PERCEPTION, PRACTICES AND FACTORS ASSOCIATED WITH EXCLUSIVE BREAST FEEDING FAILURE

ABSTRACT

Objective: To assess the knowledge, attitude and practices pertaining to breast feeding in general community and to find out the factors associated with failure to breast feed.

Place and Duration of Study: The study was carried out at Civil Hospital Karachi from July 2008 to June 2009.

Patients and Methods: Two hundred women’s along their infants up to 6 months of age were enrolled in the study. These patients reported to the hospital for routine post partum check-ups or vaccinations. A questionnaire was designed in conjunction with critical ideas about breast feeding, pattern and the reasons for not continuing breast feeding up to the age of 6 month.

Results: 42.5% of the women knew the general benefits of breast feeding and the dangers of bottle-feeding. Believes and perceptions hampered exclusive breast feeding practices. Gender-biased behavior was also found in the study; 66.6% of the male babies while 40% of the female babies 40 % were breast fed. Inadequate milk production was the most common reason (55%); maternal employment was seen in 10%, maternal systematic illness was found in 13.5%. Current pregnancy that is succeeding pregnancy in 10% was associated with breast feeding failure.

Conclusion: It is concluded that breast feeding, besides its nutritional and health advantages, is vital for better infant and mother relationship. Ignorance is an important factor; likewise nutritional education should be given to eradicate malnutrition in infants.

Keywords: Breast feeding, Ignorance, immuno health, bonding

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 from a baby bottle or other container. Human breast milk is the healthiest form of milk for babies.[1] There are few exceptions, such as when the mother is taking certain drugs or is infected with human T-lymphotropic virus, HIV, or has active untreated tuberculosis. Breastfeeding promotes health and helps to prevent disease. Artificial feeding is associated with more deaths from diarrhea in infants in both developing and developed countries.[3] The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children. Both recommend exclusive breastfeeding for the first six months of life and then supplemented breastfeeding for at least one year and up to two years or more.[2]

Benefits for the infant included Greater immune health, Fewer infections, Reduced sudden infant death syndrome, Less tendency to develop allergic disease (atopy), Benefits for the mothers, Bonding, Weight loss, Natural postpartum infertility, Low risk of breast cancer, ovarian cancer. Prevalence and duration of exclusive breast feeding has declined in many parts of the world for a variety of social, economical and culture reasons. In our country, lack of knowledge regarding infant nutrition among mothers as well as health care professionals have contributed...
significant toward this trend.

**PATIENTS AND METHODS**

Two hundred mothers along with their infants were enrolled in this study after informed verbal consent at Civil Hospital Karachi, in out-patient department of Gynae-Obst and vaccination department from July 2009 to June 2010. The inclusion criteria were child up to 6 month of age or more and child born with normal vaginal delivery. Both primigravida and multigravida were interviewed regarding the breast feeding practices in their infants. Exclusion criteria were infants delivered by caesarean section, having chronic ailments or congenital anomalies e.g. congenital heart diseases causing growth failure and inborn errors of metabolism. Our questionnaire was easily understandable to all mothers, which included identification, socioeconomic education and demographic profile of the patient.

**RESULT**

A total of 200 mothers were interviewed and among those 40% fed their children exclusively for a period of six months. Although majority knew the general benefits of breast feeding, however a number of beliefs and cultural practices were found to hamper exclusive breast feeding.

The most important factors afore mentioned in table 1 are: The belief that many women, owing to their own poor diet, can not be expected to breast feed exclusively. Breast feed babies need extra water. Gender-biased attitude was prevalent in this study and 66.6% of male babies while only 40% female babies were exclusively fed. Average age of mothers was 26 ± 10 years (range 16-36 years). There was no significant association between the maternal age and the practice of non-exclusive breast feeding. 74% of the women were house wives and 26% were working women. 40% of the mothers had problems like engorgement, retraction or sore nipples. Infants, whose mothers (12.5%) were non-observing of exclusive breast feeding, were diagnosed with medical problems like loose stools and constipation. 10% of the mothers stopped breast feeding, were diagnosed with medical problems like loose stools and constipation. 10% of the mothers. Maternal employment was another important factor associated with non-exclusive breast feeding as reported by 10% of the mothers. Systemic illness like cough, fever, backache and general weakness was found in 13.5% of the mothers. 9% of the mothers had problems like engorgement, retraction or sore nipples.

Infants, whose mothers (12.5%) were non-observing of exclusive breast feeding, were diagnosed with medical problems like loose stools and constipation. 10% of the mothers stopped breast feeding due to current pregnancy while 5% of the mothers used supplementary feeds because they had twins.

**DISCUSSIONS**

It has been proved that breast feeding is beneficial for both mother and child. For a child it is a complete food which meets the nutritional requirements of normal infants without any preparation before consumption. Gender-biased studies show that 66.6% of male babies while only 40% female babies were fully fed. Our results are in accordance with other similar studies on the same subject. Exclusive breast feeding should be the norm from birth until the infants are 5 to 6 months old. Unfortunately in Pakistan exclusive breast feeding rates are much lower than what it should ideally be. Therefore it is very important to identify the factors which are responsible for non exclusive breast feeding. In our study the major reason for failure of exclusive breast feeding was inadequate milk production noted in 55.5% cases. Various studies showed similar results.

In our study maternal employment was another important factor having a significant negative impact on the practice of exclusive breast feeding. Similar observations were made by Khalil A and Khalil H. In order to promote the practice of exclusive breast feeding prolonged maternity leave should be given to the working mothers after the delivery.

The other reasons for not continuing exclusive breast feeding found in our study were current pregnancy 6%, maternal ill health, breast problems and baby not gaining adequate weight. Similar findings have been reported in other studies. All these problems can be solved by providing appropriate counseling to the mother during pregnancy as well as after delivery. Active support and encouragement by family members, community and the entire health system can play a major role in establishing exclusive breast feeding.

**CONCLUSION**

It is concluded that considerable effort needs to be put with specifically targeted interventions in the training of health personnel...
and society. Breast feeding is not only of nutritional and health advantage but is also vital for infant mother relationship and healthy development of infant’s brain and other body parts. Also to promote breast feeding, mothers must initiate breast feeding within half hour after birth and no formula supplements should be given to child at any stage especially in the period of exclusive breast feeding, i.e. fist six months of life. There is still need to promote breast feeding and maternal education about safety, efficacy and complete balanced status of breast milk. There is need to involve as many NGOs, obstetricians and media to spread this message as possible.

REFERENCES