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Socio-Cultural Factors Affecting Early Initiation of Breastfeeding: A Qualitative Study

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ARTICLE DETAILS	ABSTRACT
<p>History:</p> <p>Received: February 11, 2022 Accepted: December 31, 2022</p>	<p>To identify the socio-cultural factors and barriers to the early initiation of breastfeeding within one hour after birth among infants in district Faisalabad. A qualitative study design was conducted by focus group discussions with an interview guide.</p> <p>Eight focus group discussions were comprised of parents (mother and father) and five people one nurse, one Lady Health Worker, two medical doctors and one nutritionist. Transcribed and audio-recorded were taken during the focus group discussion. Transcripts were analyzed and coded by using thematic analysis. Identified key barriers to early initiation of breastfeeding were demographic characteristics of respondents, pre-lacteal feedings, mother's knowledge toward colostrum feeding, family type and lack of decision-making power of a mother. Socio-cultural factors have a strong influence on breastfeeding in the district Faisalabad. It can be reduced if different cultural and traditional approaches should be addressed by the government to create awareness among mothers with more effective and stronger health promotion campaigns.</p> <p>© 2021 The Authors, Published by WUM. This is an Open Access Article under the Creative Common Attribution Non-Commercial 4.0</p>
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1. Introduction

World Health Organization (WHO) defines breast milk as an optimal feed for all infants which includes Early Initiation of Breast Feeding (EIBF), frequent feeding, exclusive breastfeeding and continued breastfeeding for two years (WHO, 2017). The WHO recommends breastfeeding within one hour after birth, and this early initiation of breastfeeding refers to the best feeding practice (Sharma et al., 2016). About 33%, of neonatal mortality, can be prevented if all the mothers initiate early initiation of breastfeeding within one hour (Mugadza et al., 2018). Many studies have proved that neonatal mortality and morbidity risks increase among those children who don't feed their mothers breast milk within one hour after birth as compared to infants who breastfed within one hour after birth

(Phukan et al., 2018; WHO, 2010; NEOVITA, 2016). Early initiation of breastfeeding also has many health-related benefits such as reduction of the risk of diarrhea and increased immunity, and it also enhances the survival rate of infants (Edmond et al., 2006). So, a reduction in the neonatal mortality ratio through increasing the trends of early initiation of breastfeeding can directly help to achieve Millennium Development Goals (MDGs) (Frota et al., 2009; Khan et al., 2015; Mugadza et al., 2018).

A recent systematic review shows that by ensuring the simple practice of initiation of breastfeeding can reduce 22% of neonatal deaths globally (Debes et al., 2013). Taqi et al. (2014) said that many efforts have done to promote breastfeeding including early initiation of breastfeeding (EIBF), despite this, it is estimated that after their birth approximately 77 million newborns wait too long to be breastfed (UNICEF, 2016). Breastfeeding is a natural process, while it is influenced by various sociocultural behaviors, standards, habits, and many other factors (Albuquerque et al., 2009; Diji et al., 2016). Moreover, study results revealed that pre lacteal food and the mother's role in making decisions was the factor of baby breastfeeding practices within the first hour after birth (Dudukcu et al., 2022). Chopel et al., (2019) discovered in their examination of the social and structural barriers to breastfeeding in young mothers, they remain a disconnect between prenatal intention to breastfeed and breastfeeding behaviors. As in the current review, Chopel et al. concluded that the awareness of benefits was enough to inspire adolescents to initiate breastfeeding.

The mother's poor knowledge about breastfeeding was the factor and barrier to the delay of early initiation of breastfeeding baby (Mary et al., 2022). Two more studies reveal that the mother's lack of knowledge about breastfeeding was the factor in to delay of early initiation of breastfeeding (Petruț et al., 2019, Ahmed et al., 2019). The current study was designed to find out the influential sociocultural barriers, and the risk factors of delayed initiation of breastfeeding to the newborn baby. Understanding the risk factors that lead to suboptimal breastfeeding to babies, is the first step to highlighting the problem that remains the cause of morbidity, and mortality of newborn babies.

2. Research Methodology

This study was conducted among the mothers using focus group discussions (FGDs). Mothers of infants aged 0-23 months were recruited for FGDs from all four rural towns of the Faisalabad district. A total number of 24 mothers from targeted rural towns were selected and the data were gathered through eight FGDs that were conducted among the participants from March 2019 to May 2019.

Qualitative analysis is a form of study which have concerned with the social environment (Lawrence & Tar, 2013). Focus group discussions (FGDs) are a useful tool permit to study the research issue in detail and depth. It is considered an effective tool to get data about beliefs, values, behaviors and opinions within specific people (Mack et al., 2005). Justifications to apply this technique is that in this method the researcher raises the problem in a selected group and tries to get maximum information with discussion in their own words (Wong, 2008). In the first stage, one district (District Faisalabad) from all districts in Punjab was randomly selected. Afterward, all rural towns of district Faisalabad were purposively selected. From each rural town, two union councils were selected and detailed data were collected through 8 focus group discussions.

Normally, the focus group should be preferred 4-12 participants. In the current study, the

researcher selected two pairs of parents (mother and father), one doctor, one nurse, one LHV, a nutritionist and a sociologist for each FGD. So, each FGDs consisted of 9 participants and arranged Rural Health Centers (RHCs). The participants were purposively selected.

FGDs were conducted and the data was collected with a semi-structured guide with many probing options, and the facilitator was a native and speaks in Punjabi to create a comfortable environment for the participants during the discussion. During the discussion, audio records and handwritten notes were taken by three research assistants.

Braun and Clarke (2006), five steps of thematic analysis were performed by following the procedure described. In the first step, the researchers made familiarization with the data and translated it into English. Afterward, in the second step, the researchers individually make initial codes and later compared these codes with one another. In the third step the researchers explored themes, the related codes were arranged and listed into a single theme. In the last two steps, themes were reviewed, and refined and the report was written.

3. Results

During FGDs, attempts were made to understand and probe the cultural and socio-economic reasons for delaying the early initiation of breastfeeding within one hour. The researchers derived the following four themes from FGDs.

3.1. Theme 1: Demographic characteristics of respondents

The demographic characteristics of both (child and mother) have an association with the early initiation of breastfeeding. All the respondents were residing in rural areas. The mother's age has also been associated; the mean age of mothers was 21 ± 11 years. The majority of the 'mothers were illiterate' or had fewer years of schooling than up to five years, and the major 'occupation of the father' was agriculture'.

All the respondents agreed that the mother's education and age directly affect the child's breastfeeding behavior which remains the major cause of the delayed initiation of breastfeeding. It was also observed that young mothers were more likely to reject breastfeeding their children compared to the old age mother. It's associated with the mother's lack of experience, knowledge, and awareness of teenage mothers. A senior nurse stated that.

"Young mothers have rarely breasted their child; this is due to a lack of basic knowledge regarding child-rearing and caring practices".

3.2. Theme 2: Pre-lacteal feed was the barrier to early initiation of breastfeeding

From all the FGDs it was observed that the majority of the mothers hold the belief that pre-lacteal feeds "strengthen the immune system of the baby", "kept baby stomach full" and "facilitated easy digestion". In traditional language, pre-lacteal feed called 'ghutti' were commonly fed in the form of water, honey, jaggery, and animal milk. Parents, family members, relatives, and neighbors advise the mothers to give pre-lacteal feeds. Few mothers admitted that they were not initiated breastfeeding with colostrum but only gave formula milk and animal milk to the neonate. A mother stated as.

"Goat milk and honey should be given to a child because it's good for the child health. For years, it is practiced to give these to our children. I mix water with animal milk because pure milk is heavy and not easy to digest by the child".

“Ghutti is best for the neonates because it’s beneficial for their stomach and it protects them from loose motions. If the neonate takes ghutti, then digests milk easily and asleep peacefully”.

A mother motioned that,

“Cultural values and traditional beliefs are the leading cause for low early initiation of breastfeeding among infants”.

3.3. Theme 3: the mother’s knowledge and attitude to colostrum was the barrier to the early initiation of breastfeeding

Colostrum fed to the child is too much beneficial, it enhances the ‘*child’s learning ability* and it’s *also good for the ‘child’s brain development*. During focus group discussions, it was revealed that *“Mothers initiate breastfeeding after 1-2 days of delivery to allow mothers to fully recover from the pains and other complications during the delivery”.*

Surprisingly most of the respondents during FGDs revealed that they do not give the first mother milk call as colostrum to the child. The majority of the participants Mothers’ perception about colostrum was that it was not for human feeding because it is too strong and thick, hence not good for child health.

A mother said as.

“Golden and yellow mothers’ first milk is harmful to the neonate because it is very thick and strong, instead we give a cow, or goat milk and plain water to soothe the child’s gastrointestinal tract until the white milk comes out from the breast. For that reason, neonates are breastfed 1-2 days after delivery”.

Colostrum is very important for neonate health because it’s full of nutrients, and WHO also recommends that colostrum must be given to neonates as pre-lacteal feed. It is a common practice in Pakistan, especially in rural areas that patients give pre-lacteal feed as honey and most mothers initiate breastfeeding after 1-2 days of delivery. During this time the child is given diluted cow, and goat milk, infant formula milk, and warm water.

A senior doctor said that.

“Breastfeeding is best for the neonates because it provides them protection from infectious disease. I experienced that without breastfed the child remained sick with diarrhea, pneumonia, etc. as well. I feel sympathy for these children”.

3.4. Theme 4: Family type and lack of decision-making power of the mother was the barrier to the early initiation of breastfeeding

There are many factors such as inadequate resources, a conservative cultural system, unawareness, and unavailability of guidance, which were the reason for not feeding early initiation of breastfeeding neonates. A mother said that.

“We do not make the decision for our children especially related to healthcare. The mother-in-law orders us that we should not feed breast milk to the neonatal for at least two to three days.”

In rural areas, the women usually had no opportunity to attain education, and they are bound to follow the traditions and the orders of their husbands, sisters in law, mother-in-law, and father-in-law”.

During the discussion, it was observed that most mothers were aware of the importance of early initiation of breastfeeding and understand if the child is not early breastfed, it may cause health issues to the neonates. A mother said that.

“I wanted early initiation of breastfeeding but my mother-in-law and sister-in-law strictly warned me that you must avoid breastfeeding your child for at least 3-4 days because it’s not good for newborn baby health”.

Few of them believed that they must follow the suggestions of their mothers in law about their neonate breastfeeding because they were more experienced. One of them stated that.

“My mother-in-law has had six children, therefore she is more experienced than me, so I follow her advice and I did not initiate breastfeeding on my neonate for two days”.

All the mothers belonged to the rural areas and lived in the joint family system. All the decisions related to education, health, etc. were made by the father-in-law or mother-in-law. Thus, due to a lack of decision-making power, the mother can’t early initiation of breastfeeding even when they had wished for it. So, it was a major hinder or barrier to initiating early breastfeeding.

4. Discussion

Early initiation of breastfeeding is one of the most important practices that are crucial to the survival and health of neonates. The current study explored various Socio-cultural factors and barriers to early initiation of breastfeeding such as knowledge and attitude towards colostrum, traditions of pre-lacteal feed, lack of awareness, low level of education among the mothers, and lack of decision power of the mothers.

In low-income countries like Pakistan pre-lacteal feeding is also a practice that is the root cause of delayed initiation of breastfeeding. All over Pakistan, several studies reported that pre-lacteal feeding remains widely practiced. Most of the mothers in Pakistan gave pre-lacteal feed as formula milk, honey, desi ghee, Arq-e-Gulab, animal milk, glucose saline, and sugar water (Malik et al., 2020, Iqbal et al., 2010; Memon et al., 2006; Khadduri et al., 2008).

A study analysis found that most mothers did not practice early initiation of breastfeeding because of certain beliefs about early breastfeeding, such as early breastfeeding was not as good due to dirty early breast milk, and unhealthy early breastfeeding given to babies. These mothers’ habit was given additional food immediately after the baby is born (Tarini & Pandin, 2022). Lack of education is a major barrier to following healthcare practices. As in South Asia, lack of education was reported as the barrier to the early initiation of breastfeeding in Ethiopia, Nigeria, and Tanzania and Pakistan (Setegn et al., 2011; Babatunde et al., 2013; Victor et al., 2013, Afzal et al., 2020). Mothers’ decision-making power regarding the care of their child was an important factor responsible for breastfeeding practice as well as the early initiation of breastfeeding. Mothers who breastfed their babies in the first hour after birth or could not breastfeed were the main decision-makers for the baby. The role of mothers in making decisions about infant feeding is an effective factor in giving only breast milk after birth (Dudukcu et al., 2022. According to Bhanderi *et al* (2019) mothers

who are primary decision-makers in infant nutrition are very likely to breastfeed within the first hour. The result of the present study suggests that nurses/midwives can have an important influence on this decision, and in this context, breastfeeding counseling is important.

A study in Tanzania found that mothers' lack of decision-making power was a key factor responsible for delaying the initiation of breastfeeding. The mother-in-law was the decision-maker of childbirth and rearing related practices (Victor et al., 2013). In most low-income countries, it has been observed that the mother-in-law decides all the decisions related to the care during the pregnancy, and child delivery. Especially when she became a grandmother, she turns to more possessive and applied all her traditional and cultural values to the newborn baby. Studies in South Asian countries show that elder women or mothers-in-law are influencing persons in decision making regarding newborn and maternal care practices in Pakistan, India, and Bangladesh (Fikree et al., 2005; Parveen et al., 2012; Haider et al., 2010). Dunn et al., (2015) focus group involving primarily older mothers reported that maternal grandmothers who did not have breastfeeding knowledge or a positive personal breastfeeding experience were the barriers to initiating breastfeeding.

5. Conclusion and Policy Implication

Various socio-cultural factors hinder the early initiation of breastfeeding practice. The most influential of them are the demographic characteristics of respondents, the trends of pre-lacteal feed, the lack of knowledge about colostrum, and the lack of decision-making power of a mother. These can be reduced by spreading awareness about the importance of colostrum, the adverse effects of pre-lacteal feed, improving the decision power of the mothers, and altering the wrong traditional practices. BHU, RHCs and Lady Health Workers (LHW) can play an important role in it. There is a need to initiate a special program for spreading awareness about the issues highlighted in the study. Special training of the existing staff of BHUs, RHCs and LHW can help to improve the efficiency of the program. Thus, it is vital to improve breastfeeding and nutritional counseling among mothers during the antenatal period and improve healthcare professionals' training to facilitate breastfeeding practices. The NGOs sector can also support the Government to implement effective and stronger health promotion campaigns.

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