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# PERCEIVED BARRIERS TO BREASTFEEDING AMONG LACTATING WOMEN ON THE BASIS OF AGE AND LIVING AREA

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**Abstract**

**Background:** There are countless advantages to breastfeeding for the child and the mother. Breastmilk is the physiological standard for baby nourishment, providing mothers and babies with several health advantages and protection. Nursing mothers may confront a slew of obstacles in their quest to fulfill their breastfeeding goals. Exclusive breastfeeding is affected by maternal, infant, and socio-environmental constraints.

**Aim:** The aim was to identify the main barriers to exclusive breastfeeding for nursing moms in rural and urban areas.

**Methods:** The study included 200 Lactating mothers with an infant 0-6 months. Participants were women aged 18–35 years, in Rural and Urban areas of Lucknow City. Self-administered Socio-Demographic Questionnaire and Scale of Perceived Barriers to breastfeeding by Nhan Thi Nguyen, Hounng Thi Do, and Nhu Thi Van Pham (2021) were used for data collection.

**Results:** The results showed that women between the ages of 20 to 30 face greater barriers to breastfeeding, whereas urban area women have more barriers to breastfeeding than rural areas.

**Conclusion:** In this study, lactating mothers are aware of exclusive breastfeeding, but more information is needed about breastfeeding to improve breastfeeding practices and reduce the odds of exclusive breastfeeding.

**Keywords:** Exclusive Breastfeeding, Barriers, Prelacteal, First Initiation, Lactating mothers.

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## INTRODUCTION

The most prevalent way to nourish neonates is through breastfeeding they require to promote growth. Breastfeeding has a wide range of advantages for mother, child, and family that have been thoroughly proven from a variety of socioeconomic and psychological viewpoints. Furthermore, it is well knowledge that these advantages might be immediate or long-term” [11]. One of the most economical parenting practises is breastfeeding and easy method for newborns and young children's development and growth. Breastfeeding benefits the mother as well as the child. It benefits the mother by increasing the spacing between her children's births & reducing the risk of ovarian and breast cancer. Before six months of age, a child's maternal milk supplies all of the nutrients he or she need. Exclusive breastfeeding (EBF) has been proven to reduce infections like as diarrhea and pneumonia on several occasions” [12]. Peer

pressure, mothers' body image, the role of women in the reproductive process, pressure to use artificial feeding, and a lack of family or medical support have all contributed to the early cessation of EBF and nursing in other circumstances” [8]. Long acknowledged are the benefits of breastfeeding for both the mother and the newborn. Nutritional, developmental, emotional, immunological, social, economic, and environmental advantages are all available. Breast feeding is hampered by a number of factors, including young moms, smoking, Caesarean section, unmarried mothers, low income, full-time employment, and the newborn receiving supplements during the first few weeks of life. Figure no 1 show the types of barriers during lactation period. Negative opinions held by women, their partners, family members, and medical professionals could be a barrier to breastfeeding & consistently painful and red nipples may lead to early discontinuation” [13].

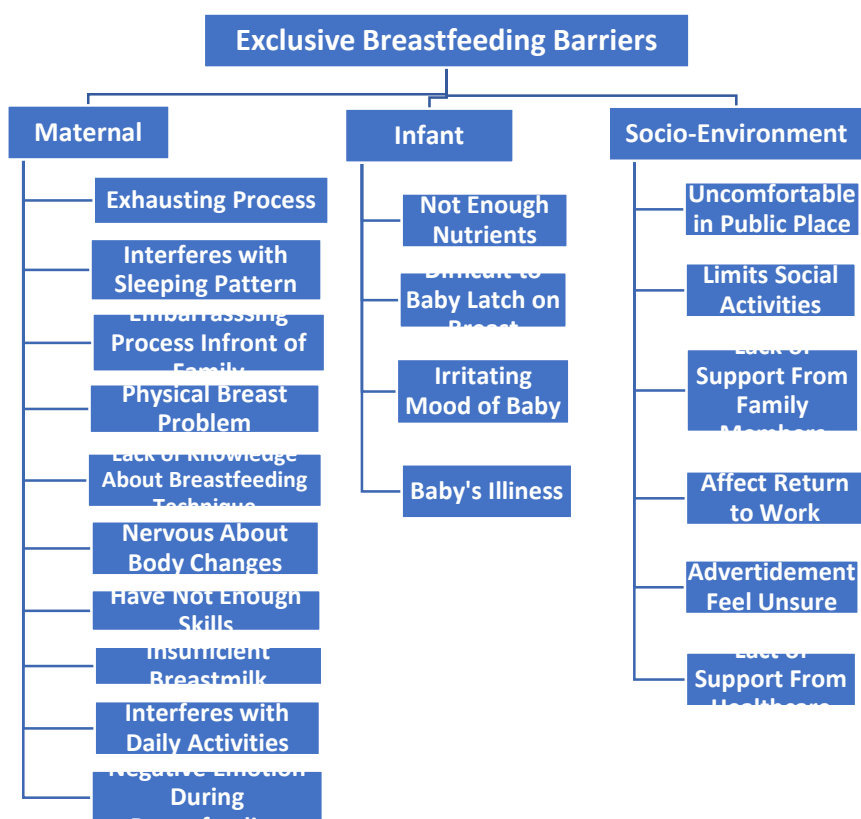


Figure 1 Type of Barriers in Exclusive breastfeeding

Social and structural determinants of health, including a parent's desire or capacity to breastfeed, can have a substantial impact on a parent's overall health. It is critical for practitioners to be aware of available options in order to facilitate breastfeeding. Patients with significant medical problems breastfeed at a lower rate and for a shorter period of time than those without” [16]. Exclusive nursing is giving the baby just no additional drinks or solids besides breast milk, with the possible exception of liquid medication and vitamin/mineral supplements. Race, mother age, maternal work, parental education, socioeconomic situation, inadequate milk supply, baby health issues, maternal obesity, smoking, parity, manner of birth, maternal interest, and other variables may all impact breastfeeding. Inadequate knowledge, social customs, inadequate familial and social assistance, shame, maternity problems, job, child care, & hurdles connected to medical assistance are just a few of the many barriers to breastfeeding” [15]. Rapid industrialization, lifestyle changes, and other socio-cultural practises have all been identified as key influences on breastfeeding behaviours across the country. Despite the fact that employment of mothers plays a significant part in modern society, there is a lack of data to assist working moms in advocating for EBF policy at work” [1]. Symptoms of breast engorgement include nipple pain or damage, candidiasis, Raynaud's phenomenon, plugged ducts, mastitis, breast abscess, and galactocele as well as inadequate milk supply or hypogalactia, are all described” [2]. Mothers experience several obstacles to nursing when they start working again, including a Lack of housing options for expressing and/or storing human milk, inflexible work schedules, and concerns regarding support from coworkers and supervisors” [7]. Today, the majority of infants do not benefit fully from breastfeeding, placing millions of people at risk for illness and death, and the majority of health professionals lack the knowledge and skills necessary to help mothers improve their feeding habits. Lack of understanding

about healthy baby feeding methods, as well as a supportive environment, are the key barriers to EBF. Myths and misunderstandings about newborn feeding impacted traditional infant feeding techniques” [14]

## METHODS

**RESEARCH DESIGN** This study's aim was to identify the EBF of lactating mothers. In depth, questionnaire was used to know the barriers of exclusive breastfeeding during lactation. This study was conducted in rural and urban areas of Lucknow, Uttar Pradesh, India. Women who refused to participate in the study or who had not given birth were not included. Lactating Mother with infants 0-6 months were included. Purposive sampling techniques used to recruit a total of 200 respondents. Lactating mothers aged 18-35 years old were selected because this population would Reproductive age.

### Sample Size:

$$n = (za)^2 \times p \times q / d^2$$

n = sample size

z = z static at a level of significant, at a= 5%, Its value is 1.96

$$(1.96)^2 = 3.84$$

p = Prevalence = 41.6%

q = 100 – p = 58.4%

d = allowable error = 7

According to NFHS-4, UP, 2015-16, Exclusive breastfeeding upto 0-6 months 41.6)

$$3.84 \times 58.4 \times 41.6 / 7 \times 7$$

190

Taking 5% non-respondent, the propose sample size is

$$190 + 10 = 200 \text{ sample}$$

### Tool

The data were collected from eligible women using self-structured socio-demographic questionnaire and Perceived Barrier to breastfeeding Scale by Nhan Thi Nguyen,

Houng Thi Do and Nhu Thi Van Pham (2021) were used for data collection” [10].

### Socio-demographic Questionnaire

A compilation of 7 questions were asked from lactating Mothers. The questionnaire asked about background sociodemographic data on Age, Qualification, Occupation, Living arrangement, Parity, Religion, mode of delivery.

### Perceived Barrier to breastfeeding Scale (PBBFS)

The scale had 20 items covering three areas of breastfeeding hurdles: social and environmental barriers (items 11–14), infant barriers (items 1–10), and maternal barriers (items 15–20). The maternal aspect represents mothers' unfavorable attitudes or beliefs toward nursing, their lack of knowledge or expertise in breastfeeding, their lack of confidence, and the physical and psychological changes that would result from exclusively breastfeeding. The infant component shows mothers' misconceptions regarding the advantages of breastfeeding for newborns and their physical and

psychological health. The socio-environmental factor represents the mothers' negative views of the family and medical support systems, their employment situation, and the detrimental impact of formula advertising on the practise of exclusive breastfeeding. Each item's response scale received a score between 1 (strongly disagree) and 4 (strongly agree). As a result, the total scores were in the range of 20 to 80, with a higher score indicating a greater perceived barrier to breastfeeding” [10].

### Statistical Analysis

Version 2.0 of the SPSS application was used to evaluate the data that had been obtained. For continuous variables, descriptive statistics including frequency, percentage means, and standard deviation were calculated. For nominal features of the women, proportions were computed. A P-value of 0.05 at a 95% confidence interval was regarded as significant when using the ANOVA test to evaluate the significance of associations between two nominal variables. Tables and charts were used to present the findings.

## RESULT AND DISCUSSION

**Table-1 Socio-demographic profile by frequency and percentage (N =200)**

	Variables	Frequency (%)
<b>Age</b>	< 20 years	16 (8%)
	20-30 years	155 (77.5%)
	>30 years	29 (14.5%)
<b>Area</b>	Rural	100 (50%)
	Urban	100 (50%)
<b>Qualification</b>	Illiterate	8 (4)
	Primary	50 (25)
	Secondary	65 (32.5)
	Higher	77 (38.5)
<b>Occupation</b>	Government	23 (11.5)
	Employee	23 (11.5)
	Self-employee	23 (11.5)
	housemaker	131 (65.5)

<b>Mode of delivery</b>	Normal	95 (47.5)
	C-Section	105 (52.5)
<b>Parity</b>	Primipara	128 (64)
	Multipara	72 (36)
<b>Type of Family</b>	Joint	142 (71)
	Nuclear	58 (29)

Characteristics of the respondents' sociodemographic groups. Out of 200 lactating mothers the modal age group was 21-30 (77.5%) in figure no.2. figure no.3 showed that 50% of the respondents lived in rural areas.

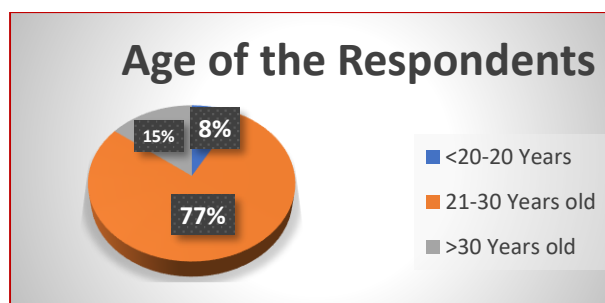


Figure 2 distribution of mothers on the basis of age

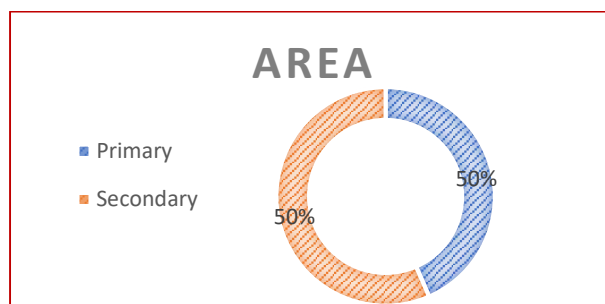


Figure 3 distribution of respondents as their area Figure no.4 & 5 represent the qualification and occupation of the respondents. Among the respondents had higher qualification 38.5%, and majority of the mothers were homemaker.

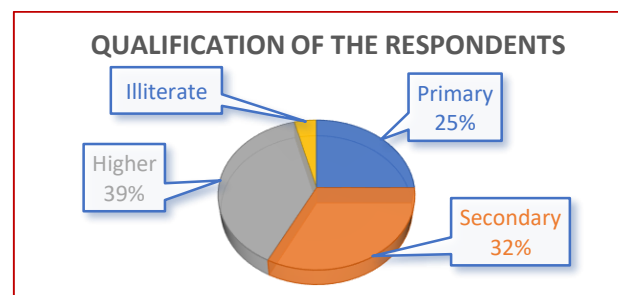


Figure 4 distribution of respondents as their qualification

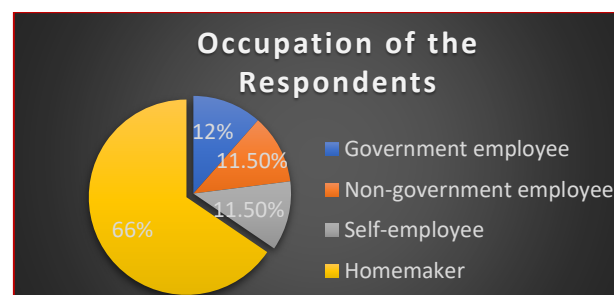


Figure 5 distribution of the respondents as their occupation

52.5% of mothers got C-section delivery mode in figure no.6. Majority of mothers reported being primipara (64%), and 71.2% lived in joint family showed in figure no 7 & 8.

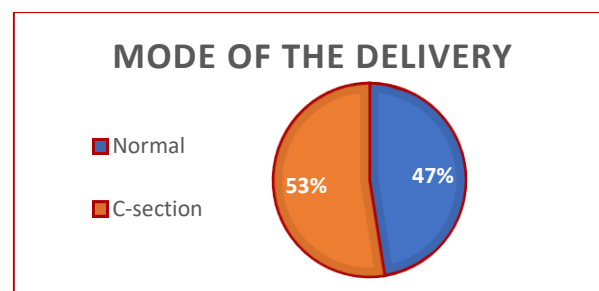


Figure 6 distribution of respondents as their mode of delivery

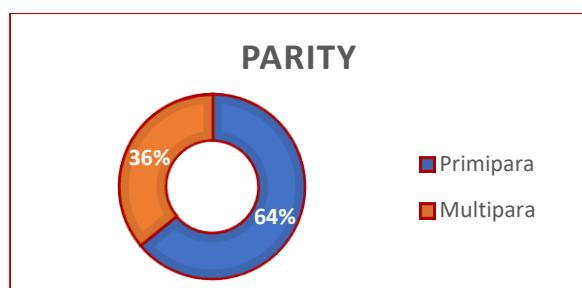


Figure 7 distribution of the respondents on the basis of parity

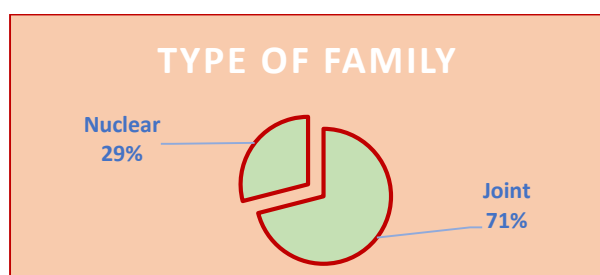


Figure 8 distribution of respondents as per type of family

Table 2 represented the PBBF on the basis of frequency. In the current study the lactating mothers reveals that major proportion (42%) were agree with Breastfeeding is an exhausting process. A study by Orabi et al. revealed that breastfeeding is a tiring process and made them lose weight” [11]. In the result of the study were found that 43% lactating mother felt awkward to breastfeed in front of family members. Similarly, another study found that the most frequent felt barrier among mothers was embarrassment related to breastfeeding in public (83.2%)” [13]. The data pertaining that 40 percent mothers was disagree with “Due to limited breastmilk, my nursing does not go as planned”. Contradictory, according to another study, found that the main cause of mothers not breastfeeding their babies was a lack of breast milk in 65.2% of females” [9]. A major proportion 45.5% in our study showed that the most common barriers they faced in breastfeeding were inadequate technique of breastfeeding knowledge. Whereas on the other hand, an adjunct by Handaus et al. found that the perceived lack of basic nursing expertise was the most

common barrier to breastfeeding among 6.5 percent of women” [3].

In the current study showed that 44% respondent were uncomfortable in public places and 41% had lack of support from family. Other Study by Orabi et al. reported that Early introduction of supplemental feeds is a result of negative thinking” [11]. In these communities, programmes are required to support breastfeeding mothers. the cultural and societal constraints that influence exclusive breastfeeding practises. It can also be observed from table 1 perceived barrier to solely breastfeeding family members' lack of assistance (41%) and Formula advertisement (27%). Likewise, a study by Ichsan et al found that Exclusive breastfeeding may be hindered by a lack of enthusiasm and poor lactation management” [4]. Friends and the promotion of formula milk were two sources of barriers from a more silent environment. The data pertaining that a major proportion of 31.5 percent mother reported that Breastfeeding alone doesn't provide enough nutrition for my baby. while 43 percent reported disagree on this statement. A significant proportion 50.5 percent women stated disagree that difficulties to continue breastfeeding the infant. A major proportion 51 percent women reported that Breastfeeding is more difficult due to the baby's irritable disposition while 43.5 percent told that nursing is really difficult due to the baby's sickness. Further, in the socio-environment barriers, 44 percent women have noted that public breastfeeding is awkward while 37 percent reported that breastfeeding restricts interactions with others in social settings. Further, the data pertaining showed that 39 percent told that breastfeeding is significantly affected by returning to work while 43 percent women disagreed, " My breastfeeding practise is made more challenging by the absence of support from medical personnel." A systematic review that identified obstacles to EBF, such as the early introduction of meals and drinks before the baby is six months old, the mother's perceptions of inadequate breastmilk, & a lack of counselling issues

with the physical breast, demonstrated that” [5]. According to studies, breastfeeding initiation and duration were lower among working or returning mothers who were low-income and had less education than a high school diploma” [7]. According to another study, 1/4<sup>th</sup> of mothers underwent a caesarean section, and this method of delivery had an impact on the timing of breastfeeding beginning, the administration of colostrum, and the duration of exclusive breastfeeding. Additionally, mothers who gave birth via caesarean section qualitatively

explained how they were unable to follow recommended practises for early infant feeding due to their post-surgery unconsciousness, sickness, pain, and prescription medication, and how they later needed to supplement breastfeeding because their milk production was delayed or insufficient” [6]. exclusive breastfeeding was more common among multiparous mothers. mothers with their second child having less berries as they had more confidence to breastfeed their infant” [14].

**Table-2 Descriptive statistics of perceived barriers to breastfeeding (N=200)**

S. No	Perceived Barriers to Breastfeeding	Strongly disagree	Disagree	Agree	Strongly agree
		f (%)	f (%)	f (%)	f (%)
<b>Maternal</b>					
1.	Breastfeeding is an exhausting process	19 (9.5)	76 (38)	85 (42.5)	20 (10)
2.	Breastfeeding interferes with my sleeping pattern	7 (3.5)	74 (37)	97 (48.5)	22 (11)
3.	Breastfeeding in front of family members is an embarrassing process for me	16 (8)	70 (35)	86 (43)	28 (14)
4.	Experiencing physical breast problem (for example, sore or cracked nipple, breast engorgement) discourages me from continuing breastfeeding	38 (19)	63 (31.5)	88 (44)	11 (5.5)
5.	Lack of knowledge about breastfeeding technique results in my unsuccessful practice	13 (6.5)	83 (41.5)	91 (45.5)	13 (6.5)
6.	Breastfeeding makes me feel nervous about my body changes (such as weight gain, saggy breast)	41 (20.5)	75 (37.5)	74 (37)	10 (5)
7.	I haven't enough skills to practice breastfeeding	26 (13)	81 (40.5)	80 (40)	13 (6.5)
8.	My breastfeeding is not successful as expected due to insufficient breastmilk	24 (12)	80 (40)	75 (37.5)	21 (10.5)
9.	Breastfeeding interferes with my daily life activities	7 (3.5)	62 (31)	97 (48.5)	34 (17)
10.	During breastfeeding, I often have negative emotion (such as feeling anxious, agitated, angry, disgusted, or rageful)	53 (26.5)	81 (40.5)	55 (27.5)	11 (5.5)
<b>Infant</b>					

11.	Exclusive breastfeeding does not provide my baby with enough nutrition.	36 (18)	86 (43)	63 (31.5)	15 (7.5)
12.	It is difficult for me to keep my baby latch on my breast	16 (8)	101 (50.5)	78 (39)	5 (2.5)
13.	My baby's irritating mood makes breastfeeding harder	13 (6.5)	81 (40.5)	102 (51)	4 (2)
14.	My baby's illness makes breastfeeding very hard	43 (21.5)	55 (27.5)	87 (43.5)	15 (7.5)
<b>Socio-environment</b>					
15.	Breastfeeding in public places is uncomfortable to me	16 (8)	23 (11.5)	88 (44)	73 (36.5)
16.	Breastfeeding limits my social activities with others	7 (3.5)	54 (27)	74 (37)	65 (32.5)
17.	Lack of support from family members makes my breastfeeding practice more difficult	11 (5.5)	52 (26)	82 (41)	55 (27.5)
18.	Return to work affects my breastfeeding adversely	38 (19)	53 (26.5)	78 (39)	31 (15.5)
19.	Formula advertisement from TV, parent magazines, etc. makes me feel unsure of continuing breastfeeding	35 (17.5)	93 (46.5)	54 (27)	18 (9)
20.	Lack of support from healthcare personnel makes my breastfeeding practice more difficult.	53 (26.5)	86 (43)	49 (24.5)	12 (6)

Table no. 3 depicted the Mean Sd and ANOVA on the basis of characteristics of mother and perceived barriers to breastfeeding. The result showed that the age of mother 20-30 years in this study was the highest mean score ( $M = 51.37$ ,  $SD = 7.98$ ) and ( $F = 5.428$ ,  $p = .005$ ). The statistically is significant on the level of 0.05. Between the Lactating Mother's Area and Breastfeeding Barriers Score ( $F=.613$ ,  $p = .435$ ), there is a statistically significant difference. In this study that mean score of urban area's women was highest ( $M = 50.58$ ,  $SD = 9.32$ ) compare to rural.

**Table-3 The difference in Mothers characteristics and breastfeeding barriers scores (N = 200)**

Variable	Breastfeeding Barriers		
	M±SD	F	p
<b>Mothers Age</b>			
<20 years old	47.3750±5.46352	5.428	.005
20-30 ears old	51.1355±7.98869		
>30 years old	46.1724±10.37190		
<b>Area</b>			
Rural	49.6500±7.36957	.613	.435
Urban	50.5800±9.32053		

\* $p < 0.05$ , M = Mean, SD = Standard Deviation, F=ANOVA, p= Significant Value



## CONCLUSION

In the study showed that the barriers of exclusive breastfeeding in lactating women, but more information is needed about breastfeeding to improve breastfeeding practices and reduce the odds of exclusive breastfeeding. like; Intervention programs can be effective in promoting breastfeeding support among health workers. Day care facilities for babies along with the provision of a special place for breastfeeding among working mothers can enhance EBF practices. The most common barriers were a lack of health education about breastfeeding and its benefits, a hungry infant, finding artificial feeding easier and more comfortable, the belief of an inadequate milk supply, and fatigue during breastfeeding. Mothers face many social and in order to give lactating moms the most support possible and to reach the goal of better infant health, community leaders should take such issues into consideration.

## Abbreviations

BF: Breastfeeding; EBF: Exclusive Breastfeeding; PBEBF: Perceived Barriers of Exclusive Breastfeeding;

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## Authors' contributions

Singh N. formulated the study question and developed the study design. Gautam N. collected data analyzed data, interpretation of the result, and drafted the manuscript. Singh N. revised the manuscript and accepted the final manuscript.

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## Declarations

## Ethics approval and consent to participate

The institutional Ethics Committee (IEC) at Babasaheb Bhimrao Ambedkar University, Lucknow, India. The reason for the waiver being granted is that the study is based on a descriptive and exploratory design. There was no experimental research on humans directly, and no respondents' bodily fluid samples were collected in this study. we undertake that all ethical formalities and procedures were followed while carrying out the study and research paper writing authentically and abided by regulations formulated by various academic and research bodies.

## Availability of data and materials

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

## Consent to Publish

Not relevant.

## Conflict of interest

The authors affirm that they have no interests in conflict.

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