

# FACTORS INVOLVED IN FAILURE OF EXCLUSIVE BREAST FEEDING PRACTICES AMONG MOTHERS

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## ABSTRACT

**Background:** Exclusive breast feeding is essential for baby's health. **Objective:** To determine the factors associated with failure of exclusive breast feeding. **Methodology:** Study design: Cross - sectional study. Place and duration of study: The study was carried out in Pediatric department of Sheikh Zayed Hospital, Rahim Yar Khan, from 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016. This study was conducted on five hundred women having infants up to 6 month of age and not on exclusive breastfeeding. A questionnaire was designed and data was collected through interviewing infant's mothers about various risk factors including maternal education, socioeconomic status, maternal employment status, family type, maternal separation, social myths, number of children, mode and place of delivery, maternal systemic illness, maternal breast condition, birth spacing, and counseling for breast feeding. The data was entered and analyzed by SPSS version 16. **Results:** Our study showed that among mothers having lack of exclusive breast feeding practice, following factors were found including lower socioeconomic status in 51.2%, joint family system 75.8%, male sex of infant in 62.8%, use of water up to 4 months is good in 64%, mother thinking that milk is not good in 29.2% and to familiarize baby to top feeding in 78.4%. Study showed that place of delivery was private clinics in 55.4%, caesarean section in 37.6% of and 73.4% of caesarean sections as mode of delivery took place at private clinics. Pathological maternal breast conditions (engorgement, sore or cracked nipples, abscess) were found in 36.6% and maternal systemic illness in 19.2%. It was found that proper counseling of mothers for exclusive breast feeding was done among 20.8%, at antenatal visits and 37.2% after delivery. **Conclusion:** Our study showed that among mothers not practicing exclusive breast feeding, most of these belonged to lower socioeconomic status, not employed, living in joint family system, and having social myths like use of water up to 4 months and to familiarize baby to bottle feeding. It was also found that pathological maternal breast conditions and lack of counseling, antenatally and postnatally were also important risk factors.

**Keywords:** Exclusive breast feeding, Risk factors, Failure, Counseling.

## INTRODUCTION

Human milk is uniquely adapted to the infant's needs and is uniquely suited to the human infant. Human milk is species-specific and its composition differs markedly from all alternate feeding preparations.<sup>1</sup> Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and helps for a quicker recovery from illness. These effects can be measured in resource-poor and affluent societies.<sup>2</sup> Exclusive breastfeeding can be defined as a practice whereby the infants receive only breast milk and not even water, other liquids, tea, herbal preparations, or food during the first six months of life, with the exception of vitamins, mineral supplements, or medicines.<sup>3</sup> Exclusive breast feeding is one of the most effective measure to decrease childhood mortality in developing

countries. Almost 12% of under 5 year of age mortality can be prevented by adopting exclusive breastfeeding.<sup>4,5</sup>

Despite extraordinary range of benefits of breastfeeding and global breastfeeding promotion measures, it is still uncommon in many countries. In South Asia the increase in breastfeeding was only from 40% in 1995 to 45% in 2010. Various social, cultural and health related factors are likely to account for this failure of exclusive breastfeeding. Lack of knowledge and confidence were found as the main reasons among mothers for less than optimum breastfeeding duration. Perception of insufficient milk and work outside the home were cited as common reasons for premature weaning or not breast-feeding exclusively.<sup>6,7</sup> This study was planned to find out the factors associated with failure of exclusive breast feeding practices.

## METHODOLOGY

This was a cross - sectional study, conducted at

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Sheikh Zayed Hospital, Rahim Yar Khan, from 1<sup>st</sup> July 2015 to 30<sup>th</sup> June 2016. Five hundred women with infants up to 6 month of age and not on exclusive breast feeding were included by consecutive (non-probability) sampling. A questionnaire was designed and data was collected through interviewing these infant's mothers. Exclusive breast feeding was labelled based on WHO definition as; a practice whereby the infants receive only breast milk and not even water, other liquids, tea, herbal preparations, or food during the first six months of life, with the exception of vitamins, mineral supplements, or medicines.<sup>3</sup>

All infants less than six month of age of either sex including male and female, not receiving exclusive breastfeeding (or on partial breast feeding and bottle feeding) were included. Infants with congenital defects like cleft lip and palate and those having illness which interferes with successful breastfeeding like neurological diseases like cerebral palsy and severe birth asphyxia (as available from records) were excluded.

Approval of the research project was taken from the Institutional Review Board. An informed verbal consent was taken from the parents/caretakers.

Patient profile was recorded. Patients were included in the study on the basis of interviewing mothers about various factors including maternal education, socioeconomic status, maternal employment, family type, gender, maternal separation, social myths, mode and place of delivery, maternal systemic illness, maternal breast condition, birth spacing, counseling for breast feeding antenatally and postnatally. The data was entered and analyzed SPSS version 16.

## RESULTS

Out of 500 mothers not practicing exclusive breast feeding to their infants 181(36.2%) were uneducated and 135(27%) fathers were uneducated.

It was seen that 256(51.2%) respondents belonged to lower socioeconomic status; 379(75.8%) live in joint family system and 457(91.4%) mothers were not employed; 443(88.6%) mothers has no maternal separations at home. Regarding sex of infants 314(62.8%) were male. Regarding social myths, water intake upto 4 month of age was found in 320(64%) of infants, 146(29.2%) mothers thought that their milk is not good and 392(78.4%)

mothers started top feeding to familiarize their babies to top feeding. (Table I)

**Table I: Sociodemographic factors and social myths among study subjects**

Variables	Number	Percentage
<b>Maternal education</b>		
Uneducated	181	36.2
Primary	159	31.8
Matric	140	28
Intermediate & above	20	04
<b>Paternal education</b>		
Uneducated	135	27
Primary	206	41.2
Matric	98	19.6
Intermediate & above	61	12.2
<b>Socioeconomic status</b>		
Lower	256	51.2
Middle	220	44
High	24	4.8
<b>Maternal employment</b>		
Yes	43	8.6
No	457	91.4
<b>Family type</b>		
Nuclear	121	24.2
Joint	379	75.8
<b>Sex of infant</b>		
Male	314	62.8
Female	186	37.2
<b>Maternal separation</b>		
Yes	57	11.4
No	443	88.6
<b>Social myths</b>		
<b>Water intake upto 4 month of age</b>		
Yes	320	64
No	180	36
<b>Milk is not good</b>		
Yes	146	29.2
No	354	70.8
<b>To familiarize baby to bottle feeding</b>		
Yes	392	78.4
No	108	21.6

This study found that 277(55.4%) of all births took place in private clinics. 188 (37.6%) babies were born by cesarean section and 138(73.4%) of cesarean sections took place at private clinics. Maternal systemic illness was present in 96(19.2%) and pathological maternal breast conditions (engorgement 19%, sore or cracked nipples 16.8%, abscess 0.8%). It was found that proper counseling of mothers for exclusive breast feeding was done only in 104( 20.8%) at antenatal visits and among

186(37.2%) after delivery. (Table II)  
**Table II: Variables related to failure of exclusive breast feeding**

Variables	Number	Percentage
<b>Mode of delivery</b>		
SVD	312	62.4
Cessarian section	188	37.6
<b>Place of delivery</b>		
Home	83	16.6
Private clinic	277	55.4
Public Hospital	140	28
<b>Caesarean section done at</b>		
Private Hospital	138	73.4
Govt. Hospital	50	26.6
<b>Maternal systemic illness</b>		
Yes	96	19.2
No	404	80.8
<b>Mother's breast condition</b>		
Normal	317	63.4
Engorgement	95	19
Sore/cracked nipple	84	16.8
Mastitis/abscess	04	0.8
<b>Birth spacing (years)</b>		
1 year	205	41
2 - 3 year	179	35.8
4 & above	116	23.2
<b>Proper counseling of mother done for breast feeding at antenatal visit</b>		
Yes	104	20.8
No	396	79.2
<b>Proper counseling of mother done for breast feeding after delivery</b>		
Yes	186	37.2
No	314	62.8

## DISCUSSION

This study was aimed to determine various factors involved in failure of exclusive breast feeding. In our study 36.2% of mothers who were not adopting exclusive breastfeeding (EBF) were illiterate and 60% were upto matric. Similar trends were found in another study done in Lahore.<sup>8</sup>

Our study showed that in exclusive breastfeeding failure cases, 379(75.8%) mothers were living in joint family system, 57(11.4%) has maternal separation and 43(8.6%) mothers were employed. This is in contrast to other studies. A study done in Ethiopia reported a significant difference among employed and unemployed mothers with regard to EBF (33% vs 73%).<sup>5</sup> This difference may partly be due to the fact that majority of mothers visiting our

hospital are housewives who belong to rural and lower socioeconomic background.

Our study found that lot of social myths were present in EBF failure cases, like mothers were thinking that water intake is necessary along with breastfeeding in 320(64%), to familiarize their baby to bottle feeding in 392(78.4%), their milk is not good and is dangerous for baby 146(29.2%). Other studies also support presence of social myths,<sup>8,9</sup> like use of prelacteals in 31.4% in a study conducted by Shazia et al.<sup>9</sup>

Regarding sex of infant, present study noticed that there were more male children 314(62.8%) who were not getting EBF. Gender bias is also noticed by other local studies. In one study done in Islamabad<sup>7</sup> male infants were 59.7% among lack of exclusion breast feeding case. Our data also showed that in mothers not practicing exclusive breastfeeding, home deliveries were in 83(16.6%), while rest of deliveries were conducted in private clinics 277 (55.4%) and Public hospital 140 (28%). These figures are different from other local studies where major bulk of deliveries took place at home. This is on one hand encouraging in term of awareness of people in reducing risk of delivery complications but on other hand shows lack of proper counseling of mothers antenatally and postnatally by health care personnel regarding exclusive breast feeding.

Present study also showed that women with failure of exclusive breastfeeding to their infants, mode of delivery was spontaneous vaginal delivery in 312(62.4%) and cesarean section in 188(37.6%). According to WHO rate of cesarean sections should not be more than 10-15%.<sup>10</sup> Our study further showed that a major bulk of these cesarean sections took place in private clinics. This high rate of cesarean section shows lack of antenatal care and lack of adherence to standard guidelines and protocols for managing labour and non availability of system of audit for cesarean section rates. Even spontaneous vaginally delivered babies have high ratio of failure of exclusive breastfeeding which is highly alarming. From the total of 500 mothers who were not giving EBF to their infants it was found that many of women has suffered from pathological breast problems including engorgement 95(19%), sore or cracked nipples 84(16.8%), breast abscess 04(0.8%). This is also supported by a study done in Tanzania which showed that 17% mothers were having such problems during breast feeding.<sup>11</sup> Incorrect attachment and infrequent feeding of babies during breastfeeding are the main causes of breast problems.

Mothers should be given appropriate support, medical advice and encouragement to deal with these problems. They should be taught about positioning and attachment of baby during breast feeding. Present study also found that maternal systemic illness was present in 19.2%. Sohag et al also noticed maternal illness in 13.5%.<sup>12</sup>

Our study found that there was much lacking of counseling for EBF. Proper counseling of mothers about EBF at antenatal visits was only 20.8%, and counseling after delivery was 37.2%. This fact is also emphasized by a study which found that prenatal counseling was found to be of greater importance for breastfeeding at 4-6 weeks, while combined prenatal and postnatal counseling was of benefit for EBF at 6 month of age.<sup>13</sup> Sara et al also observed that individual and group counseling markedly increased rates of EBF.<sup>6</sup> So educational strategies should be done on large scale to help mothers achieve the goal of EBF till 6 months and continued breastfeeding till two years of life.

## CONCLUSION

Our study showed that among mothers not practicing exclusive feeding, most of these belonged to lower socioeconomic status, not employed, living in joint family system, and having social myths like use of water upto 4 months and to familiarize baby to bottle feeding. It is also found, pathological maternal breast conditions and lack of counseling antenatally and postnatally were also important risk factors. Exclusive breastfeeding is cost-effective in saving infants' life and reducing infant and under five mortality in developing countries. In order to increase exclusive breastfeeding rates, special breastfeeding support and guidance should be given to mothers especially belonging to lower socioeconomic status, mothers undergoing cesarean section and mothers having some pathological breast problem. We also recommend using lady health workers programme to educate mothers and media should also be involved to highlight health benefits of exclusion breast feeding and also to tell hazards of top feeding.

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