both short term and long-term health benefits in mother. A couple of studies revealed that EBF and longer period of breastfeeding reduces the chances of breast cancer and ovarian cancer (Chowdhury et al. 2015, Victoria et al. 2016). The risk of obesity, type 2 diabetes, and depression are lower in breastfeeding mothers (Mosca & Gianni 2017). Breastfeeding increases psychological benefits to the mother by giving a sense of bonding and closeness to her infant (Bai et al. 2009). It might help to reduce the chance of post-partum depression disorder, a serious consequence that nearly 13 percent of mothers suffer, and to minimize the possible consequences outcomes of it among mothers as well as infants (Mancini et al. 2007). Strict scheduled EBF may reduce the chances of unintended pregnancy by reducing fertility which increases the gap between pregnancies (Jones et al. 2015).
2.4 Breastfeeding perceptions

Maternal perceptions are influenced by several factors such as perceived satisfaction, self-efficacy, response efficacy, and attitudes (Schafer et al. 2017). These factors are considered as modifiable factors in mothers’ behavior change. The theory of planned behavior (TPB) and the Extended parallel process model (EPPM) can be used to explain maternal perception (Schafer et al. 2017). Evidence shows that mothers who intended to breastfeed and have positive attitudes are more likely to initiate breastfeeding (Schafer et al. 2017). Breastfeeding decision is always influenced by the knowledge and attitudes towards the potential benefit of breastfeeding. One study conducted in the Arab Emirates, found that all the participants believed that breastfeeding is the best feeding for their infant (Radwan & Sapsford 2016). Different promotional activities done in the Baby Friendly Hospital Initiative (BFHI) prenatal clinics and maternal wards resulted in improvement of the breastfeeding rate among mothers and their knowledge about the benefits of breastfeeding on mother and infant (Radwan & Sapsford 2016). Another study portrayed perceptions in breastfeeding and formula milk feeding mothers and found that breastfeeding is difficult but all of them think that breastfeeding is best due to the positive health outcomes of breastfeeding on an infant (Brown et al. 2011). In Bangladesh, suboptimal Infant and Young Child Feeding (IYCF) practices such as early termination of breastmilk, nonexclusive breastfeeding, inappropriate complementary foods cause malnutrition and infant death. Many programs addressing infant feeding behaviors are conducted to ensure healthy feeding behavior among mothers. When women will get access to the right information with other practical supports, they will be confident about their ability to continue breastfeeding and to maintain the overall infant feeding practices (Hackett et al. 2015).

2.5 Breastfeeding practices

2.5.1 Breastfeeding practice in Bangladesh

The rate of early start of breastfeeding is very low in South Asian countries compared to other countries in the world. Only 41% of children are breastfed immediately after birth (Sharma & Byrne 2016). One study portrayed that traditional belief, priest’s suggestion, mother in-law’s advice and misperception regarding colostrum influences the breastfeeding immediately after the birth of an infant. Traditional beliefs, social, and family decision-makers have an important influence on breastfeeding practice in South Asia (Sharma & Byrne 2016). The Bangladesh
Demographic and Health Survey (BDHS) reported that the EBF rate was around 45% from 1993 to 2007. The rate was constant for a long time. However, the EBF rate sharply increased to 64% in 2011, and the EBF rate declined again to 55% in 2014, (Hossain et al. 2018). In Bangladesh, an intervention program, Alive & Thrive (A&T), has been conducted from 2009 to 2014 to enhance the infant and young child feeding (IYCF) practices. The social and behavior change intervention programs use different strategies such as interpersonal counseling (IPC), community mobilization (CM), mass media campaign (MMC) and policy advocacy to create a positive environment for mothers and caregivers to follow the recommendations in IYCF practices (Sanghvi et al. 2013). In this intervention program, the areas were divided into two areas namely the intensive intervention areas and the non-intensive intervention areas. In intensive intervention areas, nutrition promoters work with the help of community volunteers to provide age-appropriate counseling according to the recommendation, community shows, and video shows regarding IYCF practices, different TV spots broadcasted programs message containing IYCF practices (Sanghvi et al. 2016). One study found that cesarean delivery is a major barrier for the initiation of EBF compared with the vaginal delivery among the mothers under interventions (Saeed et al. 2011). When they measure the outcomes of IYCF practice between baseline and follow-up among the intensive areas, the study found a sustainable beneficial impact of the intervention program for EIBF, EBF, and consumption of iron-rich food after the diminution of the intervention program. Overall, the IYCF practices improved over time in the intensive areas and the non-intensive areas. Mothers from both intensive and non-intensive areas gain more knowledge about BF and CF through this intervention program (Kim et al. 2018). From the perspective of Bangladeshi settings, the social network plays a significant role in the exchange of information related to breastfeeding practices which have an impact on knowledge and practices among individuals. These practices and beliefs transform into a social norm, a belief or practice adopted by people. A recent study conducted in Bangladesh revealed that social networks, diffusion of information, and social norms are highly associated with the practice of IYCF knowledge and practices. Information from a nutrition education intervention spreads towards nonparticipant mother by spillover effects such as informal mother to mother interaction in a community gathering, thus the practices become social norms. Information diffusion about IYCF practices especially breastfeeding practices among social network make it into norms and then practices, which was an important goal of the intervention program, A&T (Nguyen et al. 2019).
2.5.2 Breastfeeding practice in Europe

In Scandinavian countries, the breastfeeding rate is high. Especially in Finland, 99% of mothers initiate breastfeeding, but 70% of babies received donor milk or artificial milk during the hospital stay time (Laantera et al. 2010). After the discharge from the hospital only 60% of infants exclusively breastfeed till one month. The child receives vitamin D supplements and a small amount of water with breastmilk, although it is not recommended until six months of age of infants by WHO (Laantera et al. 2010). Only 1% of women continue EBF till six months (Hasunen & Ryynanen 2005), although WHO and Social and Health ministry of Finland strongly recommends breastfeeding till six months of age of an infant (Hasunen & Ryynanen 2005). It is common to provide extra milk with breastmilk in Finnish maternity hospitals. Recently European countries are working on collecting the data about breastfeeding practices which is essential to evaluate the policy and implementations of the policy actions. The percentage of EBF for the recommended 6 months is 25% in the European region which is lower than in the South-East Asia Region (Bosi et al. 2015). Breastfeeding prevalence varies in between and within European countries because of societal attitudes towards breastfeeding (Scott et al. 2014).

2.5.3 Breastfeeding practice among immigrants

Immigrants, people who born in one country and moved to another country, are usually newcomers in industrialized society. They have lower socioeconomic status and poor access to healthcare (Derose et al. 2009; Park and Myers 2010). The number of immigrants is increasing last decades in industrialized countries including Europe, Canada, Australia (Migration Policy Debates 2014). Importantly, many of the immigrant women are in childbearing age and they come from diverse racial and cultural backgrounds and speak different languages. Therefore, infant feeding practices are one of the big concerns in maternal and child health (Dennis et al. 2019). Immigration comes with major life transitions for a woman from “ethnokinship” cultures including South Asia, East Asia, Middle East, especially if she is in the perinatal period (Rossiter and Yam 2011). One study explored the perception of breastfeeding among Vietnamese immigrant women in Sydney (Rossiter and Yam 2011). It revealed that, Vietnamese mother usually breastfeed their children for a longer period such as EBF till 4 to 6 months and they continue breastfeeding till 2 or 3 years. They introduce solid foods after 4 to 6 months. However, the breastfeeding practices change significantly after moving to a new country. Both the
prevalence and breastfeeding time decrease significantly, the majority of children are bottle-fed and introduced early weaning (Rossiter and Yam 2011).

2.6 Support

2.6.1 Health care support

Health professionals' support is an important factor that can increase breastfeeding rate regardless country, culture and socioeconomic background (Dennis et al. 2019). Health professionals should make a good relationship with the mother to make a foundation to give nonjudgmental, encouraging, reassuring and sympathetic supportive care. Building a good relationship with mother to a healthcare professional helps to receive individualized information to support her feeding choice. A helpful professional had time to watch, listen and praise the mother to increase her confidence. Such a professional provides lots of encouragement to continue breastfeeding without giving any direct practical or emotional support (McInnes & Chambers 2008). In this context, Finnish maternal healthcare systems are taking many actions to promote breastfeeding by introducing Baby-friendly and Family-friendly hospital. In Finland, breastfeeding guidance and support have been given in almost all the families. They are trying to reach an objective that “Making Finland a world leader in breastfeeding” (THL blog 2018). But sometimes it is difficult to deal with immigrants. Immigrant women does not want to incorporate themselves with the new health care system or facilities by the host country because they like to adhere with their traditional belief and practices to their own culture (Higginbottom et al. 2015). One study conducted among Canadian immigrant women, found that many mothers do not want to use health care facilities because of the language barrier, difficulty to understand health care professionals and information, and difficulty navigating the new healthcare system (Higginbottom et al. 2015). One study revealed that mothers who received encouragement from health care professionals (doctor, nurse, or breast-feeding consultant) were less likely to continue breastfeeding up to 12 months (Tavers et al. 2003). Physicians deliberate counselling put positive effect to continue the breastfeeding (Phillipp et al. 2001). Skilled breastfeeding support is particularly important for the first-time mothers (McInnes & Chambers 2008). Experts’ advice is valuable itself, although it is more efficient when it is given in a relaxed way as well as in an individualized manner. Assistance with the positioning and attachment may solve many breastfeeding-related problems (McInnes & Chambers 2008). However, health professionals sometimes cause detrimental effect on breastfeeding practices such as supplementation by the
bottle as well as not maintaining the time of breastfeeding. Overall, clinical practices and skilled breastfeeding support affect increased breastfeeding rates (McInnes & Chambers 2008). A survey in the UK revealed that 20% of mothers stop breastfeeding within two weeks after delivery and 32% of mothers stated that the problem was in hospital stay time. At that time, they did not receive enough help from the hospital. They reported problems such as painful breast, insufficient milk and sucking issues. These problems are manageable by effective management (Hamlyn et al. 2002). Nowadays maternal health care facilities are improving in Bangladesh. Maternal health care facilities are providing skilled birth attended after delivery which plays a key role in the breastfeeding initiation by helping mother and child bringing closer to each and by creating the environment. The privacy in hospital room is one of the main reasons for the late initiation of breastfeeding among Bangladeshi women (Karim et al. 2018).

2.6.2 Workplace support

The number of working mothers has increased significantly in the United States for over three decades. This high rate of working mothers may have a connection over breastfeeding outcomes. EBF rate is low among the mothers. Some of the factors - maternity leave, returning to work, workplace environment, inability to find a suitable daycare facility - related to work may influence breastfeeding initiation and duration of continue (Wallenborn et al. 2018). Notedly, returning to work has been identified as the main reason for stop breastfeeding and giving expressed breast milk (Raju 2006). One study conducted among ethnic Indian immigrant women in Australia, revealed that mothers who are in paid maternity leave, they tend to start formula feeding before start working again. Mothers want that infant should be used to with formula feeding or bottle feeding because expressed breastfeeding is time consuming and difficult work (Maharaj & Bandyopadhyay 2013). A retrospective study revealed that an unsupportive work environment is a cause of early weaning (Ortiz et al. 2004). An unsupportive work environment includes worker's perception that breastfeeding may interfere with the job performance of mother, lack of support from supervisors, not having enough time to breastfeed and pump breastmilk. This unsupportive work environment may be a reason for excessive stress, which may be interfered with the breastmilk production by making an imbalance of hormone (oxytocin) (Wallenborn et al. 2018). Women with lower-wage jobs face more difficulties than those with higher-wage jobs (Raju 2006). In Norway breastfeeding is very high, almost 97% women breastfeed their infant immediately after birth, 80% women continue breastfeeding up to 3
months, and 20% women continue breastfeeding till 12 months (Raju 2006). It’s mainly because of the regulatory system of the workplace. Mother receives some facilities for example 42 weeks leave with full pay or 52 weeks with 80% pay, flexible part-time work, 1-1.30 hours break after returning to work. These encourage and give support to continue breastfeeding. Although such generous work policies are not common, many industrialized countries provide 75% to 100% paid 16 weeks maternity leave (Raju 2006). However, the study from Ghana (Otoo et al. 2009) and Tanzania (Shao Mlay et al. 2004) found that maternal employment and no place for breastfeeding are significant reasons for discontinuing breastfeeding. Another example from South Asian country, Sri Lanka, face the problem that mother leaving EBF at very early even in two months of infant age because of lack of proper workplace privileges (Perera et al. 2012).

2.6.3 Social support

Initiation of breastfeeding and duration of breastfeeding can be affected by social support (Brown et al. 2011). Mothers from the positive environment such as encouraged, supported, and accepted breastfeeding as a normal and important thing, are more likely to breastfeed for a long time (Khoury et al. 2005). Mothers face fewer difficulties as they have access to the right information, practical assistance as well as social support from a support group, family, and friends. The whole process becomes an automatic issue rather than a choice (Brown et al. 2011). One Swedish study revealed that fathers long time presence after delivery with mother’s breastfeeding rate and continuation of breastfeeding (Hannula et al. 2014). Individual counseling and support from family increases the EBF rate among Finnish mothers (Hannula et al. 2014). One study, conducted among Indian immigrant women in Australia, has revealed that recently arrived immigrant mother without their extended family always felt lonely and faced difficulty to continue, although hospital staff has given support in the hospital stay time (Maharaj & Bandyopadhyay 2013). One study revealed that mothers maintained EBF after delivery due to having an experienced person, a peer network, or a partner supported their decision (Laugen et al. 2016). Social support has a positive influence to maintain breastfeeding for a longer period. Support from family members is particularly effective among the low-income group of people (Khoury et al. 2005). Family support is an important factor for the breastfeeding promotion among low-income groups of people. They are not having enough support from the family level due to the perceptions about breastfeeding is negative among them, including breastfeeding considered as inconvenient, embarrassing, as well as discouraged from partner (Guttman &
One study conducted in Bangladesh, revealed that the positive attitude of family members and the community towards formula feeding influenced mothers to choose formula over breastfeeding. Mothers need strong support from family and society to overcome this attitude towards formula feeding (Rahman & Akter 2019).

2.7 Socio-demographic factors

Socioeconomic status (SES) may be associated with knowledge, experiences, attitudes, and beliefs that direct a woman in her infant feeding choices. The study conducted among lower SES revealed that they tend to not to breastfeed their infants (Braveman et al. 2001). One big study conducted in Boston showed that maternal education and income have a positive association with breastfeeding. They found that education has a greater impact than income (Celi et al. 2005) and another study revealed that breastfeeding initiate is equally important on income and education both the factors (Yang et al. 2004). So, the association of SES is a complex issue to find out the reason for the association of breastfeeding with SES.

2.7.1 Education

Women’s education level is an important factor for decision making in terms of the start and continuation of BF. Educated mothers are more interested to breastfeed their infants compared to uneducated mothers. One European study revealed that women who get fully paid six months of maternity leave, they have a higher education level. They continue breastfeeding for a longer period in European countries and Canada (Imsiragic et al. 2016). Maternal education is an important socioeconomic factor, mothers with higher educational level continue EBF compared to the women with primary education only (Laugen et al. 2016). Maternal and paternal education has a positive association with breastfeeding rate because educated parents are more cautious about feeding choice on the perspective of the health benefits of their infants. The study found that maternal education has a powerful effect on sustainable breastfeeding rate (Heck et al. 2006). Maternal education has more effect than the income level or employment of mothers. The study also found that paternal education is equally important as maternal education, which may be an important factor for designing a breastfeeding promotion program focusing on less-educated parents (Heck et al. 2006). However, one study conducted in Saudi found a different result. It revealed that less education level is highly associated with prevalence and longtime continuation of breastfeeding as well as EBF. It is explained that less educated mother stays at
home, so they get more time to exclusively breastfeed their child (Hegazi et al. 2019). Similar results found in Bangladesh, educated mothers are less interested in breastfeeding. An increasing level of education is a leading factor to adopt modern ideas via advertisement and the ability to buy formula milk to take care of children and rejects the traditional practices of breastfeeding (Akter & Rahman 2010).

2.7.2 Income

Most of the health organizations (WHO, UNICEF, UNAIDS, American Academy of Pediatrics, American Dietetic Association) focus on the lower-income women, because breastfeeding duration is consistently low among this group of women (Pugh et al. 2002). In 2000, the EBF rate (21.1%) was low among the lower-income mothers. To increase the breastfeeding duration among lower-income group, require comprehensive and culturally relevant support and continual support from family especially in the first week of postpartum (Ahluwalia et al. 2000). One study conducted among low-income women (in Mississippi), to see the association of some factors based on the Theory of Planned Behavior (TPB)- used for predicting behavior (Khoury et al. 2005). The rates of breastfeeding are low among this subgroup of mothers due to many barriers related to breastfeeding, including unsupportive environment, embarrassment, and social constraints. Low-income women are the frequent users of WIC (Women, Infant, and Children) clinics. There many doctors and nurses do not consider knowledgeable or confident promote breastfeeding, which is crucially important during the prenatal and early postpartum period. An unsupportive hospital environment is a major cause of breastfeeding difficulties among these vulnerable groups of women (Khoury et al. 2005). However, higher family income is associated with bottle feeding practices and early initiation of solid food because of the ability to buy different good foods for infants. This trend is found among South Asian countries- Sri Lanka, Nepal, Bangladesh, and Vietnam (Maira et al. 2018).

2.7.3 Employment

Employment is an important topic considering breastfeeding issues. Especially in urban areas, women are much more career oriented as a result less time was spent at home so complimentary food and replacement of breast milk introduced earlier than the recommendation (Tank et al. 2019). Working mothers are less interested to breastfeed their infants because of the workload. The trend is observed in South Asian countries- Pakistan, India, and Bangladesh (Maira et al.
The breastfeeding rate is low among employed mothers, as they can give less time to their infant. One study found that this problem caused by full-time work, but part-time employment did not show any effect on breastfeeding (Fein & Roe 1998). One study conducted in the U.S. revealed that termination of breastfeeding is common among the mother after joining their work which is one of the common causes of stop breastfeeding. Some work-related factors—full-time work, lack of breastfeeding room, paid maternal leave as well as rigid work schedule—are associated with it (Hill et al. 1997). In Bangladesh two studies revealed that the EBF rate is higher among housewife mothers than working mothers (Chakraborty et al. 2016; Chowdhury et al. 2018). However, the duration of continuation of breastfeeding is high among working mothers. As women in rural areas involve in traditional and informal work, they get flexible timing to nourish their child (Akter & Rahman 2010).

2.7.4 Age

One study conducted in the UK revealed that young mothers are less interested in breastfeeding but if they do so they do it for a short period (Brown et al 2009). There is a statistic among 20 aged mothers that only 52% of mothers breastfed their infant at birth and 34% continue breastfeeding for one week (Brown et al. 2009). Mothers aged 35 or over are five times more interested to continue breastfeeding compared to young mothers with age 20 years or below 20 (Bolling et al. 2007). There are some reasons why young mothers choose a bottle of formula milk to feed their infants. Young mother considers breastfeeding as an embarrassing issue, tough and painful, feeling ill, low confidence and self-efficacy. Young mothers prefer formula milk because they may have a break taking support from others (Brown et al 2009). Experience and knowledge received from family members or peers about the artificial milk or breastfeeding has strong influence over young mothers’ decision (Brown et al 2009). However, one study from Bangladesh reported that increased maternal age is associated with a lower duration of BF because it is likely that older women have more children which may require more time for breastfeeding. This is one of the reasons for the early termination of breastfeeding among aged women in Bangladesh (Akter & Rahman 2010).
2.7.5 Religion

A specific religious belief and religious attendance might influence the breastfeeding behavior (Burdette & Pilkauskas 2012). One study conducted in the USA, which revealed that low breastfeeding rate is among conservative protestant (largest US religious tradition) mother. There are some other factors are associated with it for instance lower education level, separation from a modern institution as well as priority over domestic role (Stroope et al. 2018). Catholics and mainline Protestants have a high tendency to breastfeed their child (Stroope et al. 2018). Main religious attendance has a positive influence over the initiation and continuation of breastfeeding (Burdette & Pilkauskas 2012). Another study conducted in West Philadelphia among African American Muslim women revealed that the breastfeeding rate is high and positive association among the Muslim African American women compared to African Americans as a whole. It’s because there is an influence of community education related to the Islamic teaching about breastfeeding attitudes (Kamoun & Spatz 2018). In Bangladesh, early cessation of breastfeeding is more prevalent among Muslim women compared to other religions- Hindu, Christian, and Buddhist- women (Akter & Rahman 2015). Although it is an important cultural aspect for shaping the breastfeeding context, little research has been done to explore the association between the religion and breastfeeding outcome.

2.7.6 Ethnicity

Mothers ethnicity, which is the part of SES, has been related to breastfeeding practice. Ethnic differences can portray unmeasured socioeconomic dissimilarity as well as a distinct attitude towards breastfeeding (Heck et al. 2006). One systematic review has been done on different racial and ethnic disparities - African American women, Hispanic women, American Indian/Alaska Native women, Asian women- in the United States to see the breastfeeding rates and barriers of breastfeeding among them (Jones et al. 2015). This study revealed that among those minor minority groups of women has a lower breastfeeding rate which does not follow the recommendation. African American women have the lowest breastfeeding rate among all the groups, 60% of women initiate breastfeeding but only 13 % of women continue breastfeeding until 12 months. Asian mother has the highest breastfeeding rate of 81.9% (Jones et al. 2015). Another study has been revealed that breastfeeding rate is high among non-Hispanic white women compared with other ethnic groups of mothers (Ryan 1997). In Bangladesh, the
breastfeeding rate differ among different geographical locations. This factor may be related to the culture and customs of the local group (Akter & Rahman 2010).

**Figure 1. Influential factors of Perception, Practice & Support in Breastfeeding.**
3 AIMS OF THE STUDY

Aim of the study was to explore the perceptions of breastfeeding, to investigate the patterns of practices of breastfeeding, and to analyze the support structures regarding breastfeeding in immigrant Bangladeshi women living in Finland. Specifically, the study will probe into the influences of social and cultural factors on the perceptions, practices, and support.
4 METHODOLOGY

4.1 Study design

The study was a qualitative study and the design was phenomenology. “Qualitative research is a systematic scientific inquiry that seeks to build a holistic, largely narrative, description to inform the researchers understanding of a social or cultural phenomenon. Qualitative research worked out under a combination of observations, interviews, and document reviews” (Astalin 2013). Specifically, phenomenological research increases the awareness and increases insight about the phenomena (events, situations, experiences or concepts) to fill the gap in our understanding (Astalin 2013). The phenomenological approach is qualitative research to study a phenomenon, to see the perception, practices, and towards breastfeeding among a cultural group of people. It is very important that the subjects will be in their natural setting. The interaction between the researcher and the subjects is also crucially important. Interviewer is an intrinsic part of the whole process of the study (Astalin 2013). The study followed all the aspects. The interview was conducted in Bangla language which is the native language for both the interviewer and interviewee. It kept the flow of the interview. All the interviews were conducted on the interviewee's home considering their comfortability.

4.2 Setting and subjects

The subjects were chosen by purposeful or convenient sampling technique (snowball sampling technique). The selection of the subjects was deliberate because the main purpose of the qualitative study is to understand the phenomenon from information-rich subjects. The subjects were chosen from Kuopio (7 participants) and Tampere (3 participants). It was convenient to conduct the study in these areas considering time and communication facilities.

Inclusion criteria of the participants included. 1. Bangladeshi women currently living in Finland 2. Infant born in Finland 3. Child with 0 to 4 years old.

Exclusion criteria were that participants cannot work in health sectors such as nurses, doctors or public health professional. They were excluded from the study because breastfeeding can be affected by their knowledge.
Eleven participants were selected but one participant finally failed to participate in the study because of her busy schedule. Ten participants participated in this study. All the subjects were Bangladeshi women living currently in Finland.

### 4.3 Data collection

A semi-structured open-ended questioner was designed to conduct the study. First the question was written in English. Supervisors check the questioner according to their suggestion corrected over there. Then the final version was translated in Bangla to conduct the interview. Bangla questioner was revised and checked by one of my colleagues who is from Bangladesh. Then the questioner was piloted to set the timing and to revise and finalize the questions. Questions included.1. Sociodemographic information 2. Perception of breastfeeding 3. The practice of breastfeeding 4. Support of breastfeeding (support from Family & friends, Healthcare and Workplace)

Face to face interviews were conducted in interviewees home, which was comfortable to them. Time and appointment were agreed by making phone calls. Interviews were recorded using a recorder. Each interview took approximately 50 minutes. The interviews were translated into English.

### 4.4 Data analysis

The data was checked by the supervisor. The data was analyzed by thematic (descriptive) content analysis which is appropriate for the phenomenological study. After analyzing the data, 6 themes and subthemes came out. These include 1. Sociodemographic characteristics 2. Perception of breastfeeding (General perception about breastfeeding, effect on Infant’s health, effect on Mother’s health and bonding between mother and child) 3. Practice of Breastfeeding (willingness to breastfeed /decision making, EBF, reasons for breastfeeding and continuation, schedule of breastfeeding, the practice of complementary feeding, reasons to stop or discontinue breastfeeding, challenges related with breastfeeding, the effect of mother’s diet on breastfeeding, religious issues in practice, the practice of breastfeeding in Bangladesh & their childhood, and breastfeeding in a public place) 4. Support from family (Influence on breastfeeding decision, Mental support, Issues in communication, shyness, Support from husband and Lack of family support) 5. Healthcare support (health professionals support, access, source of information, and
comparison with Bangladeshi healthcare support) 6. Workplace support. All the data were presented as a direct quotation from participants in the result section.

4.5 Ethical consideration

All the participants were informed about the purpose of the research and the written consent was given prior. Participation was voluntary basis and they were informed about the confidentiality of their participation in the study. Questioner and recording of the interview did not mention their name or address to trace them. No incentives were given prior.
5 RESULT

5.1 Sociodemographic characteristics

The interviews were conducted among ten participants. Seven participants were from Kuopio, Finland and three participants were from Tampere, Finland. Their age was between twenty-one years and forty years. The age of the children was zero to less than four years. All of them are leaving in Finland from one year to more than ten years. Their detailed socio-demographic characteristics and pregnancy and child information are presented in table 1 and table 2.

Table 1: Sociodemographic characteristics of participants (N=10)

<table>
<thead>
<tr>
<th>Sociodemographic Characteristics</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
</tr>
<tr>
<td>26-30</td>
<td>2</td>
</tr>
<tr>
<td>31-35</td>
<td>5</td>
</tr>
<tr>
<td>36-40</td>
<td>2</td>
</tr>
<tr>
<td><strong>Age of the children</strong></td>
<td></td>
</tr>
<tr>
<td>0 years – 2 years</td>
<td>8</td>
</tr>
<tr>
<td>2 years – 4 years</td>
<td>2</td>
</tr>
<tr>
<td><strong>Educational qualification</strong></td>
<td></td>
</tr>
<tr>
<td>High school</td>
<td>1</td>
</tr>
<tr>
<td>Bachelor</td>
<td>0</td>
</tr>
<tr>
<td>Masters</td>
<td>9</td>
</tr>
</tbody>
</table>

Following table is presenting the number of children, when they born and the birth weight after born.

Table 2: Pregnancy and child info

<table>
<thead>
<tr>
<th>Sociodemographic Characteristics</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of children</strong></td>
<td></td>
</tr>
<tr>
<td>One Child</td>
<td>8</td>
</tr>
<tr>
<td>More than one child</td>
<td>2</td>
</tr>
<tr>
<td><strong>Weeks of pregnancy at delivery</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 37 weeks</td>
<td>1</td>
</tr>
<tr>
<td>37 weeks and above</td>
<td>9</td>
</tr>
<tr>
<td><strong>Childs birth weight</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 2.5 kg (low birth weight)</td>
<td>2</td>
</tr>
<tr>
<td>2.5 kg and above (normal weight)</td>
<td>8</td>
</tr>
</tbody>
</table>
5.2 Perception of breastfeeding

5.2.1 General perception about breastfeeding

All the participants of this study have a strong positive perception towards breastfeeding because of its natural thing and an especial gift from God, nutritious food, a religious issue. It is culturally and religiously practiced in Bangladesh. All most everyone practiced breastfeeding to their child. They commented that it must be practiced. If someone failed to breastfeed her child, it becomes the major reason for her disappointment or frustration.

One participant explained that breastfeeding is the natural way of feeding and its gift from God.

She stated like this:

“Actually, It’s a natural matter. After born a baby, he will have mothers’ milk it’s a normal thing….. I think breastfeeding is a natural way to feed the baby which is God gifted. We should apply it.”

Another participant explained it as nutritious food for baby and it should be continued till two years.

She noted:

“I think that a small baby can’t eat everything, so balanced nutrition is possible to get only from breastfeeding. I believe this and doctor also say the same thing….It is obviously good. It’s world’s best food for babies. From 1-6 months it is really needed and needs to continue until year two. There is no other alternative to this.”

One participant her religious belief on breastfeeding. She noted:

“…. Allah gave the milk to us because of some reason, it’s natural, there is nothing better than breastmilk….”

One mother explained about breastfeeding is connected to cultural and religious practice.
“In Bangladesh, breastfeeding practiced in every family. Family supports more than compared to the hospital. The majority of Bangladeshis are Muslim, though that breastmilk is a special gift from God and without pregnancy it is not possible to get milk in mother’s breast. It obviously comes from God. In Bangladesh, most of the mothers usually breastfeed their children. Socially, they are aware of breastmilk. Breastfeeding makes a strong immune system of the baby which is not possible with alternative milk or any other food. As they are religiously motivated Bangladeshi mothers willingly provide breastmilk.”

One participant gave an example of one lady that she failed to breastfeed which is the reason for her disappointment.

She told it like this:

“There is one lady, her child is 6 months elder than my baby. What happened to her that she totally failed to breastfeed her baby, so far, I know that for this reason she always remained very upset that she totally failed to breastfeed her baby. It was a very big issue for her regret.”

Other participants told, she also failed to breastfeed, which is the reason for her sadness. She noted:

“The baby will be with my heart, but I failed to do it. Now I am feeling sad when I think about it.”

Perception about formula milk

A couple of participants told about formula milk that easy and comfortable for baby and mother. Babies like to have formula milk. Mother choose to breastfeed because it might cause saggy breast. But most of the participants had a very negative perception towards formula feeding. Formula milk is artificial which never can be a replacement of breastmilk because of hormonal issues and the temperature of breastmilk is adjusted with body temperature which is not possible in the case of breastmilk. It might cause a digestive problem.

One participant explained:
“It’s a positive side for me that she has no problem. She took formula or breastmilk what we provided. But I observed, she liked to take bottled milk as she got less milk from breastfeeding. On the other hand, she got more milk from the bottle within less time. He likes to take formula milk because it was easy to get.”

One participant gave an example of her friend. Mother choose formula milk so that the mother stays fit or sexy. She stated:

“I found, one of my friend's husbands discouraged her breastfeed because it will ruin the breast shape. But in case of formula milk, baby can take more milk within the shortest time comfortably and can stay the whole night without disturbing parents.”

Other two participants express negative side of formula feeding by the following expression:

One participant stated:

“Problem was that if the baby was comfortable with a bottle nipple, because the bottle's nipple is a bit soft. Also, he got more milk when sucking the bottle which is easy for him. This is one of the reasons…. No matter whether the baby cried loudly the mother should be strict to provide breastmilk.”

One participant was explaining that formula milk is artificial and how it cannot be a replacement of breastmilk.

She explained:

“The elements of breastmilk contents are not present in any other food. The formula milk is made by companies trying to ensure the natural elements that are present in breastmilk, but it is not possible at all because of hormonal matter. The second thing is that the temperature of breastmilk already adjusted with body temperature where formula milk could be heated as a result the baby does not want to take the milk. It’s a common problem. ......It is better not to feed anything else except breastmilk till 6 months. Formula milk makes problem in children's digestive systems.”
5.2.2 Effect on baby’s health

Participants explain the effects on baby’s health, as breastfeeding gives mental satisfaction, makes child physically and mentally strong as it is a nutritious food, makes a child healthy by making the immune system strong and colostrum act as a medicine like an antibiotic makes baby intelligent by developing brain as well as help gaining weight quickly.

One participant explained that breastfeeding gives baby mental satisfaction and health benefits. She told:

“Because of breastfeeding the child becomes healthy and mentally very satisfied. The baby’s face tells you that he/she is satisfied and has no problem”

“He is physically strong because… he got enough vitamins. His activities are very high, he can catch everything easily, those who breastfeed they want to know everything.”

One mother explained that breastfeeding increases immunity which protects her baby physically and mentally. Her explanation was:

“They are healthy, and they don’t have any physical problem. They don’t have any mental problems. They are intelligent enough. They become sick hardly one time in a year (usually in December). My elder daughter had some allergy problem in last summer, but the nurse told that it was a viral infection and no medicine was needed, so it cured automatically. In December they got fever, cold, infection in the ear but those are normal. They didn’t face any serious health problem.”

One participant explained that she is satisfied that she has given colostrum to her baby which will act as an antibiotic for lifetime and breastfeeding makes her baby intelligent and strong. Her statement was:

“Yeah, it’s for her brain development, what I understand that first breastmilk (colostrum) of mother, I believe that breastmilk worked as an antibiotic for her body. By the grace of Almighty Allah, my baby does not get sick very often, so far, I can remember, she got a fever only once it’s because one viral fever. Otherwise, she is a very active, healthy, and intelligent baby. She is
very active and strong; I believe that breastfeeding has a great impact on it. Most importantly, I was very satisfied that I have given the first breast milk (colostrum), which is going to act as antibiotic her whole life, what I believe.”

One participant explained that after getting sufficient breastmilk baby started to gain weight and breastfeeding makes her baby talented. Her explanation was:

“I was so upset when my baby did not get proper breastmilk and lost weight. But shortly she got enough milk and she recovered the weight. Now she has no impact on that, and the nurses told me that her height is good enough compared to others. The main point is that her brain developed well; she understands well everything easily. For example, just one hour back mistakenly a glass with water was felled by her into a small carpet. I just told her to take the carpet and put it in the bathroom, but I didn’t mention in which place she needs to drop. Good thing that she dropped the carpet to the exact bucket where I usually put the uncleaned cloths. I think she grows well with the blessings of Almighty Allah.”

One participant baby born underweight but having breastmilk baby recovered quickly by increasing enough weight. Her statement was as below:

“My first baby was underweight, but it recovered within one month, I think it is because I am breastfeeding my baby properly. You know the weight of my second baby was 2746 gm, I think it is also underweighted but during first 10 days his weight was increased around 700 gm. Mmmm I think if we can feed milk properly it helps to increase the baby’s weight rapidly. So far, I can remember my elder child’s weight was also gained in good figure within one month. Need to feed frequently.”

### 5.2.3 Effect on mother’s health

Participants mentioned some positive health impacts of breastfeeding including helps to reduce weight, helps to protect from breast tumor and cancer, helps bring back to the right shape of the uterus, makes hormonal balance, and helps to get rid of postpartum depression.

One participant explained how breastfeeding helps to reduce increased weight after the pregnancy period. Breastfeeding didn’t allow to increase weight further. She explained:
“For me, I think breastfeeding is good for my health because during pregnancy time the weight increased, and it helped to reduce the weight. During pregnancy time appetite increased and I used to have a lot of food that’s why my weight increased drastically. But I breastfeed my baby then it didn’t allow to increase the weight further.”

One participant told that she has breast tumor. If she breastfeeds her baby, it will be effective for the problem. Her statement was:

“I had a problem in my breast. there are some small tumors in my breast, so I believe that breastfeeding is good for that problem and overall, it’s good for my health.”

Another participant explained that breastfeeding helps to protect from breast cancer and helps to bring back the shape of the uterus after pregnancy. Her explanation was:

“Breastfeeding can grow immunity against Breast cancer, uterus cancer, and so on. If the mother doesn’t feed, her child breast milk it takes more time than usual to become the uterus normal state.”

One participant explained that breastfeeding helps to maintain hormonal balance and helps to reduce postpartum depression. She stated:

“Obviously, it is good for my body also. There were hormonal changes in case of me, if I could breastfeed my child, I could make weight loose earlier… I could avoid depression and hormonal imbalance.”

5.2.4 Bonding between mother and child

A couple of participants observed that breastfeeding increases psychological attachment, feelings, bonding between baby and mother. It’s a special gift from God.

One participant explained nicely how breastfeeding creates bonding, security, and emotional attachment between mother and child.
She expressed her feeling like this:

“You know, only for breastfeeding he knows me well from 4 months and he feels insecure to stay with other people. He doesn’t want to go to others even his father can’t take him outside all the time I needed to go with him. The attachment of my baby and me, when he sits on my lap and see my face, whether I am angry or happy, he used to see everything from the time of breastfeeding, he knows everything. Now if I look to her, he knows that mamma is angry or very happy for something, I believe it’s for breastfeeding. There is only the exception you know, yeah, I take care of my baby its true, it can be done by a nurse, only the breastfeeding makes this difference. This called maternal instinct.”

Another participant stated that only breastfeeding can create emotional attachment or feelings between baby and mother. It’s a special gift from God.

“You when he born, I saw his face, I felt good, but everything every feeling increases when he breastfed, he smiled looking at me Actually it increases the love for my baby. Of course, its God gifted that every parent has this love for their child. But I think breastfeeding is a bit different. It’s a natural gift.”

Another participant who breastfeed (with formula) only for 3 months she was very upset for this reason. She believes that her baby likes his father more compared to her because she failed to breastfeed. Her statement was as below:

“Not only for health, but it is also needed to raise bonding between the mother and the baby. Now I see that if I try to take him to my lap or close, he ignores me he doesn’t want to come to me, it could be because of his age but I think the impact of less breastfeeding is also here. He has less feelings for me if you compare it with his feelings for his father. There is a psychological matter with it I believe.”
5.3 Practice of breastfeeding

5.3.1 Willingness to breastfeed /decision making

Most of the participants see the breastfeeding is an inevitable decision to practice due to the health benefits on baby, the antibiotic effect of colostrum, natural thing as well as mental satisfaction of mother. They develop the interest before pregnancy or during the pregnancy. considering those benefits on their mind. Most of them were positive about breastfeeding.

One participant was explaining her interest to breastfeed her child before the pregnancy because she knew the enormous health benefits of breast milk on the baby.

Her statement was:

“The interest was developed before pregnancy when I heard that it is good for baby, good for baby’s brain, good for their growth also it increases the immunity those who breastfeed. I know all the information before my marriage. From then I had a plan that I will feed breastmilk to my child at least 2 years.”

Another lady told me that colostrum has an antibiotic effect that's why she was very interested to breastfeed her baby. She was very confident about breastfeeding when breastmilk was not coming at the beginning. She opposed the doctor to give any formula milk or donated mothers milk. Her statement was:

“Actually, I knew it before that colostrum is very good for baby it acts as anti-biotic and very essential for baby. I knew that it will work for the brain development and prevent many diseases. That’s why, there was a strong desire that I will give the colostrum to my baby. When the doctor wanted to give her another mother's milk, I told him no, first wait and I want to see that whether I can give her or not, If I fail to give her then there is no way but I was successful to give her.”
One participant was explaining that it’s something very natural only food for child. Before pregnancy she was interested to breastfeed her child. She didn’t think about any other method of feeding. Her explanation was:

“Before my pregnancy when I was thinking about having a baby, I was thing that I will breastfeed my baby. I will not breastfeed my child, it didn’t come any time in my head.”

One lady was upset because she had a strong desire to breastfeed her baby before her pregnancy. But she failed to breastfeed her child.

Her statement was:

“…Many don’t want to feed her child because of the figure, I will be happy to breastfeed my child. Before pregnancy, it was in my mind that I will breastfeed but failed to do so. I knew the advantage of breastfeeding.”

5.3.2 Exclusive breastfeeding

In this study only 5 mothers practiced EBF. One participant followed the recommendation of six months of EBF. Others followed EBF less than six months among them one practiced only for two days. The other 5 participants have given formula from the very beginning of their baby’s birth, they practiced mixed feeding.

One participant followed the recommendation of EBF. Her statement was:

“My first two babies took only milk till 7/8 months and no extra food was needed during that period. But I was not able to provide enough time to my 3rd baby as during her birth I had 2 more babies…”

The other three participants practiced EBF less than the recommendation consecutively 5, 4.5, and 3 months only. Their statement was:

“I have given 5 months only breastmilk.”
“I have enough breast milk I started feeding her other food for example puree from 4.5 months.”
“Yes, I feed the baby the breastmilk till 7 months. First 2.5 / 3 months she took only breastmilk. After that as the breastmilk was limited, we started providing formula milk.”

Another participant practiced EBF only for two days because of insufficient breast milk. Her speech was:

“From the very beginning, she used to have formula milk with breast milk. The first two days, she took only breastmilk because of insufficient breastmilk hospital started to give formula milk besides breastmilk.

5.3.3 Reasons for breastfeeding and continuation

Participants mention some of the reasons for the continuation of breastfeeding including health benefits on baby and mother, consider breastmilk as the best nutritious food. Breastfeeding is convenient for mothers because it’s always ready and babies become calm and satisfied after having it. Mother can take rest at the time of breastfeeding. Mothers’ confidence is another issue to continue with breastfeeding. Religious beliefs about breastfeeding encourage then to continue. As it is from God for a special purpose, it brings benefits for both mother and child. Even some medical conditions such as allergy with formula milk force mothers to continue breastfeeding. Overall, they think that it is superior food. they should continue it. Some of the participant's statements are given below:

One participant was explaining that breastfeeding time was the relaxation time for her. She could take rest only at that time. Her speech was:

“…. it’s very easy…. When my child took breastmilk, it was one kind of exercise and that time was the rest time for me as I took the opportunity to sleep at that time. It was the only rest time for me as with such a small baby it was really hard for me to manage time and sleep.”

One participant was explaining that it is an easy way of feeding the baby because it does not need to prepare. It’s always ready.
“… it doesn’t need to prepare…. I found many times the baby started crying, after getting the milk the baby started sleeping. I think it is the easiest way to feed the child.”

One lady was explaining that breastmilk is pure, and it increases the psychological bonding between child and mother which gives her mental satisfaction. These are the reasons for the continuation of breastfeeding for her. Her statement was:

“First of all, breastmilk is pure. Secondly my child was getting milk form me which was a mental satisfaction. Thirdly, many told that baby will be brainy if he/she gets breastmilk. I really feel when I gave her breastmilk. It makes me mentally satisfied and I thought that I was making a strong bonding between me and my child. Moreover, I heard that breastfeeding makes a strong immune system. It was also a reason for breastfeeding. Altogether, I thought I should continue breastfeeding.”

Another participant was explaining that breastmilk is a nutritious food that contains all kinds of vitamins and minerals for the baby’s proper growth. This is the reason that acts as a motivation for her. Her statement was:

“…. I think that a small baby can’t eat everything, so balanced nutrition is possible to get only from breastfeeding. I believe this and the doctor also say the same thing. For this reason, he is thin, but he is strong. From a young age he doesn’t want to take other food, I failed to feed him more than one or two spoon of hodgepodge (khichuri). This small amount is not anything for him. So, all nutrition he got from breastmilk.”

One lady was explaining that breastmilk is pure, and it is from God, but formula milk is artificially made by human beings. Breastfeeding also prevents breast cancer. These are the reason for her continuation of breastfeeding. Her statement was:

“I didn’t want to give anything artificial that, my one is pure which is God gifted. Whatever I will give from outside, it’s made by human beings, that is artificial, so I didn’t want to give anything artificial. As I know and I have knowledge about it and doctors told me about it, so why I will not breastfeed my child. I know one more thing, if anyone don’t breastfeed that causes clot of milk inside breast and ultimately breast cancer”
One participant told she faces many challenges such as sleepless night and failed to manage time for other work. Considering the health benefits of her babies, she was confident to continue breastfeeding. Her statement was:

“.. The first few days when I was bit sick the breastfeeding was hard for me, but I didn’t feel it as I was doing it for my child. Though, there were many sleepless nights, less time because of work but I never felt it hard for me...It’s a bit difficult that he asked for milk at night when he wakes up from sleep. But this situation is not for a long time, just for two years. Now he is not having it…I breastfeed my elder daughter for more than 2 years and I have a strong will that I will continue breastfeeding my son till two years”

Another participant continues breastfeeding for more than 2 years because her baby wanted to have it. This is the reason for her continuation.

“… My target was to feed my elder baby for at least 2 years. She breastfeeds 2 years continuously but after two years… I reduce feeding like once or twice in a day. I didn’t want to breastfeed after two years, but I couldn’t resist myself because she wanted to have it.”

There are some special purposes for the continuation of breastfeeding. One participant gave an example of another lady. She needed to continue breastfeeding because of some medical condition such as allergy problem with cow milk and formula milk. That’s why she needed to continue with breastfeeding. She stated it:

“Yes, I know one lady here her baby has a problem with formula milk, that’s why she fully breastfeeds her baby. Even if mother have cow milk then baby suffers from allergy or problem. Baby suffers from allergy not only having milk but also touching the food item made from cow milk. If she sees or touches the food somehow, instantly she suffers from allergy.”

Another mother gives an example of her husband’s condition that her husband has a digestion problem and lactose intolerance because he didn’t breastfeed. If she doesn’t continue breastfeeding her baby, it might cause some trouble with her baby in the future. Her statement was:
“I think breastfeeding needs to continue till 2 years because as I heard babies who take breastmilk for a long time their brain is sharper than other…formula milk may make the stomach upset. For example, my husband can’t eat everything, he needs to be too cautious about his food selection like he can’t drink normal milk and always need to drink lactose-free milk. It is because he didn’t breastfeed and took powder milk… my mother in law told me the information.”

5.3.4 Schedule of breastfeeding

Breastfeeding intervals was determined by nurse’s suggestion. Sometimes they failed to follow the exact timing as the baby was sleeping for a long time. In some cases, it was determined by the baby’s crying or just to observe that baby is hungry or not. A couple of participants are very serious that they put an alarm to maintain the two hours interval to breastfeed her child. Another participant breastfeeds her baby every hour.

One participant was telling that nurse suggest her to breastfeed every 3 hours, but she couldn’t follow the exact timing. When the baby woke up from sleep, she breastfed her baby.

“The nurse told me to breastfeed my baby in every 3 hours. Usually, after getting milk one time she sleeps around 3 hours, I just feed her when she woke up from sleeping. Sometimes she sleeps for 4 hours. I let her continue sleeping and feed her when she woke up. “

Another lady was explaining that she has breastfed her baby when the baby cried to have it, or she observed that her baby is hungry. Her statement was:

“The thing was that yeah, I gave him when he cried. If he cries after taking the breast, I used to check whether he has pain in the stomach or not. I didn’t follow any specific timing. I have tried to understand whether the baby was hungry or not. I breastfeed when I feel that she wanted to have it.”

Another lady told me that she put an alarm to breastfeed her baby every two hours frequency. Her statement was:

“I got the information from google… we should try to breastfeed every two hours. When She took only breastmilk, we made an alarm in the mobile to ensure the time interval of two hours.”
One participant told that breastfeeding should be done frequently. She breastfeeds her every hour except nighttime. She stated:

“Need to feed frequently. Doctors in Finland told me to feed 8 times a day, but I usually feed her in everyone hour except nighttime. During the night I feed him milk 2-3 times. In the morning time if he sleeps then the gap of feeding my increased to 2 hours.”

5.3.5 Practice of complementary feeding

Most of the participants started to give complimentary food starting from 4.5 months of age of babies. They started with mashed potatoes, vegetables, and different puree bottles available in the supermarket. One participant told that it is mentioned 4+ in all the puree bottle, that’s why she thinks that Finnish start solid food a bit earlier than the recommendation. If the baby doesn’t get enough breastmilk, doctors suggest starting solid food earlier and leave the decision on parents.

One participant told that she has started to give solid food at 4.5 months of age with mashed potato and gradually started to introduce different food within six months of her babies age. She said:

“I have started to give solid food at 4.5 months of his age, and it was mashed potato. I have given it for three days and then I gave potato and rice mixed food. I used to feed him with Hodgpotch, besides this slowly I have started to give egg, fish, and meat everything he started to eat from six months of his age.”

Another participant explained that she started solid food with formula milk from 5 months of her babies age. She failed to breastfeed her child that's why she always tried to give her baby all kinds of good foods. Her statement was:

“At his 5 months of age I have started to give him solid food besides formula milk. I used to give him ready food you can buy it from any market. Then gradually I started to give him rice and dal and vegetable with fish or meat… I failed to breastfeed, I tried to give him healthy food… nuts,
egg, yogurt which is needed but will not make him 100% brainy, and breastmilk is needed for that. I am very sensitive about it.”

Another participant told that Finnish people start complementary feeding a bit earlier then recommendation because all the puree bottle contains instruction of starting time from 4 months. She explained:

“I plan to continue breastfeeding until 4.5 months. Here they start solid food a bit early not like Bangladesh. They do not wait till 6 months. I saw in puree bottle here in Finland, in the bottle it is written 4+ months. Though I didn’t ask anyone, the food can be given from 4+ so I think Finns provide early…..yeah Finland’s doctor suggests to me if I think the baby is not getting enough breastmilk then I can give him other foods also. They leave this with my decision.”

5.3.6 Reasons to stop or discontinue breastfeeding

Most of the participants mentioned about suckling problem of baby, insufficient breastmilk, mothers’ hormonal disorder, and mother’s bad physical condition after delivery. Some reasons were also mentioned including a short period between the second conception, big breast size with a small nipple and to avoid public breastfeeding. All these are the reasons for the discontinuation of breastfeeding.

One participant mention about the suckling problem was one of the main reasons to choose formula milk. Her baby was born too small that her suckling muscle wasn’t developed, but when her suckling muscle developed after a couple of months, she was used to with formula milk. She expressed.

“When she born, she was very small. She failed to suck properly, then they suggest me to give another mother’s breast milk (stored breast milk) …. I have pumped my breast milk to give her, at the beginning I always pumped breast milk, the amount of my breast milk was poor, the amount I pumped it wasn’t enough for her. One or two days she survived having my breastmilk then that was not enough for her, then formula milk was given to her. After that what happened she used to have formula and breastmilk both together, but the amount of formula milk was higher compared to breastmilk. The amount of breastmilk was little, how much I was able to give her by pumping the breastmilk. Maybe after two or three months, I can’t remember the
exact time she was able to suck by herself for feeding but breastmilk was not coming that much. Still she is having but the amount of breastmilk is not enough for her. Now she takes breastmilk, when she wants to sleep it’s not for the fulfilling the stomach, it’s for just to sleep.”

Another participant explained that she had thyroid disorder that’s why breastmilk didn’t produce well. Baby didn’t want to suck breastmilk. That’s why she introduced formula milk using a bottle and pacifier and the baby was comfortable with this kind of feeding way. She explained it:

“.. I had thyroid problem because of that breastmilk didn’t produce well…. I felt frustrated, I thought that the milk will not come. It is more related to psychology, if you think it will come and if you think it will not come... If the baby sucks more, the milk will produce more, now I understand it but when the milk needs to come, I failed to understand it…. Though I tried my best, in the meantime the baby was habituated with bottle milk I failed to breastfeed... When I tried to give breastmilk…. It was a great mistake to give a bottle and pacifier (chusni)…”

One participant explained that insufficient milk was the reason for the cessation of breastfeeding. She tried for a long time and observed but she felt that baby isn’t getting enough breastmilk. That’s why she stopped trying to breastfeed her child. Her comment is bellowed:

“I tried every three hours later, when he didn’t get breastmilk, I gave her formula…. She hardly got one or two drops at that time…. I continuously checked it for one month… She sucked the milk for a long time but was not satisfied…. there was no milk. breastfeed him till 5 months then I didn’t try. She is not getting enough milk so what is the benefit for trying.”

One participant was very ill after delivery as a result It was very difficult to give enough effort to breastfeed her baby. This was the reason for stopping breastfeeding. Her comment was:

“I think, I became very ill after my delivery. There was a strong headache, I have taken at least 40 medicine for controlling the pain. I couldn’t sleep at all. I used to give formula milk to my baby it was easy for me…. I have cried a lot if anyone calls from Bangladesh I have started to cry. Maybe this is the reason that I failed to breastfeed or not I can’t say.”
One participant was giving an example of her own. She wasn’t breastfed for long because her mother stopped breastfeeding after conceiving next baby. Otherwise it will be the reason for miscarriage.

“My mother told me that she failed to feed us breastmilk more than 6 to 8 months as the gap between her pregnancy was too short. Usually, doctors suggest stopping breastfeeding after conceived another baby otherwise there is a chance of miscarriage. So, doctors recommend stopping breastfeeding after conceive.”

One participant explained her sisters’ condition. Her sister was facing a problem with her big breast size and very small nipple. The child failed to suck breast as a result she couldn’t continue breastfeeding for a long time. She told:

“My sister’s breast was too big … small nipple. She failed to breastfeed her child by holding the breast with hand… the baby failed to breathe... As a result, the baby failed to suck the breast. Finally, she failed to breastfeed her child…She pumped breastmilk for baby in this way she continued 1/1.5 months then started providing formula milk.”

Public breastfeeding is the reason for the discontinuation of breastfeeding. It is considered as an uncomfortable issue. It influenced women to start formula milk. One participant commented:

“I feel shy suppose at ABC (marketplace) I can’t breastfeed there I breastfeed in the toilet. Haha, by seeing me in this condition, other Vabi (women) gave feeder to their baby.”

5.3.7 Challenges related to Breastfeeding

Participants face different challenges to breastfeed their child such as infant’s physical problem, tiredness, sleeplessness, and physical and hormonal change after delivery, caesarian delivery, lack of knowledge as a new mother, uncomfortable outside home, nipple size, nipple pain.

One participant told that her baby had a physical problem to suck breasts as a result she was getting little amount of breastmilk. She explained:
“She didn’t cry for food at all. The first few days she had a problem in her tongue. The nurse observed her condition. Her suckling muscle was not developed. After one week when her weight continued to be reduced then the nurse referred her to a specialized doctor and gave an appointment. Finally, when we visited the doctor the doctor checked and found the problem. Then there was a small operation. Before operation, she did get enough breastmilk because of the problem.”

One participant was explaining that she was a new mother that’s she did not know what’s the right way of breastfeeding and how to do it. She failed to sleep at night because the baby wanted to have a breast for long at night. Her statement was:

“In the beginning, it was difficult for me. At that time, I didn’t understand many things. I was a new mother. I didn’t understand how to hold my baby or what it is the right way that she could suck proper, I didn’t understand that whether she is getting the breastmilk or not. She was sucking for a long time, but I didn’t understand whether she is getting anything from it or not…… felt very bad at night that I can’t sleep properly. I felt that I will stop breastfeeding. But now I think that it’s easy work for me.”

Another participant was explaining that before and after pregnancy body changed a lot because of hormonal changes as a result mother always feels tired. It is a big challenge for breastfeeding. She also mentioned that mothers need time to adjust to the way of breastfeeding. She was explaining:

“When you are a mother of a newborn baby whether it is caesarian or normal there are many changes in the body, normally we feel too tired from the beginning. In total pregnancy period I was sick, sick means I have morning sickness, this I was not able to take any food even if it was water … I was too sick. When the baby comes, it's a big challenge to breastfeed. Mother's s body hormone changes at that time which usually makes a big impact in her mentality. You can’t sleep at night, at first you need to find out in which position your baby feels comfortable to take milk. You know, the style of taking milk is not the same for every baby, it takes time to find out the exact position in which the baby feels comfortable. In my case, it took a lot of time to adapt to the breastfeeding.”
One participant considered breastfeeding is difficult and time-consuming work because infants are too small. They needed feed frequently which was difficult for her to continue breastfeeding. One participant was telling this way.

“The work is obviously hard. Babies normally take a little amount of food; they are not like elderly people who can take huge food and can stay for a long time. Babies need to feed frequently which is a bit hard for mothers. I feel pain in the nipple. Breastfeeding kills a lot of time. She tried and tried but not able to get enough milk…As I am not successful so I will say it is difficult. Many mothers say that it is easy and comfortable many things like this, but I really failed to do it”

One lady was explaining her difficult physical condition after delivery, postpartum depression, and hormonal disorder which were the big challenges for breastfeeding. There was no guardian to help her in this condition. She regarded that she failed to breastfeed. She would not do it again if she will have a second baby in the future. She explained:

“I was in depression as I didn’t breastfeed to my baby, I wanted but I failed to do it because I had thyroid problem….I believe my hormonal disorder cause problem for breastfeeding. I have a hypothyroidism problem, for this reason my breastmilk was poor and didn’t produce well. I was tired, I didn’t understand what to do at the first time as it was my first baby, I didn’t have any guardian here. I thought that the milk may come but the child needs to feed 7/8 times in a day I just heard but didn’t realize, it’s a great experience of mine. If I get the next baby, I will not repeat this kind of mistake. No matter how sick I will be, I will try. I was too tired, the first three days the blood pressure was too high, I failed to leave bed. Continuously, three days I went to the hospital in that sickness situation with the baby. I was locked totally. I was not able to lie down to bed because of pain.”

One participant faces difficulty because of the cesarean section. When the baby wanted to have breast and frequently, she was facing difficulty. She has given an example of her second child that she used gave pacifier because her baby wanted to have breasts all the time. She explained:

“No, look at my belly still its big because I failed to put belt. Frequently he cried for the milk and needed put on my breast, so I breastfeed my baby in day and night. I had a cesarean section at the last stage, and I needed to have rest at least three months but I did not get rest even three
hours…… For a younger baby, at the beginning I couldn’t sleep at night because he wanted to suck all the time even, he was full. Then I gave him pacifier because all the time he wanted to suck something it doesn’t matter whether he is full or not.”

One participant was explaining that breastfeeding outside the home is a big challenge... She needed to keep a time bounding in mind that go back to home to breastfeed her baby especially when she was in Bangladesh. She was explaining.

“One don’t have any work to do but in Bangladesh I needed to go out of home for some reason. I needed to go out I needed to be abject on time. For example, when I went out for any paperwork for Finland because, when I went out of home, I breastfeed my baby. It always remains in my mind I must back at home at the right time. Because she didn’t take bottled milk, yes, I also provide some pumped milk, but it doesn’t support for a long time. For this reason, I have always a time bounding in my mind. The situation was about the days when she took only breastmilk. Here, in Finland I have no problem like that because here I have my car and if I go out, I can feed her in the car.”

One mother mentioned that her nipple was too big for the child to put on it. The first couple of days, she was facing challenges to breastfeed her baby. Baby failed to suck breastmilk as a result she was suffering from breast pain and fever. Her statement is:

“I breastfeed my child two years from the very first day, he put to my breast when he born, and he started to suck. My nipple is big, so what he did, he sucked one side by his lounge, and he sucked very quickly, and there was a big wound and severe pain was there. There was enough milk inside my breast, but he failed to suck. Then, there is a pump machine in the hospital, they brought that machine for pumping the breastmilk. I got very high fever because of that pain and breast milk was clot inside every time I got a fever, but at the beginning, the doctor thought that it’s because of maybe for any viral infection. Then nurse pumped breast milk about 3 or 4 times and they stored it and they gave him three or four days like this way. He was trying to suck and sever pain was there.”
5.3.8 Effect of mother’s diet on breastfeeding

Participants talk about diet, its effect on breastmilk production and baby’s health. If mother eat well balanced diet it increases breastmilk and baby got all the potential nutrients through breastfeeding. They were talking about Bangladeshi food and Finnish food culture and its effect on breastfeeding as well as their health.

One mother told that nowadays she is cautious about food. The food will pass vitamins and minerals through breastfeeding. Her explanation was.

“Important thing that my baby can’t eat everything, whatever I have eaten my baby got all the vitamins through me, I felt so good to think about it. I didn’t use to eat many things but now I eat everything, I always think that it contains protein or vitamin. So, everything I eat like medicine, thinking that my baby will get the vitamin from me.”

Another participant told that having especial food such as milk and egg is important to produce breastmilk. These foods are rich with calcium which doctors always suggest to take. Her mother also suggests her to take especial food for the increased breast milk. She explained:

“Many people said that if the mother drinks more milk and egg then breastmilk will produce more because those foods contain calcium which helps to produce milk. Milk also contains all kinds of vitamins. Doctors always recommend taking calcium tablets during the breastfeeding period. Whatever I will eat my baby will get everything from me. I got this kind of information from the Facebook group. My mother told me to take two eggs, “law”, Sing fish every day. It will increase breastmilk.”

Another participant told about Finnish food habits. Finnish women always used to have fresh vegetables which help to produce enough breastmilk. But Bangladeshi foods are rich with carbs such as rice, which is also good for breastmilk production. She has given an example of one acquaintance, who is Hindu, and their culture is to have a lot of vegetables. The lady has enough breastmilk to feed her baby. She was explaining:
“In case of Finnish mother, they don’t have enough breastmilk but in case second or third baby enough breast milk comes, and especially Finnish mother produce enough breastmilk because what kind of food they eat such as they eat lettuce leafy, salat leafy (cabbage), cheese and a lot of fresh juice these kinds of food produce enough breastmilk. It’s true you when you have enough water in your body it will increase the breast milk……In case of me, I eat a lot of rice, when I reduced the amount of rice at that time breast milk also reduced, for this reason, I failed to reduce the amount of rice. In my life, I never eat that much of rice but now I eat rice until it makes full my stomach…. …and one more thing, suppose when my baby is hungry, I eat a cucumber and drink a glass of water, instantly breastmilk was full, I observed that. After that I started to feed him. Suppose you are struggling there is not enough breastmilk just make watery curry of one whole guard and have that one, there will be no problem with breastfeeding your baby……Joya Mami (example of one acquaintance) has enough breastmilk, it’s because they eat a lot of vegetables and black seeds. She is Hindu, and Hindu people eat a lot of vegetables and they don’t like to have that much of fish and meat.”

One participant told that after delivery she used to have a lot of food. It is because of breastfeeding. Bangladeshi food culture has a great impact that she used to eat a lot of rice which increased her weight. Her explanation was:

“Mother needs to take a lot of foods. Our food habit …we usually eat more carbohydrates which increases the possibility to gain weight. It happened to me…. vomit…. before delivery…… As a result, after delivery I used to take a lot of food and gained weight because of Breastfeeding I tend to have more food…… The behavior is because of the food habit of Bangladeshi…… may affect positively. We used to have more rice or bread. Though I took fruit, juice a lot because of food habit I needed to have rice otherwise I felt empty stomach.”

5.3.9 Religious issues in practice

All the participants of my study are Muslim. So, Islam has a great influence on their breastfeeding practice. A couple of participants commented that breastfeeding is a special gift without being pregnant breastmilk doesn’t produce. There will be a reward from God for practicing it. These words are motivation for the continuation of breastfeeding. They are very happy and satisfied that they are following God’s command. Religious issue has also impact on cessation of
breastfeeding. One lady has given religious water (Zam-Zam water) to her baby during the EBF time. The water is considered as a special thing which is going to act as medicine for baby

One participant explained nicely that breastfeeding is a special gift from God and there will be a special gift from God for practicing it. This act as a motivation for her continuation of breastfeeding. Her statement was:

“In our religion it is said that breastmilk is a special gift from Allah, breast milk is not produced without being pregnant… the mother who feeds her child breastmilk there will be a lot of gifts from God. Finally, my child is getting milk form me it’s a great fulfillment…… I kept in my mind that It is a special gift from almighty Allah, and I should utilize it totally and till now I am getting motivation from these words.”

Two participants gave an example of her mother and sister, how they stop breastfeeding because of religious command. One told:

“As I heard from my mother, I breastfeed till 2 years. As there is a restriction in Islam that after 2 years the breastfeeding should not continue. My mother stopped feeding exactly when I was 2 years old”. Another participant explained:

“My sister feeds her children adjunctly till 2 years, not even a single day after 2 years as she is more Islamic minded than me…. I continue feeding for more than 2 years, but she didn’t whether her child cries for it. She told that the child will sleep after crying and crying but as it is prohibited in Islam, she is not supposed to breastfeed. But I failed to do it, I have given my child when she cried for milk.”

Another participant has given religious water to her newborn baby. She noted:

“I didn't give her anything… except a very little amount of water of “zam zam water”. Just a drop with my finger. This was in the name of almighty Allah”
5.3.10 Practice of breastfeeding in Bangladesh & their childhood

All the participants mention that breastfeeding is a common practice in Bangladesh and most of them were breastfeed in childhood. It is surprising in Bangladesh, if someone does not breast their child.

One participant explained that breastfeeding is a compulsory practice among Bangladeshi women. They breastfeed their child even more than two years. She explained:

“Yeah almost everyone They breastfeed their child a minimum two years, I know some, you know, they breastfeed for three years even. But my sister, who is a teacher, she got six months of maternal leave and breastfeed her baby for six months.”

Another participant told breastfeeding is a quite common practice that everyone will breastfeed their child. It is surprising if someone doesn’t breastfeed her child. One participant was explaining:

“Actually, everyone breastfeeds in their child and I never heard that formula milk gives to a baby. First, my sister in law gave formula milk to her baby, so everyone was surprised. She didn’t like to breastfeed, but she has breastfed her second child. But I can’t say you, why she did this kind of thing. I didn’t talk with her regarding this.”

Another participant told that she was not breastfed for long because her mother was very young only 14 years old. After delivery she was very sick. She did not know how to breastfeed and take care of a baby. She explained:

“Now a day’s mothers are really interested to breastfeed their child. Many of them are determined to breastfeed till 2 years… I took breastmilk till my 13th day of birth as my mother was too sick. When I born, she was only 14 years old. So, you can understand that she was underaged at that time. After my birth she didn’t has breastmilk and she didn’t know how to take care of a baby. Although they tried a lot, finally bottled milk was given, but my brother breastfed 3 years and till he's 7 months he took only breastmilk. He was the second baby.”
5.3.11 Breastfeeding in public place

Two participants told that they are comfortable breastfeeding in a public place. Most of the participant told that in Finland situation is positive due to people’s mentality, breastfeeding facilities everywhere and favorable environment compared to Bangladesh. Most of the participants told that it is uncomfortable and embarrassing to breastfeed in public places especially they mention about the situation in Bangladesh. It is uncommon and not practiced in Bangladesh. Breastfeeding considered as a sexual exhibition and attract attention to men. Religion and culture have also an impact on breastfeeding in a public place. Muslim and Bangladeshi women cover themselves properly. It is considered quite awkward for them to breastfeed publicly. One participant was explaining that she doesn’t feel uncomfortable breastfeeding her baby in a public place, because Finnish people respect breastfeeding. There is an environment such as breastfeeding corner available almost everywhere. If someone needed to breastfeed, they create an environment to breastfeed her child.

One participant was explaining her experiences:

“…I do breastfeed in public place and it is not uncomfortable here in Finland. I know that no one will look at me when I will breastfeed in public places here in Finland. So, I didn’t feel uncomfortable, I didn’t face any problem here. Finnish mothers breastfed everywhere, and they respect this thing a lot. One day it happened that I went to the city center, and there was no place for breastfeeding. I went to a shop and ask a man (was sat in cash counter) that could please give me a corner to breastfeed my baby, he told me that you can sit here and breastfeed your baby no problem and he went out. How long I was breastfeeding my baby, he didn’t come inside the shop. Finnish people respect this thing a lot. Even it happened that in bus…… he started to cry, and I fed him but it’s not a matter here, even they will not look at you.”

Another participant explains the breastfeeding facilities in Finland and how the situation is different from Bangladesh. She explained:

“I didn’t see that many ladies here that they are feeding their child in an open place. Because here all the places have a place for breastfeeding and changing room for baby, so there is no problem. but in Bangladesh, it’s not possible. In Bangladesh if you have a baby then stay home and just take care of the baby. People doesn’t see normally breastfeeding outside.”
One participant told her an awkward situation when breastfeeding in a public place. She was explaining her experiences:

“It is not possible in Bangladesh. I want to tell you a story, when I was going to Bangladesh, my baby was 4.5 months at that time he couldn’t eat anything. When I was in flight, two fins were sitting beside me. I didn’t face any problem to breastfeed but when I went Doha and was in connecting flights. There most of the people were labor, you know most of them are uneducated. Abiyat was crying so I was trying to breastfeed, I covered myself with a big piece of cloth. But still, two men were trying to see me from both of my sides haha, nothing was visible, still they were trying. Then I told cru that could you please give a place in the bathroom, then the cabin crew told me that first class row is not that crowded, you can go to that toilet. So, there was no option for me, and I breastfeed my baby inside the toilet.”

Another participant mentioned about religious issues and cultural issues in breastfeeding issues publicly. She was explaining:

“Publicly breastfeeding is totally uncommon in Bangladesh……This is because Muslim women need to cover her properly. Especially, Bangladeshi women usually cover more compare to Finnish women. So, I think it looks odd in Bangladesh to breastfeed publicly. Usually we are not used to breastfeed in public places. It is because of religious and social aspects. Sometimes we breastfeed in a place where only women are allowed, and man’s access is strictly restricted.”

5.4 Family support

Most of the participants mention that they got support from their family members -mother, mother in law, aunt, husband. They are living here with only their husband. Whenever they faced any problem, they used to give a phone call to talk with their other family members. They got suggestions to solve their problems such as the right ways of breastfeeding, suggestions about their diet which might increase breast milk. All these suggestions were beneficial for them to recover the problem.

Two participants were explaining how their mother’s suggestion was beneficial for them. One told:
“… I usually feed her one breast at a time. Next time when she felt hungry, I gave her the other breast. At that time, my mother told me to feed her two breasts at a time which results increase the flow of milk production. If you follow the practice two breasts could get equal and a good amount of milk. I told my mother that I didn’t know it earlier and didn’t ask anyone because of shyness……”

Another participant told:

“I can remember I attended one program. I didn’t breastfeed him for a long …… My mother told me that first excrete some portion then need to give it, but I tried immediately…… When I went home my mother told me that it needs to through some portion and give heat then needs to breastfeed otherwise the baby’s stomach will be upset”.

Another participant told about her aunt how she helped her by giving suggestions, when she was thinking that her baby wasn’t getting enough breast milk. She told:

“I was very close to my aunt, then I asked my aunt that how do I understand that whether she is getting breastmilk or not. Then she said to me that, you will something when the baby will suck it, you will feel that blood circulation will increase, or you feel that something is going out from the breast. At the beginning I didn’t understand anything but later I felt that. Later I fell that when my baby sucked breast then I felt observed that my breast is lighter. Then I understand that my baby is getting breastmilk, she is not sucking only for hours and hour.”

Some participant told about their mother in law how they helped her by suggesting a diet to increase breastmilk. One participant explained this way:

“Emm, when my breastmilk wasn’t enough then My mother in law suggest me to have different food like a gourd, black seeds, vegetables, liquid curry, you know that what people always suggest in our country, if have this kind of food then it will be increase breastmilk……When I was out of home my mother in law used to feed my baby with the pumped milk and when I breastfeed my child at home, she closed the door. I used to buy special foods for example milk for me when I was in my law’s family”.
5.4.1 Influence on breastfeeding decision

Some participants told that Breastfeeding decision is influence by the family member. Some mentioned that they have closely seen how their younger brother or sister, or cousins were breastfed, which influenced their decision. Participants father has suggested to continue breastfeeding. Overall. They explained how their mother, father, relatives influence their decision. One participant has given her mother’s example:

“I saw my mother, aunt …..actually my younger brother is 11 years younger than me. From my childhood, I heard from them that breastmilk contains extra nutrition……. It was in my mind from my childhood that I should feed my baby breastmilk and there is no alternative way of thinking.”

Another participant how his father’s suggestion influenced breastfeeding decision.

“My father was a health inspector as a result we were very concerned about health issues. My father always told me to breastfeed my child …always told to feed her frequently so that breastmilk will be produced more... From our childhood we were concern about different health issues. My father’s information influenced us a lot.” Another participant mentioned:

“When I was in Bangladesh, I took care of my many cousins from their childhood….I saw many cousins from the very first day of their birth, so I saw actually how they were breastfeeding, and I heard about the importance of breastfeeding from elderly people….I knew everything.”

5.4.2 Mental support

Some of the participants told that they always talk with their family members' mother, mother in law, relatives, other immigrant ladies living here in Finland over the phone call, whenever they face any problem and they felt good to talk with them, which acts as mental support for them. However, one participant was told that her mother always blamed that she failed to breastfeed her child that’s why her baby has autism problems. She always feels bad about it.

One participant told:

“Here none of my relatives are physically available, I try to talk with my mother or friends over the phone and get all the required information….My mother-in-law also call me regularly and
suggest me how to breastfeed my child…Hmm, there is no one they always said to me that continue breastfeeding…. inspired me to continue it.”

Another participant explained how she feels when talking with her mother:

“Yeah, I usually talked with my mother. My mother always told me to eat that one, this cucumber, black seeds, water, juice, this kind of thing. Always talk over the phone. I have free of charge phone call. I felt good to talk with my mom.”

One participant told about other immigrant ladies:

“I usually talk with them over the phone. My aunt always gave suggestions when I had any problem. Yeah basically I talk with other mothers who are here in Finland, they are also like me in the same situation. I always feel more comfortable talking with the ladies who are here compared to my family members. I asked everything to them how and when to breastfeed. I felt good to talk with them.”

Although, one participant her baby has autism problem. She told about her mother how she blamed her.

“My younger sister breastfeed her baby till six months…My mother told me that she has done it but you failed …My mother always tells me that he didn’t breastfeed that’s why he is not that intelligent if he got breastmilk then he would have more brilliant. She always thinks that he would be more talented than now. Yeah, I tried… You know I tried a lot but unfortunately, he didn’t get anything from me, I can’t say anything about it that there is anything happen for breastfeeding or not”

5.4.3 Issues in communication, shyness

Some participants mention that they face problems in communication with their family members because it’s an uncomfortable and embarrassing issue to issue to talk. They felt shy to talk with elderly people. One was telling that most of the family members are busy and free time does not match with each other.
One participant explained:

“I didn’t talk with any of my elderly member, I felt shy to talk to them. It’s an embarrassing issue to talk with elderly people and I felt uneasy. But sometimes talk with my friends and it was comfortable for me.”

Another participant told:

“No, I didn’t get any information from anyone in my home. Basically, I had very little knowledge and felt uncomfortable talking about the issue with my family members. As I was the eldest daughter in my home, I felt shy and didn’t ask anyone anything about the issue.”

One participant mentioned that everyone is busy:

“Nowadays we failed to talk that much as timing doesn’t support. Everyone is busy, schedule doesn’t match with others. I talked with my mother and my sister. My sister suggests me to do massage to get more breastmilk…. She leaves in the USA. We talked over the phone daily. When she is in the job, I failed to talk with her. When I am free at that time, she is not free. Most of my family members are living outside…I failed to talk with them…..I think Facebook more comfortable.”

5.4.4 Support from husband

All the participant told that their husband was supportive of the breastfeeding issues. Some of them mentioned that they were seriously ill after delivery. Their husband has given strong support by helping them with all the household work so that they could give time to their child for breastfeeding. the participants told that their husband has given positive support by giving different information related to breastfeeding and by giving positive decision to continue breastfeeding their child.

One participant explained that how her husband gave support after giving birth in difficult time. She explained:

“…he tried a lot. During breastfeeding I needed to hold the baby. He tried to support me with the help of a pillow…. Husbands are not that expert on it, though till 7 days the baby was with
him and he was taking care of the baby. My body condition was unstable, I am not able to express it now. I was crying loudly because of the pain .... My husband ready the food for me and I just take it with a spoon by lying on the sofa .... I failed to sleep, not because of the child, it is because of pain. I went to the bathroom and cried loudly...."

Another participant explained:
“...my always husband suggest me different things about breastfeeding by getting information form YouTube .... to make the bard after breastfeeding. This information I got first time from my husband. He also talked with his friends with children. If the baby has any issue, he texts them and got suitable information.”

Another participant told that her husband was very serious about breastfeeding:

“He was really supportive. He was with me always. He always helped me to clean the house, cook food .... If there was any guest, he cooks food for them ... normal time if I failed to do household work, he supported me a lot. In the whole pregnancy period, he supported me a lot as he likes to have more children .... pregnancy time usually a bit hard .... I was not a working mother, was at home all the time, I thought that it was my main responsibility to take care of my child. My husband was also serious about this issue. He was more serious than me. He told me that taking care of the child should be the priority and all the other activities I should do later ...... He wanted it badly that I will breastfeed my baby. When the nurse asked me that do you want to breastfeed or formula. My husband told breastfeeding ...... My husband always supports me.”

5.4.5 Lack of family support

As an immigrant, all the participants are living here alone with their husbands only. They always miss their extended family support. Some of them think that, if they got more support, they could have done breastfeeding successfully and comfortably.

One explained her difficult situation.
“Though all are giving suggestions, I think it’s not enough. If I can be with my family in Bangladesh may got some extra care. Here me and my husband need to manage all. As we are new parents it is not that easy for us. Bit hard to take care of the newborn baby. Others are telling us that it takes more time to become habituated with the new life ... Breastfeeding is not hard
work. It’s a natural process but needs a bit of experience. Support needed at that time, that means I need to know from them who had the baby because it’s my first baby, everything was not known to me, many things related to this…. If I was not that tired, if my mother or mother-in-law was with me in the same home, they could support me, and I could sleep in the morning time or maybe I could sleep 2 hours at night…..I could be fresh or relaxed, If I am tired milk will not come.”

Another participant told:
“Here everything I need to do alone, I failed to do bath even I couldn’t go to the toilet until his father came home. Many times, it happened that I didn’t go to the toilet at all I felt that my baby is alone, if he cries. I live with a joined family or live with many knowledgeable people, then I could sleep for a while to get the energy to take care of my baby, I could breastfeed him well... Because hormonal change my thought changed a lot of different kinds of thoughts came at that time I have totally changed, how I used to be before gave birth.”

“I already told you. Tiredness, from tiredness depression, was not able to sleep at night because of health issues, maybe less willingness to provide breastmilk because of tiredness. I wanted to provide but failed. Because I was alone, and my husband was at work. How a single person can handle the situation? If there is anyone who can look after the child, then I was able to sleep. The nurse told me that she can arrange someone to look after my child for 2 hours, but I need to pay 40 euros. As I was not sure whether I could sleep in the morning, I didn’t take the option. There was no guaranty that I can sleep.”

5.5 Healthcare support

5.5.1 Health professionals support

Most of the participants said that they got enough support from health professionals and healthcare centers in Finland. Some of them got training from hospitals where they got to know how to take care of an infant including breastfeeding which was helpful for them. Some of the participants, who was facing some problems such as nipple pain, hand or shoulder pain because of breastfeeding. Nurses have given technical assistance to them to solve the situation and they were very patient to help them even they have given support by coming at their home in their
breastfeeding time. A couple of participants failed to breastfeed, but doctors and nurses help them in many ways to solve the problem.

One participant explains nurse help her showing the right way of breastfeeding as she was a new mother. They were very well trained, helpful, and caring. Her explanation was:

“I was a first-time mother, they trained me in such a nice way that if I wouldn’t get this facility in Bangladesh. They show me several times. Minimum twenty times they showed me, because my baby is too small, and I don’t know how to hold him to get the breast milk properly. He was crying because of air stacked inside, then nurse showed me to burp the baby. Here nurses are very well trained, even I feel that nurse knows more than doctor…. What mother do for her child; I saw that nurses do more than a mother does for her baby. They are very caring. I stayed at the hospital for twenty days, nurses and his father took care of my baby for the whole period. The day, I had my delivery after that night my boy was crying the whole night. One nurse told me that I will take care of your baby, you can sleep. There is a well-trained nurse for the baby, whose mother is seriously ill. Different kinds of nurses in different stages. When I was able to take care of my baby on my own then a normal nurse came.”

Another participant told that when she was facing nipple pain, nurses advised and showed her the right way of breastfeeding. Nurses explained her everything about breastfeeding. Her explanation was:

“…They just ask me that how long I breastfeed my first baby and I answered 2 years. Then they said it’s good. They just show me how to feed breastmilk. For example, when I told them that my nipple pain has started then they told me that it is because you didn’t feed him the right way, if you breastfeed him in the right way you should not face the problem and then they showed me the way to feeding. The nurse means midwives showed me …..they have given me suggestions. For example, how I will hold my baby for breastfeeding, and different position. It was very helpful for me because it was my first baby, so I don’t have any idea, how to take care of baby, how to do everything, it was very helpful as they show us everything so practically.”

One participant told that hospital nurses’ guidance was sufficient and so helpful that she didn’t ask any suggestions from anyone about breastfeeding. She recovered from the arm pain because of their guidance.
“Hospital nurse show me and guided me perfectly. I don’t need to ask anyone about breastfeeding. The nurse showed me how to hold, feed, bath the child. Those were helpful. I didn’t know anything before as it was my first child. I tried to feed her but got pain in the arms but when the nurse showed me the proper way of feeding it was becoming easy to me. There are some rules or way to feed the baby breastmilk. Getting a good quantity of milk depends on it.”

One participant said that the hospital nurse came to her home to give her support. She (nurse) was very worried, why she is not breastfeeding her 3rd child proper and why her husband is not that supportive. Her speech was.

“….. they are truly helpful. Health system here in Finland is developed. Don’t know whether the health system is developed or not but for the new mothers and pregnant women they are helpful and good. The first time they visited home to look after me……I heard that they have some training in childcare, but I didn’t attend any of them. At the time of my third baby the nurse was too concerned about me, she asked me why my husband did not support me more. I was not able to sleep. At that time my second daughter was also a bit young and we didn’t able to get daycare support due to unavailability. However, the tiredness was not because of my husband as he helped me a lot. A lot of visitors visited our house to have a look at my child. We needed to expend a lot of time preparing food for them and talk with them. I didn’t able to tell the nurse the exact reason for my tiredness. The nurse also told me to take someone to help me with hourly payment. I found the option not that supportive for me and didn’t take any. I am telling you all these things to make you understand that the hospital nurses are really caring here in Finland.”

Two participants failed to breastfeed for a long time. When they went to meet with health care professionals, they tried to guide her to recover the situation.

One participant was explaining how nurse and doctors helped and suggest her to solve the breastfeeding-related issues, as she was facing difficulty to breastfeed her child. When her baby didn’t get enough breastmilk, the nurse has given her suggestion to breastfeed the baby again and again.

“I went to nurse many times. She told me to take curbs, do this and that. I did all…… I heard about some medicine which will increase breastmilk then I discuss it with the doctor, but the doctor told me that we don’t know any medicine, which will increase breastmilk. The main
problem is that the baby was not taking the nipple in his mouth and started crying. I tried a lot after 3 months. Baby didn’t like it if I tried to force to him...... The first few days I was not able to take her in my lap. I did not know how to feed her, in which position I needed to feed. The nurse showed me the proper way. They were so helpful.... The nurse told me to feed her breastmilk as much as possible.”

Another participant was facing a similar problem. Her baby wasn’t getting enough breastmilk. Then doctors and nurses tried a lot to recover the situation.

“I have tried a lot, when he is 16 days old, one day I admitted to hospital with the baby they observe that how he sucks and how much he is getting. They took the weight of him before and after he sucked to understand that how much milk, he is getting. Doctors and nurses tried a lot, but nothing worked.... Yeah, I already told you that she was underweight that why she failed to suck properly, she failed to put nipple inside, it was big for her at the beginning. I asked help from a nurse that could please show me that how can I breastfeed my baby or what I will do. They showed me but actually I failed to follow, they showed me, but I didn’t follow that.”

Two participants got training from the healthcare center. One told explained that she with her husband got two days training program in English, where she got to know how to take care of an infant including breastfeeding tips. She explained:

“Here in the hospital they gave 2-3 days training .... I have participated in one training. It was for two days and two hours. It’s about everything on how to take care of the baby, how to breastfeed baby everything was included. Father and mother both went there, and it was in English. It’s basically for foreign parents. From the Bengali community 3 families went there with me to participate in that program, at the same time.

Only one participant claimed that she didn’t get enough support from hospital nurses. Her nurse was not that helpful by giving suggestions. Her explanation was:

Just one participant told that she didn’t get that much support from the hospital nurse. She told. “In my case, there was a nurse for me she is very young if I asked any question, she answered for it. She didn’t say me anything from herself. I heard from many people that when they conceive there is much counseling from doctors and nurses from Neovola but in my case nothing
happens to me…. I didn’t participate in any course, and I don’t know anything about it. I searched everything on my own to know about breastfeeding related issues.”

5.5.2 Access

Most of the participant told that there was no problem communicating with health care professionals and to get support from them as most of them know English. However, a couple of participants found language is a barrier to communicate as their nurse did not talk English.

One participant told it was easy to communicate with hospital nurses because almost all understand the English language. She explained:

“It was very easy to talk to them. At that time, I wasn’t good enough at the Finnish language, I used English to talk to them and almost everyone understood…..they sent only those who knows English. Sometimes some nurses were that they hesitate to talk in English I have tried to use one or two words to say something, but they understood everything that I want to say. They are very expert.”

Another participant told that language was a barrier for her to communicate with nurses as the nurse was not good at English at the time of her first baby. Her explanation was:

“I didn’t face any problem to communicate…… Ohh during my first baby, as the nurse was not that expert in English and I didn’t know how to talk to Finnish, we had some communication problems. But at the time of my second and third baby, I was a bit fluent in Finnish, so there was no problem”

Another participant told that her husband helps her in communication with the nurse. She explained:

“My English was not that good. I was able to understand everything but was not able to express everything. My husband helped me with this issue. He communicated with the nurse and doctors and translated in Bangla for me if needed. Usually the community nurse was the first contact for any problem but if she failed or if the problem was a bit serious then the nurse referred use to the
doctor, but the nurse provided all sorts of training and information related to all the aspects of the child. They were very flexible and cordial. Their way of communication was good.”

5.5.3 Source of information

Most of the participant told that doctors and nurses just ask them about their decision for breastfeeding. Their sources of information regarding the benefits of breastfeeding are the internet, Facebook, academic subjects, elderly people, or family member. Their comments are given below.

“They didn’t give me any suggestion. They just ask me that do u want to breastfeed or formula feed your baby.”

“Actually, they didn’t say me anything separately about breastfeeding. I heard about the importance of breastfeeding when I was in Bangladesh. From elderly people or from television that breastfeeding should be done till six months They just ask me, that do you want to breastfeed or not?”

“I was subscribed with Facebook pregnancy group and Bangladeshi parents’ group. If I face any problem related to breastfeeding, I used to make there a post got the current solution…… I found perfect information about the newly born baby. Those were helpful.”

“I didn’t get any training. I got information mostly from Facebook and YouTube. I saw my mother’s way to feed my brother and from nurses.”

One participant told that the nurse told her about the benefits of breastfeeding.

“The nurse told me about the various advantage of breastfeeding. As I heard some other training was also available, but I didn’t attend any of those. I had a subject on childcare in my bachelor, I learned many things from there also.”
5.5.4 Comparison with Bangladeshi healthcare support

Most of the participants are very happy about the support they got from the Finnish healthcare system. Finnish health care system is well developed, nurses are well trained compared with the situation in Bangladesh.

One participant told:

“Here in Finland, they tried a lot…. The nurse gave me a pumping machine…. in Bangladesh most of the delivery was made with operation. Many experienced close relatives (i.e. mother, grandmother, mother-in-law) can support the mother to get proper breastmilk which is not available here. Doctors in Bangladesh are not that much helpful compare to Finnish doctors. If your child is not getting breastmilk and the period is form 1-3 months, then you can go for a day-long training. The cost maybe 40 euros. In my case I was trying to do the course but when I communicate with then the baby's age was more than 3 months. I failed to attend the training. I was very creasy, why my child not able to get breastmilk. I communicate with the nurse then she informed me about the place. It is a sort of hospital or training place. When I communicated with them, they denied it as it was more than 3 months. This sort of thing is not available in Bangladesh.”

Another participant told:

“I can say about my experience, I personally believe that I am so lucky that my baby was born here. Giving thanks isn’t enough for how much mental support they have given me. At a point in my pregnancy, I was thinking that my baby’s responsibility isn’t mine, my baby’s responsivity is their responsibility. They are much more concern than me, what is good for my baby, they showed me sever times how I will feed my baby this way that way……I am so happy. If I talk about the situation in Bangladesh, then I am afraid to think that I will have a baby in Bangladesh. You know, I am telling the truth. I have a problem, I had diabetics when I was pregnant. For this reason, they have done an ultrasound every month to check the weight, growth and brain
development of my baby. For this reason, I was so satisfied that I knew, my baby is safe and healthy inside me.”

One participant told that the facilities are available only for rich people:

“Health care system in Bangladesh is not up to the standard. I visited a hospital where one of my cousins born her baby. The behavior of nurses was very bad. I felt upstate. I didn’t see any doctor there. They didn’t provide any training or proper information to mothers on how to breastfeed a baby what I got here. My hometown is in Fanny. I don’t know about the status of Dhaka. I know there are some good quality hospitals in Dhaka named Apollo, Square, etc. Their quality may be better. Usually rich people go there.”

5.6 Workplace support

Nine participants in my study were housewife and they were doing basic language courses only. So, my study failed to reveal the workplace support part. Some of the participants told about the paid maternal leave system in Finland and they compare it with the Bangladeshi system. In Bangladesh, the workplace is unsupportive to breastfeeding but in Finland, the scenario is positive towards breastfeeding such as they provide long maternity leave and daycare support when the mother goes for work.

One participant told about the 9 months paid maternal leave system in Finland but paid maternal leave is short 6 months in Bangladesh. Her statement was:

“Here you will get maternity leave for 9 months. In that case you can breastfeed easily till 6 months. You will get more time. After 9 months the baby usually not dependent on only breastfeeding. You can breastfeed easily when you will return from work. You will get 70% of your salary during the leave period. KELA and the company both pay the amount. The company provides 3 months and KELA providers another 6 months’ salary. In Bangladesh, companies are providing paid maternity leave till 6 months.”

One participant told her personal and her friends experience about the Bangladeshi workplace support. She stated that the workplace environment is unsupportive to breastfeeding because they
do not allow any break and allow children at the workplace in Bangladesh. But in Finland, they provide long maternity leave and daycare support. Her statement was:

“In Bangladesh, my office didn’t support to bring the baby. So, no question about breastfeeding. In Finland, you also can’t bring your baby in the workplace, but we can drop the baby in Daycare who supports breastfeeding. If you want, then you can go to breastfeed your baby, but daycare doesn’t allow your baby before 9 months. And one more thing how can you come to breastfeed your child if you are at work……… I want to share one of my friend's work-life information in Bangladesh. First, she took 6 months of maternity leave. She started the leave from the 8th month of pregnancy and till 4 months of the baby. After 4 months, she joined the work. Her office starts at 9 AM but because of a traffic jam, she needs to start at 7 AM from home. She bought an electric pumper to pump breast milk out, but it was a bit hard to pump the required milk for the two babies. She requested her office to allow her to leave the office one hour early what she agreed to compensate without taking a lunch break (the lunch break was one hour). Unfortunately, she was not allowed……”
6. DISCUSSION

6.1 Discussion of the findings

The study revealed the perception, practices and perceived support among Bangladeshi immigrant women living in Finland. Only one woman practiced EBF which followed the WHO recommendation. The duration of the continuation of breastfeeding also did not follow the recommendation. There were only 10 participants which is a quite small sample, so it is not a representative sample to show the exact or real percentage. Participants perceptions and practices of breastfeeding are influenced by their culture, religion, and family practices about breastfeeding. Most of the participants told that they got enough mental support from their family members. They are living alone with their husbands who were very supportive of them in breastfeeding issues. Almost all the participants told that they got enough healthcare support from health care centers and technical support from health care professionals in breastfeeding related issues. In my study, most of the participants are housewives so workplace supports are revealed. They just talk about the paid maternal leaves which assist the mother to breastfeed their child.

Almost all the participants had strong positive perceptions towards breastfeeding which motivate them to continue breastfeeding. Their positive perception builds up because of the cultural, religious, and family practices about breastfeeding. Participants mentioned that most of them were breastfeed in their childhood and they have seen breastfeeding is a compulsory practice in their family among other elderly people in this way they build up their positive perception towards breastfeeding. So, they think that it a natural thing and only one highly nutritious food for their child which is not possible to replace by any other food. This finding is similar to another study conducted among Indian immigrant women in Melbourne, Australia (Maharaj & Bandyopadhyay 2013).

Although the EBF rate is quite low; mothers have a strong positive perception towards breastfeeding. Bangladesh is a developing country with the highest density of people, but the country is trying to improve in some specific health sectors. Maternal and child health, particularly the first stage of infancy, is one of the main sectors to improve the overall health among the Bangladeshi population (Rahman 2018). Participants mentioned that they knew that breastfeeding is good and natural food for children from their childhood. They got the knowledge
from their family, television program, leaflet, books and internet. In Figure:2 some of the leaflets are given, which is made by Bangladesh breastfeeding foundation in 2007. These kinds of leaflets are quite common to see in almost all the hospitals, which contains the benefits of breastfeeding, how long breastfeeding should be continued, and why formula feeding is bad for infant’s health everything written elaborately in those leaflets.
Another important thing came out in my study which is the religious practice in breastfeeding. Participants practice the Islamic way of life because 90% of the population of Bangladesh are Muslim (Bangladesh population, 2020). All the participants were Muslim in my study. They mentioned that breastmilk is a gift from God. It does not produce without being pregnant. It cannot be compared to any synthetic food. It is commanded in Islam that breastfeeding must be continued till two years. Those who will do so there will be a special gift from God. Most of the
participants mentioned these things. A statement from the Quran “Mothers shall give suck to their children for two years for those who desire to complete the term” (Quran 2:233). Even breastfeeding cessation is influenced by religious factors. A couple of participants shared with me their experiences. They mentioned that breastfeeding cannot be continued after two years in Islam, that’s why some stopped breastfeeding exactly after two years. These findings are similar to a study conducted in Saudi Arabia by Hegazi et al. 2019.

The reasons for breastfeeding cessation and early introduction of formula milk were suckling problems and insufficient breastmilk. Infant born immature and failed to suck breastmilk properly to get enough breastmilk is one of the reasons for cessation. Most of the participants mentioned that they did not have enough breastmilk to satisfy infants requirement, which was the main reason for stop breastfeeding and early introduction of solid food. These latching problems and insufficient breastfeeding issues are the reason for not to continue EBF among Bangladeshi mother. Another study revealed the same issue (Chowdhury et al. 2018).

The mother’s good health condition is important to continue with breastfeeding (Santacruz et al. 2019). After delivery participants were facing a lot of physical complications, tiredness, and associated postpartum frustration. All these were the reason behind discontinue breastfeeding. A couple of them mentioned their hormonal disorder for stop breastfeeding and initiation of formula milk so that the father could help them to feed infants and could take some rest, which is similar to the findings by another study (Brown et al. 2009). Participants with physical complications after delivery failed to breastfeed their child exclusively and continue breastfeeding for a longer period. Previous study also presented the same thing that mothers good health condition and healthy habits are related to longer time breastfeeding and EBF (Ip et al. 2007).

In this study most of the women were uncomfortable breastfeeding in public places which considered an embarrassing issue. A couple of women mention that they introduce formula milk to avoid public breastfeeding, so it is an important reason for the discontinuation of breastfeeding. A couple of participants mentioned that for avoiding the public place breastfeeding they needed to be very strict about their outing, concern about timing overall restrict their movement, and need to expressed breastmilk when away from home. If they did public breastfeeding for any reason, they used to do it very harm minimizing away such as they used a piece of cloths to cover themselves. This finding is similar to a study conducted in
Australia among first time expectant mothers and their family and social networks about their perception about public breastfeeding (Sheehan et al. 2019). However, they compare the situation of public breastfeeding in Bangladesh and Finland. Most of them said that in Finland public breastfeeding is quite normal, comfortable, even people respect this thing suppose they create an environment to breastfeed infant so that mother does not feel uncomfortable to breastfeed their infant. In Bangladesh, the scenario is different, breastfeeding in a public place is socially disapproved due to the sexualization of the breast. Breastfeeding in public places seems sexual exhibitionism (Rahman & Akter 2019, Hackett et al. 2007).

Most of the participants told that they got enough support from their husbands throughout the way of their breastfeeding practice. As an immigrant they are away from their extended family members-mother, mother in law, sister, and other acquaintance- but they talk with them over the phone which acted as a mental support. They have been given different suggestions and motivation to continue breastfeeding. However, this is not enough in the perspective of breastfeeding. They missed their family members support, which would be beneficial to continue breastfeeding. They felt that it is hard to manage everything alone which ultimately affected their breastfeeding practices. Supportive families encourage breastfeeding among mothers to initiate and continue it (Khoury et al. 2005).

Most of the participants mentioned that they have gotten enough technical support from nurses which was beneficial for them to recover many physical difficulties related to breastfeeding such as nipple pain, hand pain and, shoulder pain. Because the health care professionals guided them showing the right way of breastfeeding. It affected their continuation of breastfeeding after discharge for the hospital. Skilled breastfeeding support is especially important for a new mother (McInnes & Chambers 2008). A couple of participants attended one training on infant take care where they got information about breastfeeding. The training was organized at Kuopio hospital. The training was designed especially for foreigners in the English language for two to three days. All these facilities were easily accessible. There were no difficulties to communicate with health care professionals. However, they mentioned that there wasn’t any prenatal counseling for breastfeeding, which would be beneficial for them (Phillip et al. 2001).

Most of the participants in this study were housewives. They are just involved with some language training programs. As a result, different workplace supports were unrevealed in my study. Usually the Bangladeshi women stay at home spending time doing household work
including cleaning, cooking, and taking care of infants or elderly people because of the religious and cultural taboo (Policy Brief 2017). After the transition they hold their cultural practices. Anyway, they mentioned about the paid maternal leave which was beneficial for them to continue breastfeeding. One study found that paid long maternity leave has a positive association with breastfeeding outcomes because the mother can stay home to nurture their infants properly (Ogbonanu et al. 2011).

6.2 Limitations and strengths of the study

The study followed the qualitative research method with semi-structured in-depth interviews to get the data from a specific cultural setting. As a researcher, I am an insider because I am also from Bangladesh. This is the main strength of this study. It was easy to communicate with the participant to get enough information on my research topic. Participants were not uncomfortable to talk to me. There are some positive characteristics being an insider such as understanding participants customs language, expressions, gestures, expressions, being fluent with them gaining the trust of participants (Khan et al. 2020).

It is a unique study to see the breastfeeding perceptions, practices and support among Bangladeshi immigrant women living in Finland. So, the information got from here could be used for designing the intervention for immigrant women.

Although I have tried to be cautious about translating the data, translation of the data could lead to meaning loss. This is one of the limitations of my study. In qualitative data the main vehicle is the language, which conveys the message or meaning in the result part. Sometimes it is hard to express the right meaning when it is translated. There could be some culturally bounded word which would be hard to translate to make a meaning, while the data is collected in a native language (Nes et al. 2010).

The study sample size is quite small to portray the whole scenario. Among the couple of my data are not that in-depth because one participant had a very young child such as 20 days old infant. She wasn’t that interested to speak because she was occupied with taking care of her child. It was quite hard to find out suitable time from some interviewee to get their full attention, which is another weakness of my study.
Although I have excluded healthcare professionals from my study, nine participants are highly educated with a master’s degree. Their perception of breastfeeding is very strong and positive because of their education, which might be another weakness of my study.

6.3 Implications of the study

The study portrayed the perception and practices of breastfeeding among Bangladeshi immigrant women. This study will act as a piece of information that could be implemented in breastfeeding promotional activities in Finland and Bangladesh as well. Especially, immigrant women live alone staying away from their cultural settings such as health care centers and their extended family support. The study will assist to understand that how cultural issues affect their breastfeeding practices.

In my study most of the participants mentioned their positive perception of breastfeeding. This perception could be implemented in the intervention process such as counseling can be done in postnatal and prenatal periods regarding the benefit of breastfeeding, which may increase the number of EBF rates and longtime continuation of breastfeeding among mothers.

80% participant told that they felt the lack of family support which had an impact on their breastfeeding practices. It can be implemented in the intervention process, experts, or health care professionals could observe and implement, how to increase support among this immigration mother by understanding their difficulties and challenges regarding breastfeeding issues. Breastfeeding counseling programs could be designed for mothers to overcome the difficulties they face during the breastfeeding period.
7. CONCLUSION

The study aim is to find out the perception, practices and perceived support among Bangladesh immigrant women in Finland (Kuopio and Tampere). EBF and continuation of breastfeeding rate was consecutively below 4.5 months and less than 1 year. It does not follow the WHO recommendation, although they have a highly positive perception towards breastfeeding.

All the participants had a strong perception of breastfeeding. They considered some of the things such as it is a natural thing which is given from God without being pregnant breastmilk doesn’t produce, it’s very good for an infant’s overall health and brain development and it prevents breast cancer among mothers and makes a special bonding between mother and child. Breastfeeding is a culturally practiced issue, which was observed from their childhood. All these aspects influenced the mother so that they choose to breastfeed by avoiding formula milk. Most of the participants introduced solid food a bit earlier (starting from 4.5 months) than the recommended time. Insufficient breastmilk was an important cause for stop breastfeeding at a very early stage. Some participants mentioned about their hormonal disorder, poor health condition and suckling problem are the cause of discontinuation of breastfeeding. Most of the participants told that public breastfeeding is uncomfortable due to religious and cultural issues. This is also one of the reasons for the discontinuation of breastfeeding.

All the participants told that they got enough mental support from their family members, husband, healthcare center, and healthcare professionals. Family member influences their breastfeeding decisions. However, all of them mentioned that they miss their extended family support which might be helpful in their breastfeeding process. Some of the participants told that they got nine months paid leave, which was beneficial for their practice.

This information about the perception and practices of Bangladeshi immigrants could be used to design the intervention for the promotion of breastfeeding by the healthcare system.
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9 APPENDICES

Serial Number. __________

Questionnaire

Hello!

I am Sonia Goni, a researcher from the University of Eastern Finland Kuopio, Finland. I am conducting research to know about breastfeeding issues. For this purpose, I would appreciate it if you would like to participate in this interview and allow me to record the conversation. It will take approximately 60 minutes of your time. It is entirely up to you whether you participate or not. And you can quit even if you have started answering these questions.

I assure you that all the information provided by you shall be kept confidential, and solely in all stages of the research. It will be used for educational and research purposes only. I will not use your identification in any part of this work. Thank you for your cooperation.

A. Socio-Demographic Characteristics
1. How old are you?
2. What is your last degree?
3. What do you do for work?
4. What is your religion?
5. How many children do you have?
6. How old are they?
7. At which time of your pregnancy you gave birth?
8. What was the mode of delivery of your last child?
9. What was the health status of your children at birth?
10. Where the child was born?

B. Perception of breastfeeding
11. What do you think of breastfeeding?
12. How easy or difficult is it to breastfeed?
13. What do you think about the effect of breastfeeding? (on you? on baby?)
14. Is there any connection with health? (on you? on baby?)
15. What can you say about the health of your child at present and why?

C. The practice of breastfeeding
16. Do you breastfeed your child? Did you breastfeed all your children?
17. What’s the reason for breastfeeding? Or Why did you do it?
18. If yes then, when did you develop your interest in breastfeeding (before pregnancy, during pregnancy or after delivery)?
19. If not then, when did you decide not to breastfeed (before pregnancy, during pregnancy or after delivery)? What is the reason behind not to breastfeed?
20. Did you ever think of breastfeeding at any time?
21. What have you given to your baby instead of breastmilk?
22. How long did you breastfeed your baby?
23. How long did your baby take only breastmilk?
24. How many times do you breastfeed in a day?
25. Do you have a structured schedule or routine for breastfeeding? / What determines when to breastfeed?
26. Was there any point in time during the exclusive breastfeeding that you feel failed to continue it for some reason?
27. If yes, what were the reasons?
28. Are you still breastfeeding?
29. If yes, how long do you want to continue? Or do you intended to stop and why?
30. If no, when did you start giving other drinks /formula and solid food in addition to breastmilk?
31. What were the first foods or drinks that you started to give to your baby when giving only breastmilk or formula was not enough?
32. Did you use a bottle to feed your baby, why?
33. If yes, what type of food or drink do you put in it?
34. Do the other women in your family (in Bangladesh) breastfeed their children?
35. Can you say something about how they practiced breastfeeding?
36. Do you know if you were breastfed as a child and how long?
37. Are there any problems that affected the practice of breastfeeding? What are they?
38. In case of premature birth, cesarean operation. Low birth weight, health challenges, do any of them affects how you breastfeed?

D. Breastfeeding Support

i. Family and friends
39. Who do you talk to about breastfeeding? in Family?
40. Did your family members and friends affect your decision to breastfeeding?
41. How did they support you? How did you talk to them?
42. Did you feel comfortable talking to them about breastfeeding?
43. Did you ever talk to your husband regarding the breastfeeding? How did he support you?
44. Is there anyone or any situation, who or what is against breastfeeding?
45. How do your spouse’s family react towards breastfeeding your child?
46. How was the situation in Bangladesh? how is it in comparison to the situation here in Finland?

ii. Healthcare
47. In healthcare, did you hear about breastfeeding? what did they say about breastfeeding?
48. Did your healthcare professional inform you about the benefits and importance of breastfeeding?
49. Was it helpful? Did you understand them?
50. Who do you talk to about breastfeeding?
51. Is it easy to talk to them about breastfeeding?
52. Is there any problem in talking about breastfeeding? What is the problem?
53. Have you participated or involved in any infant feeding or breastfeeding education in Bangladesh or Finland?
54. If yes, then do you think that this program has any help to mother and how much?
55. Do you have any other sources of information about breastfeeding? What is the information?
56. Can you say something about the Bangladeshi health care system? what do they say there about breastfeeding? how is it in comparison to the situation here in Finland?
iii. **Workplace**

57. Do you work?
58. Are you already back to your work?
59. Does this have any effect on breastfeeding?
60. Do you breastfeed in your workplace?
61. What do your colleagues think of it?
62. What was the situation in Bangladesh? how is it in comparison to the situation here in Finland?

iv. **Community and public settings**

63. What do you think of breastfeeding in a public place?
64. Do you feel comfortable or uncomfortable breastfeeding in a public place?
65. If yes, have you ever been asked not to breastfeed in a public place when you have wanted to?
66. If no, why don’t you feel comfortable in public places? Where do you feel comfortable to breastfeed?
67. If your child is hungry and crying in a public place what do you do?
68. What’s the situation in Bangladesh, if you compare with Finland? how is it in comparison to the situation here in Finland?
69. Do you think you belong to the rich/ middle class/ poor family? Or Do you think that your salaries are enough to meet all your expenditures?