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BREASTFEEDING PRACTICES AND REASONS OF QUITTING: A CROSS-SECTIONAL STUDY OF INTERPERSONAL COMMUNICATION CHANNELS AT NISHTAR HOSPITAL MULTAN

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ABSTRACT

Objective: To analyze the of breastfeeding practices of mothers and explore the reasons for quitting or not adopting the habit of breastfeeding by mothers.

Study Design: Cross sectional study.

Place and Duration of Study: Mothers visiting pediatric ward at Nishtar Hospital, Multan, from Jul to Dec 2018. *Methodology:* The questionnaire was used to take the response of mothers visiting pediatric ward at Nishtar Hospital, Multan. A total of 300 mothers were selected after getting informed consent to take part in the study. Consecutive sampling technique was applied to recruite the sample. Only those mothers were selected who had children of less than two years of age.

Results: The results indicated that the majority of mothers were having poor knowledge about breastfeeding. Most of them were unaware of the advantages and effects of breastfeeding on the health of mothers and infants. The females with rural background were found more in practice of breastfeeding. Whereas, Urban mothers had very poor knowledge about breastfeeding and were found totally ignorant of breastfeeding effects on health, especially those who were younger in age and gave birth for the first time.

Conclusion: The interpersonal communication channels were found effective and influential in molding the attitude in mothers towards breastfeeding practice.

Keywords: Attitudes, Breast feeding, Infant's Health, Interpersonal communication channels, Knowledge, Practices of mothers.

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INTRODUCTION

The mother is the most caring feature, created by God. Her day and night totally revolves around her child, especially when he/she is an infant. First food of an infant is mother's milk which gives all strength and nutrients required by an infant for the growth. However breastfeeding is a pure decision of a mother and no one can force her to breastfeed her child. It is an important decision and attention of mothers towards breastfeeding can be drawn by family, friends, or relatives¹. It is evident that breast milk contains an ideal nutrition for child with a perfect mix of fat, vitamins and proteins etc. that fulfills the absolute requirement of infants to grow. Furthermore, through breast-feeding child can digest

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easily; improve his/her immune system as it contains antibodies that help babies to avoid serious diseases. Breastfeeding is compulsory for initial six months, which results in lesser chances of ear infections, respiratory disorder and diarrhea among babies with fewer or no visits to hospitals or doctors at clinics^{1,2}.

According to some research studies, it has been argued that breast milk helps the children to develop higher IQ level among the children at their childhood stages. Moreover, it also strengthens the skin, physical touch and eye contact. Children who are breastfeed, are more likely to maintain weight according to their age. Similarly, the risks of sudden death syndrome are lesser among the children who got breastfeed from their mothers as compared to those who got partially or less. According to American Academy of Pediatrics, the infants on breast-feeding showed less

risk of acquiring obesity, diabetes and certain cancers but it was recommended by the authors that more research is required to prove this notion².

The best gift of the nature for the infants is breast milk having no other alternative to provide perfect security of food and protection with extreme care. The practice of breastfeeding is not only essential for the infants but as well as for the mother's health by increasing the defense mechanism of the body and the most important element of bonding between the mother and the infant³. The health officials from World Health Organizations strongly recommended breastfeeding especially in the early six months and its continuation until the next two years of infant's life with other food supplements. Apart from knowing the importance of breastfeeding still the most of the mothers do not breastfeed their children or do it for less duration4. According to the latest report presented by the WHO and UNICEF, by promoting breastfeeding practices in the world, we may save the lives of more than 820, 000 children of 5 years age worldwide in order to obtain the improved ratio of breastfed infants. The report further revealed that there is no country in the world that could claim perfect rates of breastfeeding after meeting the standards. Only 23 countries are listed having the 60% rate of exclusive breastfeeding while other 194 countries are below^{4,5}.

Different psychological factors also influence the duration or continuation of breastfeeding. Primigravidas endure with psychological factors that directly affect exclusive breastfeeding. The first aspect is considered as mother s self confidence in mother which enable her to be more determined towards breastfeeding, with assurance to the natural supremacy of breast-feeding. After delivery rapid changes appear in mother 's life where she should proof her ability to be flexible and adapt her life according to demand of new baby which becomes a great challenge for mothers to change their day to day life. Stresses, postnatal depression, mother's level of selfesteem, breastfeeding self-efficacy and anxiety have also shown their influence in interval of exclusive breastfeeding^{4,6,7}.

Mothers play a crucial role in the child health and their survival. Educated mothers are more likely to promote breastfeeding practice due to enhanced awareness and knowledge. Poverty and illiteracy are the leading factors contributing toward poor child health and increase in the child mortality. Keeping in mind the importance of children health care, this research study has aimed to measure the knowledge, attitudes and practices of mothers visiting Pediatric Ward of Nishter Hospital, Multan. Furthermore, this study also explored the role of interpersonal communication, their beliefs and practices with regard to breastfeeding.

This research study aimed to measurethe of breastfeeding practices of mothers and explore the reasons for quitting or not adopting the habit of breastfeeding by mothersand its importance with regard to child health care. The study focused Multan district of Punjab Province as this region has a lower literacy rate and majority of the people belong to the profession of agriculture and live in remote areas. The results of the study will help us and make us understand the grey areas and current practices of the mothers towards breastfeeding their infants. The findings will not only help the policy makers and the concerned officials to strategize the integrated implementation plan at the community level. Moreover, due to the limited research in this area of Punjab province, this study will definitely be used as a yardstick for further research to seek loopholes in order to prioritize the efforts of the health care professionals and the Govt. officials to take further necessary steps in order to address the issue.

METHODOLOGY

This research study was carried out at Nishter Hospital, Multan pediatric ward from July to December 2018 to measure the practices of mothers having <2 years child after the IERB approval. WHO calculator was used for sample size calculation. The researchers used the pre-

constructed questionnaire from the selected mothers visiting pediatric ward of the hospital/medical university. A total sample of 300 mothers from Multan District was interviewed. All the mothers participating in this study were selected after verbal consent. Therefore, consecutive sampling technique was applied to recruite the sample. The respondents/mothers were also explained the nature of study. All the filled questionnaires were entered and analyzed using SPSS (Statistical Package for Social Sciences).

RESULTS

The results showed that mothers belong to rural background (60%) were consistently breastfeeding their children as compared to mothers living in the urban areas. 24% mothers were Illiterate, 61% Primary or Middle, 11% Intermediate and 4% Graduate or Higher Education. 62% women were housewives and 38% were employed (table-I). Reasons of quitting or not breastfeeding among mothers (table-II).

DISCUSSION

According to the findings of previous studies, the alarming situation of infant deaths in Asia were 68% of the world's mortality rate of infants8. More than 70% of the deaths were reported to occur in the initial days of the neonatal. The mortality rate of infants can be decreased without modern technology by just utilizing the conventional methods as ensuring the professional birth attendant at the time of delivery and the conventional methods as adopted by the mothers themselves to feed their children a balanced and recommended diet by keeping in mind the good hygienic practices, proper vaccination, using required medication for the treatment of their children and most importantly continuing exclusive breastfeeding practices⁹⁻¹².

Different studies revealed that in Pakistan, the death ratio of those children are much higher than those who grew up on mother feed. Three elements were considered most crucial for the healthy development of children that includes hygienic environment, balanced diet and proper health care. Parents/guardians of newborn

babies should follow the appropriate guidelines of the medical experts in order to minimize the risks of mortalities among infants¹⁰⁻¹⁴.

Ochola (2008) argued that the good

Table-I: Descriptive summary table (n=300).

Table-1: Descriptive summary table (n=300).				
Variable	Yes (%)	No (%)	<i>p</i> -value	
Place of Residence				
Urban	97 (81)	23 (19)	0.002	
Rural	180 (100)	-		
Infant Gender				
Male	133 (97)	4(3)	0.036	
Female	103 (63)	63 (27)		
Infant Parity				
Primiparous	51 (33)	102 (67)	<0.001	
Multiparous (2-4)	33 (42)	46 (58)		
Grand multiparous ≥5	56 (82)	12 (18)	0.001	
Infant Age (Months)				
<6	13(10)	120 (90)		
7-12	48 (30)	12 (70)	<0.001	
13-18	8 (8)	90 (92)		
19-24	-	11 (100)		
Maternal Age				
<20	3 (8)	33 (92)	<0.001	
21-25	34 (38)	55 (62)		
26-30	27 (40)	40 (60)		
31-35	33 (33)	66 (67)		
≥35	1 (11)	8 (89)		
Maternal Education				
Illiterate	71 (100)	-		
Primary/Middle	91 (49)	94 (51)	< 0.001	
Intermediate	27 (84)	5 (16)	1	
Graduate/Higher	7 (58)	5 (42)	< 0.001	
Maternal Occupation				
Housewife	120 (64)	67 (34)	<0.001	
Employed	2 (15)	11 (85)		
Type of Family				
Nuclear	13 (46)	15 (54)	<0.001	
Joint	220 (81)	52 (19)	~ 0.001	
Type of Delivery				
Normal	91 (90)	10 (10)	<0.001	
Caesarean	111 (56)	88 (44)		

knowledge about the importance of breastfeeding towards mother and infants' health was not necessary to influence exclusive breastfeeding practices¹⁵. Similarly, some other studies conducted in Kenya also indicated low practices of

breastfeeding and exclusive breastfeeding even having very good knowledge about breast feeding and its effects on infant health¹⁶. A study conducted in UK revealed the positive attitudes of mothers who were breastfeeding their children for longer periods of time. There was a strong association found between the mothers and infants during breastfeeding. It was also found

Table-II: Reasons of Quitting or not breastfeeding among mothers (n=300).

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Reasons	Yes (%)	No (%)		
Mastitis	30 (10)	270 (90)		
Breast Pain	81 (27)	219 (73)		
Low Milk	41 (14)	259 (86)		
Due to Serious Disease	5 (2)	295 (98)		
Can't manage my child	9 (3)	291 (97)		
Husband Restriction	9 (3)	291 (97)		

that the major contributing factors behind their positive attitudes towards breastfeeding were their determination, support of friends or family members and most importantly the awareness through different modes of media¹⁷. The demographic features, family pressure, lack of knowledge are the factors influencing the breastfeeding and exclusive breastfeeding practices among mothers. A study conducted in Egypt also reported the same factors influencing the breastfeeding attitudes and behaviors among mothers¹⁸.

A Survey revealed that only 18% ratio of mothers in Pakistan quit mother feedat a very early stage where, 38% of mothers were practicing breastfeeding for six months. The statistics highlighted that more than 44% of children in Pakistan have been found with poor cognition level with less height. This is mainly because of poor breastfeeding practices. It was recommended in the report that by promoting breastfeeding practice could lessen the stunting rate in Pakistan¹⁹. Due to awareness, especially in the developed world, the breastfeeding practices have been increased since the past 20 years.

According to a research conducted by the United States Department of Labor 57% mothers of newborns and 61% of mothers having children under the age of 3 years were working women

in different offices¹². It was revealed that the majority of working mothers were more likely to breastfeed their children whenever they were at home as compared to non working mothers, who were most of the time at homes²⁰⁻²¹. The focus of the study was to assess and measure the hurdles faced by the working mothers and to identify possible solutions to increase the practice of breastfeeding in mothers.

Our data showed the reasons for quitting breastfeeding with regard to infants' health. Majority of mothers said that due to breast pain they had to quit breastfeeding by arranging the alternative milk for their kids. This issue ranked top among the mothers. Similarly, some of the mothers complained about low milk supply due to which they were unable to breastfeed. Ten percent mothers reported to be infected with Mastitis (Inflammation of Breast). Some mothers also revealed that due to their job requirements, they cannot manage their children and some revealed due to serious disease and husbands restriction they cannot continue breastfeeding.

A survey report compiled by Kimrbro investigated 2,446 mothers to explore the reasons for quitting breastfeeding. It was found that 25-34% mothers are quitting breastfeeding because of coming late to homes. Another study of similar nature revealed that a strong support was required to increase the maternity leave in order to promote breastfeeding practices among working mothers 14-16. These studies also found that the working mothers returning to their offices after 12 weeks maternity leave were less likely to breastfeed their infants. Mothers returning to their offices after six months maternity leave were continuing breastfeeding for more than 6 months 17,22.

It is evident from the study results that the practice of breastfeeding played a significant role in mother and infant health. Pakistan is a developing country where the population rate has been reached at saturated level and it has become the sixth populous country in the world. As the majority of the population in Pakistan is directly

or indirectly linked with the agriculture sector and lives in rural areas of the country, where the health care facilities are also very limited, so in these situations it is very important to create awareness among mothers about breastfeeding and its long lasting effects on mother and child.

RECOMMENDATION

It is recommended that massive media campaign is needed to promote positive behaviors in mothers towards breastfeeding. Moreover family institution, peers/friends can play a pivotal role in promoting breastfeeding practices among mothers. It is highly recommended that working mothers should be provided adequate maternity leave from their employers. Moreover mothers may also be facilitated at their workplaces to ensure breastfeeding. Grooming of husbands through Media be ensured, so that they may not think of barring wives for breastfeeding to infants.

CONCLUSION

Most of the mothers were lacking knowledge about the breastfeeding even though they were not aware about the time period of exclusive breastfeeding and complementary utilization of solid food for their infants. The results also revealed that the mothers with rural background were consistently breastfeeding their children as compared to mothers living in urbanized areas of Multan.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

REFERENCES

- Heird WC. The Feeding of Infant and Children. Kliegman, Behrman Jenson and Stanton, Nelson Textbook of Pediatrics. WB Saunders 2007; 18(1): 214-25.
- 2. WHO. Exclusive breast feeding. World Health Organization 2016. Available online at http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
- UNICEF. Progress for children:a report card on nutrition. UNICEF; 2006

- Iqbal SM, Afzal MF, Azhar IA, Sultan MA. First feed in newborn: Are we following WHO recommendations? Ann King Edward Med Uni 2010; 16(4): 229-32.
- Fisk CM, Crozier SR, Inskip HM, Godfrey KM, Cooper C, Roberts GC, et al. Breastfeeding and reported morbidity during infancy: findings from the Southampton Women's Survey. Matern Child Nutr 2011; 7(1): 61-70.
- León-Cava N, Lutter C, Ross J, Martin L. Quantifying the benefits of breastfeeding: A summary of the evidence. Washington DC: Pan American Health Organization; 2002.
- United Nations Children's Fund (UNICEF.) The state of the world's children 2012: children in an urban world; UNICEF. 2012.
- National Institute of Population Studies (NIPS) Pakistan and Macro International Inc. Pakistan demographic and health survey 2012-2013, Islamabad, Pakistan. National Institute of Population studies and Macro international Inc. 2009.
- Woods NK, Chesser AK, Wipperman J. Describing adolescent breastfeeding environments through focus groups in an urban community. J Prim Care Community Health 2013; 4(4): 307-10.
- Brown CA, Poag S, Kasprzycki C. Exploring large employers' and small employers' knowledge, attitudes, and practices on breastfeeding support in the workplace. J Hum Lact 2001; 17(1): 39-46.
- Afzal MF, Saleemi MA, Asghar MF, Manzoor M, Fatima M, Fazal M. A Study of knowledge, attitude and practice of mothers about breast feeding in children. Ann King Edward Med Uni 2002; 8(1): 28-9.
- 12. Aslam S, Sultan M, Akram F. Exclusive breast-feeding. Prof Med J 2010; 17(2): 286-90.
- Farrukh H, Basheer F, Jalil J. Factors causing exclusive breast feeding failure in a pakistani urban population. Pak Armed Forces Med J 2013; 63(3): 329-33.
- Yaqub A, Gul S. Reasons for failure of exclusive breastfeeding in children less than six months of age. J Ayub Med Coll 2013; 25(1-2): 165-67.
- 15. Ochola, Sophie Atieno. Evaluation of two counseling strategies promoting exclusive breastfeeding among HIV-negative mothers in Kibera slum, Nairobi, Kenya. A randomized controlled trial. Unpublished PhD Thesis, Stellenbosch University. Stellenbosch. Western Cape. South Africa. 2008.
- Dun-Dery EJ, Laar AK. Exclusive breastfeeding among city-dwelling professional working mothers in Ghana. Int Breastfeed J 2016; 11(1): 23-3.
- 17. Al-Binali AM. Breastfeeding knowledge, attitude and practice among school teachers in Abha female educational district, southwestern Saudi Arabia. Int Breastfeed J 2012; 7(1): 10-5.
- Anyanwu JO, Maduforo AN. Mothers beliefs and obstacles as limitations in promoting exclusive breastfeeding among working class mothers attending infant welfare clinic at university of Nigeria teaching hospital (UNTH), Enugu State. Clin Med Res 2014; 3(4): 105-11.
- 19. Sullivan EM, Bignell WE, Andrianos A, Anderson AK. Impact of education and training on type of care provided by community-based breastfeeding counselors:a cross-sectional study. Int Breastfeed J 2011; 6(1): 12-5.
- 20. Hassan KM, Musa NC. Women's Right to Breastfeed in the Workplace. Asian Women 2014; 30(2): 85-108.
- Heymann J, Raub A, Earle A. Breastfeeding policy: A globally comparative analysis. Bull World Health Organ 2013; 91(6): 398-406.
- Asim M, Mahmood S, Sohail MM, Anjum F, Nazir F. Socio-cultural implications of breast feeding in urban area of Pakistan. Int J Management Sustainability 2012; 1(1): 23-30.