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Challenges and Issues Faced by Agalactorrhic Mothers in Matta Swat Hospital, Pakistan

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Abstract

Background: According to the World Health Organization (WHO), breastfeeding is the ideal food for new-borns up to six months of age. It provides all the nutritional needs of infants and protects them from many childhood illnesses. Therefore, the current study results provided baseline data of those mothers who may not breastfeed due to a lack of milk production or insufficient intake of proper nutrients, which may worsen this condition.

Aim: The study aimed to explore challenges and issues faced by Agalactorrhric mothers in Matta Swat Hospital, Pakistan.

Methods: Using purposive sampling and in-depth interviews, a descriptive phenomenological design explored the lived experiences of 13 agalactorrheic mothers at a Category C Hospital in Matta, Swat. Mothers with known medical conditions or who were unwilling to participate were excluded. Data were collected using a semi-structured, audio-recorded interview guide. Braun and Clarke's six-phase thematic analysis was used to analyze the data.

Result: The data identified 128 open codes. Additional and unnecessary codes were omitted, resulting in the identification of 18 categories from the open codes. From these categorical data, significant themes emerged, which were listed as follows: insufficient nourishment, physical and health discomfort, financial strain, emotional and psychological consequences, and alternative feeding complexities.

Conclusion: This was a comprehensive study that highlighted challenges and issues faced by Agalactorrhric mothers. It revealed that financial constraints and inadequate access to nutritious food can significantly impact milk production, leading to adverse effects on both milk production and the baby's health. Additionally, the findings highlighted significant hardships mothers face due to societal and familial pressures. Financial burden is a key factor contributing to insufficient milk production among Agalactorrhric mothers.

Keywords: Challenges, Agalactorrhric, Mothers, qualitative Study, Swat

Introduction

Breastfeeding is the ideal food for new-borns up to six months of age, according to the World Health Organization (WHO). It provides all the nutritional needs of infants and protects them from many childhood illnesses. Infants from birth until 36 months of age typically require breastfeeding for their growth, development, and good health. (1). Breast milk contains many nutrients, including live cells, amino acids, oligosaccharides, enzymes, growth factors, hormones, vitamins, minerals, and antibodies. (2) Breast milk is a complete diet that protects

infants from infections and diseases by providing the body with comprehensive defense against microbes(3,4)

Breastfeeding is the "natural and recommended way to support the healthy growth and development of young children" since human milk is the "gold standard" for newborn nutrition. Breastfeeding benefits go beyond the qualities of human milk itself, and a complex of nutritional, environmental, economical, psychological, and genetic connections establishes a long list of advantages for the health of the breastfed infant. (4)

Approximately 87%–88% of human breast milk is water, and it also comprises 124 g/L of solid macronutrients, including about 7% (60–70 g/L) of carbs, 1% (8–10 g/L) of protein, and 3.8% (35–40 g/L) of fat. Various environmental factors, such as the mother's food, may affect the composition. Colostrum is relatively rich in immune-protective ingredients with low fat and high protein content. Vitamins D and K may not be present in appropriate amounts in breast milk, and the baby may need to be given supplements if these are not taken by mouth. Breast milk includes enough vitamins to maintain the infant's normal growth. (5, 6).

According to WHO, In 57 Low Middle-Income Countries between 2010 and 2018, the global prevalence for early breastfeeding was 51.9%, for exclusive breastfeeding it was 45.7% under 6 months, 32.0% between 4-5 months, 83.1% at 1 year, 56.2% at 2 years, and for the introduction of solid, semi-solid, or soft foods it was 14.9% under 6 months and 63.1% between 6-8 months. (7). Under six months, exclusive breastfeeding performed worse in the Eastern Mediterranean (34.5%), European (43.7%), and upper-middle-income nations (38.4%) than in the lower-middle-income countries (47.4%). (8). Lower prevalence was found in the Southeast Asia/Western Pacific regions (51.0%) compared to other areas (68.3%–84.1%) and low- or lower middle-income nations (66.4%) compared to higher middle-income countries (81.7%). (9)

According to the Centers for Disease Control, in the United States of America, the majority (83.2%) of infants born in 2019 began receiving some breast milk, and 78.6% were still receiving any breast milk at one month. At six months, 24.9% of infants were exclusively breastfed, while 55.8% occasionally drank breast milk. Families may encounter a variety of difficulties when trying to breastfeed. (10)

However, records indicate that most newborns nurture at first, and many are still consuming some breast milk at 6 months. Infants benefit from breast milk even in small amounts. However, despite their expectations, many families do not breastfeed for the intended duration, and there still exist disparities in breastfeeding rates among different racial and ethnic groups. (11)

The prevalence of breastfeeding and exclusive breastfeeding in Spain is 77.6% and 88%, respectively; at 6 months, the prevalence of breastfeeding was 25.4%, and at 2 years, it was 7.7%. Insufficient milk (36%) and integration to work (25%) were the most frequent causes of breastfeeding cessation. (12)

Likewise, in Australia, Breast milk was given to 95.9% of children aged from zero to 3 years out of 86.4% of infants at 2 months old. Similarly, at 4 months, 79.5 % of infants were still exclusively breastfed, 66.0 % were weaned up to 3 months, and 3.3% had already started eating solid foods at the age of 5 months. (13, 14). (73.8%) Of infants were nursed exclusively, and 35.4% were still breastfeeding at 6 months. At six months or later, more than half (54.2%) began eating solid foods. Half (51.1%) of infants at 12 months old were still breast milk feeders. (15)

Similarly, more than 90% of children in Uganda receive breast milk at some point, the proportion of children who are exclusively breastfed falls dramatically with age, from 83% in infants 0-1 month to 69% in those 2-3 months, and even lower to 43% in infants aged 4-5 months (.16) Likewise the prevalence of exclusive breast feeding in Pakistan is 41.5%.12 According to United Nations International Children Emergency Fund (UNICEF) the breast feeding after delivery increased from 40% to 48.4% in 2018, the early initiation of breast

feeding was high in Khyber Pakhtunkhwa was 61.1%, in Sindh 50%, Punjab, and Baluchistan 42-44% while in Gilgit Baltistan 20.1% only. (17,18)

Research methodology.

The descriptive phenomenology method, which serves as a common qualitative research framework, helps researchers understand lived experiences through unbiased observation of human experiences. The researchers designed a descriptive phenomenological study to understand the experiences of agalactorrheic mothers at the Category C Hospital in Matta, Swat, Pakistan. The research planning called for ten individual in-depth interviews, yet a total of 13 interviews proved adequate because responses from participants became identical. To gather data, a purposive sampling procedure was selected to select mothers facing problems with milk production who needed artificial formula, as healthcare providers advised them to use it.

Data collection procedure

After obtaining approval from AS & RB, ERB, and the authorities of Category C Hospital Matta Swat, proper informed consent was obtained from the mothers, explaining all details. A topic guide was prepared and help was taken from a qualitative research expert and the supervisor. Furthermore, the topic guide was also discussed with a gynecologist for correction in question contents. The topic guide contained five main questions with each sub-question/probing question as annexed in annexure-II in last of the thesis. Individual in-depth Interviews lasting from 30 to 45 minutes were conducted with Agalactorrhric mothers using open-ended and probing questions. The questions started from the general to more specific contexts of agalactorrhea and the needs of the baby. These entire interviews were recorded using an audio recorder.

Data Analysis Procedure

The interview was recorded in audio data and then transcribed into English. An English expert gave a thoroughly reading for any mistakes during the transcription. Thematic analysis of the data was carried out through Braun and Clarke's six phases. In the first phase, familiarization with the data was done through transcribing, reading, and re-reading the data and making original sense of the data. In the second phase, the data was searched for the initial code generation and collected relevant data for each code. In the third phase, the codes were then arranged to give the potential themes. In the fourth phase, the themes were reviewed to generate definitions/ names for each theme. In the fifth phase, a thematic map was built from the themes. Finally, in the sixth phase, the final report of the data was produced.

Results and analysis

Demographic Data of the Participants

The participants were lactating mothers who had visited the hospitals. All participants were from the local geographical location and belonged to the same ethnic group, with Pashto as their first language. The interviewed participants were aged between 25 and 40. Regarding their qualifications, most had completed either primary or intermediate education, while a few had obtained bachelor's degrees (see Table 01).

TABLE 1: DEMOGRAPHIC DATA OF THE PARTICIPANTS

	Age (y)	Gender	Marital status	Qualification	Para of children
N1	33	Female	Married	Primary	Para 03

N2	26	Female	Married	Primary	Para 01
N3	27	Female	Married	Intermediate	Para 02
N4	32	Female	Married	Primary	Para 03
N5	32	Female	Married	Bachelor	Para 02
N6	25	Female	Married	Intermediate	Para 01
N7	30	Female	Married	Intermediate	Para 02
N8	38	Female	Married	Primary	Para 04
N9	26	Female	Married	Intermediate	Para 02
N10	33	Female	Married	Master	Para 02
N11	32	Female	Married	Bachelor	Para 02
N12	25	Female	Married	intermediate	Para 01
N13	30	Female	Married	Primary	Para 03

Themes and Sub-Themes that Emerged from the Data

During the data analysis process, voice recordings were transcribed, and the transcripts were carefully read multiple times. The data were then grouped into manageable chunks. A total of 128 open codes were identified from the data. Additional and unnecessary codes were omitted, resulting in the identification of 18 categories from the open codes. From these categorical data, major themes emerged and were listed as follows: (Figure 1)

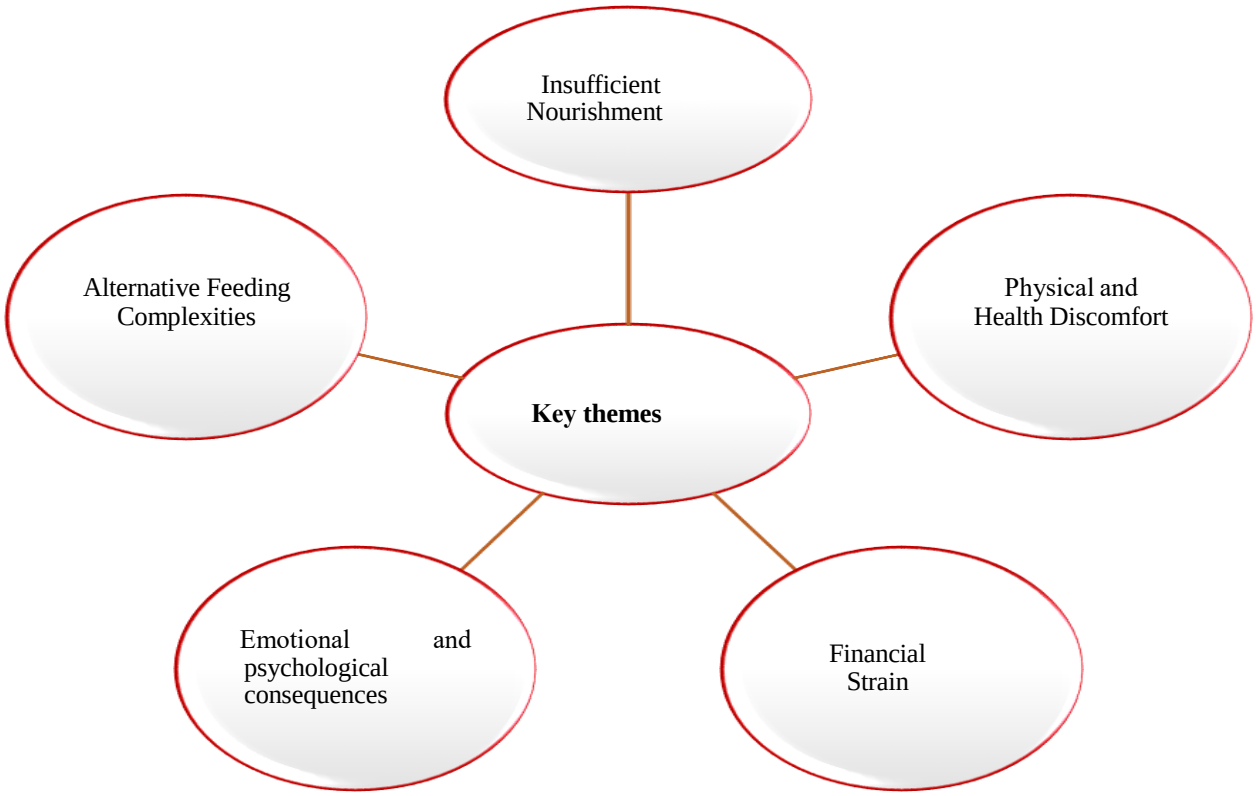

Figure 1: Main Themes of the study

Major Themes and Sub-Themes of the Study

The study revealed five major themes: insufficient nourishment affecting child growth and health; physical discomforts such as pain and inflammation in mothers; and financial strain due to the cost of formula feeding. Emotional distress and anxiety emerged from weakened maternal bonds and psychological burdens. Lastly, alternative feeding posed challenges in preparation, skill, and health outcomes for the child. (Table 2).

Table 2: Major Themes and Sub-Themes of the Study

Major Theme	Sub-theme
1. Insufficient nourishment	• Weight loss of my child • Impact on the skin of the baby • Multiple infections • Baby Growth

2. Physical and health discomfort	• Inflammation & Redness • Pain and back aches • Burning sensations
3. Financial strain	• Low socioeconomic status • Financial hardship • Expensiveness • Poor financial support
4. Emotional and psychological consequences	• Bond with my baby • Worried and distress • Anxiousness
5. Alternative feeding complexities	• Preparation concerns • Lack of expertise • Impact on child health

Discussion

The study aimed to illuminate themes and sub-themes that emerged from interviews with breastfeeding mothers who faced challenges while nursing their infants in the Matta district of Swat public hospital.

Comparing the results of this study with those of previous research projects reveals that mothers encounter similar difficulties when it comes to breastfeeding. Mothers in the current study expressed discomfort due to various challenges, including inadequate nutrition, their babies' weight loss, effects on the skin, recurrent infections, and concerns about their children's growth. These difficulties are similar to those reported by participants in the earlier study. (19). When almost 70.3% of moms had breastfeeding problems, such as cracked nipples, feelings of not having enough milk, soreness, and exhaustion, especially during the first month of the baby's life. Significantly, both researches highlight the significant effects on babies, with mothers expressing concern over noticeable changes in their children's physical health, such as weight loss, skin problems, repeated illnesses, and slower growth rates. (20).

Our results also confirm these challenges, with mothers expressing emotional distress. They talked about physical discomfort, like inflammation and a burning sensation, showing that the emotional toll of breastfeeding problems can have real effects on the body. Formula feeding is more expensive than breastfeeding and increases health care expenditures because of greater rates of illness, according to multiple assessments in the previous study, which produced a clear consensus.(21, 22). On the other hand, a prevalent theme in our research concerned the participants' financial difficulties in affording formula milk. Many participants, limited by their poor socioeconomic level, talked about their challenges, like having to borrow money from

neighbors and having trouble giving their infants formula milk. Some even moved from formula nutrition to alternatives like cow milk because of its expensive price. (23).

The results highlight the severe financial difficulties, showing that stress is a major obstacle for mothers trying to provide their babies with a healthy diet. This circumstance highlights the difficulties during lactating period and has greater consequences. In a research period, a group of the newborns in the study, known as the "well-babies" group, stayed healthy. (24). This group was primarily made up of breastfed newborns, with only a few being formula-fed. Several illnesses were identified in formula-fed newborns.40 Even the moderate maternal nutrition regimen was 39% less expensive than the cheapest formula. Using more expensive formulations resulted in a significant cost difference. Over a 2-month period, the lowest-priced concentrated formula cost twice as much as the moderate and three times as much as the economical meal plan. (25).

In the context of another theme, namely the emotional and psychological consequences of breastfeeding, the majority of our participants emphasized the emotional and psychological impacts they experienced during lactation. Many expressed concerns about the bond between mother and baby during breastfeeding. They also shared feelings of worry and distress about insufficient feeding, as well as anxiety about the mother-baby bond after switching from breastfeeding to formula milk. A previous study highlighted the negative impact of severe breastfeeding pain on the mother-infant relationship, affecting interaction and communication (26). Psychological variables greatly impact milk production. Mothers who have emotional disturbances might interfere with the letdown reflex mechanism, causing milk not to come out, resulting in insufficient milk for the infant and continued crying. (27).

The participants also highlighted their concern towards the complexities of the alternative feeds. The alternate feed is a serious worry for the majority of mothers, which was extensively investigated in the current findings. Breastfeeding is one of the most effective ways to ensure child health.43 The complications of the alternate feed vary from the preparation method to the baby's post-feeding care. The early administration of pre-lacteal meals may lead to inadequate feeding of newborns and increased risk of death. (28).

Conclusion

This study provides a comprehensive exploration of the challenges faced by mothers who were unable to exclusively breastfeed their babies. It reveals that financial constraints and inadequate access to nutritious food can significantly impact milk production, leading to adverse effects on both milk production and baby health. Additionally, the findings highlight the significant hardship faced by mothers due to societal and familial pressures. Financial burden emerges as a key factor contributing to insufficient milk production among Agalactorrhric mothers. In summary, Agalactorrhric mothers face numerous challenges, encompassing physical, psychological, and financial aspects, while feeding their babies.

Limitations of the Study

The study experienced two main disadvantages because researchers relied on purposeful sampling techniques with 13 participants, reducing the study's broad application outside the initial participant group. The study was conducted within a single healthcare facility thus failing to capture the diverse experiences of mothers throughout diverse regions of Pakistan with different healthcare customs and family traditions. The subjective analysis of qualitative data creates potential researcher biases. At the same time, the study failed to investigate diet and socioeconomic status and educational background factors adequately, which may have limited the full understanding of the results.

Recommendations for Future Research and Practice

Research studying hospital experiences of breastfeeding mothers should expand to multiple hospital locations throughout Pakistan to broaden understanding of maternal experiences.

Healthcare providers should promote and support breastfeeding mothers through appropriate nutritional counseling because it aids milk manufacturing and maternal health. Both public sector institutions and healthcare organizations need to create community-based plans which target the maternal health difficulties. Health care professionals including lactation consultants must give mothers specialized education about effective breastfeeding techniques which would enhance maternal and infant health results.

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