Original Article

Factors Involved in Failure of Exclusive Breastfeeding Practices among Mothers

Shifa, Shaista Parveen and Shahzeb Ahmed

ABSTRACT

Objective: The Objective of this study was to determine the factors associated with failure of exclusive breastfeeding among mothers.

Study Design: Cross Section Study

Place and Duration of Study: This study was conducted at the Paeds Unit 1, BVH Bahawalpur from June 2015 to December 2015

Materials and Methods: In this study, 400 mothers of 6-months old Childs who are not on exclusive breastfeeding were included. A questionnaire was designed and Mothers were interviewed about various risk factors, including maternal education, socioeconomic status, maternal employment status, family type, social mythology, number of children, delivery, maternal systemic disease, Mother breast condition, birth interval and breastfeeding counseling. The data was entered and analyzed by SPSS V 20.

Results: 400 mothers who did not practicing exclusive breastfeed to their children, 48 (37%) mothers were un-educated and 300 (75%) were living in the joint family system, 364 (91%) mothers did not have any employment; 208 (52%) mothers were belonging to a lower socioeconomic status.

252(63%) were male and 148(37%) were female. In the case of social myths, water intake at 4th month of age was found in 260 (65%) infants, 116 (29%) of mothers considered that their milk is not good for baby. The study found that 224(56%) of all births occurred in private clinics. 152 (38%) infants were born with cesarean section and 111 (73%) caesarean sections were conducted at private clinics. Maternal systemic disease was present in 76(19%) patients and pathologic breast milk breast lesions (19%, engorgement, sore or cracked nipple 17% and abscess in 1% mothers). Studies have found that only 84(21%) cases were counseled at prenatal visit about exclusive breastfeeding of child.

Conclusion: Our study showed that most of the mothers who were not on exclusive breastfeeding belong to a lower socioeconomic status, unemployed, lived in a combined family system, and had social mythology, such as using water for more than four months and to habituated baby with bottle feeding. It had also been found that pathological conditions of maternal breast milk and lack of counseling were also important risk factors.

Key Words: Exclusive breast feeding, Risk factors, Failure, Counseling.

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INTRODUCTION

Human milk is necessary to fulfill the needs of infants and is uniquely suitable for infants. Human milk is specified and its composition is significantly different from all alternative feed formulations.[1] Breast milk promotes the sensory and the cognitive development also protects infants from infections and chronic diseases. Breastfeeding can reduce infant mortality because of common childhood diseases such as diarrhea or pneumonia as contribute to faster recovery of the disease.

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These effects can be measured in underdeveloped and rich societies.[2] Exclusive breastfeeding can be defined as a practice in which babies receive only breast milk for the first six months of life, even without water, other liquids, tea, herbal preparations or foods, vitamins, mineral supplements or drugs.[3] Exclusive breastfeeding is one of the most effective measures to reduce child mortality in developing countries. The use of exclusive breastfeeding can prevent nearly 12% of children mortality under 5 years of age.[4,5]

Although breastfeeding and global breastfeeding initiatives have achieved extraordinary benefits, they are still rare in many countries. In South Asia, the rate of breastfeeding was only 40% in 1995, 45% in 2010. Various social, cultural and health-related factors may lead to the failure of exclusive breastfeeding. Lack of knowledge and confidence were the main reason in mothers for breastfeeding time shorter. The perception of insufficient milk and work out of home were considered to be a common cause of premature weaning or not breastfeeding.[6,7] The Objective of this study was

to determine the factors associated with failure of exclusive breastfeeding

MATERIALS AND METHODS

This study was conducted from June 2015 to December 2015 at Paeds Unit 1 BVH Bahawalpur.400 mothers of 6-months old Childs who are not on exclusive breastfeeding were included. and (non-probable) sampling technique was used for sampling. Already designed questionnaire was used and data was collected by interviewing the mothers of infants. According to the definition by WHO, exclusive breastfeeding is marked as; Exclusive breastfeeding can be defined as a practice in which babies receive only breast milk for the first six months of life, even without water, other liquids, tea, herbal preparations or foods, vitamins, mineral supplements or drugs.

All infants less than six year of age either male or female not receiving exclusive breast feeding or on partially breastfeeding or on bottle feeding was included. Infants with scarring and cleft palate, as well as cases of fail to reactive breastfeeding due illness such as neurological diseases cerebral palsy and severe birth asphyxia (available from the record) were excluded.

After approval from ethical committee of hospital mothers were interviewed about various risk factors, including maternal education, socioeconomic status, maternal employment status, family type, social mythology, number of children, delivery, maternal systemic disease, Mother breast condition, birth interval and breastfeeding counseling. The data was entered and analyzed by SPSS V 20.

RESULTS

400 mothers who did not practicing exclusive breastfeed to their children, 48 (37%) mothers were uneducated and 300 (75%) were living in the joint family system, 364 (91%) mothers did not have any employment; 208 (52%) mothers were belonging to a lower socioeconomic status.

252(63%) were male and 148(37%) were female. In the case of social myths, water intake at 4th month of age was found in 260 (65%) infants, 116 (29%) of mothers considered that their milk is not good for baby.(Table 1) The study found that 224(56%) of all births occurred in private clinics. 152 (38%) infants were born with cesarean section and 111 (73%) caesarean sections were conducted at private clinics. Maternal systemic disease was present in 76(19%) patients and pathologic breast milk breast lesions (19%, engorgement, sore or cracked nipple 17% and abscess in 1% mothers). Studies have found that only 84(21%) cases were counseled at prenatal visit about exclusive breastfeeding of child.(Table 2).

Table No.1: Sociodemographic factors and social myths among study subjects

Variables	No	Percentage
Maternal Education		
Uneducated	148	37
Primary	128	32
Matric	108	27
Intermediate & above	16	4
Socioeconomic Status		
Lower	208	52
Middle	172	43
High	20	5
Maternal Employment		
Yes	36	9
No	364	91
Family Type		
Nuclear	100	25
Joint	300	75
Sex of Infant		
Male	252	63
Female	148	37
Maternal Separation		
Yes	44	11
No	364	91
Social myths		
Water intake upto 4 month of age		
Yes	260	65
No	140	35
Milk is not good		
Yes	116	29
No	284	71
To familiarize baby to bottle feeding		
Yes	316	79
No	84	21

Table No.2: Variables related to failure of exclusive breast feeding

Variables	No	Percentage
Mode of delivery		
SVD	248	62
Cessarian section	152	38
Place of delivery		
Home	60	15
Private Clinic	224	56
Public Hospital	116	29
Caesarean section done at		
Private Hospital	111	73
Govt.Hospital	41	27
Maternal systemic illness		
Yes	76	19
No	324	81
Mother's breast condition		
Normal	252	63
Engorgement	76	19
Sore/cracked nipple	68	17
Mastitis/abscess	4	1
Birth spacing (years)		
1 year	160	40
2-3 year	144	36
4 year or above	96	24
Proper counseling of mother done for breast feeding at antenatal visit		
Yes	84	21
No	316	79
Proper counseling of mother done for breast feeding after delivery		
Yes	152	38
No	248	62

DISCUSSION

The Objective of this study was to determine the factors associated with failure of exclusive breastfeeding. In our study, 37% of mothers who did not use exclusive breastfeeding (EBF) were illiterate and 59% were up to metric mothers. A similar trend was found in another study conducted in Lahore.[8]

Our study showed that 300(75%) mothers living in the joint family system, 36 (9%) mothers were employed in the cases of breastfeeding failure. This is contrary to other studies. A study conducted in Ethiopia reported a significant difference in exclusive breast feeding between employment and unemployed mothers (33% vs 73%). 5 This difference may be partly due to the fact that most mothers visited the hospital were housewives belonging to the rural and lower socio-economic status.

Our study found that many social myths were exist in the cases of exclusive breastfeeding failure, such as 220 (65%) mothers thought that water is necessary along with breastfeeding, 316(79%) mother considered it necessary to familiar their child with bottle feeding,116(29%) mothers thought their milk is not good for their baby and is dangerous. Other studies also support the existence of social mythology, for example, in a study conducted by Shazia et al using prelacteals in 31.4%.[9]

With regard to the sex of babies, the current study found more male babies 252 (63%) did not receive exclusive breast feeding. Other local studies also noted gender bias. In a study conducted in Islamabad, the numbers of male infants were 59.7%. Our data show that home deliveries were 60 (15%), private clinics 224 (56%), and 116(29%) in public hospitals cases where mothers did not perform exclusive breastfeeding. These figures were different from other local studies in which the main deliveries occur at home. This encourages people to be aware of the risk of reducing the complications of childbirth and, on the other hand, health care professionals do not have informal and late counseling on mothers for specialized beast feeding.

The current study also showed that in women who had breastfeeding failure in their infants had spontaneous vaginal delivery 248 (62%) and 152 (38%) deliveries by cesarean section. According to the World Health Organization cesarean section rate should not exceed 10-15% [10] Our study further showed that most of these caesarean sections occur in private clinics. This high rate of cesarean section indicates a lack of prenatal care, lack of standard guidelines and programs for compliance and management of labor, and an audit system is not available for C section deliveries. Even spontaneous vaginal delivery babies have a higher breastfeeding failure rate, which is very amazing. The total of 400 mothers who did not provide exclusive breast feeding to their infant found that many women had breast pathology problems, including 76(19%) patients had breast engorgement, 68 (17%) had pain or nipple cracked nipples, breast abscess in 04 (1%). A study conducted in Tanzania was also supported our results, indicating that 17% of mothers encountered such problems during lactation.[11] Incorrect attachment during breastfeeding and infrequent breast feeding of infants were the main cause of breast problems. Mothers should receive appropriate support, medical advice and encouragement to deal with these issues. They should be taught about breastfeeding positioning and attaching of baby during breast feeding. The current study also found that maternal systemic disease accounted for 19% cases Sohag et al also noted illness in 13.5% mothers.[12]

Our study found that lack of counseling for exclusive breastfeeding. Only 21% mothers had the advice on exclusive breastfeeding at antenatal visits and 38% had postpartum counseling. A study also emphasizes the fact that prenatal counseling is more important for breastfeeding at 4-6 weeks, while prenatal and postnatal counseling is beneficial for exclusive breast feeding at 6 months of age. Imdad A et al also observed that individual and group counseling significantly increased the incidence of exclusive breast feeding.[13] Thus, educational strategies should be carried out in large numbers to help mothers to achieve exclusive breastfeeding goals until 6 months of age and continue breastfeeding until two years of life.

CONCLUSION

Our study showed that most of the mothers who were not on exclusive breastfeeding belong to low socioeconomic status, unemployed, lived in a combined family system, and had social mythology, such as using water for more than four months and to habituated baby with bottle feeding. It had also been found that pathological maternal breast milk condition and lack of counseling were also important risk factors.

Pure breastfeeding is cost-effective in developing countries to save their lives and reduce infant and under-five mortality rates. In order to improve breastfeeding rates, special breastfeeding support and guidance should be provided specifically for mothers from lower socioeconomic status, mothers with caesarean section and mothers with breast milk pathology. We also recommend using a lady health worker program to educate mothers, and the media should also be involved in highlighting the health benefits of breastfeeding and telling the top feeding hazards.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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