

## BREASTFEEDING: MOTIVATIONS AND OBSTACLES IN ACHIEVING THE MILESTONES

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### ABSTRACT

**Background:** Breast milk is produced by the breast of the mother which is a complete nutrition for infants. In Pakistan, breastfeeding is suboptimal and beyond the set targets of World Health Organization (WHO). There are certain supportive factors and obstacles for the mothers, which play their roles in initiation and maintaining the breastfeeding. **Objective:** This study was conducted, to find out the supportive factors and obstacles in the initiation and maintaining the breastfeeding. **Subjects & Methods:** This was a cross sectional study, conducted in the Pediatric Unit of Sheikh Zayed Medical College / Hospital Rahim Yar Khan, during the month of March 2014. The study subjects were only those mothers who were present in the ward along with their infants under 6 months of age. A questionnaire was designed and 189 mothers were interviewed regarding different factors in initiation and continuation of breastfeeding, after taking their consent. **Results:** This study was conducted on 189 mothers. Regarding place of delivery 102 mothers who had domiciliary delivery, 88 (86.27%) breastfed their baby, 74 mothers who had normal hospital delivery, 51 (69%) preferred breastfeeding and among 13 C-section cases 5 (38.46%) mothers chose to breastfeed their babies. The results shows that 78.95%, 63.41% and 33.33% mothers chose breast-feeding in first, second and successive deliveries respectively. 13 (38.09%) out of 21 teenage mothers not their babies and in mothers of 21-30 years of age, 28(25%) did not breastfed their child. In mothers out of 30 years of age, 23(43%) out of 53 mothers did not breastfed. **Conclusion:** Our study showed that domiciliary place of delivery, 1<sup>st</sup> delivery, age of mother in twenties, family motivation and housewives were the factors that promoted the breast feeding practices. A collaborative awareness campaign by social media, family workers and health personals about breastfeeding should be designed especially for teenagers and primiparas that could settle their apprehensions and other issues about problems of lactation.

**Key words:** Breastfeeding, Primiparas, Motivation, Mothers

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### INTRODUCTION

Inappropriate breastfeeding practices lead to malnutrition. This usually happened during the first year of life. This is the leading cause of death among children under five.<sup>1</sup> Islamic teaching has made emphasis for breastfeeding up to two years, as has been advised in the Holy Quran that mother should lactate their children from breast milk up to 2 years of the age of children. The developing countries are facing a lot of problems due to food scarcity. Complementary breastfeeding for 2 years can help to reduce the mortality and morbidity among children under 5 years of age.<sup>2</sup> Health is an imperative matter for the survival and feeding for the children. The evaluation of the good nourishment of the children of a country or a region is based on the percentage of infants up to the age up to 5 months who are being breastfed.<sup>3</sup>

WHO has recognized the importance of

breastfeeding and has set targets that up to 2025 at least 50% of babies under six months-of-age to be exclusively breastfed, At present the global breastfeeding rate is far below the set target. About 26 countries have achieved this target by their sincere efforts. About 45% of neonatal infectious death are attributed to this suboptimal breastfeeding practices.<sup>4</sup>

Breast milk can be served in different ways to the neonates. When the breast milk is directly sucked from the breasts of the mother by the baby then it is called as the breastfeeding (i.e., via lactation). It is due to the sucking reflex of the baby that make it possible for baby to take in and swallow the milk. As compared to formula milk, it is easy for the baby to swallow, digest and get complete nutrition from breastfeeding that promotes child development.<sup>5</sup>

Breastfeeding is not only beneficial for the child development but also for the mother, and saves her from risk of osteoporosis, depression and breast cancer.<sup>6</sup> It enhances the emotional development of the mother with the infant, it is the reason that mother faces all hardships with pleasure and Islam has given her reward of these hardships in the form, that child has been ordered that his paradise lies under the feet meaning complete obedience to his mother. It also helps mother in child spacing due to post partum

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amenorrhea.<sup>7</sup> Exclusive breastfeeding fulfils the requirement up to 6 months after that complementary foods are also required for the development of the child. After 6 months, these complementary foods are recommended by WHO.<sup>8</sup> Among the developing countries Pakistan has good percentage of breastfeeding but still it is suboptimal and below the set targets of WHO.<sup>9</sup> Pakistan is a developing country and child health and nutrition is in poor state. The breastfeeding is the easy, achievable mean of fulfilling these deficiencies. WHO is supporting the all efforts which are being used in promoting the breastfeeding.<sup>10</sup> The problem is not only of breastfeeding but of exclusive breastfeeding. The suboptimal breastfeeding in one or other way is present in all over the world. The main emphasis is to promote exclusive breastfeeding for first 6 months of the age of child.<sup>11</sup>

The exclusive breastfeeding can be promoted by overcoming the problems of the mothers and families by understanding the factors which are encouraging and discouraging the breastfeeding in mothers. This study was designed to find out the supportive factors and obstacles in the initiation and maintaining the breastfeeding. Their implications will help health policy makers in promoting the breastfeeding.

## SUBJECTS AND METHODS

This was a cross sectional study, conducted in the Pediatric Unit of Sheikh Zayed Medical College / Hospital, Rahim Yar Khan, during the month of March 2014. The study subjects were those mothers who were present in the ward along with their infants under 6 month of age. During the study period 189 children, under the age of six months, admitted due to any reason along with their mothers were included in the study. These mothers were interviewed regarding supportive, factors and obstacles of breastfeeding. A questionnaire was designed having variables like; socio demographic profile, parity of mother, birth order of the child, family members and health personal. Frequencies and percentages were computed.

Exclusive breastfeeding was labelled when the mother has started breastfeeding just after birth and has not given any other oral feeding up till six

month of age of the child. Breastfeeding was labelled when the mother has started breastfeeding just after birth and no breastfeeding was labelled when the mother has not given the breast milk at all after birth. Working women was labelled when women has to go outside her home for work to financially support the family. Joint family was labelled when a couple living with his parents/ blood relatives in a specified premises and nuclear family was labelled when a spouse was residing only with his own offspring. The data was entered and analyzed by using SPSS version 15.

## RESULTS

This study was conducted on the mothers of 189 infants admitted in the Pediatric Unit. Regarding place of delivery 102 mothers who had domiciliary delivery, 88 (86.27%) breastfed their baby and rest chose bottle-feeding, 74 mothers who had normal hospital delivery, 51 (69%) preferred breastfeeding and rest of mothers preferred bottle-feeding for their child, and among 13 C-section cases 5 (38.46%) mothers who chose to breastfed their babies. (Table I) In terms of parity of mother, the results showed that 78.95%, 63.41% and 33.33% mothers chose breastfeeding in first, second and successive deliveries respectively. The age of mother was also found an important factor in the initiation of breastfeeding, 13 (62%) out of 21 teenage mothers didn't breastfed their babies and in mothers of 21-30 years of age, breastfeeding was the preferred method by 87 (75.65%) of 115 mothers. In mothers above 30 years of age, 30 (56.60%) out of 53 mothers preferred bottle feeding and rest 23 (43.40%) adopted breastfeeding. Regarding the source of motivation for breastfeeding the child, of the 92 months in home family motivation for breastfeeding was reported 77 (83%) adopted breastfeeding. Motivation from health personal and other sources like media yielded 34 (66.66%) and 22 (47.83%) mothers to chose breastfeeding over bottle-feeding.

It was found that 93(78.81%) of mothers residing in rural areas had opted breastfeeding their baby instead of bottle-feeding. In urban area 41(57.75%) of mothers selected breastfeeding.

The result shows that the mothers who chose breastfeeding among low, middle and high socioeconomic status were 77.57%, 71.43% and 31.58% respectively. Among working women 17(41.46%) of mothers chose breastfeeding as compared to housewives 124 (83%).

**Table I: Characteristics of women affecting breast feeding practices.**

Place and mode of delivery (N = 189)			
	Domiciliary	Normal hospital delivery	C-section/ Obstetric complications
Breast feeding	88 (86.27%)	51 (69%)	5 (38.46%)
No breast feeding	14 (13.57%)	23 (31%)	8 (61.54%)
Total	102 (100%)	74 (100%)	13 (100%)
Breastfeeding and Parity of Mothers			
	First Delivery	Second delivery	Successive Deliveries
Breast feeding	30 (78.95%)	52 (63.41%)	23 (33.33%)
No breast feeding	8 (21.05%)	30 (36.59%)	46 (66.66%)
Total	38 (100%)	82 (100%)	69 (100%)
Breastfeeding and Age of Mothers			
	Teen age mothers	<21-30 years	>30 Years
Breast feeding	8 (38.09%)	87 (75.65%)	23 (43.40%)
No breast feeding	13 (61.91%)	28 (24.35%)	30 (56.60%)
Total	21 (100%)	115 (100%)	53 (100%)
Role of Motivation in Breastfeeding			
	Family Motivation	Health personal	Media/Other Sources
Breast feeding	77 (83.69%)	34 (66.66%)	22 (47.83%)
No breast feeding	15 (16.31%)	17 (33.33%)	24 (52.17%)
Total	92 (100%)	51 (100%)	46 (100%)
Residence Status of Mothers and Breastfeeding			
	Rural	Urban	
Breast feeding	93 (78.81%)	41 (57.75%)	
No breast feeding	25 (21.19%)	30 (42.25%)	
Total	118 (100%)	71 (100%)	
Socio economic status and Breastfeeding			
	Low	Middle	High
Breast feeding	83 (77.57%)	45 (71.43%)	6 (31.58%)
No breast feeding	24 (22.43%)	18 (28.57%)	13 (68.42%)
Total	107 (100%)	63 (100%)	19 (100%)
Effect of Work and Family on Breastfeeding			
	Workingwomen	Housewives	Joint Family
Breast feeding	17 (41.46%)	124 (83.78%)	101 (87.07%)
No breast feeding	24 (58.54%)	24 (16.22%)	15 (12.93%)
Total	41 (100%)	148 (100%)	116 (100%)

## DISCUSSION

The setting in which a woman gives birth may have an impact on her breastfeeding outcomes, 102 mothers who had domiciliary delivery, 88(86.27%) of them breastfed their baby and rest adopted bottle-feeding. The ratio for breastfeeding declined to 5(38.46%) among mothers who has undergone C-section. It has been found that place of delivery and mode of delivery

affect to initiation in breastfeeding.<sup>12</sup> The trend of breastfeeding declined with increasing number of deliveries. As per results of this study it was observed that with each successive pregnancy, the breastfeeding converts into mixed or bottle-feeding practices. The downward trend in breastfeeding with increasing parity has also been observed in other studies.<sup>13</sup> The age of mother was also found an important factor in the initiation of breastfeeding. The teenage mothers didn't prefer to breastfed their babies while in mothers of age in twenties and above breastfeeding was the preferred method.

Primiparas, first time mothers, have less self-confidence in their ability to successfully breastfeed than multiparas, who have experienced childbirth and caring for an infant.<sup>14</sup> Common barriers to breastfeeding initiation and continuation in teenage mothers included not liking breastfeeding, nipple pain, and insufficient milk.<sup>15</sup> It has been observed that nearer source of motivation for breastfeeding encouraged more mothers to breastfed their child, the same was observed in a cross-sectional comparative study conducted at Fauji Foundation Hospital, Rawalpindi.<sup>16</sup>

Breastfeeding was more frequent practice among women living in rural areas rather due to financial constraints and poor purchasing power of formula milk. The similar results were found in a study conducted by Hamzullah Khan and Balqis Afridi.<sup>17</sup> The trend of breastfeeding was less among mothers with high socioeconomic status as compared to mothers with low or middle socioeconomic status. In several studies, the breastfeeding trends were found inversely proportional to the socioeconomic status of the families.<sup>18</sup> The trend of breastfeeding in mothers who were working women and housewives were antonym to each other. It has been shown that non-working and non-smoking mothers and multiparous mothers prefer breastfeeding.<sup>19</sup> Among the other factors which play their role in non promoting and discontinuation of breastfeeding are insufficient milk production, sore nipples, indigestion of breast milk by child and unplanned pregnancy and these should be addressed properly.<sup>20</sup>

## CONCLUSION

Our study showed that domiciliary place of delivery, 1<sup>st</sup> delivery, age of mother in twenties, family

motivation and housewives were the factors that promoted the breast feeding practices.

Promotion of breastfeeding is essential. It will enable all interventions for promoting health of mother and neonate. It is an easy and effective regime that can reduce maternal and child morbidity and will lessen the burden on health system and health services. Motivation and by discouraging bottle-feeding, we can save our resources and our new coming babies.

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