



CONSTRAINTS TO EXCLUSIVE BREAST FEEDING AMONG POSTPARTUM MOTHERS IN SELECTED RURAL AREA

Nursing

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ABSTRACT

Background: Exclusive breastfeeding (EBF) is the best nutrition for children during the first six months of life. However EBF remains a challenge. The aim of the study was to assess Constraints to Exclusive Breast Feeding Among Postpartum Mothers in Selected Rural Area in Mangalore, India.

Methods: A community based descriptive study was conducted among 165 Postpartum mothers who met the inclusion criteria and are residing in a selected rural area at Mangalore, in June 2018 were selected in the study.

Data collection: The study was conducted by the researcher herself from eligible mothers.

Results: In the present study only 41 % of mothers were exclusively breast fed their child until one month 35 % up to 3 months and only 25% up to 6 months In this study identified various constraints to exclusive breastfeeding and also there were relationship between the variables on continuation of exclusive breastfeeding among mothers during the first six months of postpartum.

Conclusion: This study identified many constraints that caused cessation of EBF among mothers during the first six months of postpartum. Healthcare providers have an important role in identifying potential constraints and maternal concerns, and providing the support to overcome the challenges faced with EBF. The findings of this study underwrite to the body of knowledge underlying the constraints associated with the continuation of EBF among mothers during the first six months of postpartum period.

KEYWORDS

Breast Feeding, Exclusive Breastfeeding, Constraints

INTRODUCTION

Breastfeeding helps reduce child mortality, and improves nutritional status and neurocognitive development of children. Over 800,000 under five child deaths in the developing world can be prevented through optimal breastfeeding of children under-two [20]. Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. Ideally, infants should be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond. Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.

Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence.

Recent analyses indicate that suboptimal breastfeeding practices, including non-exclusive breastfeeding, contribute to 11.6 percent of mortality in children under 5 years of age. This was equivalent to about 804,000 child deaths in 2011[19,20] In 2012, the World Health Assembly (WHA) unanimously endorsed a set of six global nutrition targets, including an increase in exclusive breastfeeding (EBF) rates, to be achieved by 2025 to improve maternal, infant and young child. Data from the U.S. territories are excluded from the national breastfeeding estimates to be consistent with the analytical methods for the establishment of Healthy People 2020 targets on breastfeeding. Only 1 in 4 infants is exclusively breastfed as recommended by the time they are 6 months old

Globally, only 42 per cent of newborns are put to the breast within the first hour of birth, and only 2 in 5 infants less than 6 months of age are exclusively breastfed. The data show that less than three quarters of children aged 12-15 months are still breastfeeding. The World Health Organization [19] recommends that this practice continue until age 2 and beyond. The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. Across the continuum, too few children are getting the nutrition they need to survive, grow and develop.

UNICEF map and report [19] showed that around two out of five infants around the world are exclusively breastfed until they are six

months of age, and the number of infants varies between countries. Breastfeeding rates significantly differ within countries depending on a mother's socio-economic status. Intervention coverage in India shows that, over the last years, the percentage of infants (under 6 months of age) who were exclusively breastfed in India augmented from 46.4 percent to 54.9 percent. The national average, however, covers unevenness across states. Prevalence of exclusive breastfeeding ranges from 35.8 percent in Meghalaya, to 77.2 percent in Chhattisgarh. In spite of this variability in levels, what is hopeful is that most states saw substantial increases in EBF. Only six states (Uttar Pradesh, West Bengal, Chhattisgarh, Karnataka, Arunachal Pradesh and Kerala) showed a decline in the prevalence of EBF.

There are gaps between the guidelines for exclusive breastfeeding and the reality that many parents don't breastfeed or supplement with other kinds of food. There are many constraints or barriers are there to practice exclusive breast feeding for the first six months postpartum period of the mother. This is a situation that can be changed and improved. The goal of this study was to inspect constraints of exclusive breastfeeding among postpartum mothers in selected rural area in Mangalore, India.

Research Approach : This study used a quantitative descriptive research design to identify various barriers among postnatal mothers to exclusive breastfeeding (EBF) during the first six months of postpartum.

Population and Sampling : The target population consisted of women residing in a selected rural area at Mangalore. The researcher used purposive sampling technique for selecting the required number of sample. The sample for the study consists of 165 women who met the inclusion criteria and are residing in a selected rural area at Mangalore. Mothers who continued breastfeeding up to six months were included in exclusive breast feeding (EBF) group and mothers with partial and complete failure to breastfeed up to six months were included in non- exclusive breastfeeding (non-EBF) group. Mothers whose last delivery was beyond one year, mothers with very sick children and who refused to give consent for the study were excluded from the study.

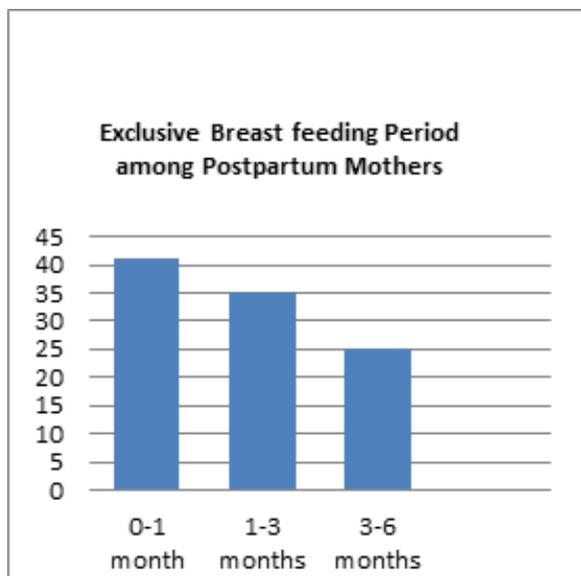
Tool : To accomplish the objectives of the study, the researcher herself developed a close-ended structured interview schedule to assess the barriers among postnatal mothers to exclusive breastfeeding during the first six months. In order to establish the reliability, of the questionnaire split half method was selected which is a test for internal consistency. The Karl Person's correlation, coefficient was found to be significant. The purpose was to find out whether the statements were clear or unambiguous, whether the postnatal mothers could easily

understand and also whether they were able to interpret it correctly. After establishing validity and reliability, the tool was finalized, this had two sections: socio-demographic characteristics and assessment of barriers of EBF.

Method of Data Collection: Permission was obtained from the concerned authorities to conduct the study in the rural area. Individual consent was taken from the sample before the data collection. The study was conducted by the researcher herself from eligible mothers by interview using a structured questionnaire which included mother's background information regarding constraints of exclusive breast feeding.

Data Analysis: The researcher analyzed the collected data to identify the constraints to exclusive breastfeeding and to assess the relationship between the variables on continuation of exclusive breastfeeding among mothers during the first six months of postpartum. Data were captured and analyzed using the SPSS statistical package version 20. Descriptive analysis (frequencies, mean, median, mode and cross-tabulations) were used to analyze all items on the questionnaire and the barriers to selected demographic variables were compared and tested statistically using "chi-square test.

RESULT : In the present study among 165 mothers only 41 % of mothers were exclusively breast fed their child until one month 35 % up to 3 months and only 25% up to 6 months. Mothers with partial and complete failure to breastfeed up to six months were considered in non- exclusive breastfeeding (non-EBF) mothers. (Figure1).



Majority (47%) of cases were mothers between 21-25 years. Religion wise distribution of the mothers revealed that out of 165 mothers, 104 (63%) mothers were belonged to Hindu religion, 41 (25%) were in Muslim and only 20(12%) were in Christian religion. Majority of the mothers (70%) had primary education and 15% of had not received any formal education and only 4% had pre-university and above education. 63% of mothers were multiparous and 37% were primiparous. Working status of the mothers showed that 80(48%) of mothers were unemployed and 51% had employment in that 27% had part time job. (Table 1).

TABLE 1: Demographic data

N=165		
Age	Frequency	Percent
21-25	78	47
26-30	45	28
31-35	27	16
Above 35	15	9
Education		
No formal education	25	15
Primary	115	70
Secondary	18	11
Pre University and above	7	4
Religion		

Muslim	41	25
Christian	20	12
Hindu	104	63
Working Status		
Employed Full time	40	24
Employed Part time	45	27
Unemployed	80	48
Parity		
Primipara	61	37
Multipara	104	63

Barriers to Exclusive Breastfeeding

Misconception or personal factors: The key identified personal problems for discontinuing the EBF in this study were mothers are embarrassed or did not want to breastfeed in public (74%). 57% of mothers told that they did not have enough milk to breastfeed the baby exclusively for six months. Joined for duty or work is an important constraint for 42% of the mothers. They did not want to pump or breastfeed at work (34%). 45 % protested exclusive breastfeeding because they felt breastfeeding make their breast in loose shape and sensed that it will affect their body shape. The result now provided evidence to attraction of the mothers towards infant formula advertisement given in Television and other social media which shows sudden growth and development of the children (36%) . 34% of mothers have fingered that breastfeeding is inconvenient for them in one way or other. Some of the concerns expressed by the women in the study were expressed breastmilk or pumping milk no longer seemed worth the effort that it required (32%). From the result it is cleared that 22% of mothers showed physical difficulties and problems to breastfed the child and at the same time, 22% wanted to avoid breastfeeding because they were trying for the next pregnancy and only a few women in the study (7%) noted that became pregnant is the reason for discontinued exclusive breastfeeding.. (Table:3)

Social Factors: The main concern identified in social factors for the constraints of exclusive breastfeeding is that pressure of the family members, relatives and friends to wean the baby earlier (68%). But only 5% of the mothers are protested about the encouragement and support from the husbands for the exclusive breastfeeding. Only a few of them (11%) were pointed out the reason for the constraint to exclusive breastfeeding is the lack of communication or information from the antenatal and postnatal clinic about exclusive breastfeeding. (Table:3)

Factors related to Infant: More than half of the mother (52%) specified the problem related to exclusive breastfeeding is the poor sucking of latching of the baby. Slightly half of the mothers (43%) of mothers pointed out the constraints of the breastfeeding were related to poor weight gain of the child and baby felt hungry after the breast feeding and felt that breast milk alone not satisfied the baby. 22% of the mothers were revealed the reason that since baby became sick, they could not continue breastfeeding and 18% of them were expressed that baby lost interest in breast feeding and started to wean himself). (Table:3)

Maternal Factors: Slightly half of the mothers (46%) of mothers pointed out the constraints of the breastfeeding were the sore or cracked nipple, bleeding from the nipple and infected or abscessed breast. 28% of the mothers felt breastfeeding was painful and tiring. 22% of mothers felt that EBF is inconvenient and only 12% told they were sick or had to take medicine.. (Table:3)

Relationship between Demographic Variables and Exclusive Breast Feeding

Analysis reveals that there was no significant relationship between duration of exclusive breast feeding and demographic variables such as age of the subjects, , religion, and parity of the mother. However, significant relationship was found between duration of exclusive breast feeding and mother's knowledge about breastfeeding ($X^2 = 5.71$; $P < 0.05$), educational status($X^2=5.19$; $P<0.05$),and occupation of the mother ($X^2 = 4.36$; $P < 0.05$)

TABLE 2: Constraints to EBF

	Personal Factors/Misconception	N	%
1	Do not have enough milk.	94	57
2	Have physical difficulties and problems in EBF	33	20

3	Did not want to breastfeed in public .	122	74
4	Breastfeeding is an outdated practice.	36	22
5	Breastfeeding is inconvenient	56	34
6	Breastfeeding makes breasts loose shape.	28	46
7	I joined for work	69	42
8	Did not want to pump or breastfeed at work...	56	34
9	Pumping milk no longer seemed worth the effort	53	32
10	I became pregnant	12	7
11	I wanted to become pregnant again	38	23
12	Attracted with formula food advertisement	22	36
Social Factors			
1	No Encouragement and support from husband	8	5
2	Family, relatives and friends pressured me to wean the baby.	112	68
3	Messages on EBF during antenatal clinics were not available.	17	10
4	Messages on EBF during postnatal clinics were not available.	18	11
Infant Factors			
1	baby had trouble sucking or latching on	86	52
2	baby became sick and could not breastfeed	20	12
3	baby lost interest in BF or began to wean himself	30	18
4	Breast milk alone did not satisfy baby	71	43
5	baby was not gaining enough weight	73	44
6	Baby continued to be hungry after feeding	73	44
Maternal Factors			
1	Nipples were sore, cracked, or bleeding	69	42
2	breasts were infected or abscessed	76	46
3	Breastfeeding was too painful.	46	28
4	Breastfeeding was too tiring	43	26
5	I was sick or had to take medicine	20	12
6	Breastfeeding was too inconvenient	36	22

DISCUSSION

Evidence from this study revealed, 41 % of mothers were exclusively breast fed their child until one month 35 % up to 3 months and only 25% up to 6 months. 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. [15]. A similar pattern of result was showed that only 66% of the urban elite exclusively breastfed their children at birth, 42% at one month and 12% at fourth month. [1]

Misconception or personal factors: The key identified personal problems for discontinuing the EBF in this study were mothers are embarrassed or did not want to breastfeed in public (74%). Many women express feeling embarrassed and uncomfortable breastfeeding in public places, and this contributes to feeling socially isolated. This finding was also supported by a study conducted by Stewart et al [17] indicating that embarrassment stances a major constraints to breastfeeding, not only experienced by the mothers themselves to feed in public but also perceived in others, including close family and friends. Adequate facilities for privacy should be arranged for the women to encourage breastfeeding in public places and the workplace. 57% of mothers told that they did not have enough milk to breastfeed the baby exclusively for six months. According to Lousekuhn *et al.*, [10] and Lakati [9], mother's perception of insufficient breast milk production was a barrier to EBF as reported in South Africa. Similarly, in a study done in Nairobi, breast milk insufficiency was one of the main reasons cited for the cessation of EBF [9]

Joined for duty or work is an important constraint for 42% of the mothers. They did not want to pump or breastfeed at work (34%). Poggensee *et al.* [12] pointed out that employed women were more likely to stop breastfeeding earlier. A study on Analysis of Personal and Social factors influencing initiation and duration of breastfeeding in Queensland established that women with skilled jobs failure in exclusively breastfed than unskilled and non- working women [11]. This could be recognized to the job conditions that may not allow caring for their babies. Such babies may have been left under the care of other persons who cannot breastfeed them.

It is noticed that 45 % of mothers protested exclusive breastfeeding because they felt breastfeeding make their breast in loose shape and sensed that it will affect their body shape. This is supported by the study of Redshaw and Henderson [14], which was presenting, body image, and in particular the concern about leaky breasts in the short term and saggy breasts in the longer term, is described frequently by women as a contributing factor to both the decision not to breastfeed and the decision to stop breastfeeding early.

The finding showed that 36% of the mothers are attracted with the infant formula advertisement given in Television and other social media which shows sudden growth and development of the children. Similarly, Lazina *et al* [8] stated in their study found that about 26.6% mothers were influenced by commercial advertisement which was statistically significant. It is argued by the study of Haider *et al* [6] showed that commercial advertisement of breastfeeding supplements had a negative association with EBF. Other personal constraints identified in this study were, feeling of inconvenient (34%), problems related to expressed breast milk (32%), physical or health problems to feed the child (22%), became pregnant (7%) or trying for next pregnancy (22%). Forster [5] identified the same problems in his study of women's view and experiences of breastfeeding

Social Factors: The main concern identified in social factors for the constraints of exclusive breastfeeding is that pressure of the family members, relatives and friends to wean the baby earlier (68%). In contrary, study of Lazina [8] showed that family members were found to be negatively associated with exclusive breastfeeding. In the present study, only 5% of the mothers are protested about the encouragement and support from the husbands for the exclusive breastfeeding. Support from partner strongly influences both initiation and duration of breastfeeding. Similarly in the study of Haider [6], mothers with supportive husband (97.1%) compared to non-supportive husband. Another researcher shown that peers, partners, and families play a major role in helping and supporting mothers to continue EBF for six months, thereby significantly decreasing the risk of early discontinuation of EBF before six months [3]

Lack of information or Conflicting advice from healthcare professionals negatively affects women's confidence and self-esteem which can be a barrier of exclusive breast feeding. Only a few of mothers (11%) were pointed out the reason for the constraint to exclusive breastfeeding is the lack of communication or information from the antenatal and postnatal clinic about exclusive breastfeeding. Studies have shown that breastfeeding education and the support of healthcare providers increase the duration and the rate of breastfeeding [16]

Factors related to Infant: More than half of the mother (52%) specified the problem related to exclusive breastfeeding is the poor sucking of latching of the baby. Similar studies conducted by Raza [13] exhibited failed to initiate breast feeding due to improper latching technique or poor sucking by the infant (35.5%). Slightly half of the mothers (43%) of mothers pointed out the constraints of the breastfeeding were related to poor weight gain of the child and baby felt hungry after the breast feeding and felt that breast milk alone not satisfied the baby. Likewise, a survey in Nigeria showed the mothers' perception that their babies remained hungry after breastfeeding (29%) as a factor for failure of EBF [2]. Some women also indicate that they are unable to start or have to stop breastfeeding because of their health and the health of their babies. The discussion of infant health is predominantly related to weight loss or insufficient weight gain [5]. 22% of the mothers were revealed the reason that since baby became sick, they could not continue breastfeeding and 18% of them were expressed that baby lost interest in breast feeding and started to wean himself

Maternal Factors: Slightly half of the mothers (46%) of mothers pointed out the constraints of the breastfeeding were the sore or cracked nipple, bleeding from the nipple and infected or abscessed breast. 28% of the mothers felt breastfeeding was painful and tiring. 22% of mothers felt that EBF is inconvenient and only 12% told they were sick or had to take medicine. Similarly, cracked nipples, mastitis, breast abscess and inverted nipples were implicated as reasons for stopping EBF by Islam and Naila [7]. Similar study conducted by Sencan *et al* [16] also reported that breast and nipple problems were one of the obstacles in pursuing EBF.

Implications for Nursing Practice

Healthcare providers have an important role in identifying potential

constraints and maternal concerns, and providing the support to overcome the challenges faced with EBF. The findings of this study underwrite to the body of knowledge underlying the constraints associated with the continuation of EBF among mothers during the first six months of postpartum period. This study identified many constraints that caused cessation of EBF among mothers during the first six months of postpartum. These identified barriers will help the physicians, nurses and other healthcare professionals provide adequate education to the women regarding breastfeeding benefits and management of common maternal problems that may hinder continuation of EBF in the early postpartum period. Educating women about the benefits of EBF to the mother and infant will help all mothers achieve the breastfeeding intention and develop a positive attitude toward EBF.

Recommendation

Findings of this study recommend developing an educational interventional study focusing on making mothers assertive and devoted to breastfeeding continuation. This study recommends that during postpartum period, mothers need consistent, unremitting information and adequate support to develop and meet personal breastfeeding goals. Adequate support in the postpartum period is spirited to increasing the duration of EBF among women who initiated breastfeeding immediately after birth and until their six months of postpartum period

CONCLUSION

It is concluded from the study findings that postnatal mothers are faced with multiple constraints as they strive to practice exclusive breastfeeding up to 6 months. The study also acknowledged that failure to exclusive breastfeeding is more common in working mothers than in housewives. Research finding supports the fact that in order for mothers to exclusively breastfeed their babies, mothers should get encouraging messages about exclusive breastfeeding from friends and family members. Antenatal and postnatal counseling for exclusive breastfeeding is important and it must include husband and other family members as they can support mothers during lactation. All healthcare personnel should always encourage exclusive breastfeeding and give strict devotion to it. Utilize this digital world for conveying an appropriate message about exclusive breastfeeding for up to six months. In addition, there is an urgent need of policies that will aim at providing acceptable food supplements that could aid the supply of breast milk among postpartum mothers, especially those with low socio-economic status. It will support to achieve the goal of WHO to increase rate of exclusive breast feeding up to six months.

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