



Examining the Causes of Exclusive Breastfeeding Failure in the First Six Months of Life

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Amir Nasimfar¹, Ebrahim Sadeghi^{1*}, Mohammad Karami Yar¹, Fatemeh Sotoudenia²

¹ Associate Professor of Pediatric Infectious Disease, Urmia University of Medical Sciences, Urmia, Iran

² Urmia University of Medical Sciences, Urmia, Iran

Corresponding Author: Ebrahim Sadeghi, Associate Professor of Pediatric Infectious Disease, Urmia University of Medical Sciences, Urmia, Iran, Email: sadeghi.e@umsu.ac.ir

Abstract

Background and objective:

Breast milk is the most comprehensive source of nutrients for a baby's first six months of life. Breastfeeding for a shorter period of time can result in a two- to three-fold increase in malnutrition, infection, and infant death. This study was done to explore the failure factors of exclusive breastfeeding in children under 6 months due to the significance of supporting and promoting exclusive breastfeeding and defining the factors connected to it, as well as the inconsistent results of studies in this field.

Materials and methods:

This was a cross-sectional research that looked at 200 women with babies aged 6 to 9 months. Demographic variables, socioeconomic status, hospital factors, child status, mother status, degree of knowledge, and child development status were all included in the questionnaires. Data was collected and input into SPSS software version 20 before being analyzed using descriptive and inferential statistics.

Findings:

In a study of 200 children, 81 (40.5 percent) were exclusively breastfed, whereas 119 (59.5 percent) had exclusive breastfeeding failure. The mean degree of awareness of exclusive breastfeeding among mothers was 19.46 ± 5.536, while the mean level of awareness among mothers was 19.53 ± 29.529. The failure of exclusive breastfeeding was linked to a lack of husband support, a lack of adequate breastfeeding methods, a lack of privacy, the mother's delivery and care, and the problem of nipple depression.

Conclusion:

According to the findings of this study, boosting mothers' awareness of the advantages of breast milk was minimal, but teaching proper breastfeeding techniques throughout pregnancy and after childbirth can be a beneficial step in enhancing breastfeeding continuity.

Keywords: Failure of exclusive breastfeeding, exclusive breastfeeding, the first 6 months of the baby's life.

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Introduction

Breastfeeding offers a number of advantages for children, and it provides the best complete nutrition for newborns under the age of one year. (1) Breastfeeding meets hormonal requirements for optimal nutrition in babies under the age of one year, and it has both short- and long-term advantages (2,3). Breastfeeding has a number of advantages, including lower blood pressure and BMI, a lower risk of diabetes, a lower risk of

childhood asthma, and a lower risk of infection (6, 5, 4). Breastfeeding has also been proven to improve IQ, cognitive function, and academic accomplishment in studies (8,7). Breastfeeding has a number of advantages for moms, including less postpartum hemorrhage, a faster return of the uterus to its pre-pregnancy condition, weight loss, and a lower risk of breast and ovarian cancer (9). Breastfeeding length has become a public health problem, particularly in poor countries, and can result in a two- to threefold increase in



malnutrition, infection, and infant death. Every year, about one million children under the age of one year die as a result of not receiving breast milk (10). Despite the numerous benefits of breastfed newborns, many moms refuse to breastfeed their children during the first year of their lives for a number of reasons (11). From 2007 to 2014, only over 36% of infants under the age of 6 months were exclusively breastfed, which is an extremely low ratio (12). Unfortunately, just 23.1 percent of Iranian newborns are exclusively breastfed in the first six months of life, which is lower than the global average (10). In recent years, significant attempts have been made in Iran's health care system to encourage exclusive breastfeeding during the first six months of life. This study was done to explore the failure factors of exclusive breastfeeding in children under 6 months due to the significance of supporting and promoting exclusive breastfeeding and defining the variables associated with it, as well as the contradicting results of studies in this field.

Materials and methods:

This was a cross-sectional study using three health centers in three culturally and economically diverse districts of Urmia city as the research environment. The health facility was notified of the increase. From November 1 through the end of February 2017, data were collected for four months. If moms agreed to take part in the study, they would fill out and sign a written consent form and fill out a questionnaire. Face-to-face interviews were conducted with the researcher. The questionnaire consists of personal characteristics (age of the child, age and education and occupation of the mother, number of children, education and occupation of the father), social status (support of spouses and relatives, suitable environment for breastfeeding, getting an hour pass for breastfeeding), hospital factors (location and type of delivery, receiving the necessary education in the hospital), condition of the child (sex of the child, birth weight, prematurity, congenital diseases), condition of the mother (sunken nipple, mother being treated with medicine, length of hospital

stay after delivery) and the level of awareness and developmental status of the child. To determine the degree of knowledge, 14 questions were created in the form of a questionnaire, with each question receiving two points. 20-28 points were awarded to moms with a high degree of awareness, 10-19 points to women with a medium level of knowledge, and 0-9 points to mothers with a poor level of knowledge. The growth curve recorded in the household file was used to assess the child's growth status; children whose growth curve matched to the % of birth time were great, children whose growth curve declined once, and children whose growth curve decreased twice were poor. Children who were two standard deviations off the age-appropriate development curve were deemed poor. The data from the questionnaire was entered into SPSS software version 20 and analyzed using descriptive and inferential statistics. Inferential statistics such as chi-square, Fisher's test, and t-test were used to investigate the relationship and determine the significance of factors related to exclusive feeding failure, and a significant level of P-value less than 0.05 was considered.

Results

200 health records of 6-9 month old infants brought to health facilities by their mothers were analyzed in this case-control research. In a study of 200 children, 81 (40.5%) were exclusively breastfed, whereas 119 (59.5%) had exclusive breastfeeding failure. The mean lifespan of mothers of children who were exclusively breastfed was 28.90 ± 5.97 years, whereas the average age of mothers of children who were not exclusively breastfed was 28.81 ± 5.56 years. There was no statistically significant link between maternal age and exclusive breastfeeding failure ($P = 0.91$). 23 (31.9%) of the 81 children who were exclusively breastfed had only a secondary education, 27 (40.3%) had diplomas, and 31 (50.8%) had a university degree. Out of 119 children who failed to breastfeed exclusively, 49 (68.1%) had only a secondary education, 40 (59.7%) had a diploma, and 30 (49.2%) had a university degree. There was no significant difference between maternal education and



failure with exclusive maternal feeding, according to the Chi-square test. ($P=0.08$) is a statistically significant value. 26 (37.7%) of the 81 children who were exclusively breastfed had a secondary education or less, 15 (23.1%) had a diploma, and 40 (60.6%) received a university education. 43 (62.3%) of the 119 children who failed to breastfeed exclusively had a secondary education, 50 (76.9%) had a diploma, and 26 (39.4%) had a university education. According to the Chi-square test, there was a significant relationship between father education and exclusive breastfeeding failure ($P = 0.001$), indicating that dads with greater university education had more children who were exclusively breastfed. 65 (47.1%) of the 138 housewives did not have exclusive breastfeeding, and 73 (52.9%) did not have exclusive breastfeeding. 2 (9.1%) of the 22 working moms did not have exclusive nursing, whereas 20 (90.9%) did not have exclusive breastfeeding. 14 (35%) moms exclusively nursed their babies, whereas 26 (65%) did not. There was a significant relationship between mother work and exclusive

breastfeeding ($P = 0.002$), according to the Chi-square test. As a result, the failure rate of exclusive breastfeeding was higher among working moms. According to the Chi-square test, there was no link between the father's profession and exclusive breastfeeding failure ($P= 0.05$). 2 (2.5%) of the 81 children who were exclusively breastfed had a bad growth chart, 12 (14.8%) had moderate growth, 55 (67.9%) had good growth, and 12 (14.8%) had exceptional development chart. 14 (11.8%) of the 119 children who failed to nurse exclusively had low child development charts, 37 (31.1%) had moderate, 53 (44.5%) had good, and 15 (12.6%) had exceptional. The development chart of children and exclusive feeding failure had a strong link ($P=0.001$). The mean degree of awareness of exclusive breastfeeding among mothers was 19.46 ± 5.36 , while the mean level of awareness among mothers was 19.53 ± 5.29 . There was no significant difference between mothers' levels of awareness on exclusive breastfeeding ($P = 0.92$) according to the T-test (Table 1).

Table 1. Mean and standard deviation of the level of knowledge about exclusive breastfeeding

Failure with exclusive feeding	Mean \pm standard deviation of awareness level	p.value
No	5.36 ± 19.46	0.92
Yes	5.29 ± 19.53	

Out of 119 moms who had failed to exclusively breastfeed, 39 (59.1%) thought the child's sex was responsible for the failure, while 80 (59.7%) did not. There was no significant link between baby sex and exclusive breastfeeding, according to the Chi-square test ($P = 0.93$). There was a significant relationship between the rank of the family child and the failure of exclusive feeding ($P = 0.02$), with women with the rank of the second child having the greatest proportion of failure of exclusive feeding (69%). (68.3%). There was a significant difference between illness at birth and failure to exclusively breastfeed, with the disease present in 82 percent of infants who failed to

exclusively breastfeed at birth ($P = 0.001$). However, there was no significant relationship between the child's preterm and the failure of exclusive breastfeeding ($P = 0.91$). There was no significant relationship between exclusive breastfeeding and birth weight, resulting in exclusive breastfeeding failure in 111 patients (93.3%) with normal weight ($P = 0.35$). This study looked at the social factors that influence exclusive breastfeeding success, such as spousal support, other people's support, lack of privacy, and non-use of breast milk. In terms of husband support in exclusive breastfeeding, 59 (72.8 percent) of 81 successful women with exclusive



breastfeeding reported having spouse support and believing it to be useful in sustaining nursing. Besides, the absence of marital support was cited as the reason for exclusive breastfeeding failure by 72 (60.5%) of the 119 moms who failed to breastfeed exclusively. There was a significant difference between exclusive breastfeeding and husband support ($P = 0.04$), according to the findings of our study. There was no significant link

between other people's support and exclusive breastfeeding failure ($P = 0.96$). However, there was a substantial link between being in an isolated setting and exclusive breastfeeding failure ($P = 0.001$). Non-use of breastfeeding was identified as one of the causes for exclusive breastfeeding failure, with mothers who did not utilize nursing being more likely to fail ($P = 0.03$). (Table 2).

Table 2. Distribution of absolute and relative frequency of social status affecting the failure of exclusive breastfeeding

Variable		Exclusive breastfeeding		P. value
		Yes	No	
Spouse support	Yes	59 (72.8%)	72 (60.5%)	0.04
	No	22 (27.2%)	47 (39.5%)	
Support from others	Yes	44 (54.3%)	65 (54.6%)	0.96
	No	37 (45.7%)	54 (45.4%)	
Existence of a secluded environment	Yes	78 (65.5%)	81 (100%)	0.001
	No	41 (34.5%)	0 (0%)	
Not using the milk pass	Yes	76 (73.9%)	19 (23.5%)	0.03
	No	43 (36.1%)	62 (76.5%)	

There was a significant relationship between the method of birth and the failure of exclusive breastfeeding, with 71 instances (87.7%) of women having a normal delivery and 10 cases (12.3%) having a cesarean section ($P = 0.001$). In terms of delivery location, 56 patients (69.1%) from exclusive breastfeeding were hospitalized, 21 cases (25.9%) were delivered at a health center, and 4 cases (4.9%) were delivered at home; in cases where exclusive feeding failed, 71 cases (59.7%) were delivered at a hospital, 41 (34.5%) at a health center, and 7 (5.9%) at home. There was no relationship between the location of birth and exclusive feeding failure ($P = 0.38$). One of the variables causing the failure of exclusive breastfeeding was a lack of space for mother and child, therefore there was a significant difference between mother and child being roommates and exclusive nursing ($P =$

0.01). There was a substantial difference between teaching women the proper manner of nursing and exclusively breastfeeding, with 67 (82.7%) of 81 successful moms with exclusive feeding having received breastfeeding training ($P = 0.001$). In this study, one of the variables impacting exclusive feeding failure was maternal drug therapy, which demonstrated a significant association between exclusive feeding failure and maternal drug treatment ($P = 0.001$). One of the factors that was shown to be substantially linked with the failure of exclusive breastfeeding ($P = 0.001$) was nipple sagging. Only 3 (3.7%) of successful women were hospitalized for a long period with exclusive feeding, but 27 (22.7%) of mothers were hospitalized for a long time when exclusive feeding failed ($P = 0.01$).

Discussion



Exclusive breastfeeding throughout the first six months of life has been linked to several short- and long-term advantages (13). The World Health Organization advises that newborns be breastfed exclusively for the first six months of their lives. The term "exclusive breastfeeding" refers to the newborn only receiving breast milk as a liquid or solid material (other than medication) (14). Exclusive breastfeeding has numerous good emotional, economic, immunological, and social implications in addition to optimal growth and nourishment for the kid (14, 15). Newborns who are exclusively breastfed are 13 percent less likely to die in low- and middle-income nations than infants who are not exclusively breastfed, according to research. (16).

The purpose of this study was to look into the reasons why babies admitted to Urmia health clinics failed to breastfeed exclusively during the first six months of their lives. In this study, 200 newborn cases reported to three Urmia health clinics were examined, with the results revealing that 40.5 percent of infants were exclusively breastfed and 59.5 percent were not. In the study by Rahmatnejad et al. (17), 52.6 percent of babies were exclusively breastfed, whereas 47.4 percent were not exclusively breastfed. Exclusive breastfeeding had a greater failure rate in our study. There was no significant relationship between mother education and exclusive feeding failure in this study, although there was a link between maternal occupation and exclusive breastfeeding. According to Imani et al. (18), Pour Movahed and Dehghani (19), there is no significant link between literacy and breastfeeding, which is in line with our findings. Metern et al. (20), Li et al. (21) and Jalaahi et al. (22) found a decrease in exclusive breastfeeding in their studies. Being a mother was a continuous experience. According to another study by Thet et al, moms who were more concerned about their careers and had to spend more time at work were less likely to breastfeed their newborns exclusively. It has to do with our research (23). Our findings revealed that breastfed newborns had a better growth and development curve than those who are not exclusively breastfed. Similar

results were found in a research by Azad et al. (24), as well as in ours. The success rate of exclusive breastfeeding at six months was 40.5 percent, according to the findings of our study. Imani (18) found that 44.7 percent of babies in their first six months of life were exclusively breastfed, which is greater than the number seen in our study. Jalali et al. (22) found that 44.4 percent of babies aged 0 to 4 months were exclusively breastfed. Pinchevski-Kadir et al. found that 50.3 percent of moms ceased nursing before 6 months after giving birth (25). In our survey, the average level of knowledge regarding exclusive breastfeeding among moms was 19.46 ± 5.35 out of a possible 28. This corresponds to the findings of Kiani et al. (26) who found a mean mother awareness of 19.8 ± 4.5 . Mothers' understanding of exclusive breastfeeding was moderate in Mofasa Khomeini's study (27). The findings of Huang et al. (28) demonstrated that one of the preconditions for the maintenance of exclusive feeding is the mother's knowledge and awareness of breastfeeding. In our study, one of the primary causes for exclusive breastfeeding failure was a lack of marital support, loss of privacy, and also a lack of breastfeeding usage, which was substantially related with exclusive breastfeeding failure. Mahesh et al. (29), in a research, found that spousal support has a significant influence on exclusive breastfeeding, and that encouraging spouses to promote breastfeeding has good impacts on exclusive breastfeeding, which is similar with our findings. Bertini et al. (30) found that spousal support was a crucial factor in starting and maintaining breastfeeding in the United Kingdom. In their study, Gale et al. (31) also shown the importance of the husband and other family members in the successful course of breastfeeding, which is similar with our findings. According to our findings, the manner of delivery is highly connected with the failure of exclusive feeding, hence the success rate of exclusive feeding is greater in natural childbirth. Cesarean delivery was one of the reasons for initiating breastfeeding in Jalali et al study (22), with 71.4 percent of moms who nursed their infants having



a cesarean delivery. Exclusive breastfeeding was more likely in moms who had a normal birth than in mothers who had a cesarean delivery, according to Righard (32) and Orvidsin et al. (33), which is consistent with our findings. There was a significant relationship between teaching the correct method of breastfeeding and the continuation of exclusive breastfeeding in our study, with teaching the correct method of breastfeeding to the mother having a positive effect on the continuation of exclusive breastfeeding in 82.7% of cases. According to Boskabadi et al. (34), understanding the right posture for breastfeeding and strategies to promote the milk jump response by the mother can lead to optimum milk intake in the infant with minimal complications for the mother, which is consistent with the findings of our study. According to another study by Nuampa et al. (35) the primary causes of exclusive breastfeeding failure are mothers' lack of knowledge of the advantages of breastfeeding and their lack of skills and training in the proper manner of nursing. According to our research, the baby's first six months are the most important.

Conclusion

Our research found that mothers' understanding of the benefits of exclusive breastfeeding is modest, with the most prevalent issues being mothers' busyness, lack of appropriate nursing, lack of support, breast difficulties, lack of breastfeeding, and breastfeeding privacy. As a result, exclusive feeding failed in this investigation.

Suggestions

Training classes on the proper way of nursing are required for mothers. Health-care provider training, face-to-face counseling, or frequent follow-ups in the form of home visits and 24-hour telephone counseling with new moms can all help to encourage the start and maintenance of exclusive breastfeeding. Teaching good nursing techniques throughout urination and after will help moms stay on track with their breastfeeding.

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