

Experiences of Lactating Mothers on Breastfeeding and Additional Food Practices

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Abstract

The rate of exclusive breastfeeding and additional food practices rate remained low in Nepal. It's quite surprising, given the active promotion of breastfeeding and additional food practices by individuals, family members, communities, health institutions, hospital NGOs, INGOs, and the government. Nevertheless, we should continue to spread awareness about the importance of exclusive breastfeeding and healthy food practices for infants. The main objective of this study was to explore the experience of lactating mothers, who often struggle to manage additional food practices for their babies. The study was based on narrative theory and included a small sample group of two mothers, who shared their experiences of breastfeeding. Despite the challenges, the mothers in the study remained committed to providing their babies with the best possible nutrition and care. By sharing their stories, they hope to help other mothers who may be facing similar difficulties. During the research, a qualitative-descriptive research design was adopted, and purposive sampling was used to select participants. The data was gathered using verbatim audio recordings of in-depth interviews, and interview transcriptions were analyzed using the qualitative content analysis approach. It was found that all participants were still breastfeeding at the time of the interview. The analysis of the interview transcriptions generated 46 nodes, 8 sub-themes, and 2 key themes. The two key themes that emerged were "Challenge and support for breastfeeding" and "Nutrition and additional food practices." The research provided valuable insights into the experiences of breastfeeding mothers and the factors that impact their feeding practices. Our findings show that these mothers adopt positive practices such as feeding colostrum, exclusively breastfeeding, timely introduction of additional foods, and continuing to breastfeed. To ensure that more mothers have successful breastfeeding journeys, it is crucial to increase public awareness and support for breastfeeding through education, social support, and laws that promote it. Additionally, involving family members in the process can significantly contribute to the success of breastfeeding.

Keywords:- *Breastfeeding, Experiences, Nutrition, Exclusivity, Frequency, Duration*

Introduction

Early breastfeeding initiation, defined as starting human milk feeding within an hour of delivery, plays a crucial role in reducing the risk of morbidity and mortality in neonates and infants (Dubik & Amegah, 2021). In addition to helping women return to their pre-pregnancy weight sooner, breastfeeding protects newborns from disease and lowers their risk of developing breast and ovarian cancer (WHO, 2016).

Fundamentally important to providing adequate nutrition and growth during infancy is appropriate and optimal newborn feeding. According to Bhadarari et al. (2019), complementary feeding and the overlapping practice of exclusive breastfeeding (breast milk with no other foods or liquids) for the first six months of life, early breastfeeding initiation after childbirth, feeding colostrum, and Breast-feeding is one of the most effective ways to ensure a child's health and survival.

Breast-feeding is one of the most effective ways to ensure child health and survival. Despite breast milk being the best meal, nearly 2 out of 3 newborns are not exclusively breastfed for 6 months, a percentage that has not decreased in the past 20 years. It contains antibodies that help prevent a number of prevalent pediatric diseases, and it is secure and hygienic. Breast milk continues to provide up to half or more of a child's nutritional needs during the second half of the first year of life and as much as one-third during the second year of life. Breast milk provides all the energy and nutrients that a newborn baby requires for the first few months of life. Breastfed children perform better on intelligence tests, are less likely to be overweight or obese, and are less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancer. (Aguayo, Shama, & Subedi, 2015)

Babies should be nursed during the first six months of life and then only breastfed for the next two years, with complementary meals provided at the age of six months. The newborn, mother, and entire family may all benefit from breastfeeding. As an example, the infant is protected from illnesses such as diarrhoea, respiratory infections, overweight, and obesity, while the mother is protected from postpartum hemorrhage and close birth intervals in (Okinarum & Rochdiat, 2022).

Every child has the best start in life when they are breastfed. It contributes to a sustainable food system and helps women and children in terms of health, nutrition, and mental well-being. Although it is a natural procedure, nursing is not always simple. Mothers need support to start and continue breastfeeding. Promoting exclusive breastfeeding and expanding the availability of qualified breastfeeding therapy, which benefits infants, families, and economies. Indeed, evidence suggests that raising the percentage of infants who exclusively breastfeed might save lives. (UNICEF, 2015) Skilled breastfeeding counselling can be provided by different actors, including health care professionals, lactation counsellors, and peer support providers, in a variety of settings: in health facilities or clinics, through home visits or community programmes, in person or remotely.

After six months, an infant's nutritional and energy needs surpass those met by breast milk, necessitating the use of supplemental feeding to make up the difference. An infant's growth may stall if new meals are not offered at this time or if they are introduced improperly. In many countries, the highest prevalence of growth stalling, micronutrient deficiencies, and viral diseases occurs during the supplemental feeding period from 6 to 23 months (Gupta, 2007).

Even after complementary foods have been given, nursing continues to be an essential source of nutrition for young newborns and kids. Up to the age of one year and up to one-third of the infant's energy requirements throughout the second year of life are met by it. Compared to supplementary meals, breast milk continues to provide nutrients of greater quality as well as protective elements. Therefore, it is advised to continue nursing on demand with enough supplemental eating until the child is two years old or older.

To fulfil the young child's energy and nutrient requirements, additional meals must be nutrient-dense, secure, and offered in the right quantities. However, supplementary feeding is sometimes riddled with issues, such as meals being substituted for breast milk while being of lower quality, not being offered frequently enough or in sufficient amounts, or being overly diluted. Mothers and families require help in order to practise appropriate complementary feeding, as both food and feeding practices have an impact on the quality of this type of feeding (Pathak, 2015).

Exclusive breastfeeding (EBF) for the first six months of life is recommended by both the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This means that newborns should only be given breast milk for the first six months of life, without any other food or beverages, including water.

Around six months old, a baby's nutritional and calorie requirements start to outpace what breast milk can provide, necessitating the use of supplemental meals. At this age, a baby is also developmentally ready for other meals. Complementary feeding is the term for this shift. An infant's growth may stall if supplemental meals are not introduced at the age of 6 months or if they are administered improperly.

When breastfeeding is no longer sufficient for an infant's nutritional needs, complementary meals should be introduced to the child's diet. Complementary feeding normally lasts from six months to 24 months of age, which is a particularly critical time. The high incidence of malnutrition in children under the age of five across the world is mostly a result of the period when malnutrition begins in many newborns.

WHO (2006) created the Guiding Principles for Complementary Feeding of the Breastfed Child, which established criteria for creating regionally customised feeding recommendations. They are supplemented by the Guiding Principles for Feeding Non-Breastfed Children, which offer recommendations for appropriate feeding in situations when children six months of age and older do not get breast milk as part of their diet. For children who are

breastfed and are between the ages of six and 23 months, this advice can serve as the basis for formulating recommendations for supplemental feeding. The guiding principles cover when, when, and how to feed young infants, in addition to setting criteria for useful nutritional recommendations. The recommendations, which contain the most recent information on supplemental feeding, are the outcome of several consultations and papers on the topic.

When a baby needs more energy and nutrients than can be supplied by nursing alone, supplemental meals must be given to ensure that the baby's nutritional demands are satisfied. They adequately fulfil a developing child's needs for calories, protein, and minerals. Infant and young child feeding practices have a direct impact on under-two-year-olds' nutritional status, which affects their survival. The mother's expertise as well as the socioeconomic and cultural aspects of the community are connected to child feeding practices. In Nepal, there is a great deal of variation in the level of malnutrition. On an ecological and regional level, stunting is more prevalent in mountainous areas than in Terai, whereas underweight and wasting are more prevalent there. Breastfeeding is almost universal in Nepal, and the median duration of any breastfeeding is 34 months, whereas the mean duration is approximately 30 months (Phillips, 2014).

Numerous studies conducted in numerous nations have demonstrated the health advantages of nursing for babies, showing that it lowers their chance of developing a wide range of illnesses such as gastrointestinal and respiratory infections, diabetes mellitus, cancer, and chronic disorders. In preschool-aged infants and toddlers, breastfeeding has also been linked to improved cognitive development and academic performance. The WHO was compelled by the knowledge at hand to advocate exclusively breastfeeding infants and other healthy eating practices (WHO, 2002). The major goal of this study is to explore the experiences of lactating mothers in breastfeeding practices and how they manage additional food for the baby.

Methods

A qualitative-descriptive research design was used. Stories on breastfeeding and other eating habits were gathered from participants' firsthand accounts, and perspectives were thoroughly described. Based on grounded theory, this study was conducted. Similarly, an in-depth interview was used to gather information about the participants' experiences after they had been selected using the purposive sampling technique. Mothers who breastfed their children met the inclusion requirements. The interviews were primarily focused on two topics, such as lactating women's experiences with nursing and extra feeding practices for their infants. Data were collected using moderately open-ended individual in-depth interviews. The first author is a teacher in a government school (community school) with five years of teaching experience, and the other works in a bank. Both interviews started by asking permission (building rapport) with the question, Can you please tell me about your breastfeeding and additional food practices-related experiences? Additionally, participants were prompted with questions like, "Is

breastfeeding a problem?" Additional promotion-related topics that were brought up by interviewees were used as cues for more inquiries. The participant's selected location for the interview was used.

The qualitative content analysis approach was used to summarize the informative contents of the interview's recorded material after it was transcribed completely and verbatim. The authors collected the data first and then did data analysis in parallel. Following the interview, themes and categories were developed. Following that, data was acquired and categorized, and some new categories were created. Read all the transcripts several times to assess the text and make sure the analysis is reliable. The transcript stayed quite close to the participants' reported meanings, even when there were differences of opinion on interpretation.

Results and Discussion

The results of the study aid in our understanding of mother nutrition and breastfeeding practices in relation to the study area's social structures, cultural norms, and health outcomes for children. Data analysis was used to obtain the results, which were then approved at various levels. Participants that were questioned varied in age from 20 to 30 at the time of delivery. There were 46 concepts developed in the first step, known as open coding. Two themes were ultimately created after these notions were divided up into eight sub-themes. The two key themes were: -

- i. Challenge and support for breastfeeding.
- ii. Nutrition and additional food practices.

A summary of the themes and sub-themes is presented in below: -

Both participants' babies latched on both in the hospital and at home, however, one participant felt helpless due to insufficient support and annoyed when the baby couldn't latch on during the initial hospitalisation time. Because she can't latch correctly, her infant screams frequently. Everyone was frightened when she wailed, which caused me to worry. She is unable to grasp.

The first-time mothers panicked and worried that they weren't producing enough breast milk when the infant cried and struggled to latch on. Both participants gave their infants extra eating practices in addition to nursing. Regardless of race, both moms were confined for the first month after giving birth. Usually, their own mother, mother-in-law, or a confinement Nanny took care of them. Traditional methods of confinement care were used in the women's home for the first month following delivery.

My mother-in-law and the confinement woman both arrived since she (the baby) had returned from the hospital. Breast milk was promoted. By family members, both respondents felt valued. During the early phase, they mentioned that family support was crucial.

The second participant said, "My mother is always there to lead me." They always told me that I wasn't alone that my spouse was there all the time. They help me get out of bed, make

hot beverages for me, and assist me emotionally by removing the baby from the cot and handing it to me. Positive emotions were connected to nursing for both groups, particularly the connection to their children. A baby that is latching on will move his hands about before touching you; he will feel you. You will feel quite good physically with that type of warmth and engagement; nonetheless, you will be really exhausted despite your overall positive feelings. As a result, both individuals experienced feelings of pride and accomplishment from breastfeeding.

This study's analysis and interpretation are based on lactating moms' experiences with nursing and other eating habits. The findings of this study's mothers' experiences with breastfeeding after hospital discharge were consistent with those of other research. The attempt to get a baby to latch on is difficult for someone.

The study found that the moms used effective breastfeeding techniques such as colostrum feeding, exclusive breastfeeding, timely introduction of complementary meals, and continued nursing. It was discovered that early breastfeeding initiation and antenatal care service use had good effects. In this study, women went through a range of feelings and mental states. Being able to breastfeed was linked to happy, loving sentiments of connecting with the child, and women felt proud of themselves for successfully nursing.

It was concluded that mothers may consider social support (from mother, mother-in-law or partner) to be more important than health professional support, Education of first time mothers during the antenatal period could place emphasis on recognizing infant hunger cues, the physiology of breast milk production, ways to monitor if the baby is getting enough nourishment and ways to boost breast milk production.

Conclusion

This study helped to better understand nursing, other eating habits, and the struggles and experiences of moms. For first-time moms, breastfeeding initiation and maintenance continue to be difficult. The promotion of effective breastfeeding and other healthy eating habits may benefit from increased public knowledge, regulations that promote nursing in public and at work, as well as the support of family members.

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