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Facilitators and barriers of exclusive breastfeeding practices among mother of infants in selected district

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Abstract

Background: Breastfeeding provides the finest nutrients for nourished babies. It is the ideal diet for a child's growth and development. Despite the well-publicized importance of EBF in developing nations, many communities continue to have the highest percentage of illness burden due to inadequate breastfeeding.

Objectives: To determine the mother perception on facilitators and barriers of EBF practices in Kancheepuram district Sriperumbudur, Taluk.

Design and Methods: This research used a community-based cross-sectional study. The samples were gathered using a targeted sampling strategy. The data was acquired using an interviewer-administered structured questionnaire. SPSS gathered and tabulated the information. The Statistical method was adopted for the study was descriptive and inferential statistical this research used a community-based cross-sectional study. The samples were gathered using a targeted sampling strategy. The data was acquired using an interviewer-administered structured questionnaire. SPSS gathered and tabulated the information. The Statistical method was adopted for the study was descriptive and inferential statistical

Result: The barriers for EBF result were mother are having more percentage of barrier score for the statement concern that certain food mother eat will make the baby sick 77.50% and less barrier score for the statement of score or painful nipples (22.00%). The percentage of mean score was 33.50% of physical barrier and 60.20% of psychological barrier and knowledge barrier were 55.71%.

The association of demographic, maternal and infant variables was confirmed by using one way analysis of variance 'F' test and student independent 't' test.

Conclusion: These findings revealed that the need to modification of hospital practices such as decreasing the number of 'c' section and use of infant formula as well as support for initiation of breast feeding immediately after birth of the baby and continuation of EBF by health care workers and family members, could help increase breast feeding practices.

Keywords: EBF, Facilitators, barriers, mother and infants

Introduction

Breast milk gives the ideal sustenance to babies, It has an almost ideal blend of nutrients, proteins and fat all that your child needs to Grow ^[1] Breastmilk contains antibodies that assist your body with warding off infections and microscopic organisms, Breast taking care of brings down child's gamble of having asthma or allergies ^[2].

The WHO suggests "breastfeeding in somewhere around one hours of birth (opportune inception), and restrictive bosom taking care of (EBF) during the initial a half year of a babies like with proceeded with bosom taking care of alongside suitable corresponding taking care of to two years old or past ^[3].

Today just 38% of newborn children around the internationally are only bosom taken care of for a very long time of life ^[1, 2]. In India as indicated by NFHS (National Family Health and review) revealed that 26 million children are conceived every year out of which 20 million babies don't get EBF ^[4].

In Tamilnadu as indicated by NFHS 2019 revealed that early commencement and elite bosom taking care of practices in somewhere around one hour of birth was 58.8% youngsters under age a half year only bosom took care of was 48.3% ^[4, 5].

The WHO traces various measures to add to the inception and continuation of bosom taking care of, both inside the wellbeing framework and at the local area level, in which physical, social, mental, enthusiastic, social elements can impact the sort of taking care of the mother offers to the child ^[3].

The kind of baby taking care of is related with wellbeing imbalances, socio social issues, cultural standards and public strategies directed through the view of low milk supply or bad quality of human milk are normal purposes behind ineffective bosom taking care of

Consequently the point of this study was to figure out the facilitators and boundaries of EBF rehearses among moms of babies understanding these facilitators and hindrances of EBF rehearses at individual and local area levels could illuminates the planning at viable intercession explicit for this and other comparative populace. This can possibly decrease the weight of unfortunate newborn child nourishment by advancing the take-up of EBF to the who suggested focus of somewhere around half by 2025 [7].

Subjects and methods

This community based cross sectional study was conducted in Sriperumbudur Taluk, Kancheepuram district, Tamilnadu June 2021 to August 2021.

Development and validation of questionnaire

The study used interviewer administered structured questionnaire which was developed based on previous literature reviews. The total was translated into the local language. The toll was validated by peer review and reliability.

Established from review by the subject experts. It comprised of five sections viz demographic variables, maternal variables, Infant variables, check list on facilitators and barriers of EBF practices. In facilitators there were 14 items which was related to breast feeding separately for working and non-working women. There were 20 items in barriers for EBF like physical, Psychological, social and knowledge. Data was analyzed using SPSS version 15.0 primary demographic, maternal and variable problem were expressed in frequency and percentage. Mean and SD was used to determine the facilitators of EBF practices. One way ANOVA 'F' test was used to associate between facilitators and their variable like demographic, maternal and infant variables proforma.

Study subject and data collection method

The study population included infants aged 6 months to one year, mother attended the immunization clinic. The exclusion the biological mother and any major congenital malformations. The present study a total of 80 mothers of infants were interviewed.

Data was collected using purposive sampling technique. The participants were selected with the help of community health workers, auxiliary, nurse midwives Anganwadi workers and village health nurse.

An interviewer administered questionnaire which was translated to the dominant local language Tamil was used to collect data from the mothers then back to English for consistency. Key informant interview guides were also designed to cater for both English and Tamil speaking participants. The questionnaire for mothers contained some questions adopted from the Iowa Infant Feeding Attitude Scale (IIFAS).

The research instruments were pretested for validity, reliability and clarity. Face to face interviews were carried out in a secluded place or private room to promote

confidentiality. Researchers continued to visit the clinic or hospital or EPIO point for interviews on immunization days until the sample size specifically calculated for the health facility was reached.

Variables of the study

The dependent variable was practicing EBF which refers to feeding the baby on breast milk only from birth up to the age of six months. Mothers who reported correctly practicing EBF were coded 'EBF' whilst those who did not were coded 'non-EBF'. The independent variables for the study were categorized into demographic data like Age of the mother, Religion, Occupational status, Education and maternal factors (Age at menarche, Type of delivery, and mode of delivery), infant factors (age, sex, birth weight, weaning factors).

Mothers with infants 6–12 months of age visiting the immunisation facilities during the period of the study were approached for interviews. A written consent form was issued to mothers who met the inclusion criteria and only those who consented to participate in the study were interviewed. Caregivers who were not the mother of the baby and mothers who refused to consent for interviews were also excluded from the study.

Data analysis

The collected quantitative data were entered and cleaned using Epi Info version 7 before analysis whilst qualitative data was collected from the key informants through use of open-ended questions in the interviewing tool used. The qualitative data obtained were analyzed according to major themes raised during the interviews. Frequencies, means and percentages were used to describe maternal and infant demographic characteristics, knowledge and attitudes on EBF. In measuring maternal knowledge, a correct response was awarded a score of one and an incorrect answer a zero out of a total score of five.

Descriptive statistics, bivariate and multivariate analysis were done in order to ascertain the association between the dependent and independent variables. Multivariate analysis was carried out to measure the strength of interrelationships of several variables at once. Variables such as maternal age, marital status, mode of delivery were inputted simultaneously and compared. A resulting *p* - value of less than 0.05 was considered to be statistically significant.

Results

Socio demographic characteristics

Table 1 shows the maternal socio demographic characteristics for mothers who participated in the study. The mean age was 26 ± 6 years and 67% of the study participants were in the age group 20–30 years and 64% did not practice EBF. Most mothers were married and had one or two children. The majority were educated to secondary school level, were unemployed and resided in rural areas. Partners/husbands were the major income source in nearly three quarters of the study sample and more than half of the women gave their infants plain water before the age of six months. The majority (99.6%) of the participants in this study fed their babies on breast milk but the EBF rate was low (36%).

Table 1: Mothers Demographic Variable N=80

Variables of the study		Number of mothers	%
1. Age of the mother	< 20 years	28	35.00%
	21 -30 years	33	41.25%
	>30 years	19	23.75%
2. Educational Status	Illiterate	10	12.50%
	Primary	13	16.25%
	High school	16	20.00%
	Higher secondary	30	37.50%
	Graduate & Above	11	13.75%
3. Occupational Status	Home maker	30	37.50%
	Private Employee	18	22.50%
	Government employee	3	3.75%
	Business	7	8.75%
	Coolie	22	27.50%
4. Monthly income of the family	Below 5000	18	22.50%
	Rs.5001 – Rs.10000	34	42.50%
	Rs.10001-Rs.20000	20	25.00%
	Above Rs.20000	8	10.00%
5. Type of family	Joint	34	42.50%
	Extended	12	15.00%
	Nuclear	34	42.50%

Table 2: Maternal variables N=80

Maternal variables		Number of mothers	%
Age at marriage	18-23 years	56	70.00%
	24-29 years	17	21.25%
	30-35 years	7	8.75%
	>35 years	0	0.00%
Parity	One	61	76.25%
	Two	17	21.25%
	Three	2	2.50%
	>three	0	0.00%
No of anc visits	0 -4	50	62.50%
	5 -8	27	33.75%
	9 -12	3	3.75%
	>12	0	0.00%
Gravida	One	27	33.75%
	Two	42	52.50%
	Three	11	13.75%
	>three	0	0.00%
Place of delivery	Home delivery	13	16.25%
	Hospital	67	83.75%
Type of delivery	Normal vaginal delivery	55	68.75%
	Caesarean section	20	25.00%
	Instrumental delivery	5	6.25%
Dietary pattern	Vegetarian	20	25.00%
	Non-vegetarian	60	75.00%
No of children	One	61	76.25%
	Two	18	23.75%
	>two	0	0.00%

Above table shows the maternal information of mothers those who are participated in this study. Regarding age at marriage 70% were in 18- 23years, 21.75% were in 24- 29 years, 8.75% were in 30- 35years. Concerning parity 76.25% were in one, 21.25% were in two, 2.50% were in three, regarding to no of ANC visit 62.50% were in 0-3%, 33.75% were in 5-8, 3.75% were in 9-12. Regard to Gravida 33.75% were in one, 52.50% were in two, 13.75% were in

three. Concerning place of delivery 16.25% were in home delivery, 83.75% were in hospital. Regarding type of delivery 68.75% were in normal vaginal delivery, 25% were in instrumental delivery 6.25% were in caesarean section. Regard to dietary pattern 25% were in vegetarian, 75% were in non- vegetarian. Concerning no of children 76.25% were in one, 23.75% were in two.

Table 3: Domain wise Checklist on Facilitators for Exclusive Breastfeeding among Mothers of Infants N=80

Items	Maximum score	Mean	SD	% of mean score
For not working women	10	7.09	1.42	70.90%
For working women	4	2.51	1.07	62.75%
Overall	14	9.60	1.75	68.57%

70.90% of the not working mothers are Exclusive Breastfeeding and whereas only 62.5% of the working mothers are practicing Exclusive Breastfeeding, 68.57% were in overall.

Table 4: Domain wise Barriers for Exclusive Breastfeeding among Mothers of Infants N=80

	Maximum score	Mean	SD	% of mean score
Physical Barrier	4	1.34	1.18	33.50%
Psychological Barrier	5	3.01	1.07	60.20%
Social Barrier	4	2.16	1.06	54.00%
Knowledge Barrier	7	3.90	1.21	55.71%
Overall	20	10.41	2.40	52.05%

Mothers are having more percentage of barrier score for the domain psychological barrier and they are having less percentage of barrier score for the domain Physical Barrier

Table 5: Correlation between facilitators score and Barrier score for exclusive breast feeding practice among mothers of infants N=80

Correlation between	Mean score Mean±SE	Karl Pearson Correlation coefficients	Interpretation
Facilitators score Vs Barrier score	9.60±1.74 10.41±2.40	r= 0.34 P=0.01**	There is a significant negative, fair correlation between Facilitators score Vs Barrier score. It means Facilitators score increases their barrier score decreases fairly

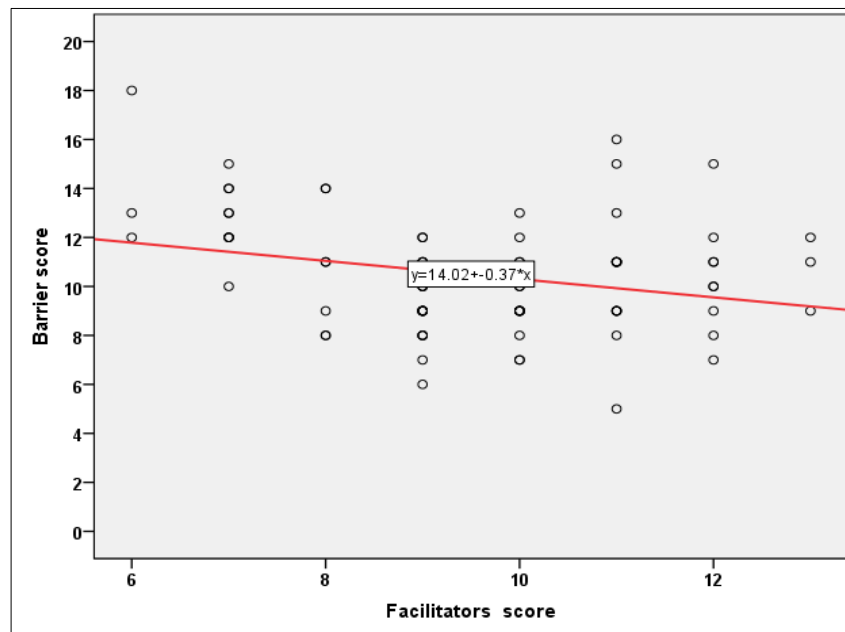


Fig 1: Scatter diagram with regression estimate shows the fair negative correlation (r=0.31 P≤0.01) coefficient between facilitators score Vs Barrier score among mothers of infants

Discussion

The point of this study was to decide the mother discernment on facilitators and obstructions of EBF rehearses in Kancheepuram region Sriperumbudur, Taluk. We likewise tried to decide the different maternal, newborn child, family, ecological, psychosocial and social variables impacting EBF practice in this locale.

The greater part (99.6%) of the members in this study took care of their infants on breastmilk albeit the EBF rate was low (36%). This EBF rate was lower than the public EBF rate (40%) detailed in the Multiple Indicator Cluster Survey (MICS) discoveries of 2019. The lower appraisals of EBF saw in this study were because of the distinctions in the

meanings of EBF since the public overviews utilized 24 h revealing period rather than the birth to a half year time span utilized in this review. The EBF rate we found was higher than studies in Ethiopia (26.4%) and Brazil (15.2%). Varieties in sociodemographic attributes and culturally diverse inclinations might be the reason for contrasts in the EBF rates.

The talked with ladies were educated on EBF rehearses, in spite of the low EBF rate locally. This finding clarifies why having the information on EBF doesn't really means EBF practice. By and large, prevailing difficulty to acquaint relative feeds tends with offset the mother's information on EBF benefits [8].

Moms who had a couple of kids were more averse to only breastfeed their infants when contrasted with moms with at least three youngsters. This finding was reliable with concentrate on discoveries in a Jordan study were they inferred that multi-equality was a significant indicator of elite breastfeeding [2, 9]. Being a beginner mother was likewise found out to be a danger to EBF in two investigations directed in Brazil [10]. The expansion in maternal certainty with a few earlier pregnancies could be because of past sure encounters in breastfeeding as well as past adverse results saw with early presentation of corresponding food varieties.

Youthful moms (under 25 years old enough) were more averse to practice of restrictive breastfeeding in Kancheepuram District. This finding was like perceptions in a Chinese report were moms of the age bunch 15-24 years were more averse to rehearse EBF because of general conventional act of prelacteal taking care of particularly in rustic regions [11]. Additionally, a Brazilian report reasoned that young adult moms were more averse to EBF when contrasted and more established moms [12]. Being a more seasoned mother accompanies past experience, added conviction and obligation to parenthood subsequently an improved probability to EBF the baby [13].

Ladies who lived in less rooms (a couple) were more averse to rehearse selective breastfeeding when contrasted with the individuals who had and utilized multiple rooms. Living in less rooms can restrict the mother's security. Some African societies view the female bosom as a piece of a ladies' character and gentility which should stay private, and it is an untouchable to uncover one's bosoms or transparently talk about the bosoms [14]. In this way, breastfeeding within the sight of the parents in law or some other regarded seniors can be considered derisive conduct. Consequently, moms will most likely be unable to as often as possible breastfeed within the sight of parents in law or elderly folks because of the restricted security.

Moms who were monetarily autonomous were bound to only breastfeed their children in Kancheepuram District (OR 0.4; 95% CI 0.21, 0.79; $p=0.007$). This finding was in opposition to studies in which EBF rates were lower among utilized moms when contrasted with jobless ward moms. Reliance restricts the mother's feeling of independence. Subordinate ladies frequently comply with family feelings on newborn child taking care of in light of the fact that their parents in law or accomplices direct what can be given to the child accordingly, it is challenging for them to comply to EBF standards [15].

Children who had low birth weight (underneath 2500 g) were 4% more averse to be EBF when contrasted with infants who had a typical birth weight. This was predictable with a South African review brings about which they referred to the maternal craving for the newborn child to put on weight inciting mother's choice to add integral taking care of before the age of a half year [16]. The level of youngsters who were given plain water before the age of a half year was 58% which is essentially higher than the 28%. Our finding was steady with a review, were moms gave their young infants plain water with the conviction that water wouldn't influence the act of select breastfeeding.

While moving toward EBF related issues, wellbeing laborers need to think about every one of the apparent dangers, obstructions and advantages related with the perplexing choice to EBF for a considerable length of time.

Such a methodology has the capability of working on maternal and newborn child prosperity in the District and other comparable settings.

Concentrate on qualities and constraints

By gathering information from moms with newborn children who were 6 to 12 months old enough, the specialists decreased review inclination. Gathering information from the two offices and the local area brought about more agent information and the utilization of prepared as well as experienced research aides helped in protecting the nature of the got information while guaranteeing appropriate moral guidelines are kept.

The utilization of Purposive inspecting technique obstructed the representativeness of the gathered information and self-announcing may have acquainted review predisposition with the review. The review was likewise powerless against social allure inclination in which a few moms might have felt EBF to be an all the more socially satisfactory consequently, felt a sense of urgency to answer emphatically towards EBF rehearses. Utilizing the cross-sectional exploration configuration made it moving for the analysts to lay out causality.

Conclusion

The select breastfeeding rates were low notwithstanding the moms' high information levels and uplifting outlooks towards the training. In tending to the different elements affecting the savvy practice, there is need to channel strong measures through a framework wide methodology. This can be accomplished by realigning breastfeeding strategy mandates as well as local area mentalities and values towards the select breastfeeding. Teamed up endeavors from both the medical care area and society are essential in advancing and supporting the ideal breastfeeding practice. This can possibly further develop youngster wellbeing and diminishing newborn child dismalness and mortality in this region.

Availability of Data and Materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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