Identification of Factors for Cessation of Exclusive Breastfeeding among Mothers of Infants

P. Sumathy^{1*}, S. Rajeswari¹, G. Priyalatha²

ABSTRACT

Background: For the healthy growth of a child, it is essential that the child be breastfed exclusively for 6 months and continued up to 2 years of their age. Although the practice of breastfeeding is common in India, the District Level Household and Facility Survey showed that the percentage of exclusive breastfeeding (EBF) dropped from 63% <1 month to 49% under 3 months and 32% under 5 months. **Aim:** This study was undertaken to identify the factors for cessation of EBF among mothers in Puducherry. **Materials and Methods:** It was a hospital-based cross-sectional study where 80 mothers of infants who fulfilled the eligibility criteria were selected by purposive sampling technique. Fifteen factors addressing the main reasons for cessation of EBF were developed. **Results:** The results revealed that during the 1st month, 78 (97.5%) of the mothers provided EBF, during the 2nd month, 87.5% of the mothers provided EBF, and during the 3nd, 4th, and 5th month, 80%, 54%, and 26% of the mothers provided EBF, respectively. The factors leading to cessation of EBF by mothers were not having sufficient milk (77.5%), going back to work (51%), had too many household chores (60%), felt tired due to breastfeeding (42.5%) and baby-centered factors such as baby continuing to remain hungry even after taking breastfeed (51%), baby failed to breastfeed (47.5%), and baby not gaining adequate weight (48.5%). **Conclusion:** EBF continues to be low among the mothers. Strategies need to be undertaken to improve EBF.

Keywords: Cessation, Exclusive breastfeeding, Infants, Mothers *Asian Pac. J. Health Sci.*, (2021); DOI: 10.21276/apjhs.2021.8.4.23

Introduction

Exclusive breastfeeding is very important for the infants growth and development. Global data indicate that exclusively breastfed infants are fourteen times more likely to survive the first 6 months of life than non-breastfed children.^[1,2]

The WHO estimates that only about one-third of infants are breastfed exclusively for the first 6 months of life. [3] Although the practice of breastfeeding is common in India, the District Level Household and Facility Survey showed that the percentage of exclusive breastfeeding (EBF) dropped from 63% <1 month to 49% under 3 months and 32% under 5 months. [4]

According to the National Family and Health Survey-4, on average, only 56% of Indian mothers practiced EBF for the full 6 months. Among that, 56% of the rural infant and 52.1% were urban infants.^[5]

In South India, Tamil Nadu has reported the least compliance with 48.3% of children who have been exclusively breastfed till 6 months. South India has the least compliance to exclusive to breastfeeding when compared to other states in India. [6] In the Global Targets 2025, the WHO and UNICEF have set a goal that in 2025 at least 50% of infants will be breastfed exclusively for the first 6 months. [7]

Understanding factors that influence EBF practices can contribute to achieving the United Nations Sustainable Development Goal 3 by 2030 of reducing neonatal mortality.^[8]

To promote EBF among mothers and create awareness and counseling about benefits of breastfeeding, this study was carried out first to identify the factors for cessation of EBF among mother of infants admitted in a tertiary care hospital, Puducherry.

Problem Statement

Identification of factors for cessation of EBF among mothers of infants admitted in pediatric unit of a tertiary care hospital, Puducherry. ¹Department of Child Health Nursing, Kasturba Gandhi Nursing College, Sri Balaji Vidyapeeth (Deemed to be University), SBV Campus, Pillaiyarkuppam, Puducherry, India, ²Department of Paediatrics, AllMS, Bhubaneswar, Odisha, India

Corresponding Author: P. Sumathy, Department of Child Health Nursing, Kasturba Gandhi Nursing College, Sri Balaji Vidyapeeth (Deemed to be University), SBV Campus, Pillaiyarkuppam, Puducherry, India. Mobile: +91-9944759280. E-mail: akshaysumi09@gmail.com

How to cite this article: Sumathy P, Rajeswari S, Priyalatha G. Identification of Factors for Cessation of Exclusive Breastfeeding among Mothers of Infants. Asian Pac. J. Health Sci., 2021;8(4):134-136.

Source of support: Nil

Conflicts of interest: None.

Received: 14/05/2021 Revised: 10/08/2021 Accepted: 23/08/2021

Aim

This study aims to identify the factors for cessation of EBF among mothers of infants.

MATERIALS AND METHODS

The study was a descriptive hospital-based cross-sectional study. Eighty mothers of infants who fulfilled the eligibility criteria took part in the study. The present study was conducted after getting clearance from Institutional Human Ethics Committee. The tool consisted of two parts, namely, sociodemographic variables and a structured questionnaire on factors leading to cessation of breastfeeding. The participants rated the factor as yes/no response, and more than 1 factor could be given for stopping breastfeeding. The reliability of the tool was checked by test-retest method which was r=0.8. Descriptive statistics were used for the study.

©2021 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License (http:// creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

RESULTS

The results revealed that most of the mothers 65 (81%) were in the age group of 21–30 years. Forty-one (51%) of the mothers had undergone lower segment cesarean section. Sixty-eight (81%) of the mothers provided colostrum. During the 1st month, 78 (97.5%) of the mothers provided EBF, during the 2nd month, 87.5% of the mothers provided EBF, and during the 3rd, 4th, and 5th month, 80%, 54%, and 26% of the mothers provided EBF, respectively.

Table 1 indicates that the factors leading to cessation of EBF by mothers were going back to work (51%), had too many household chores (60%), not having sufficient milk (77.5%), felt tired due to breastfeeding (42.5%) and baby-centered factors such as baby continuing to remain hungry even after taking breastfeed was (51%), baby failed to breastfeed (47.5%), and baby not gaining adequate weight (48.5%).

Discussion

The present study showed that not having sufficient milk, going back to work, having too many household chores, and feeling tired due to breastfeeding were the primary reasons for cessation of EBF. Insufficient milk was the major cause for not providing EBF. The study findings corroborate with similar studies which state that nutritional factors played a major role in breastfeeding cessation. [9-11]

A related study implies that those mothers who did not have adequate knowledge regarding the normal lactation process or the common problems encountered during breastfeeding were anxious of their capacity to have a normal production of milk.^[12]

Table 1: Frequency and percentage distribution of factors leading to cessation of breastfeeding. *n*=80

S. No.	Factors	Yes		No	
		Frequency	%	Frequency	%
1.	I did not like	02	2.5	78	97.5
	breastfeeding				
2.	I went back to work	41	51	39	48.7
3.	I had other children to	30	37.5	50	62.5
	take care of				
4.	I had too many	48	60	32	40
	household chores				
5.	I was embarrassed to	10	12.5	70	87.5
	breastfeed				
6.	I had sore nipples/too	12	15	68	85
	painful				
7.	l felt very tired due to	34	42.5	62	77.5
	breastfeeding				
8.	Milk was not sufficient,	62	77.5	18	22.5
	so started with artificial				
	feeds				
9.	Baby failed to breastfeed	38	47.5	42	52.5
10.	Baby continues to	41	51	39	48.5
	remain hungry even				
	after breastfeed				
11.	I was losing weight	22	27.5	58	72.5
12.	My baby's weight gain	39	48.5	41	51.5
	was not adequate				
13.	I felt pressurized due to	17	21	63	78.5
	my in laws				
14.	I wanted my body back	06	7.5	74	92.5
	to myself				
15.	I felt dizzy at times due	10	12.5	70	87.5
	to breastfeeding				

The other reason was that mothers who returned to work did not provide EBF. Our findings are consistent with the results of the previous studies^[13-15] which showed that only one-third of women maintained breastfeeding after 2 weeks of returning to work. Evidence also shows that sooner the mothers returned to work, the shorter their duration of breastfeeding.^[13,14].For mothers who returned to work, lactation programs that included flexible work schedules and easier access to a private lactation room significantly influenced the duration of breastfeeding.^[15]

This study has some limitations that need to be considered during its interpretation. This was a retrospective study, and the factors about environment and policy were not included. The reasons cited by the mothers for ceasing EBF were based on mothers' subjective judgments and some reasons might be interchangeable. This study was conducted in a single hospital which may limit the generalizability of the results to other populations and settings.

Conclusion

EBF continues to be low among the mothers. The reasons cited were insufficient milk, going back to work, poor weight gain, fatigue, etc. Strategies need to be taken such as by providing health education for improving the knowledge and skills of the mother and also family support for reducing mothers' burden, and continuous support for baby-mother-friendly environment.

REFERENCES

- World Health Organization/UNICEF. Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization; 2002. Available from: http://www.who.int/child-adolescent health/ NUTRITION/global-stratefy.htm. [Last accessed on 2021 May 12].
- Sarswat E, Menon P, Parternerships and Opportunities to Strengthen and Harmonize Actions for Nutrition for India. Available from: https:// www.poshan.ifpri.info/2017/08/04/exclusive-breastfeeding-in-indiatrends-and-data-gaps. [Last accessed on 2021 May 12].
- World Health Organization. WHO Global Data Bank on Infant and Young Child Feeding. WHO Nutrition for Health and Development. Available from: http://www.who.int/nutrition/databases/infantfeeding/en. [Last accessed on 2018 May 24].
- Kishore's J. National Health Programmes of India. 11th ed. New Delhi: Century Publications; 2014. p. 119-21.
- International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-4) 2015-16.
 Mumbai: International Institute for Population Sciences (IIPS) and Macro International; 2016.
- Radhakrishnan S, Balamuruga SS. Prevalence of exclusive breastfeeding practices among rural women in Tamil Nadu. Int J Health Allied Sci 2012;1:64-7.
- World Health Organization. Global Targets 2025. To Improve Maternal, Infant And Young Child Nutrition. Geneva: World Health Organization; 2016. Available from: https://www.Who.Int/Nutrition/ Global-Target-2025/En. [Last accessed on 2021 Apr 05].
- Sudfeld CR, Fawzi WW. Importance of innovations in neonatal and adolescent health in reaching the sustainable development goals by 2030. JAMA Pediatr 2017;171:521-2.
- Wagner EA, Chantry CJ, Dewey KG, Nommsen-Rivers LA. Breastfeeding concerns at 3 and 7 days postpartum and feeding status at 2 months. Pediatrics 2013;132:e865-75.
- Peduzzi P, Concato J, Kemper E, Holford TR, Feinstein AR.A simulation study of the number of events per variable in logistic regression analysis. J Clin Epidemiol 1996;49:1373-9.
- 11. Teich AS, Barnett J, Bonuck K. Women's perceptions of breastfeeding

- barriers in early postpartum period: A qualitative analysis nested in two randomized controlled trials. Breastfeed Med 2014;9:9-15.
- 12. Vijayalakshmi P, Susheela T, Mythili D. Knowledge, attitudes, and breast feeding practices of postnatal mothers: A crosssectional survey. Int J Health Sci (Qassim) 2015;9:364-74.
- Bai DL, Fong DY, Tarrant M. Factors associated with breastfeeding duration and exclusivity in mothers returning to paid employment
- postpartum. Matern Child Health J 2015;19:990-9.
- Ogbuanu C, Glover S, Probst J, Liu J, Hussey J. The effect of maternity leave length and time of return to work on breastfeeding. Pediatrics 2011;127:e1414-27.
- Rozga MR, Kerver JM, Olson BH. Self-reported reasons for breastfeeding cessation among low-income women enrolled in a peer counseling breastfeeding support program. J Hum Lact 2015;31:129-37.