medicinska revija
medical review

UDK: 613.953.11(497.113)
618.63(497.113)

Rožek Mitrović T. and Petrović V. ■ MD-Medical Data 2021;13(3-4) 107-112

Aktuelne teme /
Current topics

BREASTFEEDING BARRIERS AND INFLUENCE OF DIFFERENT FACTORS ON BREASTFEEDING BARRIERS IN INDJIJA

PREPREKE DOJENJA I UTICAJ RAZLIČITIH FAKTORA NA PREPREKE DOJENJA U INĐIJI

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Key words
breastfeeding barriers, breastfeeding problems, insufficient milk supply, infant nutrition

Ključne reči
prepreke dojenja, problemi pri dojenju, nedovoljna sekrecija mleka, ishrana odojčeta

Abstract

Background: The World Health Organization and the American Academy of Paediatrics have recommended exclusive breastfeeding until the age of 6 months. Unfortunately, there are many barriers to breastfeeding, biological, psychological, social, economic. The objective of this study was to assess the breastfeeding barriers of mothers in a relationship to different factors. **Material and Methods**: This study uses data routinely collected during health visits to the pediatrician, completing the survey by the mother, in Indjija, a suburban area in Serbia. In this study, 1089 surveys were processed. **Results**: The most common answers to the question about breastfeeding barriers are insufficient milk supply (51%) and returning to work (11.4%). Other reasons to stop breastfeeding: infant disease (2.5%), mother disease (8.7%), mastitis and retracted nipples (2.4%), feeding the baby an infantile formula for better progress, and longer baby sleep, next pregnancy are in a small percentage. **Conclusion**: The biggest breastfeeding obstacle is insufficient milk supply, returning to work and seldom it is the disease of the baby or mother. The most important thing for the future mother is to set up education about the techniques and advantages of breastfeeding. Education takes place prenatally in the counseling center for pregnant women and continues in the development counseling center with the maximum support of the family and health workers.

BACKGROUND

Many benefits of breastfeeding both for the baby and mother have been well researched and published in the scientific literature [1]. The World Health Organization and American Academy of Paediatrics have strongly recommended exclusive breastfeeding until the age of 6 months [2, 3]. In our country, there is large support from the Government for the promotion of breastfeeding to health institutions [4].

Evidence-based research articles reported that the most common factors for discontinuation of early breastfeeding: problems with lactation, maternal perceptions of insufficient breast milk and painful breastfeeding, concerns about infant weight, mother's concern about taking medications while breastfeeding, lack of paid maternity leave, returning to work, cultural norms and lack of family support, unsupportive hospital practices [5,6]. Maternal characteristics such as age, education, income, weight, confidence, knowledge, parity, marital status and ethnicity have been associated with the initiation and continuation of exclusive breastfeeding [7].

Some cultural practices contribute to what women consider to be normal feeding routines, [8, 9] although some of these practices are not recommended today. The false idea that larger babies are healthier is common among many people. Mothers that hold this belief may be encouraged to supplement with infant formula if the infant is perceived as thin, even the use of cereal in a bottle because of the misperception that it will prolong infants' sleep [9,10].

The early post-partum period is considered very important for establishing and continued breastfeeding [11]. In many families, fathers and mother-in-law play an important role in the decision and support to breastfeeding, and women are more likely to breastfeed if their friends breastfed successfully [10].

The objective of this study was to assess the breastfeeding barriers, recognize factors that affect breastfeeding barriers to prevent them thus achieving the basic goals of the National Breastfeeding Support Program [4].

MATERIAL AND METHODS

This study uses data collected during health visits to the pediatrics, completing the survey by the mother during 2019. year. The study was carried out in a pediatric practice dispensary located in Indjija, a suburban area in Serbia. The practice cares for about 2850 children under the age of 6.

In our region, pregnant women begin prenatal breastfeeding education by attending a maternity counseling center, and after giving birth they receive education through the Baby-Friendly Hospital Initiatives program and guide „Ten Steps to Successful Breastfeeding" at the maternity ward. After giving birth, a mother and baby visit the pediatrician and pediatric nurse every month (first 6 months), where the mother can get all the information about breastfeeding. According to our law, maternity leave for mothers lasts one year.

This study investigated the factors that may influence breastfeeding barriers. The following factors were studied: maternal age, level of education, monthly family income, marital status, parity, type of delivery, gestational age, birth weight of a baby. The limitation of the study is that the mothers themselves answered the questions from the survey. Data were entered and grouped in Microsoft Word tables, while statistical processing was performed in the form of absolute and relative frequencies. A typical nonparametric technique, $\chi 2$ -test, was used, and the distribution of the obtained observed frequencies was analyzed.

RESULTS

In this study, 1089 surveys were completed by mothers. The results were collected and interpreted in relation to children, ie. one multipara mother completed two or more surveys.

***Table 1**. Breastfeeding barriers and reasons for stopping breastfeeding*

total	**n 1089**	**(%)**
insufficient milk supply	555	50.9
infant disease	28	2.5
mother disease	95	8.7
mastitis and retracted nipples	26	2.4
postpartal stress	8	0.7
the baby gains more weight if the IF	7	0.6
the baby sleeps longer if the IF	17	1.5
returning to work	124	11.4
baby wan't to breastfeed	18	1.6
next pregnancy	19	1.7
other reason	52	4.7
spontaneous loss of breastfeeding (due to length;without barriers)	140	12.8

IF-infant formula

The largest number of responses to the question of barriers to breastfeeding is insufficient milk supply (51%) and returning to work (11.4%). Other reasons to stop breastfeeding: baby disease (2.5%), mother disease (8.7%), mastitis and retracted nipples (2.4%), baby won`t breastfeed (1.6%), the baby gains more weight if the infant formula (0.6%), the baby sleeps longer if the infant formula (1.5%), next pregnancy (1.7%), etc. are listed in Table 1. and appear in a small percentage, 12.8% of babies had a natural diet without obstacles.

Older mothers are less likely to cite the reason of insufficient milk supply for stopping breastfeeding compared to younger mothers 42.7% vs. 53.9%, further: older mothers were more likely to cite returning to work as a reason for stopping breastfeeding compared to mothers younger than 25 (12.9% vs. 9.5%), and younger mothers are more likely to stop breastfeeding due to the onset of the next pregnancy compared to older mothers (3.0% vs. 0.8%) (χ^2 test 20.552; p 0.154).

The results of this study show that the higher level of educated the mother is, the less she will state the reason for stopping breastfeeding due to insufficient milk supply (43.6%), more often she will state returning to work as the reason (14.9%) compared to mothers with a less level of education (52.0% and 4.0 %). In the group of mothers with primary education, 14% of them stated a mother`s disease as the reason for stopping breastfeeding (χ^2 test 18.558; p 0.146).

In families with lower monthly economic incomes, the most reason for stopping breastfeeding of a mother is insufficient milk supply (54.4%), while returning to work is a significant percentage of responses in the group of families with higher monthly economic incomes (13.5%)(χ^2 test 7.967; p 0.096).

Mothers who are single, divorced, widowed were more likely to report insufficient milk supply (60% vs. 50%), returning to work (15.5% vs. 11.1%), mastitis and retracted nipples of the mother (6.9% vs. 2.1%), compared to married women(χ^2 test 5.416; p 0.079).

Breastfeeding barrier insufficient milk supply (52.8% vs. 48.9%), mastitis and retracted nipples of the mother (3.4% vs. 1.3%) and next pregnancy (2.7% vs. 0.7%) are more frequent among primiparous mothers compared to multiparous. (χ^2 test 12.473; p 0.120).

There is no statistically significant difference in the distribution of breastfeeding barriers in relation to the observed categories.

The reason for stopping breastfeeding concerning the type of childbirth (χ^2 test 6.814; p 0.089) and gestational age(χ^2 test 21.798; p 0.158) has no statistical significance. In a significantly higher percentage, reported reason for stopping breastfeeding is the prematurity and disease of the newborn in the group of babies with a birth weight below 2500 g (12.8%); and a significantly higher percentage cited for breastfeeding barriers is mother disease and return to work in the group of mothers with babies of birth weight over 2500 g (9% and 11.9%) (χ^2 test 49.103; p 0.000).

DISCUSSION

A reason for early stopping breastfeeding often reported is insufficient milk supply, although up to 50% (in this study is 51%) of women report that have insufficient milk supply, actually only about 5% of women it has [12]. Because of the wrong perception of having an insufficient milk supply, many women supplement breastfeeding with infant formula [12].

More mothers are returning to their job while their infants are young, and too little program assistance is available to help them to continue breastfeeding. The results of this research show that 11.4% of mothers stop breastfeeding

total	insufficient milk supply	infant disease	mother disease	returning to work	mastitis and retracted nipples	next pregnancy	χ^2 test	p
n 1089	**555**	**28**	**95**	**124**	**26**	**19**		
(%)	**50.9**	**2.4**	**8.7**	**11.4**	**2.4**	**1.7**		
Breastfeeding barriers by age of mother								
<25y	142	4	25	25	7	8		
n 263 (%)	53.9	1.5	9.5	9.5	2.6	3.0		
25-29.9y	194	7	33	46	9	7		
n 385 (%)	50.4	1.8	8.5	11.9	2.3	1.8	**20.552**	**0.154**
30-35y	163	16	23	36	6	3		
n 310 (%)	52.6	5.1	7.4	11.6	1.9	0.9		
>35y	56	1	14	17	4	1		
n 131 (%)	42.7	0.7	10.6	12.9	3.0	0.8		
Breastfeeding barriers by level of education of mother								
primary school	26	2	7	2	1	2		
n 50 (%)	52.0	4.0	14.0	4.0	2.0	4.0		
high school	391	15	65	75	18	15	**18.558**	**0.146**
n 723 (%)	54.1	2.1	8.9	10.3	2.5	2.1		
college	138	11	23	47	7	2		
n 316 (%)	43.6	3.5	7.3	14.9	2.2	0.6		
Breastfeeding barriers by monthly family income								
<35 0€	290	11	46	49	12	9		
n 533 (%)	54.4	2.0	8.6	9.2	2.2	1.7	**7.967**	**0.096**
>350€	265	17	49	75	14	10		
n 556 (%)	47.6	3.0	8.8	13.5	2.5	1.8		
Breastfeeding barriers by marital status of mother								
married	520	26	92	115	22	18		
n 1031 (%)	50.4	2.5	8.9	11.1	2.1	1.7		
S, D, W	35	2	3	9	4	1	**5.416**	**0.079**
n 58 (%)	60.3	3.4	5.2	15.5	6.9	1.7		
Breastfeeding barriers by parity								
Primiparous	296	19	50	60	19	15		
n 560 (%)	52.8	3.4	8.9	10.7	3.4	2.7	**12.473**	**0.120**
Multiparous	259	9	45	64	7	4		
n 529 (%)	48.9	1.7	8.5	12.1	1.3	0.7		
Breastfeeding barriers by tipe of delivery								
Vaginal delivery	374	15	62	94	17	12		
n 747 (%)	50.0	2.0	8.3	12.6	2.8	1.6	**6.814**	**0.089**
SC	181	13	33	30	9	7		
n 342 (%)	52.9	3.8	9.6	8.7	2.6	2.0		
Breastfeeding barriers by gestational age								
GW<37	134	16	16	23	6	5		
n 257 (%)	52.1	6.2	6.2	8.9	2.3	1.9	**21.798**	**0.158**
GW>37	421	12	79	101	20	14		
n 832 (%)	50.6	1.4	9.5	12.1	2.4	1.7		
Breastfeeding barriers by the birth weight								
BW<2500g	51	13	6	6	2	2		
n 101 (%)	50.5	12.8	5.9	5.9	1.9	1.9	**49.103**	**0.000**
BW≥2500g	504	15	89	118	24	17		
n 988 (%)	51,0	1,5	9,0	11,9	2,4	1,7		

S, D, W- single, divorced, widowed; SC-sectio cesare; GW-gestational week; BW-birth weight

due to return to work. Women often face problems in their workplace because of a lack of privacy for breastfeeding or expressing milk, have no place to store expressed breast milk, are unable to find child care facilities, face fears over job insecurity, and have limited maternity leave benefits [10]. Career resumption after giving birth was an additional social verdict because it is associated with insufficient breastfeeding duration [13].

Promotion and marketing of infant milk formula negatively affect breastfeeding. The results of this research show that a tiny proportion of babies have stopped breastfeeding due to the mother's opinion that the baby will progress more (0.6%) or sleep longer (1.4%) if a baby is on infant formula.

In other studies, frequently cited problems with breastfeeding include retracted nipples, engorged breasts, mastitis, leaking milk and failure to latch on by the infant [14]. In this study, 2,4% of mothers cited mastitis and retracted nipples, and 8,7% of mothers cited their disease as a reason to stop breastfeeding. Other reasons for stopping breastfeeding are infant disease, postpartum stress of mother, baby won't to breastfeed, next pregnancy.

The finding of this study suggests that older mothers are less likely to cite the reason of insufficient milk supply for stopping breastfeeding because they have more experience and knowledge about breastfeeding, older mothers were more likely to cite returning to work as a reason for stopping breastfeeding. Similar data are provided in the study by Degefa [15].

One of the reasons for non-breastfeeding was the fear of breasts sagging and body fatness in the whole process of lactation among the young mothers as it may make them unattractive to men. This problem is significant especially in developing countries where breastfeeding is essential to improve child survival. One study in Kenya showed that young mothers did not want to breastfeed for aesthetic reasons [16].

This study shows that mothers with a higher level of education are more likely to breastfeed their babies. Based on the reports of a study done at Ofa district, husbands' education also positively affected the initiation of breastfeeding and exclusive breastfeeding [17]. Employed mothers with a higher level of education are more likely to stop breastfeeding due to returning to work. A study done in Qatar and Southern Ethiopia, found similar data that mothers with a higher level of education breastfeed their babies more [15, 18].

According to this research, the monthly economic income in the family has a low impact on the cessation of breastfeeding, ie. in families with higher economic incomes, the mother returns to work and stops breastfeeding. Tang and contributors in their study conclude the mothers with a higher education and from a high-income household were more likely to initiate early breastfeeding, while also being less likely to exclusively breastfeed their babies [19].

Single, divorced, widowed breastfeeding mothers are more likely to have problems with insufficient milk supply, mastitis and retracted nipples due to lack of family support; rather, they stop breastfeeding because of returning to work. Analysis of Liben showed that marital status was statistically associated with early initiation of breastfeeding [20]. Women who have problems breastfeeding early after delivery are less likely to establish and continue breastfeeding unless they have help from family and experienced people.

Multiparity is the major factor associated with the high prevalence of breastfeeding, the mother's own past experience with exclusive breastfeeding in her previous children. This finding is not unexpected as most of the difficulties in breastfeeding are usually reported in young and nulliparous mothers [21]. In this research primiparous mothers more cite stop breastfeeding because of insufficient milk supply, maternal illness, nipple problems while multiparous mothers cite return to work.

A preterm, low birth weight infant, as well as cesarean section deliveries, were significant barriers to breastfeeding, because of the immaturity of babies or infant diseases (2.5%). Exclusive breastfeeding are low in post-caesarean mothers in this research as in the study by Budiati [22].

CONCLUSION

Recognition the barriers to exclusive breastfeeding is important, to set up appropriate clinical practice guidelines to overcome those hindrances associated with discontinuation of breastfeeding. The biggest breastfeeding obstacle is the insufficient milk supply that mothers feel, returning to work, lack of family support, breast problems and the mother's next pregnancy, and seldom it is a disease of the baby or the mother. The most important thing for the future mother is to start education about the techniques and advantages of breastfeeding prenatally in the counseling center for pregnant women and to continue that education in the development counseling center with the maximum support of the family and health workers. Extended grant of maternity leave and material assistance also produces a favorable outcome on improving breastfeeding practices. By health institutions, promotion of antenatal breastfeeding support programme and governmental initiatives „Baby Friendly Hospital Inicijative" as a joint document WHO and UNICEF-a and the which mainly focus on breast Women'sfeeding promotion is essential [23, 24]. Another possible area for further research is the marketing analysis about advertisement, availability and applicability of infant formulas which may play a pivotal role in early initiation of bottle feeds.

Conflict of interest: None declared

Acknowledgements: I acknowledge nurses Tanja Savić, Dragana Ćurčić, Milena Krkobabić, Mirjana Stajić, Lidija Sič, Svetlana Rajković, Verica Dražić, Štefica Kantar for data collection assistance.

Sažetak

Uvod: Svetska zdravstvena organizacija i Američka akademija pedijatrije preporučuju isključivo dojenje do navršenih 6 meseci. Nažalost, postoji mnogo prepreka dojenju, koje možemo razvrstati u biološke, psihološke, socijane, ekonomske. Cilj ove studije bio je prepoznati prepreke za dojenje u odnosu na različite faktore. **Materijal i metode**: Ova studija je koristila podatke koji su prikupljeni anketom popunjenom od strane majke tokom zdravstvenih poseta pedijatru u Inđiji, prigradskom području u Srbiji. U ovoj studiji obrađeno je 1089 anketa. **Rezultati**: Najveći broj odgovora na pitanje prepreka dojenju je nedostatak mleka (51%) i vraćanje na posao (11,4%). Ostali razlozi prestanka dojenja: bolest bebe (2,5%), bolest majke (8,7%), mastitis i uvučene bradavice (2,4%), hranjenje bebe infantilnom formulom zbog boljeg napredovanja i dužeg spavanja bebe, druga trudnoća nalazi se u malom procentu. **Zaključak**: Najveću prepreku dojenju predstavlja nedovoljnost sekrecije mleka koju majke osećaju, vraćanje na posao a manje je to bolest bebe ili majke. Najvažnije je da buduća majka započne edukaciju o tehnikama i prednosti dojenja prenatalno u savetovalištu za trudnice i da nastavi tu edukaciju u razvojnom savetovalištu uz maksimalnu podršku porodice i zdravstvenih radnika.

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■ The paper was received / Rad primljen: 17.08.2021.
Accepted / Rad prihvaćen: 20.09.2021.