

Prevalence of Attitudes Towards Breastfeeding

Data and evaluation by Joseph Nicholas, November 1999

The perspective of women in rural West Bengal

Introduction

Exclusive breastfeeding during the first 4 to 6 months of life has been increasingly recognized to be of vital public health importance to poor urban and rural Indian families. The advantages of exclusive breastfeeding have been well documented to include a clean, available food supply, excellent bioavailability of nutrients, low cost, enhanced immunity with protection against both viral, bacterial and allergic disease as well as psychological and developmental benefits to both mother and child. Lack of adequate breastfeeding in India has been associated with undernutrition and recurrent infection, with resultant higher infant mortality rates. Despite the efforts of many medical and community health organizations, a significant proportion of mothers do not employ exclusive breastfeeding. They often opt to provide inappropriate early supplemental feedings, or to substitute animal milk, starch preparations or commercial formulas in lieu of human breast milk. Anecdotal reports by experienced health care workers often note that mothers may feel the child is not getting adequate satiety from exclusive breastfeeding. It has also been reported that commercial formulas or packaged milk products is often associated with higher social status in these communities. In addition, many mothers discard the colostrum portion of breastmilk, concerned that it is deleterious to the child. For this reason, the child may be fed animal milk, water or honey during this initial, very important period of training and habituation at the breast. Studies of impoverished urban areas note that many mothers feel their milk is inadequate, and in mothers working outside the home, 46% felt that breastfeeding is too time consuming. No recent quantitative evaluation of women's attitudes toward exclusive breastfeeding in the areas of West Bengal surrounding CINI has been recorded. By specifically quantifying the prevalence of these attitudes in a representative subset of these mothers, it is hoped that specific educational and interventional strategies can be more specifically targeted to their concerns.

Survey

The main survey consists of 6 simple true/false questions, designed to evaluate the knowledge base and perception of mothers about breastmilk, colostrum, and non-human milk substitutes. The survey questions were posed to consecutive mothers presenting to the outpatient pediatric clinic at CINI with children between one week and six months of age. For children less than 4-6 months of age, CINI and other community health organizations have historically recommended exclusive breastfeeding. The survey, while not comprehensive, was designed with the following goals in mind: 1) to evaluate

the most common anecdotal reasons for failure to exclusively breastfeed in a qualitative format, 2) simple, dichotomous answers (true/false), and 3) ease of administration in the busy outpatient setting. The questions posed were the following: Breastfeeding alone is not enough food for my baby to grow adequately. Breastfeeding is too time consuming. It is easier for me to feed my baby by spoon or cup than breast. Colostrum is good for my baby. Tinned milk is better for my baby than breastmilk. Commercial formulas are better for my baby than breastmilk. The survey was reviewed with the clinical staff physicians at CINI, who then conducted interviews in Bengali. Answers were true/false, or agree/disagree. I was present for all interviews for any clarification needed. Results

Question	True Pct.	False Pct.
Breastfeeding alone is not enough	22 76%	7 24%
Too time consuming	6 21%	23 79%
Easier to feed by hand/cup	12 41%	17 59%
Colostrum is good for baby	8 28%	21 72%
Tinned milk is better than breast	8 28%	21 72%
Commercial formulas are better	7 24%	22 76%

After this original data set was obtained, as second (different) set of women were asked the following two questions: Cow's milk is better than breastmilk for my child. (True/False) Would you prefer cow's milk or powdered cow's milk in the absence of maternal breastmilk? Question True Pct. False Pct. Cow's milk better than breastmilk 2 10% 18 90% Prefer fresh cow to powdered milk 15 75% 5 25%

Discussion As had been suggested by previous interactions, there exist significant perception deficits in mothers of young infants in the CINI population. The misconception of the largest magnitude is that the vast majority of mothers surveyed are concerned with the adequacy of their own supply of breastmilk. When these women were asked to explain why they felt their breastmilk was inadequate, almost all responded that they were prompted to supplement feeding because of crying at frequent intervals, or that they received advice from another source (usually a family member, occasionally a health care professional.) When placed under medical supervision, almost of all the children of mothers with similar self reports demonstrate appropriate weight gain with exclusive breastfeeding. This psychology has been present in many mothers admitted at CINI's Nutritional Rehabilitation Center. The belief that all episodes of crying indicate hunger has been responsible for much of the faulty feeding practice. This is true not only for inappropriate early supplemental feedings, but delayed weaning or excessive breastfeeding seen in some of the older children as well. Taken to the extreme (complete replacement of breastfeeding with cow's milk or starch preparations,) this psychology can contribute to physiological lactation failure with regression of the mother's ability to produce adequate quantities of breastmilk. A second attitude of potential serious effect is that of the prevailing opinion regarding colostrum in this population. Colostrum is rich in unique immunologic

properties important to the newborn, but the failure to give colostrum may have more far reaching problems. The concern that colostrum is harmful often prevents the practice of breastfeeding for the first several days of life, interfering with the mother's subsequent ability to quickly develop adequate mature breastmilk. The development of suckling proficiency by the child is in part related to early introduction of breastfeeding. Feeding through bottle or spoon substances such as sugar water, plain water, or honey (as is done in some of these families) to replace colostrum does not promote normal suckling physiology for the child (or mother), and obviously does not provide the unique nutrients in colostrum. Considering the poor level of hygiene in many of these communities, many of these practices also place the child at increased risk for infection, a major etiology of childhood morbidity and mortality. The extent to which failure to use colostrum impacts the health of an individual child is difficult to quantify. However, the consequences to the child may extend beyond the first days of mother's milk production, and failure to eradicate the persistence of these beliefs may have profound effects on the overall health of a pediatric community. Many of these results are consistent with attitudes found in urban mothers in New Delhi (Aggarwal A, 1998), a study which surveyed only women who were identified as introducing early feeds. Our study looked at consecutive women, without regard for current or past feeding practice. Although not the aim of this study, many women offered additional data. When questioned as to the reason for failure to provide colostrum, many women interviewed in the NRC and the outpatient clinic reported traditional superstition that colostrum is harmful to the child, and may make them sick. Younger mothers report being told this by older relatives and village elders. Women who received comprehensive antenatal health care, and hospital delivery of their child, seemed most likely to provide colostrum and exclusively breastfeed their child. Two of these women remarked on the formal attention given these issues in the peripartum period. However, contact with health care providers was not always to the child's benefit, as two women also reported receiving advice from other health care providers to supplement feeds early (inappropriately so.) As has been previously reported, several mothers were holding breastfeeds during acute respiratory and gastrointestinal illness. As compared with studies of urban mothers, issues of time and ease of breastfeeding, while present, do not seem to be as prominent in this rural community. Interestingly, the second subset of data collected seem to indicate that most mothers do have some understanding of the superiority of human breastmilk to cow's milk, yet the incidence of cow's milk supplementation in the first 6 months of life remains high. Potential reasons for this discrepancy include the perceived lack of satiety of their breastfed infant as noted above, and untruthful answering. Many of these mothers know

CINI's concern regarding on cow's milk, and often may be anxious to please the investigators with "appropriate" responses, regardless of their true feeding practices. Further investigation and more detailed interviewing on admission to the NRC has almost always revealed inappropriate supplementation despite initial claims to the contrary. Of additional irony is that most mothers surveyed preferred fresh cow's milk to powdered milk for their children. Clearly both are inferior to human mother's milk, but given the level of hygiene regarding the fresh milk supply in rural West Bengal, cow's milk may be more harmful, if anything, than powdered milk made with the local drinking water supply. The acceptance of cow's milk in this community as wholesome nutrition for developing babies may reflect a failure of the medical community to strongly and persistently oppose its use for infants. While commercial preparations (powdered milk, tinned milk, and artificial formula) have been publicly criticized by leading medical professionals, the disadvantages of fresh animal milk have not been voiced as specifically or forcefully. Some anecdotal reports suggest that segments of the medical community explicitly encourage cow's milk as wholesome in young infants. This brief survey is obviously limited from making a more comprehensive investigation into all the factors limiting breastfeeding practices in women in the CINI project area. We did not link the specific feeding practices to the prevalence of specific attitudes in the community, or to other factors of probable significance (family size, maternal age, support at home, maternal education, financial supports.) The two most prevalent attitudes potentially leading to failure to exclusively breastfeed are those surrounding the adequacy of breastmilk, and misinformation regarding colostrum. Based on this data, it seems prudent to refine relevant programming strategies aimed in these areas.