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Research Article

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Abstract:**INTRODUCTION:** Exclusive breastfeeding can prevent the children from different long term and short term diseases such as gastroenteritis, RTI and long term diseases such as diabetes type II, obesity and hypertension.**OBJECTIVE:** The objective of our study is to evaluate the sociocultural factors responsible for exclusive breast feeding**MATERIAL & METHODS:** This cross-sectional study has been held from May 2013 to January 2014 in the department of gynae & obstetrics. Total 108 women were interviewed after taking informed consent. All women who had children were incorporated in this study, while nullipara and unmarried were excluded from the study. Information was recorded on predesigned proforma and was analyzed in SPSS program version 20.**RESULTS:** Total number of participants was 108. Out of these, only 43(39.8%) mothers had knowledge of breast feeding, while rest of women had no awareness. Only 62(57.4%) women breast feed their babies. Majority of graduate women had not breast feed their babies as compare to women with lower education (P value. 0.182). Mostly women who were housewives were involved in breast feeding as compare to working women (P value 0.007). Regarding socioeconomic condition, upper class was involved less in breast feeding as compare to poor and middle class (P value 0.068). Inadequate breast milk was also a significant affecting factor on exclusive breast feeding.**CONCLUSION:** In this study concluded that upper socioeconomic status, working women and inadequate breast milk production are significant affecting factors on exclusive breast feeding.**Keywords:** Breast feeding, factors, exclusive breast feeding**Corresponding author:****Dr. Sumaira Rauf,**National centre near national CNG,
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INTRODUCTION:

Encouragement of complete mother feeding during initial 6 months of newborn baby is most helpful interventions to decrease mortality and morbidity of newborn babies in resource-limited settings[1]. WHO suggests Exclusive breastfeeding (EBF) during initial 6 months of newborn[2,3]. Various studies have shown benefits of EBF for development, immunity as well as reducing diseases in young infants[4-6]. On the other hand, various other studies shows decreases of EBF increased the morbidity and mortality in young babies due to under nourishment and infections[7,8]. In spite the well known significance of EBF, this practice isn't common in under developed countries and rise at international level is too modest with a lot of space for development[9,10], newborn nutrition programs worldwide need investment & pledge for improving feeding habits to impose utmost effect on decreasing newborn morbidity and mortality[10]. Globally, there is a reducing trend of mother feeding. Most important causes for reducing breast feeding comprise no confidence that newborn is getting sufficient, urban females' increased work load challenge which separates them from their newborn kids for many hours, uneasiness in breast feeding among public, fall in social support, and powerful advertisement of trading milk formulation. The mother as well would get benefits from EBF through suffering lactational amenorrhea, earlier uterus size restoration to normal size, avoidance of PPH, decreasing risk of the malignancy of ovaries and the breast, decrease risk of emotional pleasure and osteoporosis. Mother's milk is inexpensive as compare to rest of non-natural feeding. Lot of milk alternatives and accessibility of many brands of infant formula and baby food supplements in the market have shown that factors play a significant role. Moreover, it has been projected that 11.6% of child deaths in 2011 could be attributable to sub-optimal breastfeeding[11]. A variety of factors have been reported to affect the practice of exclusive breastfeeding, including maternal characteristics (education, occupation, health condition, age), infant characteristics (sex, birth order, illness), and cultural practices (initiation

of breastfeeding, time of introduction of complementary feeds)[12,13]. The effects of these factors vary according to cultural context and related socioeconomic conditions. Therefore the purpose of our study is to evaluate the sociocultural factors responsible for breast feeding.

MATERIAL AND METHODS:

This cross-sectional study has been held from May 2013 to January 2014 in the department of gynae & obstetrics. Total 108 patients were interviewed after taking informed consent. All women who had children and were admitted to the hospital for delivery or visiting in gynae OPD were selected in the study. All the women those don't want to participate in the study were excluded. Mothers were asked questions regarding age, parity, education, SEC, breast feeding, reasons of not breast feeding etc and information was recorded on predesigned proforma. Interview was conducted by post graduate residents in their local language. All the information was entered in the proforma. Results were entered on SPSS version 16. P-value was calculated by chi square test. Frequency and percentages were also calculated to show the results. A $p < 0.05$ was used as a significance level.

RESULTS:

Majority of the women 53(49.07%) were with age group of 31-40 years, mostly women were primary passed 35(32.40%), 56(51.85%) women were house wife's while 52(48.15%) women were workers results showed in **TABLE:1**.

In this study, total number of participants was 108. Out of these, only 43(39.8%) mothers had knowledge of breast feeding, while rest of women had no awareness. Only 62(57.4%) women breast feed their babies (**FIG;1**).

Table 2 shows that majority of graduate women had not breast feed their babies as compare to women with lower education (P value. 0.182) Majority of women who were housewives were involved in breast feeding as compare to working women (P-value 0.007) . Regarding socioeconomic condition, upper class was involved less in breast feeding as compare to poor and middle class (P-value 0.068) (**Table.2**)

Table: 1 Cases Distribution According To Sociocultural Factors n=108

Sociocultural factors	Frequency (%)
<u>Mother's age</u>	
<30 years	18(16.66%)
31-40 years	53(49.07%)
>40 years	37(34.25%)
<u>Education</u>	
Illiterate	16(14.81%)
Primary	35(32.40%)
Middle	07(06.48%)
Metric	20(18.51%)
Graduate	30(27.77%)
<u>Parity</u>	
1-3	62(57.40%)
4-6	30(27.77%)
>6	16(14.81%)
<u>Occupation</u>	
House wife	56(51.85%)
Workers	52(48.15%)
<u>ECS</u>	
Poor	21(19.45%)
Middle	67(62.03%)
Upper	20(18.52%)
<u>Residence</u>	
Rural	50(46.29%)
Urban	58(53.70%)
<u>Milk production</u>	
Adequate	46(42.60%)
Inadequate	62(57.40%)

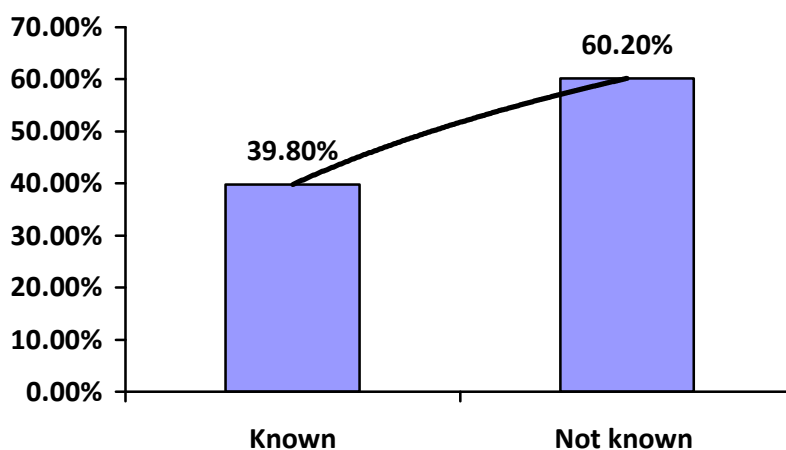
**Fig 1: cases distribution according to complete knowledge regarding breast feeding n=108**

Table: 2. Cases distribution according to factor's affects on exclusive breast Feeding n=108

Factors	Exclusive breast feeding		p-value
	YES	NO	
<u>Mother's age</u>			
<30	10	08	0.163
31-40	35	18	
>40	17	20	
<u>Education</u>			
Illiterate	11	05	0.128
Primary	22	13	
Middle	06	01	
Metric	09	11	
Graduate	14	16	
<u>Parity</u>			
1-3	41	21	0.102
4-6	14	16	
>6	07	09	
<u>Occupation</u>			
House wife	39	17	0.007
Workers	23	19	
<u>ECS</u>			
Poor	12	09	0.068
Middle	43	24	
Upper	07	13	
<u>Child gender</u>			
Male	30	32	0.555
Female	22	24	
<u>Residence</u>			
Rural	28	22	0.468
Urban	34	24	
<u>Adequate Milk production</u>			0.04
	46	62	

DISCUSSION:

Breast feeding not only decreases childhood morbidity but also promotes child hood health. Mothers who do not breast feed, their babies have abnormal development and low IQ. The decline in mother feeding practices in Pakistan is due to many factors such as increased urbanization, quick supply of infant formula milk, wish to be 'modern', and idea to get milk tested before nursing it to infant. This study shows that exclusive breast feeding rate is 57.4% which is quite satisfactory when compared with study conducted by Afzal M et al in CMH Multan[14]. Similar findings of 46% are seen in

study conducted in India [15]. While in African region rate of

exclusive breast feeding is very low e.g in Nigeria (2% in 1992) and in central African Republic (4% in 1995) and 55% (1991), respectively.¹⁶ Pakistan shows an increase in exclusive breast feeding less than 4 months from 12% (1998) to 25% (1992)[17]. There are certain conditions in which mother feeding is contraindicated such as when the she is receiving medicines due to her illness. There are various factors affecting breast feeding. One of the most important factors is working women working

females, who start non-natural feeding earlier than they go back to their job following their maternity leave. In this study maternal age was associated with EBF with young mothers having low EBF prevalence, but not significant. Similarly in other studies Onyearugha CN *et al*[18] and Jones JR *et al*[19] showed that maternal age was not associated with EBF practice. Results of this study showed that socioeconomic status affected the rate of exclusive breast feeding as poor women belonging to low socioeconomic were more involved in exclusive breast feeding than women of upper class. Same is seen in study conducted by Afzal M *et al*[14] reported that another important factor affecting rate of exclusive breast feeding was job of working ladies, which was hindering the exclusive breast feeding. Same is seen in study conducted by Khalil H *et al*[27] In our study, illiterate and less educated mothers were more involved in breast feeding to the child, when compared with higher education. Same is seen in study conducted by Afzal M *et al*[14] on other hand PDHs survey 2007 & 2013 in Pakistan underlined that the majority of the mothers who bottle-fed their babies were reported as working mothers[21,22].

In this study majority of the women had complained regarding inadequate breast feeding 62(57.40%). Similarly Ibrahim *et al*[23] stated commonest reason decrease exclusive breast feeding inadequate milk production in 71% of mothers, followed by maternal employment.

In this study gender of child affects the exclusive breast feeding but not significant while Aslam *et al*[24] reported that gender bias was also observed as a significantly high percentage of male babies were observed to be breast fed as compared to females. Breast feeding in 6 months is still not completely practiced by most of mothers and first born are deprived of this right in majority lower socioeconomic group and illiterate mothers are more likely to breast feed.

CONCLUSION:

In this study concluded that upper socioeconomic status, worker women and inadequate breast milk production were significantly affecting factors on exclusive breast feeding. Awareness program regarding breast feeding should be conducted, and worker women should be facilitated during lactation. More research and awareness program should be done regarding breast feeding. Community based EBF educational and supporting programs should be

conducted where possible to disseminate knowledge and awareness and of exclusive breast feeding.

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