

## **Difference in Breastfeeding Practices among Urban and Rural Mothers in Lahore, Pakistan**

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### **Abstract**

*The objective of the study was to assess the breastfeeding practices in rural and urban nursing mothers and to evaluate the determinants of selected key indicators of breastfeeding practices in both rural and urban setting in Lahore, Pakistan. There was a need to assess the breastfeeding practices, so that the appropriate measure could be taken in order to lessen the number of the children experiencing these illnesses. A cross-sectional descriptive study was carried out on 370 mothers having up to one year old children. Frequencies and percentages were computed. Exclusive breastfeeding was reported by about 40.8% of the mothers. Mostly of them were self motivated. Most of them started breastfeeding on first day. Majority of the females (59.8%) were not giving breastfeeding, mostly of them belong to urban areas and were working females. As per the analysis, it has been found that 98.6% females were from their professional and marital life. Large number of females, living in the urban areas, working for 6-8 hours a day cannot manage breastfeeding along with the work. There is a strong need for the development of policies by the government agencies to allow mothers with infants avail maternity leaves in order to provide exclusive breastfeeding to the children. Since some private organizations do not allow for long maternity leaves. Awareness campaigns should be initiated to provide necessary information about the advantages of breastfeeding and effects of not breastfeeding to the children.*

### **Introduction**

Breastfeeding is the process of feeding the infant with mother's milk, either by direct nipple-baby mouth contact or by expressed breast milk. During the first two or three days watery and yellowish fluid that comes from the mammary gland differs from the regular milk and is called Colostrum. It is secreted in small amount and rich in proteins and having less fat content. And the Mature milk is whitish milk that is effectively produced from about 10<sup>th</sup> day following delivery (Petit, 2010). Exclusive breast feeding (EBF) is the practice of feeding the infant for the first six months of life on breast milk only, without any other type of food and fluids, not even water. EBF is recommended as the best feeding alternative for infants up to six months and has a protective effect against mortality and morbidity.

Colostrum is important for the baby as it contains more protein, immunoglobulin's (IgA), lactoferrin, white blood cells, vitamin A, zinc and less fat (Petit, 2010). These are important for an immune defense of the baby during the initial days of life. It also contains an Interferon like substances which possesses strong antiviral activity. EBF is associated with multiple advantages to both, the baby and the mother. On the baby's side, there is acquisition of passive immunity against infection, nutrients for physical and mental development, emotional security and closeness to the mother. Being a dynamic and physiologically sensitive process, breast milk production is adjusted to suit the infant's requirement according to environmental changes. For example, breast milk will contain more fat during cold seasons.

### **Material & methods**

A descriptive cross-sectional design was used to conduct this study. A self-administered questionnaire was used to conduct this study. This study was conducted in 'KAROL WAR' rural areas/ villages besides capital of Punjab Lahore, and urban areas of all catchment of Shalamar Teaching Hospital, Lahore, Pakistan. All nursing mothers of above mentioned areas

were invited to be the part of the study completing inclusion criteria. Purposive/convenience sampling was used for the selection of subjects. The sample size was 370 upon 95% of the confidence interval. The collected data base was created in Microsoft Excel 2013 and transferred to SPSS 20 computer software statistical program for further analysis to calculate the frequencies and percentages. The research study was conducted after the authorization of Ethical committee and advance research board. All of the ethical principles were obeyed according to the set parameters.

## Results and discussion

30% (111) females belong to age group 20-25 years. 39.7% (146) females belong to age group 26-30, and the rest 30.3% (113) belong to age group 31-35. 88.4% (327) females are Muslims and 11.6% (43) are Christians. 20% (74) females are residents of rural areas, whereas most of the females 80% (327) are living in the urban areas of Lahore. 98.6% (365) females are currently married, 0.8% (3) females are widowed, whereas 0.5% (2) are recently divorced. Most of the females 60% (222) have 1-2 children, 30% (111) have 3-4 children and the rest 10% (37) females have 5 or more than 5-6 children. 0.8% (3) females did not receive any formal education at all. 0.3% (1) received education up to primary level, 1.1% (4) females received to middle level, 54.3% (201) females received up to higher secondary school level, whereas 43.5% (161) females are graduates. 30% (111) females are housewives, 30.8% (114) are working in the government setup, and 38.9% (144) are employed in private organizations, whereas 1 female is working as a maid. Out of 259 working females, 23 females perform their duties for 6 hours and the rest 236 females are working for 8 hours per day.

As far the breastfeeding practice is concerned, only 40.8% (151) females are giving breastfeeding to their children, and the rest 59.2% (219) were not giving breastfeed.

As far the mother's decision of giving breastfeed to their children is concerned, 23.5% (87) mothers are self motivated, 11.6% (43) mothers were influenced by their mothers or in laws to give breastfeed, whereas 2.7% (10) mothers were influenced by the baby's father, 1.9% (7) mothers were motivated by the health care professionals, and the rest 59.2% (219) females are non-lactating. 60.8% (225) females did not plan to breastfeed, whereas 39.2% (145) mothers planned to give breastfeed for several months or more. 10% (37) females received help in breastfeeding from a nurse. 30% (111) mothers reported that they observe the change in colostrums in first 24 hours, 10% (37) stated that they observed this change after 24 hours, and the rest 60% don't know at all.

As far the satisfaction with professional and marital life is concerned, 98.6% (365) mothers are satisfied with their professional and marital life, and 1.4% (5) mothers are found dissatisfied. 38.9% (144) mothers are able to manage breastfeeding, whereas the 61.1% (226) are not able to manage breastfeeding.

Exclusive breastfeeding must be the sole source of nutrition for infants up to six months of age, but only 40% of the mothers were observed to practice it. The difference observed between UNICEF data (16%) and our finding (40%) could be due to the difference in the study population. My study was a regional study, comprising of urban and semi-urban while UNICEF's finding is that from a national survey, where the rural population is of approximately 70%. A study conducted in Bahawalpur, Pakistan, found the exclusive breastfeeding rate to be 30%. While another study conducted in a military hospital in Multan found EBF to be even lower (16%) at 6 months of age. This may be because of the belief that there is not sufficient milk production to fulfill the requirement of the infant and therefore they have to start them on supplemental feed. This is a misconception which was observed, as milk production is dependent on the suckling reflex and does not decrease if mothers keep breastfeeding their infants. Another factor contributing to the difference observed could be the non-affordability of the prepared formula milk by the mothers in the rural areas. This fact is strengthened by the finding that mothers who practiced supplemental feeding gave Cow/Goat milk rather than formula milk, which is cheaper. It is a common cultural belief that the initial breast milk is dirty and not nutritious and therefore has to be supplemented with pre-lacteal

feeds like honey and ghutti. Findings were consistent with that of Ashraf et al. There is great potential for contamination with these practices and therefore are considered unsafe. Also early introduction of foods leads to various allergies in later life. This implies that breastfeeding promotion programs should be tailored to local cultural perspectives. The practice of pre-lacteal feeds was shown to be more common (79%) in another study conducted in Hyderabad Pakistan, by Memon et al in 2006. The practice of pre-lacteal feeds is not only common in Pakistan but is frequently observed in many Asian countries. WHO data shows that in rural India approximately 93% of the infants surveyed were given pre-lacteal feeds for the first two days of life. Infants in Bangladesh are reported to be fed honey or mustard oil for 3 days in combination with or followed by breastfeeding for a month. It is important to initiate early education to mothers who deliver at hospitals, regarding optimum breastfeeding by the hospital staff. 40% women in our study initiated breastfeeding within 1 hour of birth compared to 37% from the study by Memon et al. Umme kulsoom et al showed that 28% initiated breastfeeding within 4 hours while we observed the rate to be 2.5 times more.<sup>15</sup> The knowledge of mothers regarding different aspects of breastfeeding was found to be deficient in the rural center as compared to the urban center. This dissimilarity can be explained by the lower literacy rate and the passing down of misconceptions and rigid opinions of elderly women of the society. The results of our study showed differing awareness of mothers about the possibility of breastfeeding leading to weakness. Lactating mothers should be as healthy and active as non-lactating. Breastfeeding mother needs to understand the "supply and demand concept" of milk production. A positive feedback loop stimulates the breast to create more milk. If this concept is understood by mothers, they may concentrate more on breastfeeding and stop the supplements. A mother's diet does not affect the concentrations of major nutrients in breast milk. Limitation of this work is that it is a cross-sectional study, conducted with convenient sampling; therefore the results cannot be generalized.

Health education programs addressing optimum breastfeeding practices have been ongoing but looking at the declining rates of breastfeeding I recommend that the focus be shifted towards dais (local birth attendants) that are present at the time of birth and so can utilize the opportunity to initiate breastfeeding early and avoid the use of pre-lacteal feeds. Also peer groups should be formed headed by those mothers who have exclusively breastfed and have healthy babies; this could help remove misconceptions associated with breastfeeding and thereby improve upon the existing practices. Lower rates of breastfeeding at tertiary care hospitals, in spite of Baby Friendly Initiative may be due to decrease keenness of health professionals to keep mothers motivated about breastfeeding. Initiatives should be taken to encourage mothers to deliver at hospitals as this was found to be a protective factor towards optimum breastfeeding practice.

## **Conclusion**

This study is able to show the status of exclusive observed are influenced by factors like, education and employment status, affordability, etc. It can be concluded that a large number of females, living in the urban areas, working for 6-8 hours a day cannot manage breastfeeding along with the work. There is a strong need for the development of policies by the government agencies to allow mothers with infants avail maternity leaves in order to provide exclusive breastfeeding to the children. Since some private organizations do not allow for long maternity leaves. Awareness campaigns should be initiated to provide necessary information about the advantages of breastfeeding and effects of not breastfeeding to the children.

## **Implications of findings**

Aforementioned results clearly shows that there are still large number of mothers specially living in the urban areas and working for 6-8 hours do not practice exclusive breastfeeding despite of massive awareness campaigns and so on. There is still need to develop policies to

facilitate mothers to practice exclusive breastfeeding. More awareness programs should be started at ground levels. Currently the condition is alarming.

### **Recommendations for further studies**

More funded studies can be conducted with the help of some female co-researchers, since it is hard to collect such data by a male researcher due to cultural considerations.

### **Limitations of the study**

Major limitations that were faced by me, while conducting this study were collecting data from only mothers who delivered a baby within last 1 year, after finding such mother collecting such information due to hesitation and cultural considerations. Another limitation of this study is generalization. Since the findings cannot be generalized on the entire population.

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