



A survey on difficulties and desires of breast-feeding women in Wuhan, China



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ABSTRACT

Objectives: exclusive breast feeding in China is relatively low and no research has been conducted to explore the difficulties and desires of Chinese lactating mothers. Currently, Chinese women turn to massage therapists to increase breastmilk volume, implying that many breast-feeding women faced problems but had few support mechanisms. This study aimed to explore the difficulties and desires of Chinese breast-feeding women and to propose strategies for increasing the rate of exclusive breast feeding.

Methods: three hundred and seventy-five primiparous women were recruited from two randomized cluster communities in Wuhan following ethical approval. Face-to-face semistructured interviews were conducted with 76 of the participants to collect data on their infants' feeding status, duration of exclusive breast feeding, reasons for stopping, difficulties encountered, and sources of support for lactation.

Results: the breast feeding initiation rate was 93.6%, but exclusive breast feeding was only 6.2% at six months. The most frequently cited reason for giving up exclusive breast feeding was perceived breast-milk insufficiency. Women cited a desire for professional and individualised instruction from following resources: (1) lactation consultants in hospital and communities; (2) Qualified cuirushi; (3) breast feeding website; (4) Relatives, friends and peers; (5) Telephone hotline.

Conclusions: to improve the rate and duration of exclusive breast feeding in China, effective and available resources must be available. Timely, professional and face-to-face lactation counselling such as lactation consultant, qualified cuirushi is needed.

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Introduction

Exclusive breast feeding (no artificial milk substitutes or other fluids) up to six months post partum has been recommended by the World Health Organization (2003) and the United Nations Children's Fund (UNICEF) and identified as an optimal way to promote healthy growth and development of infants (WHO, 2003; Karaçam, 2008). Several studies conducted in other countries have demonstrated that rates of exclusive breast feeding were low and duration remained short because of difficulties (Tarrant et al., 2010; Mgongo et al., 2013; Neifert and Bunik, 2013). A gap between first-time mothers' needs and the reality of resources to promote lactation has also been confirmed (Jiang et al., 2012). The most common reasons for low rates of exclusive breast feeding including milk insufficiency, misinterpretation of infant's cry,

insufficient weight gain by infant, lack of time, early introduction of solid foods, breast problems, and lack of support have been identified (Neifert and Bunik, 2013). Research has reported challenges and needs of breast-feeding mothers including a lack of breast feeding knowledge, practical breast feeding skills and targeted support (Dykes et al., 2003), and women being influenced by female friends' or relatives' breast feeding experience (Ingram et al., 2002; Oakley et al., 2014). Only a small group of Chinese women were still exclusively breast feeding their infants at six months and the influencing factors have been explored (Xu et al., 2009; Qiu et al., 2009; Tarrant et al., 2010); however, what difficulties these women encountered and what help they desired remain unknown.

In China, the *cuirushi* ("cuirushi" is a person who assists a mother to produce more breastmilk volume by massaging their breasts) is an accessible uncertificated lay person. The Ministry of Human Resources and Social Security has not recognised post partum breast massage therapist as a category of job and breast massage therapists do not have to register with the authorities. Instead, some hold massage therapist certificates. The job has

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grown increasingly popular in the community as more mothers turn to breast feeding following the tainted milk scandal of 2008 (China Daily, 2008), implying that a large number of lactating women having breast feeding problems require assistance. A previous study (Ouyang et al., 2012) reported 79.3% Chinese female clinicians and nurses did not receive training in breast feeding after graduation from university/college and indicated that their breast feeding-related knowledge was poor and attitude was less positive. Some lactating mothers who were known by the authors complained of difficulties during the duration of breast feeding and did not find satisfactory breast feeding support from health care professionals (Spiby et al., 2009; Ouyang et al., 2012). The authors concluded that an investigation was needed, utilising the perspectives of first-time mothers to explore breast feeding problems or difficulties and thus put forward interventions for successful breast feeding.

Studies to examine why mothers discontinue breast feeding early and to explore the factors influencing duration of breast feeding during the first six months post partum have been conducted in Ireland, the USA, and Hong Kong (Merewood et al., 2007; Tarrant et al., 2010, 2011; Oakley et al., 2014). However, to the authors' knowledge, this is the first study in mainland China. The authors concentrated on reasons for discontinuation of exclusive breast feeding, difficulties during the duration of exclusive breast feeding and desire for support services.

Methods

This is a retrospective and descriptive study using mixed method. This study was approved by ethnic committee of the authors' university.

Data were collected between June and December of 2014. After explanation of the purpose of the study, informed written consent was obtained from all participants. Three hundred and seventy-five first-time mothers with infants under six months of age were cluster sampled from two randomized communities in Wuhan. The inclusion criteria were: (1) first-time mothers with a healthy child under six months of age who was full-term at birth; (2) single pregnancy; (3) living in the community for more than two years and being familiar with the community facilities; (4) of Chinese ethnicity; (5) able to read and understand the Chinese language. Women who experienced infections, mental illness or who gave birth to infants with life-threatening diseases or malformations were excluded from the study. Mothers with children older than six months were also excluded to minimise possible recall bias. The questionnaire included items on demographic information, infant feeding patterns during the last 24 hours, and 18 items on mother's knowledge about breast feeding (Ouyang et al., 2012). Exclusive breast feeding was defined as only breast milk being given to the infants and no other liquids or solids except for those containing vitamins or medications. The infants were considered partly breast feeding if they were supplemented with infant formula and/or other breast milk substitutes (Stuebe and Bonuck, 2011).

Individual, semi-structured, face-to-face interviews were used to collect related information on infants' feeding status, whether or not the infant was ever breast fed, reasons for discontinuation of breast feeding, difficulties within the duration of exclusive breast feeding and desire to seek lactation support. After completing the survey, 76 mothers agreed to in depth interviews. The interviews were carried out by one author in the women's homes, the Community Health Centre or the Children's Park. Prior to conducting the interviews, the interview guide was piloted with 8 mothers having an infant less than six months old to ensure that the questions functioned well and the information was received as

intended. Participants were asked to describe their experiences related to breast feeding, using semi-structured interviews as a primary source of data collection. The interviews were audio-taped and lasted 30–50 minutes. To place the women at ease and encourage them to share their experiences freely, the interview always began with presenting the mother a funny children's toy and using statements such as: 'Your baby is so healthy and beautiful ...,' and '...it is not easy to feed a baby'. Probing questions were then asked to clarify or elaborate on the responses.

Findings

Of the 395 questionnaires distributed, 375 valid questionnaires were returned, yielding a response rate of 94.9%. Table 1 shows the demographic characteristics of 375 participants ranging in age from 22 to 37 years (mean age 28.7 years). Two hundred thirty and eight participants received caesarean section, accounting for 63.5%.

The modes of feeding among the participants' infants

Table 2 describes the modes of feeding among the participants' infants. The rate of exclusive breast feeding at birth was 93.6%, and declined with increasing age of the infant. The rate fell to 61.3% by the end of the first month, decreasing to less than one third (30.2%) by the second month, dropping to less than one fifth (19.7%) by the fourth month and 6.2% by the sixth month.

Participants' knowledge about breast feeding

Participants' knowledge about breast feeding is reported in Table 3. Benefits of breast feeding were generally known by most participants but practical skills and some breast feeding-related knowledge were confirmed to be inadequate. Few mothers (5.1%) knew the WHO and Chinese government recommendations on infant feeding, and 88.0% did not believe exclusive breast feeding is adequate for infant's growth in the first six months. A few women (5.6%) believed the statement that *infants fed with human milk are less likely to be obese*. Nearly one half of the mothers (44.8%) thought that *milk powder is as good as or even better than human milk*. Although 76 participants interviewed knew that breast feeding is good for children's health, only 1.6% understood the exact meaning of exclusive breast feeding and 85.3% did not know how long the duration of exclusive breast feeding should be and why water was excluded.

Table 1
Demographic characteristics of first-time mothers (n=375).

Characteristics	n	%
Age, year		
< 25	48	12.8
25–30	167	44.5
31–35	124	33.1
> 35	36	9.6
Education level		
High school or below	60	16.0
College or University	286	76.3
Master or above	29	7.7
Family income, ¥		
< 5000	72	19.2
5000–10000	156	41.6
> 10000	147	39.2
Employment status		
Employed	282	75.2
Unemployed	93	24.8

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