

The Problems Faced By Women during Breast Feeding: A Cross-Sectional Study

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Abstract

Background: In spite of promoting exclusive breast-feeding (EBF) and avoiding pre-lacteal feeds, mothers are facing many problems in our country during breast-feeding. These problems are to be addressed to improve maternal and child health. **Objectives:** To document the breast-feeding practices and the self reported problems among women having children less than 2 years. **Methods:** Two hundred forty two mothers of accompanied children, less than 2 years age attending immunization clinics at Safdarjung hospital, New Delhi recruited in the study. A semi-structured interview schedule administered to assess the breast-feeding practices, the influencing factors, self-reported problems and health seeking behavior of women. **Results:** About ¾ th (73.1%) of women adopted EBF. Among the mothers not practicing EBF, 31 (47.6%) had given water to child in summer. Pre-lacteal feed was given to 59 (24.4%) newborns. Initiation of breast-feeding was delayed by 96 (39.6%) of mothers. Main reasons for delay were non-secretion of breast milk in 53 (55%) women. One hundred five (43.4%) women faced at least one major problem during breast-feeding. Major problems were, inadequate milk secretion 29 (12%), painful breastfeeding 14 (5.8%), too many household duties 14 (5.8%), defective baby positioning 20 (8.26%) and sickness of baby 12 (5%). Out of those experiencing a problem, only 64.9% consulted for treatment. **Conclusions:** The problems of breast-feeding were inadequate milk secretion, increase thirst to child in summer, painful breastfeeding, household duties, mother illness, child illness, breast abscess, cracked nipple and awkwardness to breastfeed in public.

Key words: Breast feeding; Colostrum; Prolacteal feed; Exclusive breast feeding; Self-reported problems.

Introduction

An adequate supply of breast milk is known to satisfy virtually all the nutritional requirements for at least first six months of life. It has anti-infective properties, protects against allergy to non-specific proteins and helps to develop immunity.[1] Breast milk has a birth spacing effect which is vital in a developing country like India, where the awareness and

acceptability of modern contraceptive methods is low. Thus, it is an economic and effective way of giving a fair chance of survival and good health to a child. Breast feeding is a natural process but like any other skill, needs to be learnt and practised. Moreover, it is influenced by a multitude of medical, socio-cultural and psychological factors. Women are susceptible to face a variety of related problems and hindrances in this phase.[2] Breast feeding knowledge and practices among women were studied by few authors.[3,4] Women in antenatal period, if counselled about breast feeding, practice the method in a better way.[5,6] So first of all what are the problems the women are facing in breast feeding practices to be addressed.

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Thus, we undertook this study to highlight the different practices, problems and treatment seeking behaviour among mothers, who had breast fed or currently breast feeding their children.

Material And Methods

Study design

This is an observational descriptive cross-sectional study.

Sample size calculation

Sample size was calculated as 242, taking the prevalence rate of perception of not enough milk during breast feeding as 37.5%, 95% confidence level and 6.2% of absolute precision.[2]

Patient selection

After taking Institutional ethics committee approval and informed consent from the participant, 242 women, with children < 2 years of age, visiting to immunization clinic of a tertiary care hospital were enrolled for the study. Women, who had not breastfed ever and children coming with other family member were excluded from the study.

Data collection

A semi structured interview schedule had used to collect socio-demographic details, obstetric data, breast feeding practices and influencing factors, and problems faced during breast-feeding. Informant was the mother. Breast-feeding practices was asked to mother about the accompanied child. The data was collected in the month of June 2012

Statistical analysis

Data entered into excel sheet and analyzed by using SPSS version 16. The data expressed as mean and percentages. Descriptive data were analyzed by Chi-Square test and Fisher's exact test.

Results

Majority (90%) of women delivered their baby at hospital. Most of children (207; 85.5%) were born by normal vaginal route and rest (35;14.5%) by caesarean section. The number of premature birth was 12 (5 %) and full term delivery was 230 (95%). Mothers delayed initiation of breast-feeding was 96 (39.6 %). Out of them only 4 were premature baby. Breast feeding delayed for more than 1 hour in case of normal delivery and more than 4 hours in case of delivery by caesarean section. Pre-lacteal feed was given to 24.4% newborns and the most common pre-lacteal feed given was honey and water. One third of illiterate females gave pre-lacteal feed to their babies in comparison to only 18% of high school or intermediate pass mothers. Main reason for delay in initiation of breast-feeding was non-secretion of breast milk followed by child illness, mother's illness; premature baby and misconception for colostrum feed. Colostrum was fed to majority (86%) of newborns. All professionals and 89% graduates gave colostrums to their babies while 76% among illiterate gave the same. Exclusive breast feeding (EBF) had practiced by 177 (73.1%) women. Exclusive breast feeding (EBF) means that the infant is receiving only breast milk and not receiving any plain water, sugar water, juices, or other liquids, cow's milk, tinned milk or infant formula, semi solid or solid foods, any other substance with the exception of drops/ syrups consisting of vitamins, mineral supplements or medicines. EBF was not practicing in 65 (26.9%) women. Main reason for not practicing EBF was increased thirst to children during summer and water was given to 31 (47.6%) during that period (Table 1). Other reasons were inadequate secretion of breast milk (22; 33.7%), mothers' illness (7; 10.65%), child's illness (4; 6.15%) and mother did not like breast-feeding (1; 1.5%) (Table 1). Percentage of mothers practiced EBF increases with increase in the educational status of the mother. Mothers gave various complementary feeds like water, cow milk, cereals and pulses to the babies. Around 136 (56%) of women had knowledge about four aspects of positioning of baby during

Table 1: Reasons for not practicing EBF (Exclusive Breast Feeding) as given by the women attending the immunization clinic (n = 65)

Reason	Number (%)
Water given due to summer	31 (47.6%)
Inadequate milk secretion	22 (33.7%)
Mothers' illness	7 (10.65%)
Child's illness	4 (6.15%)
Mother did not like breast feeding	1 (1.5%)
Total	65 (100%)

breast-feeding while 20 (8.26%) did not know any aspect of positioning. Main source of information about breast-feeding among women were family members (62.3%) followed by medical personnel (54%). More than half of mothers (56.6%) faced one or more problems during breast-feeding. At least one major problem during breast-feeding had faced by 43.4% women as perceived by them. Major problems were inadequate milk secretion (29; 12%), and painful breastfeeding (14; 5.8%). Because of too many household duties 14 (5.8%) women face problems for breast feeding. Baby was sick and could not be breastfed in 12(5%) woman (Table 2). As the birth order of child increased, problems faced by mother decreased. Women who had problems and consulted for treatment were 68 (69.4%). They took treatment from hospital, advice from family member, from quack, stopped breast-feeding and taken self-medication.

Discussion

Traditionally, most Indian women start breast-feeding to their children early and continue breast-feeding for longer times. In our study 73.1% women, exclusively breast-fed their child, which was similar to 73.7% obtained in a study conducted by SK Rasania *et al* in Delhi.[1] According to NFHS-3 data estimated 46% women, practiced EBF. A community based study in Haryana by MS kishore *et al* found that only 30% and 10% infants get exclusive breastfeeding till 4 and 6 months of age respectively.[3] In another study by A.A. Kameswarrao EBF practice was 39.5% and EBF practice improved with increasing parity.[4] The practice of EBF was more in literate mothers and in mothers who were informed by health personnel.[5,6] Lack of breastfeeding counselling was significantly associated with decreased rates of EBF practice at 4 and 6 months.[3,6]

Initiation of breast-feeding was delayed for 1-4 hours in 96 (39.6%) in our study. Out of them 4(4.1 %) were premature baby and rest were full term baby. Initiation of breast feeding was delayed for a day (12.2%) or even two days (17.1%) in other study.[1] Moreover, anesthesia and other complications related to breast feeding can delay the initiation of breast feeding in case of baby born by caesarean section. Another study from Punjab quoted that only

Table 2: Prevalence of one major problem as perceived by women during breast feeding (n =105)

Problems during breast feeding	Number (%)
Less milk secretion	29(27.6%)
Breastfeeding was too painful	14(13.3%)
Had too many household duties	14(13.3%)
Baby was sick	12(11.4%)
Sore, cracked or bleeding nipples	7(6.6%)
Baby began to bite	7(6.6%)
Awkwardness to breastfeed in public	5(4.7%)
Mother was sick	5(4.7%)
Breasts abscess	4(3.8%)
Belief that baby was not gaining enough weight	4(3.8%)
Breastfeeding was too inconvenient	2(1.9%)
Employment	1(0.9%)
Flat or inverted nipples	1(0.9%)
Total	105

13.5% women put their babies on the breast within 4 hrs of birth.[7]

Insufficient milk secretion in the immediate post partum period was the major hindrance to timely initiation in our study. Kishore S, Garg BS states that in their study none of the babies were deprived of colostrums which collaborates with our finding that 86% infants were given colostrums.[8] In another study colostrum was given by 82 (21.38%) mothers.[5]

Only 36.9% newborn received colostrums in a slum area in Gujarat.[9] Previous reports found that majority of women do not give colostrums to their baby due to some cultural belief but now it is not the issue. It may be due to improved public health education that the message is going on spreading and people are accepting it.

The prevalence of pre-lacteal feeding assessed by our study was 24.4%. In a study by Bagul AS *et al* pre-lacteal feeds were given by 302 (78.61%) mothers.[5] A study in Nairobi, Kenya the prevalence of prelacteal feed was 26.8%. [10] A study from slum area of Gujarat 61.9% of newborns received prelacteal feed.[9] Pre-lacteal feeds were given to newborns by 45% of mothers; in the form of sugar water, jaggery water or cow's milk.[8] Similarly in our study the predominant pre-lacteal feed was honey and water.

Correct method of breast-feeding is a technique, which needs to be learnt and practised, prior to which adequate knowledge about the same is imperative. There was good attachment in 42% mother-infant pairs and infants were held in correct position by 60% mothers.[3] In our study also very less (8.26%; 20) women did not know any aspect of positioning.

Kishore MS and colleague noted satisfactory breast feeding knowledge in 39% of the mothers.[3] Tan AE *et al* reported 74.8% of the women had adequate knowledge about breast feeding.[11] The main source of information were attained from the mass media, antenatal class and other mothers with breast feeding experience.[7] A study by Garg R stated that 35.6% of women were unaware of the importance of colostrums and 77.6% were not

given advice regarding benefits of breast feeding.[11] In our study also the main source of information about breast-feeding among women were family members (62.3%) and medical personnel (54%). Information from relatives, elders are often in line with tradition and beliefs.[5,11] We had undertaken the study, with one of the aims to highlight the common problems among young mothers encounter during breast feeding. Major problems were inadequate milk secretion and painful breastfeeding. Because of too many household duties 14 (5.8%) women face problems during breast feeding. These findings are in concurrence with other studies.[12,13,14,10,15]

Limitations of the study were first the study covered only limited number of mothers who were attending immunization clinics. Therefore, the result may not be generalized to whole population of Delhi. Second, the data collected was by interviewing the mothers so the chance of recall bias was present.

To conclude the problems of breast-feeding were inadequate milk secretion, increase thirst to child in summer, painful breastfeeding, household duties, mother illness, child illness, breast abscess, cracked nipple, awkwardness to breastfeed in public and first child. The problems during breastfeeding need more improved maternal health education for better breast feeding practices by mothers.

Conflict of interest

Nil

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