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Barriers to exclusive breastfeeding in the Ayeyarwaddy Region in Myanmar: Qualitative findings from mothers, grandmothers, and husbands

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ABSTRACT

Background: Myanmar has low rates of exclusive breastfeeding despite many decades of efforts to increase this practice. The purpose of this study is to examine the barriers to exclusive breastfeeding and how different household members participate in decision-making.

Methods: We conducted semi-structured interviews with mothers with an infant 6–12 months (24), and a subset of their husbands (10) and their mothers/mothers-in-laws (grandmothers) (10) in rural and urban areas of Laputta, Myanmar.

Results: Respondents had high levels of knowledge about exclusive breastfeeding, but low adherence. One of the primary barriers to exclusive breastfeeding was that mothers, husbands, and grandmothers believed that exclusive breastfeeding was not sufficient for babies and solid foods and water were necessary. Water and mashed up rice were commonly introduced before 6 months of age. Mothers also faced barriers to exclusive breastfeeding due to the need to return to work outside the home and health related problems. Other family members provide support for mothers in their breastfeeding, however, most respondents stated that decisions about breastfeeding and child feeding were made by the mother herself.

Conclusions: Mothers in this part of Myanmar know about exclusive breastfeeding, but need more knowledge about its importance and benefits to encourage them to practice it. More information for other family members could improve adherence to exclusive breastfeeding, as family members often provide food to children and support to breastfeeding mothers. Support for mothers to be able to continue breastfeeding once they return to work and in the face of health problems is also important. Finally, additional information about the types of foods that infants need once they cease breastfeeding could improve infant and child health.

1. Introduction

The World Health Organization (WHO) recommends exclusive breastfeeding as an important strategy for reducing child deaths, particularly in developing countries. Exclusive breastfeeding is defined as feeding the child nothing but breast milk for the first six months (no foods or liquids including water). After 6 months, breastfeeding is still encouraged, along with the introduction of other foods and liquids. It is also recommended that mothers feed their newborns colostrum, as the first feed immediately after birth. Exclusive breastfeeding confers a number of protective benefits for children and mothers. For example, a longer duration of breastfeeding promotes sensory and cognitive development, protects infants against infectious and chronic diseases, and reduces infant mortality resulting from childhood illnesses such as diarrhea and pneumonia (American Academy of Pediatrics, 2012; Horta, Bahl, Martines, & Victora, 2007). However, exclusive breastfeeding up to 6 months has also been associated with increased risk for iron deficiency among infants (Monterrosa et al., 2008). Despite this, most international organizations and governments promote

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exclusive breastfeeding up to 6 months, especially in the developing world where the introduction of water especially confers risks of infections. In 1989 the WHO and UNICEF began extensively promoting exclusive breastfeeding in Myanmar. Promotion of breastfeeding included training community health workers for counseling and developing information, education and communication materials. Additionally, community support groups were formed including local midwives, auxiliary midwives, village leaders, health volunteers and local NGOs. In 2010, 504 out of the 667 hospitals country-wide were designated as baby friendly, and annual monitoring and trainings are on-going (Thaw, 2010).

Despite this strong governmental program in Myanmar, only 23.6% of children are exclusively breastfed up to the age of 6 months (UNICEF, 2011). Low rates of exclusive breastfeeding are one of many poor indicators of child health in Myanmar contributing to high rates of infant mortality and under-five mortality, (estimated at 41 and 52 deaths per 1000 live births, respectively) (UNICEF, 2013). A better understanding the breastfeeding practices and barriers of exclusive breastfeeding is important to increase rates of exclusive breastfeeding and improve infant and child outcomes.

Few studies exist on exclusive breastfeeding and the timing of the introduction of solids and liquids into children's diets in Myanmar. One past study found that 67.5% of women initiated breastfeeding within an hour and 83.2% fed colostrum to their newborns (Sandar, 2006). Another study found that Myanmar had the lowest rates of exclusive breastfeeding (11%) of nine east and southeast Asian countries studied (Dibley, Senarath, & Agho, 2010). Research into motivators of breastfeeding in Myanmar found that women breastfeed their children because of traditional beliefs that breast milk is most beneficial for newborns (White et al., 2012). Other studies have found that solids and liquids were introduced frequently around 4–6 months, rather than after 6 months, as guidelines suggest (Chit, Kyi, & Thwin, 2003). Furthermore, certain ethnic groups in Myanmar, particularly in more remote areas and areas with social unrest, have been found to be more likely of practicing early introduction of feeding foods and liquids (in the first six months of life) (Mullany et al., 2008).

One small qualitative study with five women looked at barriers to exclusive breastfeeding in a peri-urban area near Yangon (Thin Thin, 2003). The main barriers to exclusive breastfeeding included a lack of knowledge of proper infant feeding practices and lack of supportive environment. Traditional infant feeding practices, often influenced by myths and misconceptions, prevented mothers from practicing exclusive breastfeeding. For example, women believed that feeding foods and liquids before 6 months would keep a child healthy and strong, and that exclusive breastfeeding would not provide sufficient nutrition to the newborn. Peer pressure and the influence of the woman's mother were also important factors in feeding decisions. While this study provided valuable information on potential barriers to exclusive breastfeeding, the extent to which this applies to other parts of Myanmar, rural areas, or remote areas, has not been studied.

The goal of this study is to understand women, their husbands and the baby's grandmothers (the mother or the mother-in-law of the mother of child) knowledge about exclusive breastfeeding and the main barriers to exclusive breastfeeding. Despite over 20 years of exclusive breastfeeding promotion, exclusive breastfeeding still is not the norm for most women and their families. Specifically, the objectives are to: 1) Describe current breastfeeding and child feeding practices in Myanmar; 2) Examine breastfeeding knowledge, including exclusive breastfeeding, among mothers, husbands, and grandmothers; and 3) Describe barriers to exclusive breastfeeding.

2. Methodology

In depth, semi-structured interviews (IDIs) were used to gain an in-depth understanding of women and influential family members knowledge and practices around exclusive breastfeeding. IDIs were conducted in urban and rural areas of Laputta Township, Ayeyarwaddy Division, Myanmar. Ayeyarwaddy is one of the most populous states in Myanmar, with a population size of over six million (Department of Population, 2014). Laputta township is situated in the delta region of Myanmar.

We used purposive sampling techniques to recruit a total of 44 respondents. Twenty-four IDIs were conducted with mothers from urban and rural areas of Ayeyarwady State, 12 in urban and 12 in rural areas. Eligibility for mothers included being 18–40 years old, with a 6–12 month-old infant. Women with infants aged 6–12 months were selected because this population would have recently completed the period during which exclusive breastfeeding ideally would have been practiced, and therefore have better recall about their breastfeeding practices and the introduction of other foods. Since we wanted to gather information about the duration of exclusive breastfeeding, we chose to interview women who had a child at least 6 months of age. The study also included influential family members, namely, 10 mothers or mothers-in-law of the nursing mothers (called “grandmothers”) and 10 husbands of nursing mothers. These family members were recruited after the mother was recruited to the study. All IDIs took place at the respondent's homes after obtaining informed consent.

Data was collected over a 2-week period in August 2014. The fieldwork was conducted by a Population Services International (PSI) Myanmar research team in collaboration with researchers from the University of California, San Francisco. Researchers were trained in qualitative research methods for one week prior to the start of data collection, and included four female interviewers and one male interviewer. A researcher of the same gender as the participant conducted each IDI and all IDIs were conducted in the Myanmar language. IDIs took on average 45 min for the mothers, and were of slightly shorter duration for the husbands and grandmothers.

We developed a conceptual framework in order to guide our data collection, including development of field guides, and analyses. The framework highlights the influence of family members (husband and grandmother) beliefs and community norms and practices about exclusive breastfeeding and child feeding practiced (Fig. 1). We hypothesized that husband, grandmother and community factors could influence the mother's own beliefs and practices. Additionally, since husbands and grandmothers also provide care for the children, these family member's beliefs could directly influence child feeding. Finally, all of the mother's beliefs were moderated by the barriers that she faced to acting upon these beliefs.

Researchers from the University of California, San Francisco and PSI Myanmar developed interview guides, and pilot tested the tools in the study population prior to the start of data collection. Guided by the conceptual framework, the interview guide for the mothers included questions about antenatal care practices, delivery, breastfeeding and exclusive breastfeeding knowledge, practices and barriers, and child feeding knowledge, practices and barriers. The guide for the husbands and grandmothers focused on the their role in decision making about breastfeeding and child feeding practices, and childcare. Grandmothers were also asked about their own breastfeeding and child feeding practices.

Audio recordings were transcribed and translated into the Myanmar language and then into English by the research team members. The data analysis was performed by four analysts, two from Myanmar and two from the United States. All researchers