

Factors Leading to Declining Breastfeeding in Our Society

Factors Leading to Declining Breastfeeding

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ABSTRACT

Objective: To determine the factors leading to declining breastfeeding trends in our society.

Study Design: cross sectional study.

Place and Duration of Study: This study was conducted at the Pediatrics Department, King Abdullah Teaching Hospital, Mansehra from September 2018 to February 2019.

Materials and Methods: 260 children were included in this study with help of a predesigned questionnaire containing data like name, age, sex of the child, maternal education, father's income, exclusive breastfeeding, duration of total breast feeding and the reasons of not breastfeeding. The data was entered and analyzed using SPSS version 16.

Results: The mean age was 10.06 months. 164 (63%) were male and 96 (37%) were female. The frequency of exclusive breastfeeding was 55 (21%). The mean duration of breast feeding was 6 months. The most common reason for not breastfeeding was having 'Not enough breast milk' which was 68.5%. Other reason for not breastfeeding include maternal illness 5.8%, medical reason 1.9%, social myths 5%, working mothers 0.4%, baby not gaining weight 3.1%, Baby illness 8.5%, pregnancy 5.8% and advice from other women not to breastfed 0.4%.

Conclusion: The duration of exclusive breastfeeding in our region is low as compared to other areas of Pakistan. The most common reason for declining breastfeeding in our setup was 'not having enough breast milk'. We recommend that further studies should be undertaken to know the basic pathophysiology and reasons why these mother did not have enough breast milk.

Key Words: exclusive breastfeeding, factors, decline in breastfeeding.

Citation of article: Farhat A, Rehman M, Anwar H, Imran SS, Khalil MA. Factors Leading to Declining Breastfeeding in Our Society. Med Forum 2019;30(3):109-113.

INTRODUCTION

should be introduced at 6 months of age and then the breast milk should be continued for two years of life and can be beyond.¹ Breast feeding is the best and the most natural way to provide ideal nutrition, immunity, optimum growth and development and ideal body metabolism for the infant.² Secretory IgA in the breastmilk act as anti-infective agent and provide protection against organism and it prevent attachment or penetration of intestinal tract by microorganism.³ Bifidobacteria and lactobacilli in the breast milk protect

the baby from infective pathogens, improve integrity of the GIT, and they reduce inflammatory process in the GIT and also these components of breast milk resist digestion of oligosaccharides which act as a fuel for the infective pathogens.^{4,5} Breastfeeding can prevent deaths and improves the quality of life in developed countries. In a study in United states, it is reported that 911 deaths can be prevented if 90% of the infant can be exclusively breastfed for 6 months or longer.⁶ There are studies which shows that breast feeding improves gut microbiota and reduces the risk of childhood asthma, sudden infant death syndrome, obesity⁷ and acute lymphoblastic lymphoma⁸. There are several studies to suggest that breastfeeding is beneficial for mother also and it is associated with improved health of the mother in short-term and reduces the incidence of further diseases in the long-term.⁹

In Pakistan, the rate of exclusive breastfeeding is 38% while that of non-exclusive breastfeeding is 67% according to a demographic and health survey conducted in 2012-13.¹⁰

Despite the aforementioned well established benefits of breastfeeding to the infant and mother, the rate of exclusive breastfeeding is toward decline. There are several factors which are associated with decreased rate of exclusive breastfeeding throughout the world and specially in developing countries like Pakistan. In a study from Pakistan, the most common reason of

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Received: February, 2019

Accepted: February, 2019

Printed: March, 2019

nonexclusive breastfeeding was inadequate milk production (71%), other reasons of nonexclusive breastfeeding were working mothers (11.2%), inadequate weight gain (5.2%), constipation or loose stool (3.3%), mother related systemic diseases (3.6%), and twin deliveries (1.5%).¹¹ In another study Pakistan, some of the common reason of not exclusive breastfeeding were urbanization, western influences, improved socioeconomic conditions of people and increased advertisement and availability of commercial formulas.¹² In a study from Saudi Arabia, the major contributor to early cessation of breastfeeding were lack of breastfeeding knowledge, maternal employment, and also lower level of knowledge about breastfeeding benefits.¹³ All these factor necessitate that regional studies should be conducted to determine the factor which leads to decline in breastfeeding trends so that effective interventional strategies can be devised based on the knowledge of ground realities.

This current study aimed to determine the factors leading to declining of breastfeeding in our society and also the duration of exclusive breastfeeding that could be useful for practitioners, planners and healthcare decision-maker and it will provide direction to develop effective breastfeeding promotion policies and campaign in our society and also to devise interventional steps to overcome these barriers.

MATERIALS AND METHODS

This cross sectional study was conducted in the pediatrics department King Abdullah Teaching Hospital, Mansehra. After approval from hospital ethical committee, Sample size was calculated using WHO software for sample size determination in health studies. Children of either gender between 0-24 months of age, admitted in ward or visiting Outpatient department were included. Children above 2 years of age were excluded from the study. Informed consent was taken from the caregiver of the participant. A structured questionnaire was used for the purpose of data collection. The questionnaire include data like name, age, sex of the child, maternal age, maternal education, address, father's income, duration of exclusive breastfeeding, duration of total breastfeeding, the time of initiation of breastfeeding after birth and the reason of not breastfeeding or exclusive breast feeding. To evaluate the association between the duration of breastfeeding and variables, the chi-square test was applied. Mean \pm SD was calculated for numerical variable like age. Percentage and frequencies were calculated for categorical variables. The association was considered significant when the p value was less 0.05. The data was entered and analyzed using SPSS version 16.

RESULTS

A total of 260 patients were included. The mean age was 10.06 months. Of these 164 (63%) children were male and 96 (37%) were female. Children were divided in three age groups, less than 6 months, 6-12 months and more than 12 months. Regarding education status of the mothers, 153 (59%) were uneducated, 43 (17%) have primary education, 44 (17%) have matric and 20 (8%) have intermediate or higher education.¹⁰ 7 (41%) children belong to urban area while 153 (59%) children belongs to rural areas. The monthly income of the father was divided into three categories, less than 20000, 20000-50000 and more than 50,000. 179 (68%) children's income was less than 20,000, 74 (28%) children's income was between 20,000-50,000 and 7 (3%) children income was more than 50,000. The mean duration of breast feeding was 6 months with a maximum of 2 years and minimum of not given at all. The frequency of exclusive breastfeeding was 55 (21%). In our study 247 (95%) of the women practice breastfeeding for a variable period of time while 13 (5%) women did not practice at all. According to time of initiation of breastfeeding, 54(21%) of the women start breastfeeding within the 1st hour after birth, 93(36%) start breastfeeding within 1-6 hours after birth while 112 (43%) women start breastfeeding after 6 hours of life. Among male children 70 patients were less than 6 months age group, 52 were between 6-12 month age group while 42 were more than 12 months age groups. Among female 44 were less than 6 months age groups, 26 were 6-12 months age groups and 26 were more than 12 months age groups as shown in table 1. Among male patients 29 children were exclusively breastfeed while among female patients 26 children were exclusively breastfeed and the p value was 3.208 which was statistically insignificant as shown in table 2. The most common reason for not breastfeeding was 'Not having enough breast milk' which was 178(68.5%). Other reason for not breastfeeding include maternal illness 15(5.8%), medical reason 5(1.9%), social myths (5 mothers have jinnat while 8 mothers have 'Hasba') 13(5%), working mothers 1(0.4%), baby not gaining weight 8(3.1%), Baby illness 22(8.5%), pregnancy 15(5.8%), advice and example from other women 1(0.4%) and in 2 (0.8%) children other causes were responsible as shown in table 4. The total duration of breastfeeding among male and female children was analyzed as shown in table 3 and the p value was 6.555 which was statistically insignificant. The effect of maternal education on the duration of breastfeeding was studied and the chi-square test was applied and the p value was 2.640 which was statistically insignificant as shown in table 5. Similarly the effect of Father's income on the duration of breastfeeding were studies and was found statistically insignificant as the p value was 5.432 as shown in table 6.

Table No.1: Age groups of children versus gender of children.

| | | Sex of Patients | | Total |
|------------------------|---------------------|-----------------|--------|-------|
| | | Male | Female | |
| Age groups of children | 6 months | 70 | 44 | 114 |
| | >6 -12 months | 52 | 26 | 78 |
| | More than 12 months | 42 | 26 | 68 |
| Total | | 164 | 96 | 260 |

Table No.2: Frequency of exclusive breastfeeding and gender of children.

| | | Sex of Patients | | Total | P-value |
|--------------|-----|-----------------|--------|-------|---------|
| | | Male | Female | | |
| Exclusive BF | Yes | 29 | 26 | 55 | 3.208 |
| | No | 135 | 70 | 205 | |
| Total | | 164 | 96 | 260 | |

Table No.3: Duration of breastfeeding and gender of children.

| | | Sex of the patients | | Total | P-value |
|----------------------------------|---------------------|---------------------|--------|-------|---------|
| | | Male | Female | | |
| Duration of Breastfeeding Groups | Less than 6 months | 109 | 62 | 171 | 6.55 |
| | 6-12 months | 48 | 22 | 70 | |
| | More than 12 months | 7 | 12 | 19 | |
| Total | | 164 | 96 | 260 | |

Table No.4: Frequency and percentage of Reasons of not breastfeeding.

| S. No. | Reason of Not breastfeeding | Frequency | Percentage |
|--------|--------------------------------------|-----------|------------|
| 1. | Not enough milk | 178 | 68.5% |
| 2. | Maternal illness | 15 | 5.8% |
| 3. | Medical Reason | 5 | 1.9% |
| 4. | Social Myths | 13 | 5.0% |
| 5. | Working Mother | 1 | .4% |
| 6. | baby not gaining wt after BF | 8 | 3.1% |
| 7. | Bab illness | 22 | 8.5% |
| 8. | Pregnancy | 15 | 5.8% |
| 9. | Advice and example from other mother | 1 | .4% |
| 10. | Any other reason | 2 | .8% |
| | Total | 260 | 100.0 |

Table No.5: Duration of breastfeeding versus education status of mothers.

| | | Maternal education status | | | | P-value |
|---------------------------|---------------------|---------------------------|---------|--------|------------------------|---------|
| | | Uneducated | Primary | Matric | Intermediate or Higher | |
| Duration of Breastfeeding | less than 6 months | 99 | 29 | 30 | 13 | 171 |
| | 6-12 months | 43 | 11 | 12 | 4 | 70 |
| | more than 12 months | 11 | 3 | 2 | 3 | 19 |
| Total | | 153 | 43 | 44 | 20 | 260 |

Table No.6: Duration of breastfeeding versus Father's Income.

| | | Father's Income | | | P-value |
|----------------------------------|---------------------|-----------------|-------------|-----------------|---------|
| | | less than 20000 | 20000-50000 | More than 50000 | |
| Duration of breastfeeding Groups | less than 6 months | 118 | 46 | 7 | 171 |
| | 6-12 months | 50 | 20 | 0 | 70 |
| | more than 12 months | 11 | 8 | 0 | 19 |
| Total | | 179 | 74 | 7 | 260 |

DISCUSSION

It is very essential to provide adequate nutrition to the infant and young children to promote adequate growth and development of the children.¹⁴ Breastfeeding is considered as the best source of nutrition for the young infant and its benefits to the infant and mother are well established throughout the world.¹⁵ In our study the frequency of exclusive breastfeeding was 21% while in Pakistan, the rate of exclusive breastfeeding is 38% while that of non-exclusive breastfeeding is 67%.¹⁰ In our study 247 (95%) women practice breastfeeding for a variable period of time while 13 (5%) women did not practice at all while in a study by Nasheed parveen et al. breast feeding was practiced in 97.54% of the women while only 2.45% women did not practiced breastfeeding. In a study in India by Bena kappa et al,

Similar results were observed in which the overall frequency of breastfeeding was 97.0%.¹⁶ In one study in Sri Lanka the frequency of breastfeeding initiation at the time of birth was 100% but the proportion of exclusive breastfeeding upto 4 months of life was 61.6%.¹⁷ In our study the most common reason for not breastfeeding was 'Not having enough breast milk' which was 178(68.5%). Other reason for not breastfeeding include maternal illness 15(5.8%), medical reason 5(1.9%), social myths 13 (5%), working mothers 1(0.4%), baby not gaining weight 8(3.1%), Baby illness 22(8.5%), pregnancy 15(5.8%), advice and example from other women 1(0.4%) and in 2 (0.8%) children other causes were responsible. Our finding for factors leading to declining in breastfeeding were consistent with other studies conducted in Pakistan as in a study in Pakistan, the common reason of nonexclusive breastfeeding was inadequate milk production (71%), other reasons of nonexclusive breastfeeding were working mothers (11.2%), inadequate weight gain (5.2%), constipation or loose stool (3.3%), mother related systemic diseases (3.6%), and twin deliveries (1.5%).¹¹ Similarly Morisky DE et al, in a study conducted in pakistan reported some of the common reason of not exclusive breastfeeding were urbanization, western influences, improved socioeconomic conditions of people and increased advertisement and availability of commercial formulas.¹² In Saudi Arabia, the common reasons for early cessation of breastfeeding were lack of breastfeeding knowledge, maternal employment, and also lower level of knowledge about breastfeeding benefits.¹³ In an international study the most common reason for not breastfeeding or exclusive breastfeeding was insufficient breast milk and it was reported by 80% of the women.¹⁸ in our study maternal education shows no significant effect over the duration of breastfeeding while in a study by Kulsoom et al reported that the duration of total breast feeding was less in children of mother who were illiterate, having more female children and belonging to a poor socioeconomic class.¹⁹ In our study about 5% of the mothers have a social myths and false beliefs regarding breastfeeding which contribute significantly to decline in breastfeeding in our society, in a similar study by Afzal et al found that although most of the women have a good knowledge about the benefits of breastfeeding but a significant number of women also have a various beliefs that prevent exclusive breastfeeding.

CONCLUSION

Although the prevalence of breastfeeding is very common in our region but the duration of exclusive breastfeeding is low as compared to other areas of Pakistan. The most common reason for declining breastfeeding in our setup was having not enough breast milk. There were no significant effect of maternal

education and economic status of the father over the total duration of breast feeding in our study. We recommend that further studies should be undertaken to know the basic pathophysiology and reasons why these mother did not have enough breast milk.

Author's Contribution:

Concept & Design of Study: Anila Farhat
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Conflict of Interest: The study has no conflict of interest to declare by any author.

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