



Assessing the Infant Breastfeeding experience of Women in Cuddalore District of Tamilnadu, India

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ABSTRACT

Breastfeeding is useful for both the mother and child, and it is known as an effective method to reduce childhood morbidity and mortality. This study intended to reveal the infant breastfeeding experience of women in Cuddalore district, Tamilnadu, India. A Qualitative study design was adopted, and 20 breastfeeding women in the Pediatric ward of Rajah Muthiah Medical College & Hospital (RMMCH), Cuddalore district, Tamilnadu, India were selected using purposive sampling. Data on demographic variables, physical and social dimensions of breastfeeding mothers were collected using a semi-structured interview schedule and analyzed using descriptive statistics. Results showed that 95% of mothers had no previous education about breastfeeding. All the selected mothers had experienced latching difficulty and burping problem and also received adequate family support from their mother and relatives. Other breastfeeding difficulties such as lack of milk secretion, pain over the breast, breast engorgement, headache, fatigue and disturbed sleep were also identified among mothers.



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INTRODUCTION

Breastfeeding is an effective way that provides the best nutrition for a baby in the first six months of life. Being a natural phenomenon, it provides several benefits to the mother and infant. It defines no socioeconomic boundaries and has similar nutritional content to all infants across the globe. The breastfeeding stimulates the baby's immune systems, prevent diarrhea and acute respiratory infections among infants, and enhances the response to vaccinations (Dennis, 2002). The breastfeed-

ing practices support a child's overall development, including cognitive, psychosocial, and emotional development (Quinn *et al.*, 2001). Moreover, breastfeeding makes a special bond between mother and baby and delivers a unique interaction and stimulation along with the balance of protein and energy and micronutrients. It aids growth and development and provides a sense of well-being and security. Besides, it supports the mother's health by aiding the uterus to contract soon after delivery, thus decreasing chances of prolonged bleeding. It decreases the mother's risk of ovarian and breast cancer.

World Health Organization (WHO) has recommended the mothers to provide exclusively breastfeeding for infants during their first six months of life, followed by breastfeeding with complementary foods for up to two years of age or beyond (Hanif, 1990). Exclusive breastfeeding is meant as a practice through which the infants receive only breast milk and not even water, other liquids, tea, herbal preparations, or food during their the first six months of life, except vitamins, mineral supplements, or medicine (Nkala and Msuya, 2011). The main advantage of exclusive breastfeeding from 4 to 6 months is observed as the reduction in morbidity that results from gastrointestinal infection (Kramer and Kakuma, 2002).

The chief cause of death among children under five in India is neonatal diarrhoea, sepsis and pneumonia and breast milk is protective against these three diseases (Kumar *et al.*, 2015). Greater than 15% of death in 24 lakhs children can be avoided in India by counselling services on infant and young child feeding (Ekambaram *et al.*, 2010). Regardless of the knowledge of the benefits of breastfeeding, its duration and prevalence among the general population in several countries are still lower than the international recommendations of six months of exclusive breastfeeding (Mbada *et al.*, 2013). The prevalence of exclusive six months duration breastfeeding is 46.4%, and in India, the early initiation of breastfeeding is less than 41% which is far away from the desired level and interestingly breastfeeding practices vary among different communities and regions (Statistics, 2015).

In recent years, there is a decline in breastfeeding worldwide due to urbanization and maternal employment outside the home. Studies in India have also revealed that there is a decline in breastfeeding trends, particularly in urban areas (Rasania *et al.*, 2003). Breastfeeding difficulties are common in lactating mothers. The common breastfeeding problems among women include fatigue, feeling

tired, sore nipple, engorgement, difficulty in latching on, fussy baby, and an insufficient supply of breast milk (Mehrparvar and Varzandeh, 2008). It is also found that most of the women discontinue breastfeeding earlier due to perceived problems such as pain, leakage, unsuccessful breast attachment, lack of milk, their baby is unable to suckle, and so on (Dennis, 2002) Women perceive most of the breastfeeding problems as a relatively healthy experience, (Giugliani, 2004) though those problems could be stressful due to the degree of severity (Mozingo *et al.*, 2000) Such problems have been revealed as risk factors breastfeeding discontinuation (Almqvist-Tangen *et al.*, 2012).

Furthermore, breastfeeding practice is highly influenced by various cultural, social, and religious beliefs and maternal-infant feeding attitudes. Among these factors, maternal-infant feeding attitude is observed as a critical factor of initiation of breastfeeding among women (Scott *et al.*, 2004). Additionally, it is observed that a positive attitude towards breastfeeding is related to the continuation of breastfeeding for a more extended period and possess a high chance of success (Chen and Chi, 2003). In contrast, women with negative attitudes towards breastfeeding are considered to be the primary barrier to initiate and to continue breastfeeding (Premani *et al.*, 2011). Pakistan has discovered the experience regarding initiating and maintaining breastfeeding among lactating women. The results identified the factors such as mothers' knowledge, breastfeeding decision, sociocultural background, self-motivation, and professional support after delivery that supported the initiating and maintaining of breastfeeding among lactating women. On the other hand, barriers perceived by lactating women for initiating and maintaining breastfeeding include physiological changes, socio-cultural environment, time management, and role of housewife.

Previous studies have demonstrated the importance of breastfeeding as well as problems resulting from breastfeeding among lactating mothers. Researchers also stated that a negative attitude towards breastfeeding and difficulties from breastfeeding would make mothers discontinue breastfeeding, thereby increasing the prevalence of health problems in infants. Therefore, it is essential to understand the breastfeeding experience and breastfeeding problems to prevent the discontinuation of breastfeeding and health issues among infants. In this regard, this study is intended to study the infant breastfeeding experience of women in Cuddalore district, Tamilnadu, as well as to explore the breastfeeding problems of them.

Table 1: Frequency and percentage distribution of Socio-demographic variables of the breast feeding mothers (N=20).

Demographic Variables	No	%
Age in years	a)< 20 years	-
	b)21-25 years	20
	c)25-30 years	-
	d)>30 years	-
Educational status of the mother	a)Illiterate	7
	b)Primary school	11
	c)High school	2
	d)Secondary school	-
	e)Graduate	-
Occupation of the mother	a)Coolie	-
	b)House wife	20
	c)Working women	-
Religion	a)Hindu	19
	b)Christian	-
	c)Muslim	1
	d)Others	-
Type of family	a)Nuclear	16
	b)Joint	4
Monthly income	a)Rs.<1500	-
	b)Rs.1501-2000	-
	c)Rs.2001-2500	13
	d)Rs.>2500	7
Age of the mother at marriage	a)20-22 years	14
	b)23-25 years	6
	c)26-30 years	-
	d)>30 years	-
Place of residence	a)Rural	15
	b)Urban	5
Nature of the diet	a)Vegetarian	-
	b)Non vegetarian	-
	c)Mixed	20
Antenatal checkup during pregnancy	a)1-3 visits	-
	b)3-4visits	20
	Only 3 visits	-
	No antenatal visits	-
Previous education about breast feeding	a)Yes	1
	b)No	19

*Statistically significant at 0.05 level

Table 2: Findings of Physical dimensions

Dimension	Significant Statement	Themes	Subthemes
Physical Dimension	"I don't know that how to latch the baby while feeding."	Breast feeding difficulties	Latching difficulties
	"I didn't have adequate milk secretion"		Lack of milk secretion
	"I don't know about burping after feeding."		Burping problem
	"My baby is unable to suck breast milk from me because of inverted nipple"		Inverted nipple
	"I had pain over the breast due to breast engorgement and when first sucking of my nipple."		Pain and breast engorgement
	"I had headache in morning due to inadequate sleep at night"	Headache	Intermittent
	"I had tiredness in morning due to inadequate sleep at night"	Fatigue	Feeling of tiredness
	"I am unable to sleep at night because my child didn't sleep at night"	Disturbed sleep	Delay to bed and less time to sleep.
	"My eyes become red because of inadequate sleep"		Redness of eyes

Table 3: Findings in Social dimensions

Dimension	Significant Statement	Themes	Subthemes
Social Dimension	"My mother helped me throughout the hospitalization".	Family support	Adequate mother support
	"My family members supported me for breast feeding"		Support from family members
	"My relatives helped me, to take care of my child"		Support from relatives
	"I didn't participate any social gatherings about breast feeding"	Participating in social gathering	Not participated in social gathering as before
	The doctors and nurses were very helpful and gave me support in all the ways.	Social support	Support from doctors and nurses.

MATERIALS AND METHODS

Study Design and setting

A Qualitative study design was adopted to reveal the infant breastfeeding experience of women as well as to explore the problems from breastfeeding among them. This study was conducted in the Paediatric ward of Rajah Muthiah Medical College & Hospital (RMMCH), Chidambaram, Cuddalore district, Tamilnadu, India.

Procedure

In this study, 20 women who were currently breastfeeding the infants between October 2016 and December 2016 were selected using a purposive sampling technique. The data collection was carried out by interviewing mothers in their own language using a semi-structured interview schedule. In this interview schedule, the demographic data was collected, and an unstructured questionnaire was used to cover two dimensions such as physical (9 items) and social (5 items) to assess the lived-in experiences of breastfeeding mothers in hospital settings. The informed consent was acquired from all the participants prior to the interview session. After this interview schedule, the audio-taped interview dialogues were listened to and transcribed into verbatim. The collected data were analyzed by using modified Colaizzi's seven-step methodological interpretation approach (analysis framework) to retain the mother's viewpoint, which promotes a better understanding of the mother's viewpoint. Colaizzi's Analysis Frame Work includes a) Read all protocol to acquire a feeling of them, b) Review each protocol & extract significant statement, c) Spell out the formulated meaning of each significant statement, d) Organize the formulated meanings into cluster of themes, e) Integrate results into an exhaustive description, f) Formulate an exhaustive description, g) Ask participants about the finding.

Statistical analysis

Descriptive statistics were applied to analyze the collected data on demographic variables and physical as well as social dimensions. Statistical analysis was done using Statistical Package for the Social Sciences (SPSS) version 23.

RESULTS AND DISCUSSION

Demographic variables were analyzed to describe the characteristics of the study population. The results of the demographic variables are presented in Table 1. About age, all 20 mothers (100%) belonged to the age of 21-25 years. While reviewing the educational status, seven mothers (35%) were

illiterate, 11 (55%) of them had a primary school education, and two mothers (10%) had a high school education. All the selected mothers (100%) were observed as housewives. Moreover, 19 (95%) mothers were Hindu, and only one (5%) was Muslim.

Regarding the type of family, 16 (80%) mothers were from a nuclear family, and 4 (20%) of them were from a joint family. Further, it is revealed that 13 (65%) of mothers belonged to the income group of between Rs.2001-2500 and 7 (35%) of them between Rs.2500 and above. Concerning the mother's age, 14 (70%) mothers were between 20-22 years, and 6 (30%) of them were between 23-25 years.

The number of mothers residing in rural were 15 (75%) and 5 (25%) were from urban areas. While looking into the nature of their diet, all selected mothers (100%) were observed as non-vegetarian. Likewise, all selected mothers (100%) had undergone 3-4 visits of antenatal checkup during pregnancy. Lastly, only one mother (5%) has received previous education about breastfeeding, whereas 95% of mothers (i.e., n=19) did not receive previous education about breastfeeding, which is a critical finding in this study.

Moreover, physical and social dimensions were analyzed to reveal the infant breastfeeding experience of mothers, and the results are described in Tables 2 and 3. All the selected mothers (100%) experienced breastfeeding difficulties like latching difficulty, do not know about burping after feeding, and inappropriate positioning while handling the baby. Besides, two mothers (10%) experienced a lack of milk secretion; 6 mothers (30%) experienced pain over the breast while first sucking of the nipple; 3 mothers (15%) experienced inverted nipple, and six mothers (30%) mothers experienced breast engorgement. Further, it is observed that 11 (55%) mothers experienced headache, which was intermittent in nature, and 13 (65%) mothers experienced fatigue, feeling of tiredness, and unable to sleep. Lastly, 11 (55%) mothers experienced disturbed sleep due to frequent breastfeeding the baby during night time and had redness of the eyes, delay to bed, and less time to sleep.

Also, the results showed that 20 (100%) mothers had adequate family support, especially from their mother in the form of assistance throughout hospitalization, support during breastfeeding, and care of the newborn baby. The relatives also offered social support for all 20 mothers (100%). It is revealed that 20 mothers (100%) did not attend any social gatherings about breastfeeding. Only one mother (5%) has experienced as she had gained knowledge

about breastfeeding through the media (i.e., books and advertisements).

This research study aimed to assess the infant breastfeeding experience of women who were admitted to the Pediatric ward of RMMCH, Chidambaram, Cuddalore district, India. The data on demographical variables and physical as well as social dimensions were collected using a semi-structured interview schedule. The instrument used to collect the data consists of two sections; Demographic data of mothers and unstructured questionnaire semi-structured interview schedule consisting of questions based on physical and social dimensions.

While reviewing the demographic results, all the selected breastfeeding mothers were aged between 21-25 years, and it is consistent with findings observed by (Hardanahalli *et al.*, 2016) in which more percentage of breastfeeding mothers were observed between 20-30 years. About 55% of breastfeeding mothers had primary school educational status, and 35% were found as illiterate. It is observed that 100% of selected mothers were housewives, and 80% of them lived in a nuclear family, whereas 20% in a joint family. These findings are consistent with the results found by (Motee *et al.*, 2013). They stated that homemakers have unlimited time available to feed their infants.

Conversely, it is found that facility at workplace allow mothers a flexible time to maintain breastfeeding (Amin *et al.*, 2011) and it is also noted that breastfeeding is discontinued before the recommended period by women who are doing professional work in urban areas (Abada *et al.*, 2001). In the case of monthly income, 65% of breastfeeding mothers had Rs.2001-2500 as their monthly income. Furthermore, most of the mothers have their residence in rural areas, and all of them have a mixed nature of the diet. All 20 mothers had 3-4 visits of antenatal checkup during pregnancy. The highpoint of these findings is about 95% of breastfeeding mothers have never been educated previously about breastfeeding, and this finding is associated with previous studies conducted by (Ekambaram *et al.*, 2010; Shwetal *et al.*, 2012).

Physical dimensions

In this study, it is observed that 100% of breastfeeding mothers experienced breastfeeding difficulties like latching difficulty and burping problem, and about 10% of mothers experienced lack of milk secretion. A study by (Motee *et al.*, 2013) stated a significant number of respondents in their study complained about sore nipples, engorged breasts, back pain and tiredness which is consistent

with our findings, as 30% of mothers complained pain and 30% of them experienced breast engorgement. Breast engorgement commonly occurs due to the accumulation of breast milk, while sore nipples result from the baby sucking the nipple area of the breast only (Shams, 2011) These results are in accord with previous studies stating that many women faced difficulties such as cracked nipples, engorged breasts, and inadequate milk supply (Waldenstrom, 2004; Lamontagne *et al.*, 2008).

Further, three mothers (15%) experienced an inverted nipple, which is described as a reason by mothers for discontinuing breastfeeding. However, an inverted nipple can be treated with proper consultation with doctors (Singh *et al.*, 2016). Out of 20 mothers, 11 (55%) of them experienced intermittent headache; 13 (65%) of them felt fatigued and 11 (55%) mothers experienced disturbed sleep due to frequent breastfeeding the baby during night time and had redness of the eyes. (Waldenstrom, 2004) stated that in general, lactating mothers breastfeed their children often every two hours in the daytime, which results in back pain and tiredness. Those mothers stated that such breastfeeding difficulties led to a negative breastfeeding experience, which in turn decrease their confidence to wet-nurse their infants, thereby, resulting in early discontinuation of breastfeeding.

Social dimensions

While reviewing the results, it is observed as all the 20 mothers had enough support from family, especially from their mother and relatives during breastfeeding and infant care throughout hospitalization. These findings are consistent with the statement as social support is essential for lactating mothers to make their decision earlier to breastfeed and to learn how to breastfeed and regulate the process (Nelson and Sethi, 2005). Even though this study observed as 80% of mothers lived with a nuclear family, they received social support from family members. Furthermore, it is also revealed that 20 mothers (100%) did not attend any social gatherings about breastfeeding, and only one mother (5%) has experienced as she had gained knowledge about breastfeeding through the media (books, advertisements). What about support from doctors and nurses? In this regard, it is essential to overlook the demographic results that 75% of the study population is from rural areas, and about 95% of them had no previous education about breastfeeding. These findings explained the urgent need for social marketing initiatives, such as conducting more campaign or promotional activities to encourage breastfeeding. (Boparai, 2013) also stated that social mar-

keting initiatives such as promotions, advertisements, and imagery in media motivate breastfeeding among mothers and reinforce their perception by demonstrating the breastfeeding as a healthy and conventional practice. A wide range of audience was covered through media campaigns, and public channels such as television, radio, printed materials, or outdoor advertising are commonly used in promoting breastfeeding. Such initiatives should focus on both mothers and their family members who help her during breastfeeding. Likewise, the articles by various women's magazines should also emphasize the benefits of breastfeeding among women.

CONCLUSIONS

This research work was intended to conduct a qualitative study to assess infant breastfeeding experience of women in RMMCH, Cuddalore district, Tamilnadu. According to physical dimensions, breastfeeding difficulties such as latching difficulty, lack of milk secretion, burping, inverted nipple, pain, and breast engorgement, intermittent headache, fatigue, and disturbed sleep are revealed among the selected breastfeeding mothers in this study. Concerning social dimensions, all breastfeeding mothers included in this study received social support from family members and their relatives during breastfeeding. However, those mothers have not participated in social gatherings about breastfeeding, and only very few are exposed to social media that encouraging breastfeeding. Besides, most of the selected mothers had no previous education about breastfeeding. Hence, there is a need to take the appropriate measures to educate women about the importance of breastfeeding and also difficulties following breastfeeding.

Limitations and Recommendations

This study is limited to a small sample size, which can be increased in future studies. It is recommended to study the demographic variables such as type of delivery, parity, place of delivery, sex of baby, breastfeeding initiation within an hour, and exclusive breastfeeding in the future.

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Conflict of Interest

The authors have no conflict of interest.

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