

ORIGINAL ARTICLE

Factors Affecting Non Compliance with Exclusive Breastfeeding Among Mothers: A Survey at District Hospital DaduALMA KHALID¹, SUHAIL AMAN¹, IRFAN JHATIAL², WASHDEV TALREJA³, WAJID HUSSAIN⁴, SASUI WADHO⁵, MUHAMMAD PARIAL SHAHANI¹¹Department of Community Medicine CMC, SMBBMU Larkana²Department of Pediatrics, United Medical and Dental College, Karachi, Pakistan³Taluka Headquarter Hospital Rohri, Sukkur, Pakistan⁴National Institute of Child Health, Karachi, Pakistan⁵Provincial TB Control Program CDC IIICorresponding author: Muhammad Parial Shahani, Email: drmpshahani@gmail.com**ABSTRACT****Background:** According to standard guideline for breastfeeding, it is mandatory to practice exclusive breastfeeding during the first six months of a baby's life to provide the finest physiological support for all neonates. In Pakistan there is visible underuse of exclusive breastfeeding among lactating mothers. This study aims to assess the variables affecting the non-compliance to exclusive breastfeeding among mothers at a district hospital in Pakistan.**Materials and methods:** A descriptive cross sectional study was conducted to in Pediatric OPD at the district hospital Dadu from January to June 2022, 162 breast feeding mothers were interviewed regarding their practice towards exclusive breast feeding.**Results:** We observed that only 29.5% mothers practiced exclusive breast feeding. All the mothers in the study had a breastfeeding child. Most of the mothers in this study were aged between 20 to 40 years (62%). The most common reason for non-compliance with the exclusive breastfeeding was the use of formula milk by the mothers.**Conclusion:** Inclination to use formula milk, insufficient breast milk, early weaning and lack of the education among mothers were most common causes of non-compliance towards exclusive breastfeeding. Mass level health education for maternal and child health are recommended.**Keywords** Breast feeding, Exclusive breastfeeding, Neonate, Maternal factors,**INTRODUCTION**

The American Academy of Pediatrics reiterates its advice to breastfeed exclusively for around six months before introducing weaning or complementary foods for the infant. Breastfeeding should continue for a year or more, provided if both the mother and the child desire it (1). Despite the advantages and initiatives to support breastfeeding, exclusive breastfeeding is practiced sub-optimally in low- to middle-income nations. Studies have observed that if 90% of infants exclusively breastfed could lower child mortality rates by 11.6% in low-income countries (2-4). It is reported that only 35% of infants are exclusively breastfed around the world (5). In sub-Saharan Africa, a region with high infant and child mortality rates, only 33% of infants are exclusively breastfed (5, 6). In Pakistan there is visible underuse of exclusive breastfeeding among lactating mothers. There are a number of causes for this, the most important of which are those that discourage mothers from continuing the practice of exclusive breastfeeding on a social, cultural, and economic level (7). According to statistics, just 18% of Pakistani women initiate their first breastfeeding and only 37.7% of them continue the practice (8). This study aims to assess the variables affecting the non-compliance to exclusive breastfeeding among mothers at a district hospital in Pakistan.

METHODOLOGY

A descriptive cross sectional study was conducted to in Pediatric OPD at the district hospital Dadu from January to June 2022, 162 breastfeeding mothers were interviewed regarding their practice towards exclusive breast feeding. Socio-demographic factors affecting the breast feeding were also recorded. Data was entered and analyzed in g Statistical Package for the Social Sciences version 26.

RESULTS

We observed that only 29.5% mothers practiced exclusive breast feeding (Fig. 1).

All the mothers in the study had a breastfeeding child. Most of the mothers in this study were aged between 20 to 40 years (62%). Nearly 2/3rd of the mothers in the study had no formal education, only 5.8% mothers had higher secondary education.

More than 1/5th of the mothers had more than 5 children (Table I). The most common reason for non-compliance with the exclusive breastfeeding was the use of formula milk by the mothers followed by insufficient breast milk (Figure II).

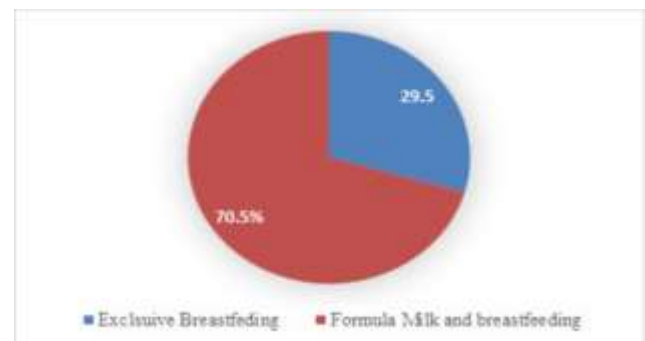


Figure 1: Feeding Practice of Mothers

Table 1: Socio-demographic Determinants

Variable	No.	%
Age of the Mother		
<20 years	18	8.0
20-40 years	139	62.1
> 40 Years	67	29.9
Does the Mother have a breastfeeding Baby		
Yes	224	224.0
No	0	0.0
Education of Mothers		
No Education	143	63.8
Primary Education	47	21.0
Secondary Education	21	9.4
Higher than Secondary Education	13	5.8
Parity of Mothers		
1 to 2	58	25.9
3 to 4	117	52.2
5 or more	49	21.9
Feeding Practice of Mothers		
Exclusive Breastfeeding	66	29.5
Formula Milk and breastfeeding	158	70.5

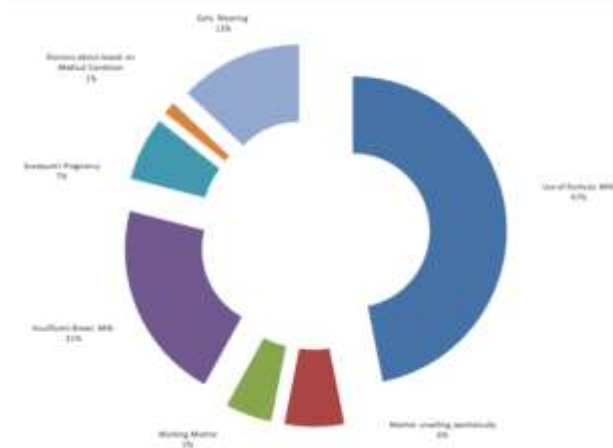


Figure 2: Factors Affecting Non Compliance with Exclusive Breastfeeding

DISCUSSION

The findings of this study demonstrate the demographic, social, and economic variables that have a major impact on non-compliance towards exclusive breastfeeding practices in district Dadu, Sindh, Pakistan. Maternal age, education, parity, early weaning, and insufficient breast milk are among the relevant variables noted in this study. In the present study 29.5% mothers reported to practice exclusive breastfeeding, findings stands in line with several studies reporting that exclusive breastfeeding rates are low in the rural districts of Sindh province(3,9,10). In our study, mothers reporting insufficient breast milk were 21 %, However Nasrullah M et al reported higher figures and reported that that insufficient milk production was (65.2%) (10). The medical consultants and antenatal doctors may play their role to counsel mothers regarding dietary practices to improve their breast milk production immediately after delivering the baby.

In our study 63.8% mother did not report any formal schooling, similarly, the highest proportion (84.6%) of the mothers had no education in a study conducted in Sindh province (11). This drives for an urge to start immediate mass campaign to educate mothers towards benefits of exclusive breastfeeding. Non-compliance towards exclusive breastfeeding is a major public health problem. Therefore, it is crucial to identify the variables that influence whether or not lactating mothers breastfeed exclusively. All parties involved, especially healthcare professionals, must be aware of these issues so they may suggest ways to overcome obstacles and improve supportive variables for exclusive breastfeeding (12).

CONCLUSION

It was evident that inclination to use formula milk, insufficient breast milk, early weaning and lack of the education among mothers were most common causes of non-compliance towards exclusive breastfeeding. These observations support the need of

additional initiatives to enhance breastfeeding patterns among mothers in Pakistan's Sindh region. Based on the baby's age and the socioeconomic position of the mother, policy makers and program managers need to devise customized interventions to enhance breastfeeding patterns. Governmental restrictions on the marketing of formula milk in Pakistan should go hand in hand with public relations activities to promote better breastfeeding habits.

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REFERENCES

1. Section on Breastfeeding, Eidelman AI, Schanler RJ, Johnston M, Landers S, Noble L, Szucs K, Viehmann L. Breastfeeding and the use of human milk. *Pediatrics*. 2012 Mar;129(3):e827-41.
2. Ejie IL, Eleje GU, Chibuzor MT, Anetoh MU, Nduka IJ, Umeh IB, Ogbonna BO, Ekwunife OI. A systematic review of qualitative research on barriers and facilitators to exclusive breastfeeding practice in sub-Saharan African countries. *International breastfeeding journal*. 2021 Dec;16(1):1-3.
3. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, De Onis M, et al. Maternal and child under nutrition and overweight in low-income and middle-income countries. *Lancet*. 2013;382(9890):427–51.
4. Engebretsen IMS, Doherty T, Horwood C, Moland KM, Dierkes J. Development and challenges to breastfeeding in sub-Saharan Africa. *Bundesgesundheitsblatt - Gesundheitsforsch - Gesundheitsschutz*. 2018;61(8):937–44.
5. Cai X, Wardlaw T, Brown DW. Global trends in exclusive breastfeeding. *Int Breastfeed J*. 2012;7(1):12
6. WHO and UNICEF. Countdown: The 2015 Report. Available from: http://www.countdown2015mnch.org/documents/2015Report/CDReport_2015_mortality_coverage_5-26_final.pdf. Accessed 28 May 2019.
7. Arif S, Khan H, Aslam M, Farooq M. Factors influencing exclusive breastfeeding duration in Pakistan: a population-based cross-sectional study. *BMC public health*. 2021 Dec;21(1):1-0.
8. Zakar R, Zakar MZ, Zaheer L, Fischer F. Exploring parental perceptions and knowledge regarding breastfeeding practices in Rajanpur, Punjab Province, Pakistan. *Int Breastfeed J*. 2018;13:1–12.
9. Khan J, Vesel L, Bahl R, Martines JC. Timing of breastfeeding initiation and exclusivity of breastfeeding during the first month of life: effects on neonatal mortality and morbidity—a systematic review and meta-analysis. *Maternal and child health journal*. 2015 Mar;19(3):468-79.
10. Nasrullah M, Khan A, Khan MA, Safdar S. Barriers to Exclusive Breastfeeding in Children Under 6 Months of Age in District Kasur. *Annals of Punjab Medical College*. 2018 Feb 17;12(1):43-7.
11. Noh JW, Kim YM, Akram N, Yoo KB, Cheon J, Lee LJ, Kwon YD, Stekelenburg J. Factors affecting breastfeeding practices in Sindh Province, Pakistan: a secondary analysis of cross-sectional survey data. *International journal of environmental research and public health*. 2019 May;16(10):1689.
12. Rothstein JD, Winch PJ, Pachas J, Cabrera LZ, Ochoa M, Gilman RH, Caulfield LE. Vulnerable families and costly formula: a qualitative exploration of infant formula purchasing among peri-urban Peruvian households. *International Breastfeeding Journal*. 2021 Dec;16(1):1-5.