

Factors Affecting the Breast Feeding Practices in Lactating Mothers of Rural Punjab

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ABSTRACT

Although breast feeding is beneficial for mother and infants, its practice remains suboptimal in Pakistan. This cross-sectional study was conducted to determine the factors that affect the decision of mothers about breast feeding. The results of this study prove that the reasons to practice breast feeding were health benefits, cost effectiveness, religious teachings, prevention of infection and family pressure. Barriers of breast feeding were failure of letdown reflex, lack of knowledge about benefits of breast feeding initiation and continuation, lack of support from fathers and maternal or child illness. There is need of health care system interventions and public health education to improve the situation.

Keywords: Breast feeding, lactating mothers, rural area

INTRODUCTION

Breast feeding benefits both mother and child in several ways. It is recommended to start breast feeding in first hour of life, practice exclusive breast feeding for 6 months, start complementary food at 6 months and then continue breast feeding up to 2 years¹. It's emotional, environmental, psychological², immunological³ developmental⁴, intellectual⁵, economic and social benefits are unparalleled. It significantly decreases the infant mortality⁶ and financial burden by decreasing health care costs.

A study in 2010 reported that in England initial rate of breast feeding was 83% and exclusive breast-feeding rate at 6 weeks was 24%⁷. In developing countries the prevalence of exclusive breast feeding among children less than 6 months of age is 39% [8]. Despite the social acceptance and strong evidences of benefits of breast feeding, Pakistan has exclusive breast-feeding rate of 38% with undesirably risen bottle-feeding rate of 41% at age of 5 months and 50% at the age of 20-23 months⁹.

There is substantial evidence showing that maternal age, education, mode of delivery, education and occupation of father are related to the decision to initiate and continue breast feeding and its cessation in favor of breast milk substitutes. This study was planned to determine the factors that affect the decision of mothers about breast feeding practice.

The objective of the study was to determine the factors affecting decision of mothers to practice breast feeding or its substitutes.

MATERIALS AND METHODS

A total of 294 participants were enrolled through a

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non-probability, convenient sampling method in a community based cross-sectional study in the rural areas of district Sahiwal Punjab from February to April 2017. Lactating mothers who delivered healthy infants between 37 and 42 gestational weeks, with and without major birth defects such as congenital heart disease, cleft lip/cleft palate and Down syndrome were included in the study. Exclusion criteria were mothers with preterm babies or multiple gestations. Mothers were interviewed by Lady Health Workers during their routine visits in community after signing written informed consent through a pre-designed, pre-tested questionnaire. During interviews, all the questions were asked in local language (Urdu/Punjabi) which was later translated to English for data analysis. Data was entered in SPSS-22 for analysis. Quantitative variables like age were presented as mean and qualitative variables like gender and questions were presented as percentages and frequencies.

RESULTS

A total of 294 mothers were included in the study. Mean age of the mothers was 27.98 years, majority of them were house wives (90.1%) and 73.1% were living in joint family system. A total of 53% kids were male while 48% were females. Cesarean section was done 38.4% of the cases while 95.9% of the deliveries were done at hospital. Demographic variables are shown in Table 1.

Out of 294 mothers, 290 (98.6%) responded that they opted for breast feeding as breast feeding is good for health. A total of 275 (93.5%) were of the view that breastfeed was cost free that's why they chose it. Religious teaching was supposed to be a reason of practicing breast feeding by 147 (50%) mothers. To 85 (28.9%) mothers, breast feeding was a custom. A total of 194 (66.6%) mothers preferred

breast feeding as it is a source of prevention of infection and 43(14.6%) mothers declared family pressure as cause of practicing breast feeding. Reasons for not giving breast-feed to the infants are shown in Table 2.

Table 1: Demographic Variable

Variable	n (%)
Parity	
Primigravida	86 (29.3%)
< 4 children	180 (61.2%)
4-7 Children	26 (8.8%)
>7 children	2 (0.7%)
Educational Level	
Uneducated	66 (22.4%)
Primary	86 (29.3%)
Middle	98 (33.3%)
Matric	32 (10.9%)
Graduation	12 (4.1%)
Breast Feeding Experience	
Yes	208 (70.7%)
No	86 (29.2%)
Husband Employment Status	
Self-employed	137 (46.6%)
Government job	96 (32.7%)
Not employed	61 (20.7%)
Husband educational status	
Uneducated	59 (20.1%)
Primary	75 (25.5%)
Middle	113 (38.4%)
Matric	37 (12.6%)
Graduation	10 (3.7%)

Reasons for not feeding breast milk to infants	n
No let down of milk	181(61.6%)
Personal disliking	19(6.5%)
No time / too busy	45(15.3%)
Outdated tradition	10(3.4%)
Medical reason / metastasis / pain	100(34%)
Fear of distorted breast shape	18(6.1%)
Father not encourage breast feeding	29(9.9%)
I don't have enough knowledge about benefits of initiation and duration of breast feeding	136(46.3%)

DISCUSSION

Our study indicates that majority of our respondents were aware of the health benefits of breast feeding. A total of 98.6% agreed that breast feeding was good for health. The results are comparable to a study conducted in Egypt where 94.8% mothers agreed that breast milk protects children from diseases¹⁰. A total of 93.5% mothers reported cost effectiveness to be a cause of breast-feeding; results are similar to a study in India¹¹. In Pakistan, the essential legal measures to promote breast feeding and discourage use of formula milk are practically inactive and

veryeffective campaigning is done by formula milk companies through media and health care personnel to promote their products⁹that gives people a perception that formula milk is healthier for baby and they should use that for their child otherwise the studies show that better family income is associated with early initiation and continuation of breast feeding¹².

Half of our respondents revealed that religious teaching was a reason of breast feeding, 96.9% of our enrolled subjects were Muslims and Islam encourages the breast feeding for two years¹³. Studies have shown that mothers do not consider alternatives and practice breast feeding universally¹⁰, in our study 28.9% of mothers agreed that breast feeding is practiced as a custom. This study indicates that prevention of infection is a cause of breast feeding among 66.6% of subjects; other studies also show a negative association between breast feeding practice and incidence of infections³. In rural setting of Punjab 14.6% mothers reported family pressure to be a cause of breast feeding a review study indicates a positive impact on breast feeding when grandmothers were inclined towards breastfeeding or had their own experience of breast feeding¹⁴.

When mothers were asked the reasons of not following the recommendations about initiation and duration of breast feeding, failure of letdown reflex was a major reason (61.6%), let down reflex is triggered by sucking of breast by baby that is not practiced, due to priming by relatives that milk production starts after day 3 of delivery¹¹, mother develops a perception of failure of letdown reflex and starts practicing bottle feeding or formula feeding. A total of 6.5% mothers described personal disliking as a reason for not practicing breast feeding; negative self-image and embarrassment of feeding at public places have already been reported as a cause of early cessation of breast feeding¹⁵. In this study 15.3% mothers reported that their busy schedules were a reason to refrain from breast feeding. This barrier was also reported by 57% participants of a study in Riyadh Saudi Arabia¹⁶. A study at Michigan proves that women who are employed have a 9% lesser rate of breast feeding at 6 months' post-partum than non-working women¹⁵. Similar results have been reported in a study in Kenya¹³.

A total of 34% of mothers reported infant's medical reason or pain to be a cause of breast feed cessation. In a study in India respondents reported discontinuation of breast feeding if child had fever or cold (6%) diarrhea (18%) and vomiting (26%)¹¹. A study in Kenya shows that maternal history of HIV is broadly associated with breast feeding cessation¹³. A total of 6.1% of study subjects said that fear of breast shape distortion was a cause of not giving breast

feeding. A study in Kenya also showed that fear of sagged breasts was a barrier towards breast feeding. In 2013, 15.5% of study participants of a study at Riyadh Saudi Arabia agreed that fear of distorted breast shape was a barrier to breast feeding^{13,16}. A total of 9.9% of study participants reported that one of the barriers to breast feeding was that fathers didn't support breast feeding. Similar results have also been proved in other studies^{15,16}. This study showed that one of the most common (46.3%) perceived barrier to the breast feeding was lack of knowledge about benefits of initiation and duration of breast feeding. These findings were supported by a study in Riyadh where 31.7% mothers considered lack of knowledge to be a barrier of breast feeding¹⁶.

CONCLUSION

Based on this study it is concluded that in rural population majority of mothers were knowledgeable about health benefits of breast feeding but they were not following the recommended practices of initiation and continuation of breast feeding due to perception of failure of milk let down, busy schedules, maternal or child health problems, lack of support from fathers and lack of knowledge about importance of breast feeding duration and initiation.

RECOMMENDATIONS

There is need of health care system interventions and public health education campaigns to promote breast feeding practices.

Limitation: The limitation of this study was that the study subjects were approached from a small sect of rural population hence the findings cannot be generalized to the whole rural population.

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