**Original Article** 

## **Exclusive Breast Feeding and**Breast Feeding

# Reasons of its Failure in Infants Less Than 6 Months of Age

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## **ABSTRACT**

**Objective:** To know the frequency of exclusive breast feeding and the reasons given by the mothers for not practicing 'exclusive breast feeding'.

Study Design: Cross sectional study

**Place and Duration of Study:** This study was conducted at the Children Outdoor of Bahawal Victoria Hospital, Bahawalpur from July to September 2016.

Methods and Materials: 200 mothers visiting the Children Outdoor with infant less than six months of age were interviewed.

**Results:** 200 mothers were interviewed. 89.5% of them were housewives while 10.5% were working ladies. 43.5% mothers were having monthly family income less than 10000, 46% with 10000-49000 and 10.5% with 50000 rupees or more. 18% infants were given colostrum as first feed while the 14.5% infants were put on breast milk within one hour of birth. 26.5% infants were exclusively breast fed while 73.5% were belonging to the group of 'not exclusively breast fed'. The three most common reasons included 'mother milk is insufficient (59.2%)', 'mother feels baby is weak (14.3%)' and 'she is a working lady (11.6%)'.

**Conclusion:** The exclusive breast feeding practices are poor and three common reasons are maternal perception of having insufficient milk, mothers feeling baby is weak/ill and mothers are working ladies.

Key Words: First feed; colostrum; exclusive breast feeding; insufficient milk

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#### INTRODUCTION

The breast milk is the best and most safe form of food for infants<sup>1</sup>. The World Health Organization (WHO) has defined exclusive breastfeeding 'as the infant below six months of age should receive only breast milk [no other fluids including water or solids except oral rehydration solution, or vitamins or medicines]<sup>2</sup>. Breastfeeding provides nutrients for healthy growth and development in infants and improves immunity. The exclusive breastfeeding for the first 6 months gives protection against infections especially gastrointestinal and iron deficiency anemia. It causes delayed recommencement of menses (thus avoiding unplanned pregnancies) and more speedy loss of maternal postpartum weight loss<sup>3</sup>. Breast feeding also stimulates sensory cognitive and development. It also decreases

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incidence of atopic dermatitis in infants. It also decreases infant  $mortality^{4,5}$ . The breastfeeding is the most cost-effective intervention in reducing infant mortality especially in developing countries. Globally, less than 40% of infants of age less than six months are exclusively breastfed and the poor breastfeeding practices are responsible for 800 000 deaths each year in children under five years of age<sup>6</sup>. In Pakistan exclusive breast feeding is practiced in about 38% infants<sup>7</sup> which is much below the global target of 65.6% for year 20258. The exclusive breast feeding rate varies, not only, across the countries<sup>9,10,11</sup> but also varies from place to place in Pakistan<sup>12, 13, 14</sup>.

The objective of the study was to know the frequency of exclusive breast feeding and the reasons given by the mothers of not practicing 'exclusive breast feeding'.

#### MATERIALS AND METHODS

This is a cross sectional study that was conducted at the Children Outdoor of Bahawal Victoria Hospital, Bahawalpur from July to October, 2016. The mothers visiting the Children Outdoor with infants less than six months of age were included. The verbal informed consent was taken from the mothers before including them in the study. Infants who remained admitted in the hospital for more than first five days of life due to some serious illness causing interference in breast feeding, infants with congenital malformations interfering in the

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breast feeding, infants with neurological disorders, infants not accompanying with their mothers or if the mother is having some chronic illness or having HIV were excluded.

The interview from the mother was taken in her understandable language by one of the researchers. The mother was asked about her age, her educational status, her employment status, monthly family income, age and sex of infant, whether colostrum given to the infant after birth as first feed or not, was infant put on breast within one hour of life, anything other than breast milk given in the last 24 hours given and reasons if infant was not on exclusive breast feeding by using a prepared performa. Exclusive breast feeding was labeled if the infant did not take any liquid including water or any semisolid in the last 24 hours before the interview. The data were entered and analyzed by SPSS version 10 and were presented as proportions or percentages.

## **RESULTS**

There were 200 mothers who were interviewed, 26 (13%) were of age group less than 20 years, 99 (49.5%) were of 20-30 years, 60 (30%) of 30-40 years and 15 (7.5%) were of age group more than 40 years. 52 (26%) mothers were either illiterate/primary failed, 74 (37%) primary passed, 45 (22.5%) were having secondary school certificate, 15 (7.5%) were having higher secondary school certificate, 11 (5.5%) were graduate and 3 (1.5%) were postgraduate. 179 (89.5%) mothers were housewives while 21 (10.5%) were working ladies. 87 (43.5%) mothers were having monthly family income less than 10000, 92 (46%) with 10000-49000 and 21 (10.5%) with 50000 rupees or more.

There were 111(55.5%) male while 89 (44.5%) female infants. 45 (22.5%) infants were below the age of 2 months, 77 (38.5%) between the age of 2-4 months and 78 (39%) were  $\geq$  4 months but less than six months of age. There were only 36 (18%) infants who were given colostrum as first feed while 29 (14.5%) infants were put on breast milk within one hour of birth.

Table No.I: The reasons given by the mothers of not practicing 'exclusive breast feeding' Total cases: 147

practicing exclusive breast feeding Total cases: 147		
Reason	Number	Percentage
	of cases	
Mother milk is	87	59.2%
insufficient		
Mother feels baby is	21	14.3%
weak/ill		
Mother is a working lady	17	11.6%
Mother feels she is	11	7.5%
physically weak/ill		
Mother feel that her milk	8	5.4%
causes illness in the baby		
Twin pregnancy	1	0.7%
She is pregnant	2	1.3%

There were 53 (26.5%) infants who were exclusively breast fed in the last 24 hours while 147 (73.5%) were belonging to group of 'not exclusively breast fed'. The reasons given by the mothers of not practicing 'exclusive breast feeding' recommendation are shown in table-I. The three most common reasons included 'mother milk is insufficient (59.2%)', 'mother feels baby is weak (14.3%)' and 'she is a working lady (11.6%)'.

## **DISCUSSION**

There were 13% mothers belonged to age group less than 20 years, 49.5% to 20-30 years, 30% to 30-40 years and 7.5% to age group more than 40 years in this study. The study done at Gilgit<sup>14</sup> showed mean age of mothers was 24.3 years±4.8.

There were 26% mothers who were illiterate/primary failed, 37% primary passed, 22.5% were having secondary school certificate, 7.5% were having higher secondary school certificate, 5.5% were graduate and 1.5% were postgraduate in this study. The study done at Gilgit<sup>14</sup> showed that 37% mothers were uneducated while only 14% were having matriculation while the study done at Islamabad<sup>15</sup> showed that 43.5% mothers were uneducated. The study done at Nowshera<sup>16</sup> showed a high rate of illiteracy (71.8%) among the mothers.

This study showed that 89.5% mothers were housewives. The study done at Islamabad<sup>15</sup> showed that 91% mothers were housewives. This study showed that 43.5% mothers were having monthly family income less than 10000, 46% with 10000-49000 and 10.5% with 50000 rupees or more. The study done at Islamabad<sup>15</sup> showed that the monthly income was 16542±12761 (mean±SD) rupees.

There were 55.5% male while 44.5% were female infants in this study. The study done at Gilgit<sup>14</sup> showed that 61% infants while the study done at Islamabad<sup>15</sup> showed that 59.7% were male. There were only 18% infants who were given colostrums as first feed in this study. The study done at Lahore<sup>17</sup> showed that first feed was colostrum in 41.8%.

14.5% infants were put on breast milk within one hour of birth. The study done at Islamabad<sup>15</sup> showed only 0.6% babies the breast feeding was started within <1 hour after birth. This study showed that there were 26.5% infants who were exclusively breast fed in the last 24 hours .Other studies done in Pakistan<sup>12,13,14</sup> showed exclusive breast feeding in 19%-64.8% infants while the international studies<sup>9,10,11</sup> showed exclusive breast feeding in 13.8% -81.1% cases.

The three most common reasons given by the mothers of not practicing 'exclusive breast feeding' included 'mother milk is insufficient' (59.2%), 'mother feels baby is weak' (14.3%) and 'she is a working lady' (11.6%). The study done at Islamabad<sup>15</sup> showed the reasons of non exclusive breastfeeding were deficient

milk production in 93.2%, working lady in 4.2%, ill health of infant in 0.65% and the mother ill health in 1.9% cases. The study done in interior Sindh<sup>13</sup> showed the reasons of non exclusive breastfeeding were working ladies in 40%, to make acquainted baby to bottle feeding in 22.5%, inadequate milk (presumed by mothers) in 17.5%, true inadequate milk in 7.5%, family pressure in 3.75%, prematurity in 3.75%, and delivery by Cesarean in 2.5% and next pregnancy in1.25% cases. The study done in Nowshera<sup>16</sup> showed that maternal perception of having insufficient milk (45.9%), working ladies (18.4%), ill mothers (13.1%), illness in infants (17%), pregnancy of mothers (3.61%), infants whose mothers were died (0.98 %) and twin infants (0.98%) were the causes. The international studies<sup>10,11</sup> showed that employment in mother is associated with exclusive breast feeding.

## **CONCLUSION**

The exclusive breast feeding practices are poor and three common reasons are maternal perception of having insufficient milk, mothers feeling baby is weak/ill and mothers are working ladies.

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## **REFERENCES**

- Ssemukasa EL, Kearney J. Six months of exclusive breastfeeding recommendation: how applicable is the universal exclusive breastfeeding recommendation policy? Afr J Food Agric Nutr Dev 2014;14(4):9071-84.
- World Health Organization. Indicators for Assessing Infant and Young Child Feeding Practices Part-1. Definitions. Geneva: World Health Organization; 2008.
- 3. 3. Kramer MS, Kakuma R. Optimal duration of exclusive breastfeeding. Cochrane Database Syst Rev 2002;(1):CD003517.
- Kramer MS, Chalmers B, Hodnett ED, Sevkovskaya Z, Dezikovich I, Shapiro S, et al. Promotion of breastfeeding intervention trial (PROBIT): a randomized trial in the Republic of Belarus, JAMA 2001: 285 (4): 413–20.
- 5. Kramer MS, Kakuma R. The optimal duration of exclusive breastfeeding: a systematic review.

- World Health Organization. Geneva: World Health Organization; 2001.
- 6. Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals Geneva: World Health Organization; 2015.
- 7. UNICEF. The State of the World's Children 2016. New York: UNICE; 2016
- 8. World Health Organization. Global Nutrition Targets 2025: Breastfeeding policy brief. Geneva: World Health Organization; 2014.
- 9. Al-Sahab B, Lanes A, Feldman M, Tamim H. Prevalence and predictors of 6-month exclusive breastfeeding among Canadian women: a national survey. BMC Pediatr 2010;10:20.
- Setegn T, Belachew T, Gerbaba M, Deribe K, Deribew A, Biadgilign S. Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. Int Breastfeed J 2012;7(1):17.
- 11. Liben ML, Gemechu YB, Adugnew M, Asrade A, Adamie B, Gebremedin E, et al. Factors associated with exclusive breastfeeding practices among mothers in dubti town, afar regional state, northeast Ethiopia: a community based cross-sectional study. Int Breastfeed J 2016;11:4.
- 12. Ayub T, Khawar N. Prevalence of exclusive breastfeeding in infants suffering from diarrhoeal disease. J Med Sci 2005;13(2):143-7.
- 13. Jamro B, Jamro S, Bhatti R, Kumari R. Experience of exclusive breast feeding in tertiary care hospitals. Med Channel 2011;17(3):72-5.
- 14. Aslam S, Sultan S, Akram F. Exclusive breast feeding. Professional Med J 2010; 17(2):286-90.
- 15. Yaqub A, Gul S. Reasons for failure of exclusive breastfeeding in children less than six months of age. J Ayub Med Coll Abottabad 2013;25(1): 165-7.
- Nawaz R, Rehman SU, Nawaz S, Mohammad T. Factors causing non-breastfeeding in children under six months of age in district Nowshera, Pakistan. J Ayub Med Coll Abottabad 2009; 21(4):93-5.
- 17. Iqbal SMJ, 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.