

Research Article

Perception And Intention Of Adolescents Regarding Breastfeeding In Bangladesh



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ABSTRACT

Perceptions and intentions about breastfeeding, especially among adolescents who represent future parents vary widely. Understanding these views is essential for designing impactful health education programs. This study aimed to assess perceptions and intentions toward breastfeeding among adolescents in Bangladesh. Method used a cross-sectional survey conducted on 132 adolescents aged 14-18 years from urban and rural areas of Bangladesh, who were selected through appropriate sampling. Data were collected using a structured questionnaire. Analysis was conducted using a computer program that used descriptive and inferential statistics. Significant relationships were identified between breastfeeding perception and several socio-demographic factors such as class level ($t=2.107$, $p=.037$), mother's education level ($t=2.215$, $p=.029$), father's education level ($F=5.189$, $p=.007$), and source of information on breastfeeding ($F=4.290$, $p=.006$). Additionally, a positive correlation was found between the number of siblings and breastfeeding perceptions ($r=.047$, $p=.047$). On the other hand, no significant relationship between a range of socio-demographic factors and adolescents' intentions regarding breastfeeding in Bangladesh was noticed in this study. $P<.05$ was used as the significant of this study. It is concluded that educational interventions that address both male and female adolescents, emphasizing the health benefits of breastfeeding and overcoming social barriers, are crucial for promoting a supportive breastfeeding culture.

INTRODUCTION

Breastfeeding is widely recognized as one of the most effective practices for promoting infant health and survival. It provides optimal nutrition that is safe, clean, and packed with antibodies, thereby reducing the risk of many common childhood illnesses. The World Health Organization (WHO) highlights breastfeeding as the best source of nourishment for infants and young children, recommending exclusive breastfeeding for the first six months of life and continued breastfeeding up to two years or beyond (WHO, 2023). Breast milk contains essential nutrients, vitamins, antibodies, and bioactive components that foster the immune system, promote tolerance, and support healthy growth and development (Black et al., 2008). Despite its well-documented benefits, only 44% of infants under six months are exclusively breastfed worldwide, and this figure is even lower in certain South Asian countries (Global Breastfeeding Scorecard, 2023). In Bangladesh, exclusive breastfeeding rates have seen a concerning decline, dropping from 65% in 2018 to 55% in 2022 (Tajmim, 2023). Although the nutrient profile of breast milk supports digestive health and provides crucial immunity against diseases such as diarrhea and respiratory infections (Hossain et al., 2018), several factors influence breastfeeding practices. These include cultural beliefs, social norms, and societal attitudes, which can significantly impact a mother's decision to initiate and maintain breastfeeding (Kumar et al., 2014). Studies show that obstacles such as health literacy, lactation issues, and the pressure to return to work or school are common barriers to breastfeeding, particularly for young mothers (Meedya et al., 2010; Woods et al., 2013).

Adolescence is a formative period where knowledge and attitudes towards

breastfeeding are often shaped, influenced by peers, sociocultural beliefs, and lifestyle choices (Amu, 2014). These early perceptions can have long-term effects, as positive attitudes towards breastfeeding during adolescence may contribute to higher rates of breastfeeding initiation and duration in adulthood (Meedya et al., 2010). Yet, research on the breastfeeding perceptions and intentions among adolescents in Bangladesh is limited. Understanding these early beliefs is essential for designing effective public health strategies, as they are likely to impact future maternal health decisions and breastfeeding practices.

Given this gap, the present study aimed to explore the perceptions and intentions of Bangladeshi adolescents regarding breastfeeding. Findings from this research may guide policymakers and health professionals in developing targeted educational interventions to foster positive attitudes toward breastfeeding among young people. Enhancing adolescent awareness could improve breastfeeding rates and contribute to reduced child morbidity and mortality, enhanced maternal-child bonding, and better public health outcomes in Bangladesh.

METHOD

The study was designed as a cross-sectional survey conducted from July 2023 to June 2024 to assess adolescents' perceptions and intentions regarding breastfeeding in Bangladesh. This design allowed the collection of data from a diverse group of adolescents at a single point in time, providing a snapshot of their current perceptions and intentions. Although cross-sectional studies do not establish causality, they are effective in identifying prevalent trends and associations between variables, which can offer insights into the broader

understanding of breastfeeding among adolescents.

Participants were recruited from Shahid Abdur Rab Serniabat Govt. Secondary School in Rupatoli Housing, Barishal, Bangladesh using a convenient sampling technique. This approach enabled the selection of students who were readily available and willing to participate. Based on a power analysis using G*power software (version 3.1.9.2), with a significance level (α) of 0.05, power ($1-\beta$) of 0.80, and an effect size of 0.25, the required sample size was calculated to be 120. To account for a possible 10% attrition rate, the final sample size was adjusted to 132 participants. Eligibility criteria included students aged 14 to 17 who were enrolled at the school, provided consent, and were available to participate.

A structured questionnaire was used as the data collection instrument, developed through extensive literature review (Leshi et al., 2016; Dukuzumuremyi et al., 2020; Rivera, 2006; Sultana et al., 2022; Čatipović et al., 2017). The questionnaire consisted of three parts: socio-demographic information, adolescents' perceptions regarding breastfeeding (19 items rated on a 5-point Likert scale), and adolescents' intentions toward breastfeeding (7 items on a 5-point scale). After translation from English to Bangla, the survey was self-administered. Data analysis was conducted using SPSS version 25, with descriptive statistics (frequency and percentage) for categorical variables, and inferential statistics (t-tests, ANOVA, and correlation) for assessing relationships between socio-demographic characteristics and perceptions or intentions, with statistical significance set at $p \leq 0.05$. Ethical approval was obtained from the Institutional Review Board (IRB) of Sher-e-Bangla Medical College, Barishal, and confidentiality and voluntary participation were ensured throughout.

RESULTS

This chapter outlines the study's findings on the socio-demographic characteristics of participants, their perceptions and intentions toward breastfeeding, and the associations between socio-demographic factors and participants' perceptions and intentions related to breastfeeding.

Table 1 presents the socio-demographic characteristics of the 132 adolescent participants in the study. The participants' ages ranged from 14 to 18 years, with an average age of 15.05 years ($SD=0.775$). More girls (59.1%) participated than boys (40.9%), and the majority of students were in class nine (59.8%) compared to class ten (40.2%). A significant proportion of the sample identified as Muslim (95.5%), with small representations from Hindu (3%) and Christian (1.5%) backgrounds. Most participants' mothers had completed graduate or post-graduate education (64.4%), and a majority were housewives (75.8%), while fathers predominantly held university-level education (78.8%) and were service holders (63.7%).

Family characteristics indicate that nearly all participants came from urban areas (97.7%) and nuclear families (87.9%), with an average of 2.11 siblings and 4.51 family members. The family income varied widely, with an average monthly income of 41,121.21 BDT ($SD=13,848.71$). Regarding marriage intentions, most participants (90.2%) expressed plans to marry after establishing themselves. Information about breastfeeding was primarily obtained from family or friends (42.4%) and social media (37.9%). Additionally, 90.9% of participants reported being breastfed as infant

Table 1. Distribution of socio-demographic characteristics of the participants (N=132).

Variables	Categories	Frequency (n)	Percent (%)	Mean±SD
Age (years)	Range (14-18) years			15.05±.775
Gender	Boys	54	40.9%	
	Girls	78	59.1%	
Class	Nine	79	59.8%	
	Ten	53	40.2%	
Religion	Muslim	126	95.5%	
	Hindu	4	3%	
	Christian	2	1.5%	
Mothers' Educational qualification	Undergraduate	47	35.6%	
	Graduate and post-graduate	85	64.4%	
Mothers' Occupation	Govt. Service	25	18.9%	
	Private Service	7	5.3%	
	Housewife	100	75.8%	
Fathers' Educational qualification	School	5	3.8%	
	College	23	17.4%	
	University	104	78.8%	
Father's occupation	Service Holder	84	63.7%	
	Worker	5	3.8%	
	Businessman	43	32.6%	
Monthly family income range (15000-70000) in Bangladeshi Taka				41121.21±13848.708
Intended to marry	Within(1-4)years	13	9.8%	
	After established	119	90.2%	
Residential area	Rural	3	2.3%	
	Urban	128	97.7%	
Type of Family	Nuclear	111	87.9%	
	Joint family	16	12.1%	
Number of siblings (1-7) per person				2.11±.885
Number of family members (3-17) per person				4.51±1.417
Source of information	Social media	50	37.9%	
	Family/Friends	56	42.4%	
	Health care provider	5	3.8%	
	Social media	21	15.9%	
Breastfed in childhood	Yes	120	90.9%	
	No	12	9.1%	

Source: Authors' own research

The findings in Table 2 indicate that participants scored moderately on both perception and intention toward breastfeeding. With a maximum possible score of 95 for perception, the mean score of 49.18 (SD = 9.532) suggests that

participants have an average level of understanding and beliefs about breastfeeding, scoring approximately 2.59 on a 5-point scale. Similarly, the intention toward breastfeeding, with a maximum possible score of 35, yielded a mean score

of 21.023 (SD = 3.917), translating to a 3.00

on the 5-point scale.

Table 2. Mean score of perception and intention regarding breast feeding among the participants (N=132)

Variables	Total Mean±SD score	Mean of total Mean±SD score
Perception regarding breast feeding	49.18±9.532	2.588±.501
Intention regarding breast feeding	21.023±3.917	3.00±.559

Source: Authors' own research

The analysis in Table 3 reveals significant relationships between certain sociodemographic factors and both perception and intention regarding breastfeeding among the participants. Class, mother's education level, father's education level, number of siblings, and sources of information were significantly associated with breastfeeding perception. Specifically, participants from Class Nine ($p = .037$), those whose mothers had an undergraduate education ($p = .029$), and those whose fathers had a college-level education ($p = .007$) showed higher mean scores in perception. Additionally, the number of siblings correlated positively with breastfeeding perception ($r = .173$, $p =$

.047), suggesting that a higher number of siblings may be linked to greater perception scores. The source of information also impacted breastfeeding perception significantly ($p = .006$), with social media as a source associated with a notably higher mean perception score than other sources. However, no significant associations were found between most sociodemographic variables and intention, indicating that while sociodemographic characteristics may influence adolescents' understanding and perception of breastfeeding, they have less impact on their intention toward breastfeeding.

Table 3. Relationship between socio-demographic characteristics and perception and intention regarding breastfeeding

Variables	Categories	Perception			Intention		
		Mean±SD	t/F/r	Sig (P)	Mean±SD	t/F/r	Sig (P)
Age (years)	Range (14-18) years		-.132	.133		.055	.532
Gender	Boys	50.83±9.414	1.668	0.098	20.94±4.240	-.190	.849
	Girls	48.04±9.504			21.07±3.705		
Class	Nine	50.59±9.475	2.107	.037	21.15±4.129	.461	.321
	Ten	47.08±9.308			20.83±3.609		
Religion	Muslim	49.12±9.630	.259	.722	20.96±3.957	1.596	.207
	Hindu	52.25±6.652			24±1.154		
	Christian	47±11.314			18.5±.707		
Mothers' Education	Undergraduate	51.62± 10.944	2.215	.029	21.34±3.472	.691	.491
al qualificati	Graduate and post-graduate	47.84±8.423			20.8±4.153		
on							
Mothers'	Govt. Service	47.24±10.576	.816	.445	19.80±4.310	2.376	.097

Occupation	Private Service	51.71±7.365			22.71±1.704		
	Housewife	49.49±9.398			21.21±3.875		
Fathers' Education	School	51.20±6.099	5.189	.007	21±3.082	.097	.907
al	College	54.65±13.082			21.21±3.274		
qualification	University	8.303±8.303			20.98±4.105		
Father's occupation	Service Holder	49.29±10.69	1.359	.261	20.85±4.197	.346	.708
	Worker	55.60±10.09			22.2±2.588		
	Businessman	48.23±6.480			22.20±3.488		
Monthly family income range (15000-70000) in Bangladeshi Taka			-.025	.776		-.099	.261
Intended to marry	Within(1-4)years	52.46±7.774	1.310	.192	22.38±4.519	1.324	.188
	After established	48.82±9.664			20.87±3.839		
Residential area	Rural	51.67±3.215	.455	.65	23±1.732	.883	.379
	Urban	49.12±9.627			20.97±3.945		
Type of Family	Nuclear	48.99±9.659	-.617	.539	20.93±4.008	-.723	.471
	Joint family	50.56±8.710			21.68±3.219		
Number of siblings (1-7) per person			.173*	.047		.010	.907
Number of family members (3-17) per person			.153	.080		-.008	.931
Source of information	Social media	48.50±8.917	4.290	.006	20.92±4.265	.190	.903
	Family/Friends	48±8.090			20.92±3.687		
	Health care provider	43.20±8.815			22.2±4.764		
	Social media	55.38±12.262			21.23±3.917		
Breastfed in childhood	Yes	49.39±9.446	.799	.426	22.74±4.829	-.234	.815
	No	47.08±10.553			23.08±4.68		

Source: Authors' own research

DISCUSSION

This study tried to explore the perceptions and intentions of Bangladeshi adolescents regarding breastfeeding. The sample primarily comprised of adolescents aged 14-18, with a higher proportion of girls (59.1%) than boys (40.9%), which may shape perceptions of breastfeeding due to gender-based socialization into caregiving roles. Most participants were in class nine, indicating younger adolescents who may have limited exposure to breastfeeding education, and whose knowledge may be evolving. Predominantly Muslim (95.5%), the sample reflects Bangladesh's religious demographics (Bangladesh Bureau of

Statistics, 2022), potentially fostering a culturally consistent perspective on breastfeeding; however, the small inclusion of Hindu and Christian participants suggests a need for further research on cultural influences.

High levels of parental education, with 64.4% of mothers and 78.8% of fathers holding university degrees, suggested that these adolescents come from educated households with access to health resources. Mothers, largely homemakers (75.8%), may be primary influencers on breastfeeding attitudes, while fathers, mostly in the service sector, likely play more of an economic role. The predominance of nuclear, urban families

(87.9% and 97.7%, respectively) suggested that the less access to extended family breastfeeding knowledge, with reliance on middle-income resources, such as social media and educational channels, which could positively impact adolescents' awareness of breastfeeding.

Family and friends (42.4%) and social media (37.9%) emerged as main breastfeeding information sources, highlighting a gap in formal education and the need for accurate, youth-friendly resources to address mixed-quality social media content. Most participants (90.9%) were themselves breastfed, positively influencing their breastfeeding perceptions. Additionally, with 90.2% planning to delay marriage until after career establishment, adolescents seem to consider breastfeeding a future responsibility rather than an immediate concern, reflecting evolving attitudes toward family roles.

The results indicate a generally positive perception of breastfeeding among adolescents in Bangladesh. A significant majority recognized the value of breastfeeding, with 67.4% strongly agreeing that "mother's milk is the best nutrition for an infant" ($M=3.65$, $SD=.524$). This aligns with existing literature underscoring the nutritional superiority of breastmilk for infants (WHO, 2023). Furthermore, 56.1% of participants strongly agreed that breastfeeding should commence immediately after birth, reflecting a good understanding of early initiation, which is essential for both neonatal health and lactation success ($M=3.47$, $SD=.693$). However, while awareness was high regarding breastfeeding as a fundamental aspect of infant nutrition, there appeared to be some misunderstandings regarding exclusive breastfeeding. Only 42.4% agreed that exclusive breastfeeding (giving only breastmilk) should be practiced for the

first six months ($M=2.98$, $SD=1.080$), highlighting a need for clearer education on the concept of exclusive breastfeeding. Adolescents also demonstrated substantial awareness of the broader health benefits associated with breastfeeding. For instance, the majority of respondents agreed or strongly agreed that breastfeeding aids brain development (90.9%, $M=3.39$, $SD=.717$) and provides protection against infectious diseases (75%, $M=2.89$, $SD=.990$). These findings suggest that health education efforts have partially succeeded in communicating the cognitive and immune benefits of breastfeeding. However, there remains a notable misconception regarding breastfeeding during maternal illness or medication. Almost a quarter of participants strongly agreed that breastfeeding should be discontinued if the mother is unwell or medicated (22%, $M=2.51$, $SD=1.156$), an area where more education is necessary to ensure that breastfeeding is not unnecessarily interrupted.

The study also found a high level of belief in breastfeeding's role in fostering mother-infant bonding, with 77.3% of respondents agreeing or strongly agreeing ($M=2.92$, $SD=1.143$). This aligns with previous research that identifies breastfeeding as a significant factor in attachment development (Krol & Grossmann, 2018). Conversely, misconceptions were observed in other areas, such as the belief that breast size affects milk quantity (29.2% disagreement, $M=2.24$, $SD=1.230$), indicating a need for myth-busting in educational materials.

Another critical area identified was adolescents' view on formula feeding. A high percentage (69%) of participants disagreed that formula is equivalent to breastmilk in nutritional value and quality ($M=1.25$, $SD=1.250$), which reflects awareness but also shows potential bias against formula that may not be fully

informed by the needs of mothers who face breastfeeding challenges. Additionally, nearly half of the participants held the belief that exclusive breastfeeding could be continued in the mother's absence if expressed breast milk is stored, with 40.9% disagreeing on the feasibility of expressing and storing breastmilk for exclusive feeding ($M=1.54$, $SD=1.256$).

Overall, while adolescents show a favorable perception toward breastfeeding, some gaps in understanding persist, particularly regarding exclusive breastfeeding and breastfeeding during maternal illness. This highlights the need for targeted educational interventions to foster comprehensive breastfeeding knowledge among adolescents, which may contribute to higher breastfeeding rates and better infant health outcomes in the future.

The data suggest that most adolescents also demonstrated a positive intention toward breastfeeding, though with some reservations under certain conditions. A significant majority (76.6%) agreed or strongly agreed that they would support breastfeeding even if the child's father did not support their decision ($M=3.51$, $SD=.953$), indicating a strong sense of autonomy in breastfeeding choices. This reflects broader findings in breastfeeding intention literature, where personal conviction is often a key predictor of sustained breastfeeding, despite external pressures (Rollins et al., 2016).

Notably, respondents exhibited mixed feelings about breastfeeding in public, with 27.3% agreeing and 28% strongly agreeing that they would not feel comfortable breastfeeding in public spaces ($M=3.02$, $SD=1.182$). These findings align with previous studies that highlight social discomfort as a significant barrier to breastfeeding in public (Scott & Mostyn, 2003). Adolescents' concerns about public

breastfeeding suggest a need for social education to normalize breastfeeding in public spaces, which could help reduce stigma and enhance breastfeeding support.

The results further indicate that the majority of respondents prioritized medical advice in their breastfeeding decisions. About 82.6% agreed or strongly agreed they would breastfeed according to doctors' recommendations, regardless of family opinions ($M=3.59$, $SD=.932$). This commitment to professional guidance suggests adolescents recognize the importance of health professionals in supporting breastfeeding, aligning with research suggesting that adherence to medical advice is a critical factor in successful breastfeeding practices (Sriram et al., 2013).

Returning to work was another factor where adolescents showed intent to sustain breastfeeding, with 35.6% agreeing and 24.2% strongly agreeing that returning to work would not prevent them from continuing breastfeeding ($M=3.16$, $SD=1.083$). This is encouraging, as it suggests an openness to balancing work and breastfeeding, which aligns with the growing advocacy for workplace breastfeeding support (Chowdhury et al., 2018). However, there was a more divided opinion regarding breastfeeding a child beyond the age of one; only 51.5% of participants agreed or strongly agreed with this practice, while 39.4% disagreed or were neutral ($M=2.99$, $SD=1.142$). This ambivalence may reflect cultural norms and perceptions about extended breastfeeding, which require more supportive education.

The data indicate that while adolescents generally exhibit a positive intention toward breastfeeding, cultural and social barriers, particularly around public breastfeeding and extended breastfeeding, remain significant.

Addressing these perceptions through culturally sensitive education and supportive public policies could further reinforce positive breastfeeding intentions among future parents in Bangladesh. This study reveals several significant relationships between socio-demographic characteristics and adolescents' perceptions of breastfeeding, alongside certain socio-demographic factors that showed no statistically significant association. The findings underscore the impact of educational exposure on breastfeeding perceptions, as demonstrated by a significant association between participants' class level and their perception ($t=2.107$, $p=.037$). This relationship aligns with the notion that advancing through educational stages enhances understanding of breastfeeding, potentially due to increased health-related content in curricula. This finding contrasts with the study by Čatipović et al. (2017), which reported no significant relationship between educational level and breastfeeding perceptions.

The study also found that maternal education significantly influenced adolescents' breastfeeding perceptions ($t=2.215$, $p=.029$), supporting previous research that highlights the role of maternal education in shaping children's health behaviors (Rahman et al., 2017; Mogre et al., 2016; Kamath et al., 2016). Educated mothers likely impart knowledge about breastfeeding benefits, reinforcing positive perceptions in their children. Similarly, fathers' educational level showed a significant relationship with adolescents' perceptions ($F=5.189$, $p=.007$), highlighting the influence of educated fathers in advocating breastfeeding. This finding aligns with Bikš et al. (2015) but diverges from Čatipović et al. (2017), who found no significant association between paternal education and breastfeeding perceptions.

The number of siblings was another factor positively associated with breastfeeding perception ($r=.047$, $p=.047$), likely due to increased exposure within larger families where older children observe breastfeeding practices with younger siblings. This finding is consistent with Almutairi et al. (2020), suggesting that family size influences familiarity and comfort with breastfeeding. Additionally, the source of information significantly impacted adolescents' perceptions ($F=4.290$, $p=.006$), underscoring the importance of access to accurate breastfeeding information through reliable channels. Exposure to correct breastfeeding information has been shown to enhance attitudes, as evidenced by studies by Laanterä et al. (2010).

On the other hand, several socio-demographic characteristics, including age, gender, religion, parental occupation, family income, intended year to marry, residential area, family type, family size, and whether participants were breastfed during childhood, did not show significant relationships with breastfeeding perceptions. The lack of association between age and perception suggests stability in breastfeeding attitudes across adolescent age groups, potentially indicating that these attitudes are formed early and maintained consistently (Bartle et al., 2018). However, this finding is inconsistent with Rana et al. (2020), who reported an age-related influence on breastfeeding knowledge.

Similarly, gender did not significantly influence breastfeeding perceptions, implying that educational programs addressing breastfeeding may be effectively reaching both male and female adolescents. This finding contrasts with previous studies that noted gender differences in health-related perceptions (Garnweidner-Holme et al., 2016). Furthermore, religious affiliation showed

no significant effect on breastfeeding attitudes, which may reflect the unifying impact of health education across cultural and religious boundaries (Khan et al., 2017). This finding contrasts with the study by Rana et al. (2020), which found significant associations between religion and breastfeeding knowledge.

Additional factors like parents' occupation and family income, intended marriage age, residential area, and family structure also showed no significant association with breastfeeding perceptions, suggesting that economic factors and family environment may be less influential than education and public health information (Ahmed & Das, 2018; Mahmood et al., 2019; Hossain et al., 2020). Lastly, whether participants were breastfed in infancy did not significantly impact their current perceptions, indicating that personal history may not directly shape adolescents' attitudes towards breastfeeding (Islam & Miah, 2021). These findings point to the critical role of targeted educational interventions in shaping breastfeeding perceptions, rather than relying solely on familial or experiential factors.

The current study's findings indicate no significant relationship between a range of socio-demographic factors and adolescents' intentions regarding breastfeeding in Bangladesh. This includes age, class, gender, religion, parental education and occupation, family income, intended marriage age, residential area, family type, number of siblings, number of family members, sources of information, and personal breastfeeding history. Notably, the lack of correlation between age and class level with breastfeeding intention suggests that educational and developmental stages do not have a strong influence on these intentions, indicating that adolescents' views on breastfeeding may form independently of

age and educational advancement during adolescence (Bartle et al., 2018).

The absence of gender and religious differences in breastfeeding intention points to the possibility that cultural and societal norms related to these factors may not heavily impact adolescents' views. This uniformity could reflect the effectiveness of inclusive educational programs that address breastfeeding across different demographic groups, reducing potential biases linked to gender and religion (Garnweidner-Holme et al., 2016).

Similarly, the non-significant impact of parental education and occupation on adolescents' intentions toward breastfeeding contrasts with previous findings that suggested a strong influence of parental education, particularly maternal education, on children's health behaviors and intentions (Rahman et al., 2017). This study implies that adolescents' intentions might be shaped more by peer influences or external education sources rather than by parental socio-economic status, suggesting a shift towards external educational influences.

Moreover, the findings indicate that family income and residential area (urban versus rural) do not significantly shape adolescents' intentions regarding breastfeeding. This highlights the reach and potential effectiveness of national health education programs, which seem to transcend economic and geographical boundaries, ensuring a uniform spread of information across different income and residential settings (Mahmood et al., 2019). Additionally, family structure (nuclear versus extended) and the number of siblings were not significantly related to breastfeeding intentions, suggesting that the immediate family environment does not heavily influence adolescents' intentions about breastfeeding. This finding implies that broader social or

educational interventions may play a larger role than family dynamics (Hossain et al., 2020).

Interestingly, both the source of information on breastfeeding and whether adolescents were breastfed during childhood were non-significant factors. This may indicate that the depth, quality, and nature of information about breastfeeding, rather than the source alone, are crucial in shaping intentions. Furthermore, personal breastfeeding history might not strongly influence future intentions, potentially due to a lack of awareness or recall of early-life experiences (Islam & Miah, 2021). These findings underscore the need for targeted, high-quality educational interventions to effectively shape adolescents' intentions regarding breastfeeding, irrespective of their demographic backgrounds.

CONCLUSION

The study on adolescents' perceptions and intentions regarding breastfeeding in Bangladesh provides a nuanced view of their understanding of breastfeeding. While socio-demographic characteristics are significantly related to breastfeeding knowledge, notable knowledge gaps and misconceptions remain, particularly concerning the adequacy of breast milk alone and the timing of introducing water before six months. Findings show that although many adolescents have positive attitudes toward breastfeeding, only about a third express strong intentions to breastfeed. Furthermore, a gap exists between the high percentage of adolescents who plan to breastfeed and the smaller percentage who feel adequately prepared for it. The analysis highlights that breastfeeding knowledge plays a critical role in shaping intentions, especially among younger adolescents. This underscores the importance of targeted educational interventions to close

knowledge gaps and promote positive attitudes and intentions about breastfeeding among adolescents in Bangladesh.

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