

Myths of Breastfeeding Regarding Mothers' Diet

¹AMNA AKRAM, ²RASHID MAHMOOD, ³MUHAMMAD SAJID

¹Medical Officer, ²Professor of Pediatrics ³Senior Registrar

Department of Pediatrics Fatima Jinnah Medical University/Sir Ganga Ram Hospital, Lahore.

Corresponding author: Dr. Amna Akram, Medical Officer SGRH, Lahore.

Email akramamna252@gmail.com

ABSTRACT

Objectives: To identify myths which are common in our local setup and are the main cause of hindrance in exclusive breastfeeding.

Methods: A cross-sectional survey was done at outdoor patient department of Sir Ganga Ram Hospital Lahore from October 2016 to December 2016 with the sample size of 174 women and open ended questions were asked.

Results: Among 174 responders, mean age of the patients in this study was 27.8 years, with majority (86.3%) having their education level below matric, and from lower socioeconomic status (83%). Among them, 99 (56.9%) of the mothers were of the opinion to start mother feed immediately after delivery. Furthermore, 130 (74%) mothers think that milk, fruit, and meat are good choice of food. 150 (86%) had the opinion and knowledge about thanda food.

Conclusion: Numerous myths are circulating among mothers related to food intake with various health issues in baby. Mothers still believe in avoidance of various foods in their diet to avoid problems in baby like colic, constipation and pneumonia.

Keywords: lactating mothers, newborn, mother's nutrition.

INTRODUCTION

Beside the fundamental role of breastfeeding in newborn's nutrition its other benefits for both mother and baby are countless and just more than a blessing. It not only provides the physical nutrition but also the strong basis of bonding between mother and baby. The affiliation between mother and baby starts just after conception, when the lady who is going to be a mother starts preparing everything for the baby may be in the form of cloths, toys, and decorating the room. The preparation of breastfeeding should be started in the form of motivation and guidance right at that time which will facilitate initiation of feed immediately after birth. This may make the mother say "I want to feed my child even during painful cries of labor pain". Obviously it sounds that there is a link between breast milk composition and mother's nutrition but breast milk composition is maintained throughout at the cost of maternal body stores, irrespective of maternal nutrition status. Maternal nutritional status can selectively alter the breast milk composition that is in fatty acid profile or some micronutrients but overall quality and quantity is never compromised. A malnourished mother's milk is just as beneficial as of healthy woman^(1, 2). The benefits of breastfeeding are

extraordinary but the myths associated with it become the main hindrance in the implementation of breastfeeding and replacing it with bottle feed. According to the UNICEF's State Of The World's Children Report 2011, among 136.7 million born babies, only 32.6% are exclusively breastfed in first six months of life. In Pakistan, exclusive breastfeeding rate rose from 26% to 36% from 1995 to 2006-07 respectively⁽³⁾. According to demographic health survey, the breastfeeding percentage increased from 37.1 to 37.7% in a period of 2006-07 to 2012-13 and bottle feeding percentage rose from 32.1% to 41%⁽⁴⁾.

Just like countless blessings of breastfeeding there are also countless myths related to breastfeeding that vary according to region culture educational and socioeconomic status whose value scientifically is nothing except to that of superstitious nature but the important thing is that these myths not only compromise both baby's and mother's health but also are the main hindrance in breastfeeding. Negative myths have a strong impact on not giving breastfeeding which can be just overcome by simple counseling and education in antenatal period. Very few studies have been done to find out myths and their impact on breastfeeding. This study is designed to explore

myths about breastfeeding circulating in our society.

MATERIALS AND METHODS

This cross-sectional survey was carried out with lactating mothers visiting pediatrics and gynecology OPD of Sir Ganga Ram Hospital Lahore during October to December 2016. All the mothers having age of 18 to 40 years with any parity were selected for this study. A sample size of 174 mothers with lactating babies was calculated using 95% confidence interval with an expected population proportion of 30%. Mothers having older babies (i.e. ≥ 5 years), and those having any medical issue requiring breastfeed restriction were excluded from the study. Moreover, mothers with food allergies were also excluded from the study.

Written informed consent was taken from all the mothers fulfilling the inclusion criteria. They were interviewed about their knowledge and attitude towards selection of different foods and breastfeeding. The data was collected on a predesigned questionnaire (Table 1). Furthermore, the mothers were interviewed for their demographics information including age, education and socio-economic status (self-assessed).

All the data was recorded on a questionnaire. Analysis was carried out by using Microsoft Excel and SPSS. Quantitative data was presented by mean and standard deviation while qualitative data was presented as frequency and percentages. The parameters which were assessed in our

RESULTS

Data was collected from 174 participants after taking written informed consent. The mean age of the participants of this study was 27.8 ± 5.21 years (Figure 1). Among them, 151 (86.3%) had education below matric. Most of the responders were poor 145 (83%) while 29(16.7%) were from middle and upper class. When they were asked about their opinion about starting breastfeeding to the neonate immediately after delivery, 99 (56.9%) replied that they will start immediately. Illness could be hindrance to the breastfeeding therefore, 116 (66.7%) stated that they will stop breastfeeding if a disease occur however, 58 (33%) stated that they will continue feeding in either case. Among 116 mothers who think that breastfeeding should be stopped in case of illness, 29(25%) confirmed in acute diseases, 56(48.2%)

in chronic diseases and 31(26.7%) in both type of diseases. 17(9.8%) were of the opinion that milk and extracted foods were good for lactating mothers, wheat and extracted was good by 5(2.9%), milk, wheat and fruits in 22(12.6%) and milk fruits and meat by 130(74%) as good choice as food for lactating mothers. On the question about the bad food it was noted that grains and extracted were bad food as responded by 21(12.1%), seasonal food by 1(0.6%), channy, rice and fried by 49(28%), spicy and fried food by 10(5.7%). Baadi and hard food were bad as per informed by 62(35%) of the responders. There were 150(86%) who had opinion and knowledge about the thanda food while 24(13%) did have knowledge about the garam food. When the responder were asked what type of food mother should take, 6(3.4%) responded as thanda food as choice, and 70(40.2%) as garam food while 98(56%) stated that both could be considered on the basis of the season. Leafy vegetables like palak and saag can cause the baby to have gas by 7(4%), channy and extracted by 10(5.7%), rice by 7(4.88%), hard food (channy, leafy vegetable, rice) by 100(57%) and Baadi food in 18(10%). 101(58%) stated that hard food taken by mothers could cause constipation among the babies. It was good that 104(59.8%) of the responder were aware of the high need of nutrition among the lactating mothers while 70(40.2%) did not have a knowledge about the increased need of the lactating mothers. [Table1]

Figure 1: Age distribution of the respondents

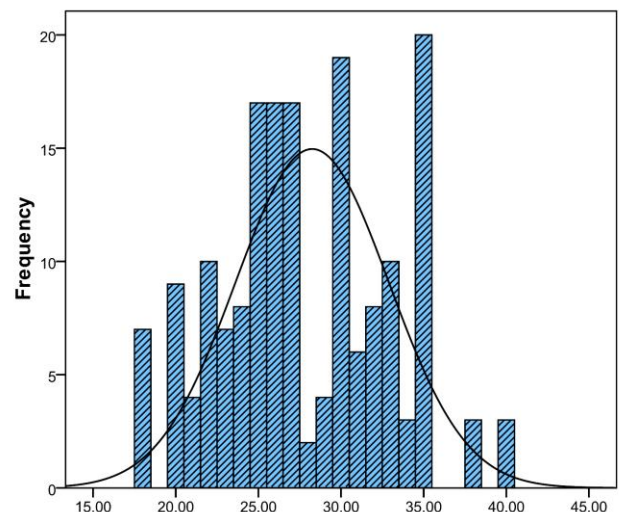


Table 1: Questions asked from the study participants

Query	Options	Frequency	Percentage
What is your opinion about breastfeeding on NPO after delivery	Immediately start feeding	99 (56.9%
	Will wait	75	43%
Would you stop breastfeeding in certain illness	Yes	116	66.7%
	No	58	33
If yes than in which type of disease (in above)	Acute	29	25%
	Chronic	56	48.2%
	Both	31	26.7%
What is your opinion about food type for lactating female for good food	Milk and extracted	17	9.8%
	Wheat and extracted	5	2.9%
	Milk, wheat, fruits	22	12.6%
	Milk, fruits, meat	130	74.7
What is your opinion about food type for lactating female for bad food	Grains and extraction	21	12.1%
	Unseasonal food	1	0.6%
	Channey, rice, fried	49	28.2%
	Spicy, fried	10	5.7%
	Baadi and hard food	62	35.35%
	Baadi, fried, spicy, hard food	31	17.8%
What do you consider as thanda and garam food	Garam food(Junk food, meat, chai, coffee, dates,	24	13.8%
	Thanda food(Banana, dhai, lassi water melon)	150	86.2%
What type of food mother should take	Thanda food	6	3.4%
	Garam food	70	40.2%
	Seasonal food	98	56.3%
What type of food taken by mother produces gas in baby	Leafy vegetables	7	4%
	Channny and extracted food	10	5.7%
	Rice	7	4%
	Wheat	2	1.1%
	Channy, rice leafy, vegetable	100	57.5%
	Baadi food	18	10.2%
	No response	30	17.2%
Any food which can cause constipation	Leafy vegetable	17	9.8%
	Hard food	101	58%
	Nonfood items	9	5.2%
	No response	47	27%
Are you aware of increased nutritional demand of women during lactation	Yes	104	59.8%
	No	70	40.2%

DISCUSSION

Cultural and religious norms are integral part of any society practically in Asian countries that define the food habits in different stages of life⁽⁵⁾. It is still a debate that which food is safe and hygienic in childhood and adulthood stages, we

need to understand the food utilization phenomenon among pregnant females after delivery that defines the quality of life of mother and child. In the developed countries, there is no concept of type of food but they prefer food with high nutritious value. But in different ethnic

population this concept varies from one area to another especially this phenomenon is quite strong and predominating in subcontinent areas including Pakistan. This concept of type of food and its impact on lactating mother and more on infant is one of the basic factors in promoting or inhibiting breastfeeding in neonates and infants. In our study, most of women were aware of benefits of early breastfeeding initiation after delivery but minority of our population were still facing many barriers in early initiation of breastfeeding based upon their ancient cultural setup. WHO recommendation is to initiate breastfeeding within 1 hour of delivery⁽⁶⁾. According to a demographic survey; breastfeeding initiated within first hour of life can prevent 22% of newborn deaths and within 24 hours of life can prevent 16% of newborn deaths^(7, 8). The low rates of early initiation of breastfeeding practice in south Asia has been reported in an article with the review of their possible reasons^(9, 10) but in our study most of the people were aware of benefits of initiation of early breastfeeding benefits. Almost all mothers categorized food as good and bad. The food in mother's nutrition is good if it has good impact on baby's health like most mothers prefer to take more milk, fruit and meat with the logic that milk is helpful in more milk production. Fruit and meat are highly nutritious as they are helpful in production of quality wise better milk. In a recent study in Korea it has been reported that people prefer to take more fluid intake in favor to produce more milk but milk intake is prohibited due to the concept of cow's milk protein allergy⁽¹¹⁾, so myths vary region to region but they exist almost everywhere in one or the other form. One of the Korean Food and drug administration recommended that lactating mothers need to take 2 to 3 cups of milk daily in order to produce more milk⁽¹²⁾.

Majority of mothers correlate their food intake with various health issues in babies. They consider hard food (which need good chewing like carrot, guava, corn, naan etc.), baadi food (cauliflower, spinach, peas, potato, mustard leaves, etc.) most notorious in causing gas, colic and constipation in baby. Different studies have documented the myths related to colic but food types vary according to region⁽¹¹⁾. But the fact is that such foods have no impact on alteration of breast milk composition which can cause colic or constipation like problems in babies⁽²⁾. People yet consider foods as garam and thanda and related it to many health issues in babies and even with

mother's health too especially in postpartum period. Majority of people consider thanda food (banana, dahi, lassi, watermelon etc.) should be prohibited in postpartum period because these are not good for both mother and baby's health. In their opinion after delivery mother needs a warm body temperature which is helpful in postpartum blood flow and in reunion of pelvic bones which has opened during delivery. Thanda food in mother's diet can cause cold, flu, pneumonia and respiratory tract infections in babies. Beside the postpartum period, most of people consider seasonal food good for both baby and mother's health during lactation means avoid garam food in hot season (prefer to take watermelon in hot weather) and avoid cold food in cold weather (prefer to take nuts, soup, tea). They relate garam food with neonatal jaundice and passage of loose stool with more frequency especially in hot weather and thanda food as cause of respiratory tract infections in babies especially in cold weather. Such beliefs have also been reported in other studies in which importance of hot and cold food concepts impair the mother's nutritional status especially in postpartum period. Majority of people responded that one should stop breastfeeding in certain illnesses especially in chronic one. People have related it with the fact that whatever mother's takes and whatever she has in her body is directly transmitted by breast milk into the baby. Such concepts serve as barriers in exclusive breastfeeding and in or the other way bottle feeding. This thing has documented in different studies in many regions of the world⁽¹⁴⁾. This study has limitation as the setting selected was a single center and public hospital. Patients who presented in this setting were mostly from poor family background. Moreover, religious perspective is also an important factor. Lack of information related to nutrition in the food was also not there among the responders and they were believers of the journal cultural concept about food. Educational level was not uniform among all the study population. Hence there is a need to conduct this study on a general population with diversified opinion. Moreover there is need to educate the people to work on the nutritional assessment of the food rather than its quant-o qualification basis of the inherited concepts.

CONCLUSIONS

Conclusively, it is confirmed that there is consensus among the mothers about the use of

seasonal food as for the lactating mothers and baby. But they also emphasis on the use of garam food to save the child from suffering of pneumonia and RTI.

REFERENCES

1. Segura SA, Ansótegui JA, Díaz-Gómez NM. The importance of maternal nutrition during breastfeeding: Do breastfeeding mothers need nutritional supplements?. *Anales de Pediatría (Barc)*. 2016;84(6):347-1.
2. Innis SM. Impact of maternal diet on human milk composition and neurological development of infants. *Am J Clin Nutri*. 2014;99(3):734-41.
3. Breastfeeding rate in Pakistan up: Unicef. The Nation. August 25 2012. Available at: <http://nation.com.pk/national/25-Aug-2012/breastfeeding-rate-in-Pakistan-up-unicef/amp>
4. Pakistan has lowest exclusive breastfeeding rates in South Asia. The News. August 8 2015. Available at: <https://www.thenews.com.pk/print/55367-pakistan-has-lowest-exclusive-breastfeeding-rates-in-south-asia>
5. Bista DB. Fatalism and development: Nepal's struggle for modernization. Nepal: Orient Longman; 1991.
6. WHO. Early initiation of breastfeeding to promote exclusive breastfeeding Switzerland: World Health Organization; [cited 2017 Jan 1]. Available from: http://www.who.int/elena/titles/early_breastfeeding/en/.
7. Mullany LC, Katz J, Li YM, Khatri SK, LeClerq SC, Darmstadt GL, Tielsch JM. Breast-feeding patterns, time to initiation, and mortality risk among newborns in southern Nepal. *J Nutrit*. 2008;138(3):599-603.
8. Takahashi K, Ganchimeg T, Erika Ota E, P. Vogel J, Souza JP, Malinee Laopaiboon M. Prevalence of early initiation of breastfeeding and determinants of delayed initiation of breastfeeding: secondary analysis of the WHO Global Survey. *Scientific Reports* 2017: 44868
9. Sharma IK, Byrne A. Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia. *Int Breastfeed J*. 2016;11(1):17.
10. The state of the world's children 2014 in numbers every child counts. New York: United Nations Children's Fund (UNICEF); 2014
11. Jeong G, Park SW, Lee YK, Ko SY, Shin SM. Maternal food restrictions during breastfeeding. *Korean J Pediatr*. 2017;60(3):70-6.
12. Hailelassie K, Mulugeta A, Girma M. Feeding practices, nutritional status and associated factors of lactating women in Samre Woreda, South Eastern Zone of Tigray, Ethiopia. *Nutri J*. 2013;12(1):28.
13. Kim-Godwin YS. Postpartum beliefs and practices among non-Western cultures. *MCN: Am J Matern Child Nurs*. 2003;28(2):74-8.
14. Gabriel A, Gabriel KR, Lawrence RA. Cultural values and biomedical knowledge: choices in infant feeding: analysis of a survey. *Social Sci Med*. 1986;23(5):501-9.