

Factors affecting exclusively breastfeeding in Punjab: A qualitative study

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Objective: To explore the factors associated with the lack of exclusive breastfeeding.

Methodology: This study was conducted in three districts of Punjab. The data were collected from mothers and health care providers through in-depth interview. The data were analyzed through thematic analysis.

Results: We found that insufficient breast milk, child thirst, women employment, women avoidance of breastfeeding at public places and

children dislike for breast milk were the major factors that influence exclusive breastfeeding.

Conclusion: Exclusive breastfeeding should be encouraged through antenatal and postnatal care and the government should devise the policies to promote breastfeeding at public places and workplaces. (Rawal Med J 202;45:466-469).

Keywords: Breastfeeding, exclusive breastfeeding, insufficient breast milk, working women.

INTRODUCTION

Breast milk is a complete diet of infants for healthy growth and development. WHO recommends that infants should be exclusively breastfed for the first six months of life.¹ Exclusive breastfeeding (EB) strengthens a child's immune systems and protects them from diseases.² Several diseases in children under five years of age could be prevented every year through optimal breastfeeding practices.³ However, the rate of EB is only 40% at the global level and only 23 countries have more than 60% EB rate.⁴ According to the Global Breastfeeding Score card, which evaluated 194 nations, the current global rate of EB is still unsatisfactory and only 23 of the countries have EB rates above 60% although overall rates of continued breastfeeding were 74% at one year.⁵ Breastfeeding promotes bonding between mother and baby, supports brain development, enhances cognitive performance, delayed fertility reduces the risk of diabetes, breast, ovarian and uterine cancer in the mothers.⁶

In Pakistan, only 48% of infants less than six months are being exclusively breastfed.⁷ Knowledge deficit about breast feeding, perceived perception of insufficient breast milk, difficulties in initiating breast feeding were the main reasons for lack of EB of Pakistani mothers.⁸ Furthermore, Zakar et al point out that promotion and marketing of infant formula, insufficient breast milk, high

workloads of mothers, lack of social support, undermine the EB in Pakistan.⁹ There is limited qualitative studies on factors associated with EB in Pakistan. Therefore, a qualitative study with mothers was conducted to know about potential barriers of EB in study.

METHODOLOGY

This study was conducted in three purposively selected districts of Punjab, Okara, Sahiwal, and Pakpattan. The selection of these districts was based on the higher prevalence of child malnutrition.¹⁰ Semi-structured guide with several probing options were used for data collection from mothers and lady health workers (LHWs). We interviewed the mothers (n=12) and health care providers (n=10) through semi-structured guideline across three districts. The data collection were seized when the saturation of information was achieved. The inclusion criteria for mothers who have at least one child age 0-23 months. LHWs were interviewed for accessing deep perception of community about breastfeeding and EB.

We interviewed the mothers at the health house of LHWs who routinely visit for child vaccination. We recorded the interviews with digital recorder after taking consent from participants along with field notes.

Statistical Analysis: The recorded data translated

into English and analyzed through thematic analysis by using inductive method.¹¹ Through inductive method, an exhaustive list of codes was developed through transcripts rather than utilizing a predetermined codebook. Codes were subsequently grouped under categories and themes, and a thematic matrix was developed in order to display coded text data. The themes were identified during data analysis and repeated quotes were omitted in final write up. The advance research board of university of Sargodha approved the study protocols.

RESULTS

We found that insufficient breast milk, employment of mothers, breastfeeding at public places and child did not like the taste of breast milk were the major factors that affected EB. Furthermore, most of the women start gripe water, plain water, and goat/cow milk to babies in the postpartum period.

Insufficient breast milk: Insufficient mothers' milk was found to be a repeatedly emerging theme that compromise EB. Mothers believed that some other feed should be started along with breast milk. LHW from the urban area stated that mothers use to complain that their breast milk is not enough for their children.

"Some women complain that they do not have enough breast milk to feed their babies. Mothers usually start the infant formula, cow, and goat milk through bottle after immediate of childbirth. I [LHW] recommend mothers to continue breastfeeding and do not start bottle and other kinds of feeding up to six months."

A mother of three children also said when she was not feeling well, then she give bottle milk to the child.

"My breast milk is inadequate for my child. So, Hanan [child name] used to cry due to hunger. That's why I decided to feed cow's milk through a bottle. When I feel worse, then I prefer to feed bottle milk to my child."

Due to inappropriate nutrition and low dietary diversity, most of the women face a shortage of breast milk. Lack of affordability of food, food taboos during the lactation period are the major

barriers of low food intake during nursing.

Child's Thirst: It is highly recommended that the child should not be given anything in the form of liquid except medicine for up to six months. Breast milk is enough to fulfill all the nutritional requirements and quench the thirst of children even in the summer season. A community health worker shared her experience that mothers start plain water, juices, and soda water, especially in the summer season.

"I observed that in summer season, mothers only breastfed their children up to three months. Mothers assert that they start water along with glucose to quench the thirst of the baby because mothers think that throat of children get dry in summer. I noticed mothers start feeding cereals to their children in the fourth month because they claim that the growth of child demands more food."

Women's Employment: There is an emerging trend of women employment in Pakistan. The women who are employed are not able to carry their children at the workplace. Furthermore, there is lack of trends of breastfeeding rooms at workplaces. The working women start bottle feeding at the early age of children. So, the caretakers give them bottle milk in absence of mothers. An LHW from the rural area said that those mothers who do the job cannot able to breastfed their children.

"The women who are employed in offices or doing labor on brick kilns are not able to carry their children with them at their workplaces. The breastfed children remain dependent on other family members for feeding. So, the caretakers use to feed cow/goat milk and infant formula in the absence of mothers."

A mother of four children from the rural area stated that she does labor in an agricultural field and cannot carry the child with her. In her absence, her mother-in-law feeds goat milk to her through a bottle.

"I work in agricultural fields from dawn to dusk. I could not carry Anum [child name] with me due to hot weather. My mother-in-law looks after my baby and gives bottle milk when she cries with hunger!"

Breastfeeding in Public Place: In Pakistan, many of the women wear *Dopata/Scarf/Abaya*, and *Burqua*, keeping in mind the modesty and cultural

traditions. Women cannot uncover their breast in public places for breastfeeding. So, it is perceived as a shameful act to breastfed children in public places. When women go to the bazaar, they keep their children at home or keep the bottle milk with them to feed their baby. A woman having two children shared her views:

"When I go to bazaar for shopping, I prepare the bottle to feed child. I prefer to keep the child at home because, in public place, I cannot feed breast milk to the child."

A woman stated that whenever she go outside the home, she looks for a proper place to breastfed the baby.

"When I go to market with my baby, then I usually search for a suitable place, where I feel comfortable to breastfeed my baby. I feel ashamed to breastfeed the baby in public place because people gaze on breastfed women."

There are neither nursing rooms nor breastfeeding corners at public places to support the breastfeeding in Pakistan. Most women keep the child at home during traveling and shopping.

Children do not like breast milk: It was noted that some mothers could not continue breastfeeding because they think that the children do not like breast milk due to its bitter taste. Formula milk and cow/goat milk is the alternative food for children who are not breastfeeding. A LHW pointed out that sometimes children do not like breast milk and start vomiting after feeding.

"Some women claim that their milk is bitter and the baby cannot digest it properly. Then they start bottle feeding to the baby. Mothers who do not breastfeed their children initiate cow milk and other complementary feedings in at early age."

A woman of three children stated that due to the bitter taste of breast milk her child did not feed the breast milk.

"My child did not take breast milk and in this situation, doctor recommended formula milk."

DISCUSSION

Exclusive breastfeeding is a cost-effective intervention to improve child health and survival. This study found several factors that influence EB

such as the perception of mothers having insufficient breast milk, child thirst, women are reluctant to breastfeed at public places, women's employment, and children do not like breast milk. According to the national survey, 48% of children in Pakistan are exclusively breastfed up to six months, which is lowest among the South Asian countries.⁷

Perceived perception of insufficient breast milk found key barriers of lack of EB. Most women discontinue breastfeeding during the first few weeks of the postpartum period because of PPIM.⁹ It was also revealed that child thirst, particularly in summer, also attract the attention of mothers to giving water and bottle milk. A study from Tanzania by Hussein et al reported that water and cow's milk were the most preferred liquids that mothers start the first month.¹² Another study from Ghana pointed out that insufficient breast milk, short maternity leave, and socio-cultural pressure to introduce water and artificial feeds were major factors that influence exclusive breastfeeding.¹³ Mgongo et al stated that insufficient breast milk for child growth, the child being thirsty and the need to introduce herbal medicine for cultural purposes were major factors that affect EB in Tanzania.¹⁴

The study also revealed that some mothers reported that they start bottle milk and other substances because the child does not like breast milk. Mgongo et al stated that some women discontinue the breast due to bad odor and children do not like it.¹⁴

The studies from Tanzania and Ghana pointed out that working women are less likely to exclusively breastfeed.^{12,13} Apart from working women, the study reported that women are not feeling comfortable to breastfed children in public places. Women feel embarrassment and stigmatized to breastfed at public places.¹² Similar findings were reported by Wolf from USA.¹⁵

CONCLUSION

Exclusive breastfeeding was highly affected by the socio-cultural, personal and medical reasons in study area. Insufficient breast milk, employment of women, difficulty to breastfeed at public places, child dislike for taste of breast milk and quench the child's thirst in summer were the major barriers of

exclusive breastfeeding. It is suggested that mothers can be better advocated about the importance of exclusive breastfeeding at the time of antenatal and postnatal care. Furthermore, there is a need to encourage and provide the facilities to mothers to breastfeed at public places as well as at the workplace.

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