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Original Article

Barriers to Exclusive Breastfeeding among Urban Mothers

Lazina Sharmin[1], M. A. K. Azad Chowdhury[2], Soofia Khatun[3], Naser Ahmed[4]

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Abstract

Background*: Breastfeeding is the unique source of nutrition and it plays an important role in the growth, development and survival of the infants. The initiation of breastfeeding within one hour and continuation of only breast milk up to six months ensure maximum benefits. The prevalence of exclusive breastfeeding in Bangladesh is 56% which is low. We designed this study to find out the factors influencing the duration of breastfeeding in Bangladeshi population.* ***Objective****: To study the factors influencing noncompliance to exclusive breastfeeding.* ***Materials and Methods****: This cross sectional study was conducted in Dhaka Shishu Hospital during the period January to June 2011. It includes 125 infant (1–12 months)-mother pairs randomly selected from the inpatient and outpatient departments of Dhaka Shishu Hospital. Mother-infant pairs were divided into two groups based on continuation of only breastfeeding up to six months. Outcomes were compared between two groups.* ***Results****: In this study exclusive breastfeeding was found in 27.2% and non-exclusive breastfeeding was in 72.8% cases. It was found that in most cases (40%) termination of breastfeeding was at 3–4 months. The study revealed that insufficient milk production due to poor position and attachment, social factors such as influence of husband and other family members, joining to service etc act as barrier to exclusive breastfeeding. Mass media and advice from health professionals had a higher influence on lower rate of exclusive breastfeeding. Women who were multiparous, housewives were more likely to maintain optimal breastfeeding.* ***Conclusion****: The present study reveals some important factors contributing to low rate of exclusive breastfeeding in Bangladesh.*

Key words*: Breastfeeding; Barrier; Urban mother*

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Introduction

Breastfeeding is the unique source of nutrition that plays an important role in the growth, development and survival of the infants. Infants need appropriate nutrition, protection and affection. Exclusive breastfeeding meets the needs and gives the best start.[1] Exclusive breastfeeding means the infant receives no solid or liquid foods apart from breast milk, with the exception of vitamins, minerals or medicine.

It contains a balance of nutrients and other compounds that act against virus, bacteria and parasites. It works as baby's first immunization.[2] Exclusive breastfeeding for six months has been found to reduce the risk of diarrhea[3] and respiratory illness[3] compared with exclusive breastfeeding for 3 months.

In 2003, Lancet series on child summarized that 13% to 15% of under-five deaths in resource poor countries could be prevented through achievement of 90% coverage with exclusive breastfeeding alone.[4] Exclusive breastfeeding is also linked with childhood intelligence, adult health and protective role in obesity, diabetes and hypertension.[5]

1. Assistant Professor, Department of Paediatrics, Enam Medical College & Hospital, Savar, Dhaka
2. Professor, Department of Paediatrics, Dhaka Shishu Hospital, Dhaka
3. Professor, Department of Paediatrics ,Women & Children Hospital, Dhaka
4. Classified Specialist, Department of Medicine, Combined Military Hospital, Dhaka
Correspondence *Lazina Sharmin, Email: drlazina22@yahoo.com*

In Bangladesh, there is tremendous erosion in breastfeeding with rapid urbanization. Bottle feeding has taken an upper hand over infant-mother bonding and psychological communication of mother with the newborn. Erosion in breastfeeding practices results in increase in the infant mortality and morbidity due to various diseases and the import of breast milk substitute (BMS) is imposing a considerable damage on the economy of this country as well. Current data show that 38% of children aged 2–3 months are exclusively breastfed and 23% of children are given complementary feeding before 6 months.[6] The rate of consumption of baby formula in infants aged 4–7 months almost doubled since 2000 and is higher in urban areas.[7] Talukder et al[8] showed that only 66% of urban elite exclusively breastfed their children at birth, 42% at one month and 12% at 4 months.

Maternal and social factors and factors related to infants and health care system influence duration of breastfeeding and can overshadow the unquestionable benefits of breastfeeding. The present study aimed to identify the barriers of exclusive breastfeeding up to six months.

Materials and Methods

This cross sectional study was done among 125 infant (1–12 months)-mother pairs admitted and attending OPD in Dhaka Shishu Hospital during January to June 2011. All mothers with infants (<12 months) who started breastfeeding after birth and continued it or mothers with partial and complete failure to breastfeed were included in the study. Mother-infant pairs were divided into two groups based on continuation of only breastfeeding up to six months. Mothers with very sick neonates and of adopted infants were excluded.

Mothers who continued breastfeeding up to six months were included in exclusive breastfeeding (EBF) group and mothers with partial and complete failure to breastfeed up to six months were included in non-exclusive breastfeeding (non-EBF) group. Outcomes were compared between two groups.

The study was conducted by the researcher herself after taking consent from eligible mothers by face-to-face interview using a structured questionnaire which included mothers' background information regarding morbidity and barriers to EBF. After collection, data were documented in case record form and analysis was done by SPSS version 12.0. Independent effect on study variables on total duration of exclusive breastfeeding were estimated by using chi–square test. The statistical significance level was set at $p<0.05$.

Prior to the commencement of the study the research protocol was approved by Ethical Review Committee. Written informed consent was taken from each subject after informing them the objects of study, the risk and benefits, confidential handling of person's information and voluntary nature of participation and the right of the subject to withdraw from the study.

Results

In the present study the rate of EBF was 27.2% and non-EBF was 72.8% among the 125 eligible mother-infant pairs. Among 125 mothers 32.8% exclusively breastfed up to 1–2 months, 40% up to 4 months and 27.2% up to 5–6 months (Fig 1). The average age of the infants was 8.4 ± 2 months and 7.14 ± 3 months in EBF and non-EBF groups respectively. Among the study subjects 91% mothers in EBF group and 87.9% mothers in non-EBF group were housewives. There was significant difference ($p<0.05$) between these two groups.

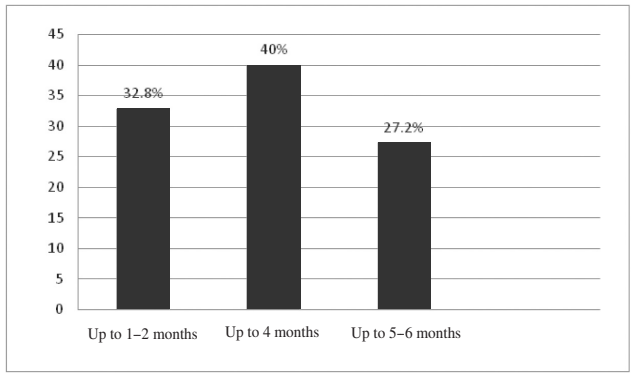

Fig 1. Duration of exclusive breastfeeding among infants (n=125)

Table I shows the rate of EBF based on parity and delivery type. Eighty three mothers delivered their babies per vaginally and 41 by LUCS. Ninety mothers were primiparous and 35 were multiparous.

Table II shows some mother factors associated with EBF. It shows that knowledge of mother about importance of breastfeeding and knowledge about proper positioning and attachment was 98.5% and 100% respectively in EBF group. But in non-breastfed group it was 98.9% and 92.3% respectively. There was also statistically significant difference between EBF and

non-EBF groups regarding mother's thought that they did not have enough milk.

Table III shows social factors like influence of husband and other members of the family. In EBF group it was 2.9% and in non-EBF group 22%. About 64.8% mothers were found to have advised by doctors to give supplementation in non-EBF group compared to none in EBF group.

Table I: Rate of EBF based on parity and delivery type

Variables	EBF	Non-EBF	p values
Parity			
Primi (n=90)	21 (23.3%)	69 (76.7)	0.125
Multi (n=35)	13 (37.1%)	22 (62.9%)	
Delivery type			
NVD (n=83)	20 (24.1%)	63 (75.9%)	0.293
LUCS (n=41)	14 (34.1%)	27 (65.9%)	

p value was reached by Chi-square test

Table II: Barriers to EBF in relation to mother factors

Characteristics	EBF group (n=34)	Non-EBF group (n=91)	p value
Knowledge about duration of EBF			
Yes	33 (98.5%)	75 (82.4%)	<0.001
No	1 (1.5%)	16 (17.6%)	
Knowledge about importance of breastfeeding			
Yes	33 (98.5%	90 (98.9%)	0.302
No	1 (1.5%)	1 (1.1%)	
Using faulty technique (poor position and attachment)			
Yes	0 (0%)	7 (7.7%)	<0.001
No	34 (100%)	84 (92.3%)	
Dissatisfaction regarding baby's growth			
Yes	1 (2.9%)	45 (49.5%)	0.000
No	33 (97.1%)	46 (50.5%)	

p value was reached by Chi–square test

Table III: Barriers to EBF in relation to social factors

Characteristics	EBF group (n=34)	Non-EBF group (n=91)	p values
Influence of husband and others			
Yes	1 (2.9%)	20 (22%)	<0.001
No	33 (97.1%)	71 (78%)	
Advised by doctors			
Yes	0 (0%)	59 (64.8%)	<0.001
No	34 (100%)	32 (35.2%)	
Influence of commercial advertisement			
Yes	0 (0%)	26 (26.6%)	<0.001
No	34 (100%)	65 (73.4%)	
Joining in work place			
Yes	0 (0%)	9 (9.9%)	0.007
No	34 (100%)	82 (90.1%)	

p value was reached by Chi-square test

In our study it was found that in EBF group 2.9% and in non-EBF group 49.5% mothers discontinued early breastfeeding as they were not satisfied with baby growth. It was also found that 90.1% mothers could not continue exclusive breast feeding due to joining in work.

Discussion

In the present study, duration of exclusive breastfeeding up to 2 months was 32.8%, up to 3–4 months was 40% and up to 5–6 months was only 27.2%. In spite of universal breastfeeding practice in Bangladesh, exclusive breastfeeding rate is low. In a survey the prevalence of exclusive breastfeeding till 6 months was only 43%.[9] The rate of exclusive breastfeeding in the present study was less than it was found in national survey. Another study also showed that only 23% of urban mothers breastfed their children up to 4 months and it declined to 16% at 6 months.[10] Talukder et al[11] also showed that only 66% of the urban elite exclusively breastfed their children at birth, 42% at one month and 12% at fourth month.

This study found that exclusive breastfeeding was more common among multiparous mothers. The studies conducted in Malaysia and Hongkong reported similar findings where mothers with their first child having less knowledge and skill in breastfeeding as they had less confidence to breastfeed their infants.[12]

Exclusive breastfeeding was more common among mothers with supportive husband (97.1%) compared to non-supportive husband. In Asian setting the husband plays a major role in decision making about family and household matters. In a study by Haider et al[13] it was found that father's absence or not providing support was an important cause of breastfeeding failure. In the present study influence of other family members was also found to be negatively associated with exclusive breastfeeding.

Majority of mothers (87.8%) started breast milk supplement because of insufficient breast milk production as they claimed. This psychosocial problem still remains the top most cause of breastmilk supplements.[14]

Mother's perception of insufficient breast milk was also common in other countries. Inch & Garforth[15] argue that the most effective ways of overcoming these problems are unrestricted breastfeeding, good positioning and appropriate and practical support.

In the present study about 49.5% mothers discontinued early breastfeeding as they were not satisfied with baby growth. Another study also showed that some mothers felt only breast milk could not provide adequate nutrition.[16]

Due to joining in workplace 90.1% mothers could not breastfeed their infants exclusively in this study. Similar finding was also found in another study.[16] Early weaning in preparation to return to work, maternal fatigue and the difficulties in juggling the demand of work and breastfeeding may contribute to this issue.

A study by Rafeal et al[17] showed that commercial advertisement of breastfeeding supplements had a negative association with EBF. In our study it was also found that about 26.6% mothers were influenced by commercial advertisement which was statistically significant.

In this study health care provider advised 64.8% mothers of nonexclusive breastfeeding group not to breastfeed during sickness of infants. Another study also revealed similar findings.[1] But it could not be confirmed by some mothers that they were qualified doctors or quacks. Further studies should be done in this respect.

The present study identified some barriers which contribute to the low rate of exclusive breastfeeding up to 6 months. The study also identified that failure to breastfeed is more common in working mothers than in housewives. Primi mothers fail to continue exclusive breastfeeding more than multiparous mothers. Insufficient milk production as claimed by mothers was the top most barrier to exclusive breastfeeding. Other barriers were joining in workplace, advice by health care workers for supplementation and dissatisfaction about baby's growth. The social barrier includes lack of husbands' support, influences of mother-in-laws and other close relatives and sickness of mothers. Although most of the mothers knew about duration of exclusive breastfeeding and importance of it, knowledge of proper positioning and attachment was lacking in majority of them.

To promote exclusive breastfeeding and to overcome the barriers for EBF, following measures are recommended.

- Antenatal counseling for exclusive breastfeeding and demonstration of proper positioning and attachment to all mothers must be ensured during antenatal check-up.
- Antenatal counseling must include husband and if possible other family members as they can support mothers during lactation.
- After delivery help should be offered for starting breastfeeding as early as within one hour, to continue EBF up to 6 months and till 2 years.
- All health care personnel should always encourage exclusive breastfeeding and strict adherence to it.
- All health care providers caring the mothers should be properly trained.
- Appropriate campaign through media.
- Maternity leave for 6 months should be established for all lactating mothers and provision of day care practice should be done.
- Correct and specific intervention should focus on mothers who are at risk of early discontinuation of breastfeeding.

- Future breastfeeding programme in Bangladesh should give special attention to the factors affecting duration of breastfeeding.

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