CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4429854

Avalable online at: http://www.iajps.com *Research Article*

CAUSES WHICH ARE RESPONSIBLE FOR BREASTFEEDING DISCONTINUATON IN INFANTS

[1]Muhammad Waryam Jakher, [2]Ateeq ur Rehman, [3]Dr Maria Arshad
[1]Punjab Medical College Faisalabad, [2]Foundation University Medical College, Islamabad, [3]DHQ Kasur.

Article Received: November 2020 **Accepted:** December 2020 **Published:** January 2021

Abstract:
Now a day's breastfeeding discontinuation has become a major issue due to different reasons. Present study is done to highlight those factors which are responsible for breastfeeding discontinuation. Our goal was to determine why women stopped breastfeeding at various times during their infants first year.
Methods: *An observational descriptive cross-sectional study design. The study was conducted at Pediatrics' OPD of Bahawal Victoria Hospital Bahawalpur. The Study was conducted on reproductive age mothers (15-40 years) visiting Pediatrics' OPD of Bahawal Victoria Hospital, Bahawalpur using pre-formed questionnaire. Face to face Interviews of mothers were done. The data was encoded & entered into SPSS version 26. Frequencies & percentages were calculated. The Data was presented in the form of figures & charts.*
Results: *The most cited reason for breastfeeding discontinuation was personal reasons (61.5%).Other factors include physician recommendation (30.3%) ,insufficient milk supply (52.3%) ,family pressure (3-7%) ,social embarrassment (4.6%) ,body disfigurement(6.4%) and Job /employment issues (5.5%).*
Conclusion: *Our findings indicate a need to address these issues both in hospital & through follow up calls.*
Key words: *Breastfeeding, discontinuation, infants , factors.*

Corresponding author:
Muhammad Waryam Jakher,
Punjab Medical College Faisalabad.

QR code

Please cite this article in press Muhammad Waryam Jakher et al, ***Causes Which Are Responsible For Breastfeeding Discontinuaton In Infants.,*** *Indo Am. J. P. Sci, 2021; 08(1).*

INTRODUCTION:

BREAST MILK is the first natural diet enriched with most of the essential nutrients which are required for the healthy growth of a baby. [1] It provides an exclusive protection against child infections, increases in intelligence, and probable reductions in overweight and diabetes. [2] The World Health Organizations (WHO) recommend breastfeeding as the optimal source of infant nutrition with exclusive breastfeeding recommended for the first six months of life. [3] Women who breastfeed have a reduced risk of breast and ovarian cancer. [4] On socioeconomic point of view it reduces the burden of Formula on low income families and contains higher nutritional values than the former. [5]

Despite all the nutritional, health, and socioeconomic benefits yet breast feeding is not extensively exercised throughout our communities.[6] It is discontinued before the recommended time either due to certain obstacles which include work related issues, psychological issues, health related problems and unsupportive surroundings or it could be considered as a social taboo. [7] Lack of precision and consistency in the definition of breastfeeding have led to misinterpretation of data and problems with comparability between studies.8 Consistent and valid definitions of breastfeeding are needed not only to ensure accurate conclusions by policymakers, but also to increase comparability of data collected from several countries or regions, to improve communication between programs, and to increase usefulness of research presentation.9

Meanwhile, this study is purposed to predict the early discontinuation of breastfeeding due to various social issues and personal preferences. At the same time it is also tasked to promote breastfeeding via highlighting the health and socioeconomic benefits which can be attained by continuing breastfeeding up to the recommended duration.

LITERATURE REVIEW:

A longitudinal –one group observational study was conducted on 323 mothers who had normal and full term delivery at district level Referral hospital in 2017,in Ghana. 49.68% of women belong to rural area and 50.32% belong to urban area. This concluded that there is minor difference in rural and urban areas regarding breastfeeding discontinuation.

Another study was done in 2008 in Atlanta, in which self-reported data from 1323 mothers was analyzed who participated in Infant feeding practice study II. 20% of women were having education of high school or less, 40.6% went to some college and 39.5% were college graduate. This concluded that fewer women were having low education level that stopped breastfeeding.

Another study was done in 2008 in Atlanta, in which self-reported data from1323 mothers was analyzed who participated in Infant feeding practice study II. 22.6% belong to age group of 18-24 years, 34% to 25-29 years, 28% to 30-34 years and 15.3% to greater than 35 years of age. This concluded that women belonging to age group of 25-29 years have stopped breastfeeding more as compared to other age groups.12

A prospective Cohort study was done in 1996-1997 in California, of low risk mothers and infants who were in health controlled trial of home visits of 1163 mother-newborn pair. 41% were having no previous child, 35% were having 1 previous child and 24% were having 2 or more children. This concluded that mothers having their first child who has stopped breastfeeding.

Another cross-sectional descriptive study was carried out in Shahdara slums of Bahawalpur City in 2017. 100 mothers of infants were interviewed. 85% of infants were male and 95% of infants were females. This concluded that breastfeeding discontinuation of female infants is more than male infants.13

Another cohort study with prospective questionnaire was conducted on 499 women in tertiary hospital, Lithuania from 2016-2017. 41% weaned off by 6 months and 57.8% between 6 months to 1 year. This concluded that more number of children got their breastfeeding discontinued from 6 months to 1 year.14

A longitudinal –one group observational study was conducted on 323 mothers who had normal and full term delivery at district level Referral hospital in 2017,in Ghana. 54.55% of women delivered their baby at home while 67.33% delivered at health care facilities. This concluded that women that delivered their babies at health care facilities tend to stop breastfeeding more as compared to women who delivered at homes.11

A prospective Cohort study was done in 2012 in Malaysia. The sample size was of 210 women from 21 health clinics. 85.3% of women deliver their child vaginally and 14.7% by caesarean section. This concluded that women who deliver vaginally tend to stop breastfeeding more as compared to women who deliver by C-section.15

A descriptive design study with open-ended questions was done on 339 women in 2006 in Southeastern United States, in postpartum Hospital room after participant recruitment. 42% stopped breastfeeding due to insufficient milk supply and reached a conclusion that certain fraction of women stopped breastfeeding because of lack of milk production.16

Another retrospective study conducted in 2005-2006 in Iran, was based on questionnaire and interviews with 63071 mothers of children up to 24 months of age. 54% of women stopped breastfeeding due to physician recommendation. This concluded that women stopped breastfeeding only because they were asked by their physician.17

A descriptive design study with open-ended questions was done on 339 women in 2006 in Southeastern United States, in postpartum Hospital room after participant recruitment. 19% of women stopped due to their personal reasons. This concluded that they stopped breastfeeding due to their personal issues.16

Another retrospective study conducted in 2005-2006 in Iran, was based on questionnaire and interviews with 63071 mothers of children up to 24 months of age. 20% of women stopped breastfeeding due to family recommendation or family pressure. This concluded that women were forced by their families to stop breastfeeding.17

Another longitudinal cohort study was done on ethnographic study participants on 30 families in 2004, in North Carolina and Pennsylvania. 0.30 % stopped breastfeeding due to social embarrassment. This concluded some women stopped breastfeeding because they feel socially embarrassment.18

Another longitudinal cohort study was done on ethnographic study participants on 30 families in 2004, in North Carolina and Pennsylvania. 0.6% stopped breastfeeding due to job related issues. This concluded that some women stopped breastfeeding because they were going to work and faced difficulty in breastfeeding

MATERIAL AND METHODOLOGY:

An observational descriptive cross-sectional.The study was conducted at Paedriatics OPD of Bahawal Victoria Hospital Bahawalpur.The study was conducted on reproductive age mothers (15-49 Years) visiting Paedriatics OPD of Bahawal Victoria. It was simple random sampling technique. Topic of study was submitted to local ethical committee and its approval was taken before start of study

With reference to previous literature9, Factors responsible for breastfeeding discontinuation were:

Work _7.3%

Insufficient milk _28.1%

Education < High school _15.2%

So, taking the least anticipated response proportions, sample size was calculated by using WHO formula (Cochran's formula) at

CI = 95%, e = 5%;

n = (Z2 x P x Q) / e2

= ((1.96)2 x 7.3 x 92.7) / (52)

= 103.9 => 104

Sample size = 104 + 5 = 109

Willing, reproductive age mothers (15-49 Years), having children less than 2yrs old, who had discontinued breastfeeding were the part of our stufy.Un-willing, non-reproductive age mothers (15-49 Years) who were Breastfeeding of their children were excluded from our study.

A preformed questionnaire was made which consisted of two sections, first section covered the demographic profile of mothers while second section consisted of all variables covering all the aspects of research. Face to face interview of mothers was done.

The data was encoded and entered into SPSS version 26, frequencies were run, percentages and p values were calculated. The data was presented in the form of figures and charts.

RESULTS:

The sample consisted of 109 women of reproductive age between 15-49 years. Nearly three quarters (66.1 %, n=72) were from urban area and remaining 33.9 % (n=37) from rural area as shown in table number 1. 61.5% (n=67) sample belong to social status of lower class, 25.7% (n=28) to lower middle and 12.8% (n=14) to upper middle as shown in figure number 1. 33.9% (n=37) of sample were Illiterate, 22.9% (n=25) had primary education, 10.1% (n=11) had elementary education and remaining 33% (n=36) had education of matric and above as depicted in figure number 2. 57.8% (n=63) of women belong to age group of 15-25 years, 41.3% (n=45) to 26-36 years of age and 0.9% (n=1) belong to age group of 37-49 years as shown in figure number 3. Nearly three quarters (77.1%, n=84) were having number of living children in between 1-3, 21.19% (n=23) between 4-6 and 1.8% (n=2) were having more than 6 children as mentioned in figure number 4. Infants whose breastfeeding was discontinued, among them 56.9% (n=62) were males and 43.1% (n=47) were females as illustrated in figure number 5. Out of these infants 76.1% (n=83) belong to age group of 0-5 months, 23.9% (n=26) to 6-12 months as mentioned in figure

number 6. When their breastfeeding was discontinued 90.8% (n=99) of women delivered their baby at hospital while 9.2% (n=10) delivered at home as shown in figure number 7. 48.6% (n=53) of women delivered by Cesarean, 51.4% (n=52) delivered vaginally as depicted in figure number 8.

We were able to reach 109 women to assess breastfeeding discontinuation status of infants they were having. When they were asked different women cited different reasons for discontinuation of breastfeeding. 52.3% (n=57) cited insufficient milk supply as shown in figure number 9. 30.3% (n=33) said that they were asked by physician to stop breastfeeding as illustrated in figure number 10. 61.5% (n=67) cited personal reasons as depicted in figure number 11. 3.7% (n=4) said that they were having family pressure as illustrated in figure number 12. 4.6% (n=5) stopped breastfeeding due to social embarrassment as shown in figure number 13. 6.4% (n=7) stopped due to fear of body disfigurement as illustrated in figure number 14 and lastly 5.5% (n=6) stopped due to job and employment issues as depicted in figure number 15.

Table no. 1: Residential Area Of Respondents

Residential Area

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	72	66.1	66.1	66.1
	Rural	37	33.9	33.9	100.0
	Total	109	100.0	100.0	

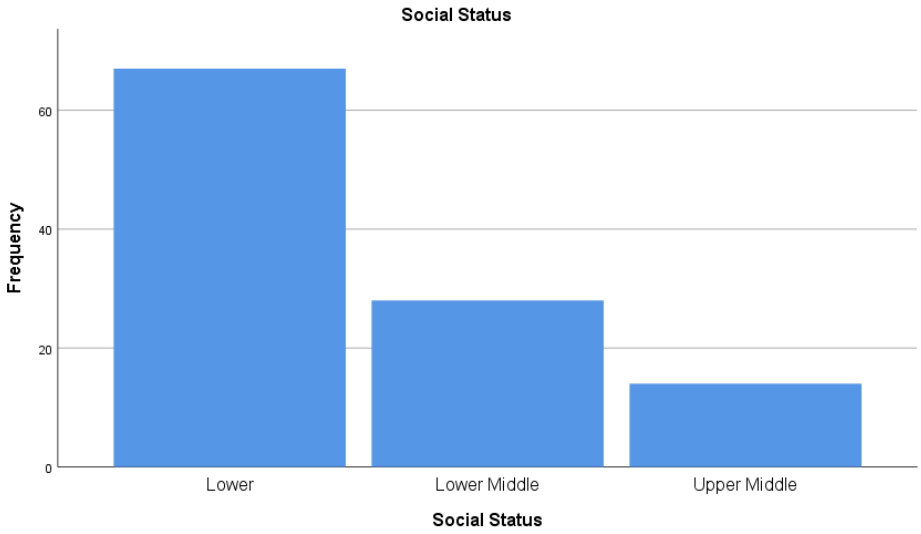

Figure no. 1: Social Status of Respondents

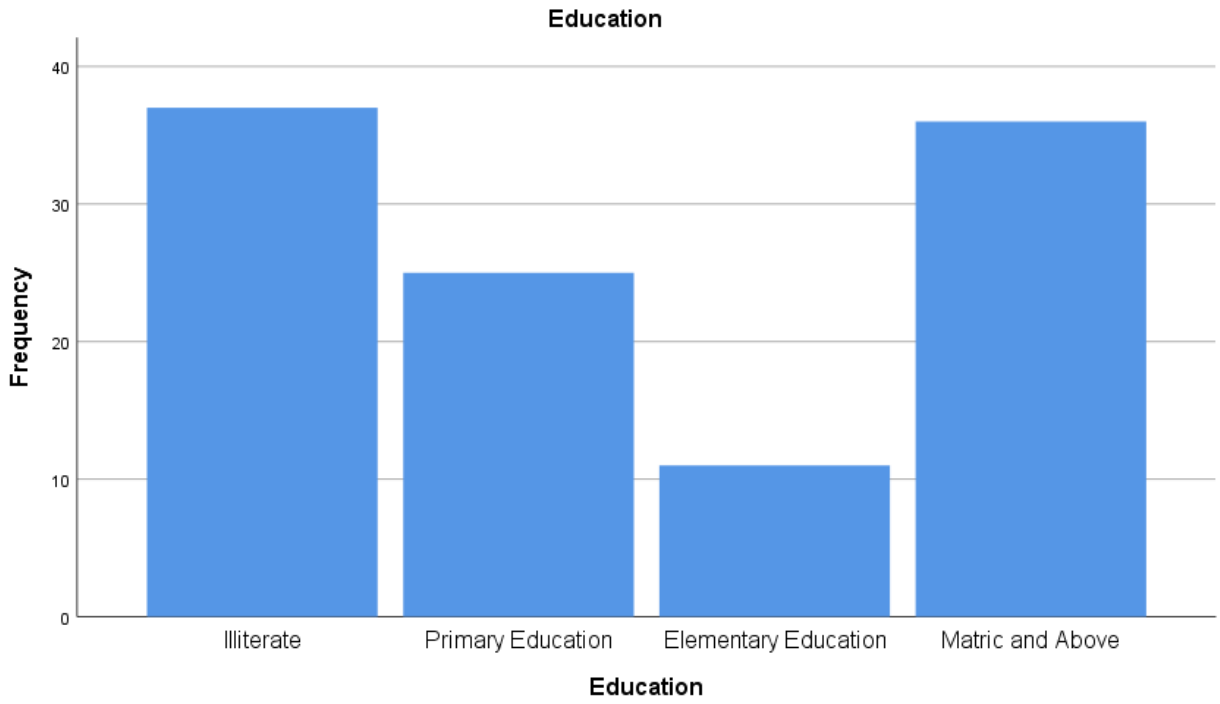

Figure No. 2: Education status of respondents

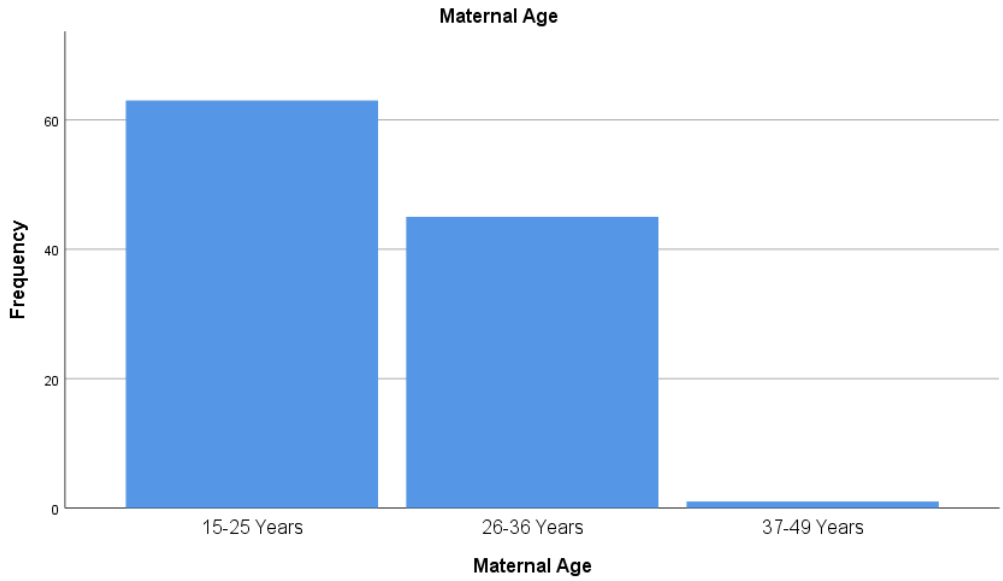

Figure No. 3: Maternal age of respondents

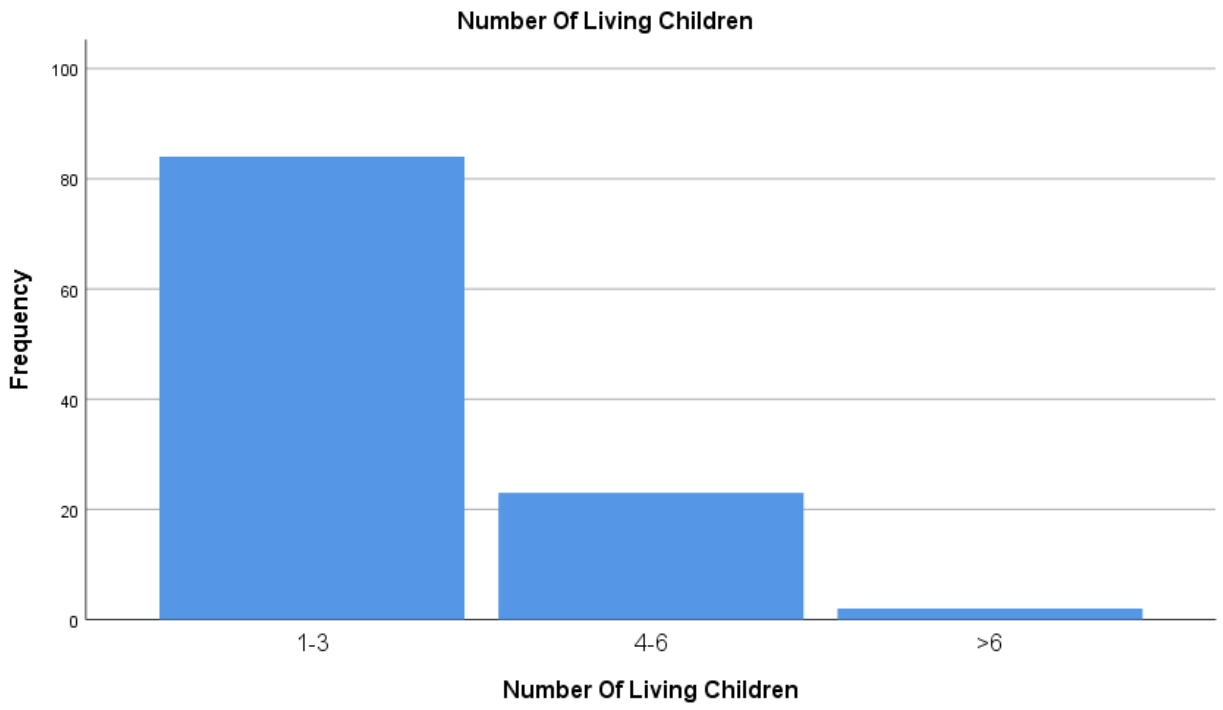

Figure No. 4: Total number of living children of respondents

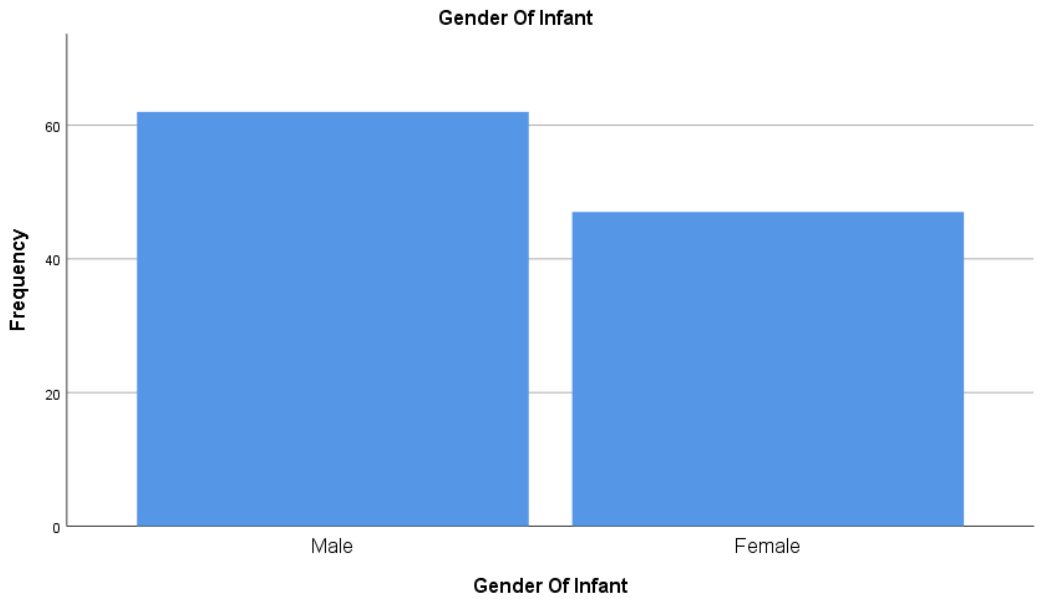

Figure No. 5: Gender of infant whose breastfeeding was discontinued

DISCUSSION:

Regarding residential area we found similarities in our results with those of study done conducted on women in Ghana. More number of respondents belongs to urban areas that have stopped breastfeeding their child. This might be due to employed mothers, tight work schedules and lack of extended family support [11].

Data analysis for maternal education showed that respondents from Atlanta were mostly educated that stopped breastfeeding as compared to our research. In our setup most of women were illiterate who stopped breastfeeding. The reason behind this can lack of proper counseling sessions or lack of education level [12].

Another study done in Atlanta showed that most of women who discontinued breastfeeding belong to age group of 25-29 years while in our results most of women belong to age group of 15-25 years. This difference may be due to early marriages, lack of proper information and guidance [12].

A study done in California showed that more number of women were having no previous child while in our results more number of women were having children in between 1-3. This difference may be due to postnatal health care issues, lack of family support or improper diet6.

Regarding gender of infants we found difference between two researches. Both were conducted in same geographical area that is Bahawalpur and its surroundings. Previous research showed more female infants got breastfeeding discontinued than male ones. This is opposite to our results. This difference might be due to people getting more awareness and have stopped gender discrimination to many extant which has prevailed in previous times in our country [13].

Another study done in Lithuania showed that most women weaned of breastfeeding during second half of infancy while in our results more women weaned off during first half of infancy. The reason behind this might be that women in our areas did not started breastfeeding as compared to Lithuania, who had started and then discontinued. Lack of health facilities, proper care and nutrition might be the reasons for this difference [14].

The interconnection between place of delivery and breastfeeding discontinuation was studied in Ghana and showed similarities with our results. In both researchers the women who delivered their babies at hospitals or health care facilities tend to stop breastfeeding more as compared to women who delivered at homes. This might be due to separation of mother and child due to health related issues or post operation complications [11].

A study in Malaysia showed similarities with our results regarding mode of delivery. Both studies showed that more number of women delivered their child vaginally who tend to stop breastfeeding their infants. This might be due to health related issues or personal preferences [15].

Comparison between study done in South Eastern United States and our research paper showed that in our region more number of women were having complaints of insufficient milk supply. This might be due to lack of self-care and proper diet [16].

Another study done in Iran showed that more number of women were asked by physicians to stop breastfeeding as compared to our results. This might be due to more prevailing health issues in Iran than in our region [17].

Data analysis for personal reasons showed huge difference between study conducted in South Eastern United States and study conducted in our region, Bahawalpur. This shows that our women lack in knowledge, awareness and importance of breastfeeding for health of child. They should be counselled and more health care facilities should be provided [16].

Regarding family pressure for stoppage of breastfeeding in our region, less number of women faced pressure form family as compared to study done in Iran. This showed that in our region people still know the importance of breastfeeding as compared to Iran [17].

Another study done in Carolina and Pennsylvania showed slight difference regarding discontinuation of breastfeeding due to social embarrassment. Our results showed a slight higher percentage. This might be due to our norms and culture or might be due to lack of proper awareness and encouragement [18].

Comparing studies done in North Carolina and Pennsylvania and our research showed in our region more number of women stopped breastfeeding due to Job/employment issues. In our setup there is lack of facilities provided to mother like tight work schedules, paid maternity leave and lack of nurseries within workplaces to facilitate working women to continue breastfeeding [18].

CONCLUSIONS:

Our study adds to the growing body of literature suggesting that support and encouragement to breastfeed is associated with higher likelihood of breastfeeding continuation. Major factors involved in breastfeeding discontinuation are insufficient milk supply and personal preferences of women. Role of infant lactation consultants and nurses on breastfeeding duration should be taken into account. Recognizing these variables can guide interventions that are provided to prolong breastfeeding period.

REFERENCES:

1. Lawrence,PB. Breast milk: best source of nutrition for term and preterm infants. PediatrClin North Am 1994 Oct 1;41(5):925-41.
2. Isaacs EB, Fischl BR, Quinn BT, Chong WK, Gadian DG, Lucas A. Impact of breast milk on intelligence quotient, brain size, and white matter development. Pediatr Res. (2010) Apr;67(4):357-62.
3. World Health Organisation(https://www.who.int/health-topics/breastfeeding#tab=tab_1.)
4. Li DP, Du C, Zhang ZM, Li GX, Yu ZF, Wang X, Li PF, Cheng C, Liu YP, Zhao YS. Breastfeeding and ovarian cancer risk: a systematic review and meta-analysis of 40 epidemiological studies.Asian Pac J Cancer Prev. 2014;15(12):4829-37.
5. 5.Nduati R, John G, Mbori-Ngacha D, Richardson B, Overbaugh J, Mwatha A, Ndinya-Achola J, Bwayo J, Onyango FE, Hughes J, Kreiss J. Effect of breastfeeding and formula feeding on transmission of HIV-1: a randomized clinical trial. Jama. 2000 Mar 1;283(9):1167-74.
6. Taveras EM, Capra AM, Braveman PA, Jensvold NG, Escobar GJ, Lieu TA. Clinician support and psychosocial risk factors associated with breastfeeding discontinuation.Newsl Am Acad Pediatr. 2003 Jul 1;112(1):108-15.
7. Boyer K. “The way to break the taboo is to do the taboo thing” breastfeeding in public and citizen-activism in the UK. Health Place. 2011 Mar 1;17(2):430-7.
8. 8.Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC, Group TL. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. The Lancet. 2016 Jan 30;387(10017):475-90.
9. Ahluwalia IB, Morrow B, Hsia J. Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. Pediatrics. 2005 Dec 1;116(6):1408-12.
10. Thulier D, Mercer J. Variables associated with breastfeeding duration. J ObstetGynecol Neonatal Nurs. 2009 May 1;38(3):259-68
11. Ganle JK, Bedwei-Majdoub VM. Discontinuation Of Exclusive Breastfeeding In Ghana: A Longitudinal, One-Group Observational Study Of Postnatal Mothers With Children 0–6 Months Old. J Hum Lact. 2020 Aug;36(3):461-70.
12. Li R, Fein SB, Chen J, Grummer-Strawn LM. Why mothers stop breastfeeding: mothers' self-reported reasons for stopping during the first year. Pediatrics. 2008 Oct 1;122(Supplement 2):S69-76.
13. Ahmed K, Talha M, Khalid Z, Khurshid M, Ishtiaq R. Breastfeeding and weaning: Practices in urban slums of southern Punjab, Pakistan. Cureus. 2018 Feb;10(2).
14. Zitkute V, Snieckuviene V, Zakareviciene J, Pestenyte A, Jakaite V, Ramasauskaite D. Reasons for Breastfeeding Cessation in the First Year after Childbirth in Lithuania: A Prospective Cohort Study. Medicina. 2020 May;56(5):226.
15. TIa TA, WMb WM, Bb MI. Factors predicting early discontinuation of exclusive breastfeeding among women in Kelantan, Malaysia. Health and the Environment Journal. 2013;4(1):42-54.
16. Lewallen LP, Dick MJ, Flowers J, Powell W, Zickefoose KT, Wall YG, Price ZM. Breastfeeding support and early cessation. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2006 Mar 1;35(2):166-72.
17. Olang B, Heidarzadeh A, Strandvik B, Yngve A. Reasons given by mothers for discontinuing breastfeeding in Iran. International breastfeeding journal. 2012 May;7(1):1-7.
18. Flower KB, Willoughby M, Cadigan RJ, Perrin EM, Randolph G, Family Life Project Investigative Team. Understanding breastfeeding initiation and continuation in rural communities: a combined qualitative/quantitative approach. Maternal and child health journal. 2008 May 1;12(3):402-14.