Original Article

Assessment of Determinants of Decrease in Tendency for Breast Feeding in Mothers Visiting Services Hospital Lahore

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Objective: Assesment of the determinants of decrease in tendency for breast feeding among mothers visiting Gynae and Peads OPD of Services Hospital Lahore.

Material and Methods: This was a cross sectional, descriptive study, carried out at Services Hospital, Lahore. Study duration was 6 months from June 2014 to August 2014. Study population included all mothers before menopause in Gynae and Paeds OPD of Services Hospital Lahore. Data was entered, cleaned and analyzed using SPSS version 16. Consent was obtained on the form before hand.

Results: Breastfeeding practices were more in the mothers who had knowledge about benefits of breastfeeding. The percentage of women having knowledge of benefits had increased tendency to start breastfeed their child within 30 minutes of birth and to continue it for 2 years. Mothers who had breastfeeding as a family tradition were provided with more suitable environment which led to increased tendency for breast feeding. On contrary the mothers who were not provided with a suitable environment and did not have breastfeeding as family tradition had decreased tendency to breast feed their children. Mothers who were in good health condition had increased tendency to breastfed their children. Breast feeding practice in women who did not consider breastfeeding as old fashion and did not think breast feeding to affect their figure was more than the mothers who preferred top feeding as a fashion. The breastfeeding practice in women who had a good health status i.e. did not have systemic disease ,breast abnormality and felt healthy after breast feeding is more than the mothers who had poor health status.

Conclusion: From the results it was concluded that lack of knowledge about benefits of breastfeeding, misconceptions about taboos regarding breastfeeding affecting figure and is an old fashioned practice, poor health status of mothers, increased work load on the part of mothers and lack of suitable environment to breastfeed led to decrease in tendency for breastfeeding.

Keywords: Breastfeeding, knowledge, misconceptions.

Introduction

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than using infant formula. The American Academy of Pediatrics recommends for the U.S. that after 6 months of exclusive breastfeeding, babies should continue to breastfeed "for a year and for as long as is mutually desired by the mother and baby".[1] Inadequate nutrition is an underlying cause of the deaths of more than 2.6 million children and over 100,000 mothers every year.[2] Some working mothers express milk to be used while their child is being cared for by others.

Scientific research, such as the studies summarized in a 2007 review for the U.S. Agency for Healthcare Research and Quality (AHRQ)[3] and a 2007 review for the WHO,[4] have found numerous benefits of breastfeeding for the infant. According to the American Academy of Pediatrics, research shows that breast feeding provides advantages with regard to general health, growth, and development. Infants who are not breastfed are at a significantly increased risk for a large number of acute and chronic diseases including lower respiratory infection, ear infections, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis.[5] They state that there are a number of studies that show a possible protective effect of breast milk feeding against sudden infant death syndrome, insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, lymphoma, allergic diseases, digestive diseases, and a possible enhancement of cognitive development.[6]

Breastfeeding is a cost-effective way of feeding an infant, providing nourishment for a child at a small cost to the mother. Frequent and exclusive breastfeeding usually delays the return of fertility through lactational amenorrhea, though Breastfeeding is an imperfect means of birth

control. During breastfeeding beneficial hormones are released into the mother's body[7] and the maternal bond can be strengthened.[8] Breastfeeding is possible throughout pregnancy, but generally milk production will be reduced at some point.[9] Children who are not breastfed are almost six times more likely to die by the age of one month than children who receive at least some breast milk.[10] The effect of malnutrition in developing countries like Pakistan is reduced period of lactation. Feeding practices in Pakistan are suboptimal, leading to adverse outcomes on child health. In Pakistan, the Maternal, Neonatal and Child Health (MNCH) Program, in collaboration with several international organizations, including WHO and UNICEF, is working to improve these feeding practices in the country. The aim of this paper is to evaluate the effectiveness of these programs.

Even though nearly all children in Pakistan are breast fed [11], feeding practices are suboptimal, leading to adverse outcomes on child health, worsening the already poor state of child health and nutrition in the country, and overburdening the meager health coverage. Hence, improving breastfeeding and infant feeding practices is an important means used by the World Health Organization to improve child health in Pakistan and other developing countries.[12] Recently with the advent of women advancing to the working arena in Pakistan the trend has been a decline in breast feeding due to several reasons which we are going to explore in this article. Due to economic troubles in a developing country like Pakistan, malnourishment is common in children as childhood feeding is exclusively limited to breast feeding and weaning is either late or inappropriate. Above mentioned facts elaborate that breast feeding is important for maternal and child health. Infants who are breastfeed are less likely to experience obesity, respiratory illness, and a myriad of other diseases. Breastfeeding also increases bonding between mother and infant, and reduces the likelihood of maternal breast and ovarian cancer later in life. Further, there is a distinct economic advantage to breastfeeding compared to purchasing formula.

To access the determinants of decrease in breast feeding in Lahore, Pakistan will be helpful for both decreasing the infant mortality rate and will improve the knowledge about maternal and child health in lactating mothers.

Material And Methods

It was a cross sectional, descriptive study conducted at Services Hospital, Lahore. All mothers before menopause in Gynae and Paeds OPD of Services Hospital Lahore were included in study population. Duration of study was 3 months from June 2014 to August 2014. Sample size was 100 mothers. Non probability convenient sampling technique was used.

Inclusion Criteria: Women who had children were included in the study.

Exclusion Criteria: Pre pubertal, post menopausal, issueless women.

Data Collection Protocol: All Women of child bearing age were included in this research. A questionnaire was used to collect data.

Data analysis: SPSS V-21 was used to analyze the data.

Ethical Clearance: Informed consent was taken and it was assured that this information will be kept secret secret and will only be used for academic purposes.

Statistical Analysis:

P-Value for Fisher's Exact test=0.545 (p>0.05) Inference: The breast feeding practice is 87% in the mothers who had knowledge about its benefits. while its was 80.06% in mothers which did not had knowlege

Table-1: Breastfeeding.

Feeding Practice	Frequency	Percent
Breast feeding	85	85.0
Top feeding	15	15.0
Total	100	100.0

Table-2: Weaning practice vs knowledge of benefits of breast feeding .

Knowledge	Frequence/Percentage	Breast feeding	Top feeding	Total
		Breast feeding		
Yes	Frequency	60	9	69
	Percentage	87.0%	13.0%	100.0%
No	Frequency	25	6	31
	Percentage	80.6%	19.4%	100.0%

Statistical Analysis: *P value for Fisher's Exact Test=0.545 (p>0.05)*

Table-3: Knowledge of benefits vs start of breast feeding within 30mins of birth.

Knowledge of benefits	Frequence/Percentage	Start Within 30 Mins Yes	No	Total
Yes	Frequency	47	22	69
	Percentage	68.1%	31.9%	100.0%
No	Frequency	7	24	31
	Percentage	22.6%	77.4%	100.0%

Statistical Analysis: *P-value for Fisher Exact test =0.345*

Table-4: Knowledge of benefits vs breast feed for 2 years

Knowledge of benefits	Frequence/Percentage	Breastfeeding for 2 years Yes	No	Total
Yes	Frequency	51	18	69
	Percentage	73.9%	26.1%	100.0%
No	Frequency	23	08	31
	Percentage	72.2%	27.8%	100.0%

Statistical Analysis: *P-Value for Fisher's Exact test= 0.591*

Table-5: Effect of work vs breastfeeding.

Knowledge of benefits	Frequence/Percentage	Breastfeeding Breastfeeding	Too feeing	Total
Yes	Frequency	80	10	69
	Percentage	88.9%	11.1%	100.0%
No	Frequency	5	5	10
	Percentage	72.2%	50.0%	100.0%

Statistical Analysis: *P-Value for Fishers Exact test:0.006 (p<0.05)*

Table-6: Effect of work vs breast feeding

Knowledge of benefits	Frequence/Percentage	Breastfeeding Breastfeeding	Top feeding	Total
Yes	Frequency	7	2	9
	Percentage	77.8%	22.2%	100.0%
No	Frequency	78	13	91
	Percentage	85.7%	14.3%	100.0%

Statistical Analysis: *P-Value for Fisher exact test:1.00*

Table-7: Knowledge of benefits vs breast feed for 2 years.

Knowledge of benefits	Frequence/Percentage	Breastfeeding for 2 years Breastfeeding	Top feeding	Total
Yes	Frequency	5	1	6
	Percentage	83.3%	16.7%	100.0%
No	Frequency	80	14	94
	Percentage	85.1%	14.9%	100.0%

Statistical Analysis: *P-Value for Fisher Exact Test: .621*

but this data is unable to elicit the significant differences between brestfeeding practice and without knowledge.

Discussion

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than using infant formula. . Factors like breast feeding, weaning and literacy rate of mother play an important role in maintaining the health of child.[9] A large and growing body of scientific evidence suggests that breast feeding provides immediate and long-lasting health advantages for the mother and her infant.[4]

In this study the effects of knowledge, cultural values, fashion, work load and health status on breastfeeding were being assessed.

In this study 100 lactating mothers visiting Service hospital, Lahore were interviewed about breast feeding practices. In our study 85 mothers lactated their young ones while 15 preferred top feeding. **(Table 1)**

In our study the mothers with accurate knowledge about breastfeeding breastfeed their children in 90.9% of cases while the mothers who did not have accurate knowledge breastfeed in 82.1% of cases **(Table 4).** This shows that knowledge about benefits of breastfeeding had relationship with enhanced breastfeeding practices.[19] It was observed that the breast feeding practice in mothers having breastfeeding as cultural values i.e where breastfeeding is a family tradition and where families provide suitable environment to mothers to nourish their young ones is 87.22% while it is 77.3% in mothers lacking these values **(Table5).** Breast feeding practice in women who did not shun breast feeding as a part of a fashion .i.e. who did not consider breastfeeding as old fashion and did not think breast feeding to affect figure is 88.9% while it was 50% in women who did not breastfeed her child as a part of fashion **(Table 7).** The breastfeeding practice in working women i.e. women who work and do not feel breastfeeding as burden is 85.7% while it is 77.8% in women who did not work or felt fatigued after breast feeding. The breastfeeding practice in women who had a good health status i.e. did not have systemic disease, breast abnormality and felt healthy after breast feeding is 85.1% and it is 83.3%in women who did not have a good health status.

Conclusion

1. Mothers who did not have accurate knowledge about breast feeding practices had less tendency to breast feed their children.
2. In the families where cultural values did not consider breastfeeding as tradition had fewer tendencies to breastfeed.
3. In mothers who thought top feeding as fashion had fewer tendencies to breastfeed.
4. Mothers who had increased workload had fewer tendencies to breastfeed due to fatigue.
5. Mothers with poor health status were unable to breastfeed their children.

*Although these factors tend to decrease breastfeeding practices but our study data is unable to elicit statistically significant results which may become significant by increasing the sample size.

Suggestions

1. Accurate knowledge about breastfeeding should be imparted to mothers through counselling and mass media.
2. Families should encourage breastfeeding practices.
3. Top feeding as a part of fashion should be avoided.
4. Lactating mothers should maintain good health status.
5. MNCH policy makers should issue guidelines to highlight the advantages of BF for the mothers and infants.

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References

1. "Nutrition in the First 1,000 Days: State of the World's Mothers, 2012". Retrieved October 26, 2013.
2. IP S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J (April 2007). "Breastfeeding and maternal and infant health outcomes in developed countries". Evid Rep Technol Assess (Full Rep) (153): 1186.
3. Horta BL, Bahl R, Martines JC, Victora CG (2007). Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses. Geneva, Switzerland: World Health Organization.
4. Lucas A, Cole TJ (1990). "Breast milk and neonatal necrotising enterocolitis".Lancet 336 (8730): 151923.

5. Gartner LM, Morton J, Lawrence RA, et al. (February 2005). "Breastfeeding and the use of human milk". Pediatrics 115 (2): 496506.

6. Van de Perre P (July 2003). "Transfer of antibody via mother's milk". Vaccine 21(24): 33746.

7. Diesel V, Pitt B, Jolie A, "Mothers and Children Benefit from Breast- feeding". Womenshealth.gov. 27 February 2009. Archived from the original on 16 Mar 2009.
8. Feldman S (JulyAugust 2000). "Nursing Through Pregnancy". New Beginnings (La Leche League International) 17 (4): 116118, 145. Retrieved 2007-03-15.
9. WHO "strategic directions for improving the health and development of children and adolescents", WHO/FCH/CAH/02.21, Geneva: Department of Child and Adolescent Health and Development, World Health Organization.
10. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan; 1992.
11. World Health Organization: Infant and Young Child Feeding: A Tool for Assessing National Practices, Policies and Programmes. Geneva; 2003.
12. http://en.wikipedia.org/wiki/Breastfeeding
13. Raffle H., Ware L. J., Borchardt A. R., & Strickland H. A. (2011). Factors that influenc breastfeeding initiation and persistence in Ohio's Appalachian region. Athens, OH: Voinovich School of Leadership and Public Affairs at Ohio University.
14. Arora S, McJunkin C, Wehrer J, Kuhn P, Major Factors Influencing Breastfeeding Rates. Mother's Perception of Father's Attitude and Milk Supply. From the Family Medicine Department and the ‡Research Center, Hamot Medical Center,Erie,Pennsylvania. Received for publication Feb 11, 2000; accepted Jun 13, 2000.
15. SULTANA N, KHURSHID R ,MALIK A and Malik R. Breast Feeding, Weaning Practices and the Education Status of Mothers during the First 4-6 Months of Life: A Survey Pak Paed J 2011; 35(4): 197-200.
16. Hardy P, Pilay O and Atiomo W. Nutritional status, complementary feeding practices and feasible strategies to promote nutrition in returnee children aged 6-23 months in northern Uganda. Nutritional status, complementary feeding practices and feasible strategies. S Afr J Clin Nutr 2012; 25(4).
17. Norris FJ, Larkin MS, Williams CM, et al. Factors affecting the introduction of complementary foods in the preterm infant. Eur J Clin Nutr 2002; 56(5): 448-54.
18. Ruel MT, Menon P Child feeding practices are associated with child nutritional status in Latin America: innovative uses of the demographic and health surveys. J Nutr 2002; 132(6): 1180- 87.
19. Reid A. Infant feeding and postneonatal mortality in Derbyshire, England, in the early twentieth century. Popul Stud (Camb) 2002; 56(2): 151-66.
20. Yilmaz G, Gurakan B, Cakir B, et al. Factors influencing sleeping pattern of infants. Turk J Pediatr 2002; 44(2): 128-33.
21. Amadi O. Giving advice on infant feeding and good weaning practice. Obstet Gynecol Clinic North Am 2002; 29(1): 51-76.
22. Roudbari M, Roudbari S, Fazaeli A.Factors associated with breastfeeding patterns in women who recourse to health centres in Zahedan, Iran. Singapore Med J 2009; 50(2): 181-84.
23. Rhee KE, Coleman SM, Appugliese DP, et al. Maternal Feeding Practices Become More Controlling After and Not Before Excessive Rates of Weight Gain. Obesity (Silver Spring) 2009; 17(9):1724-29.
24. Ruiz-Charles MG, Castillo-Rendon R, Bermudez-Felizardo F. [Risk factors associated with bronchiolitis in children under 2 years of age] Rev Invest Clin 2002; 54(2):125-32.
25. Brophy-Herb HE, Silk K, Horodynski MA, et al. Key theoretical frameworks for intervention: understanding and promoting behavior change in parent-infant feeding choices in a low-income population. J Prim Prev 2009; 30(2): 191-208.
26. Engle PL. Infant feeding styles: barriers and opportunities for good nutrition in India. Nutr Rev 2002; 60(5 Pt 2): S109-14.
27. Heath AL, Tuttle CR, Simons MS, et al. A longitudinal study of breastfeeding and weaning practices during the first year of life in Dunedin, New Zealand. J Am Diet Assoc 2002; 102(7): 937-43