



# *Limitations for the implementation of exclusive breastfeeding and its effect on the nutritional state of children under 1 year*

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### **ABSTRACT**

**M**ost mothers can and should breastfeed their children; the implementation of adequate breastfeeding could prevent the death of 820,000 children under 5 years worldwide, (WHO,2018). In Nicaragua, this issue has been addressed poorly despite its relevance in children's health, therefore the present study aimed to determine the limitations for the implementation of exclusive breastfeeding and its effect on the nutritional status of children under 1 year attended in the external pediatric office of the German-Nicaraguan Hospital in May 2019. A descriptive cross-sectional study was conducted,

the sample was 120 Mothers and children under 1 year old, which was obtained by convenience sampling using as a tool a survey and information collection sheet, obtaining the following results: 35.8% of the mothers surveyed were between 16 and 20 years of which 18.3% provided breastfeeding, 65.8% reported being in free union, and have secondary schooling, housewives who came from the city of Managua and reported 1 previous delivery, and postpartum depression. When questioning patients about how they considered breastfeeding 4.2% consider it an indecent practice and that is why they do not breastfeed, 59.25% mentioned lacks of family support and 40.8% of the women surveyed had regular knowledge about breastfeeding, 66.7% reported having received breastfeeding counseling, reported no breast diseases, infections or serious illnesses, no use of drugs and drugs that hinder breastfeeding, 45.8% did not report factors of the child that prevented breastfeeding, 35.8% of children had severe undernutrition and 36.7% were between 1 and 3 months old. We conclude that the main psychosocial factor that influences the denial of breastfeeding is the lack of family support and not the age of the mother, the denial of breastfeeding affects the nutritional status of the child so we recommend strengthening awareness of its benefits

## **INTRODUCTION**

Breast milk is the best food for the newborn, taking into account the quality, consistency, temperature, and balance of its nutrients. Although it is considered a fundamental process for the health and development of children, it has not been maintained for the periods recommended worldwide by the United Nations Federation for the Protection of Children (UNICEF) and the World Health Organization (WHO), which constitutes a health problem since the abandonment of breastfeeding is a risk factor for the increase in the frequency of illnesses during the first year of life. The implementation of adequate breastfeeding could prevent the death of 820,000 children under 5 years of age worldwide (WHO, 2018). Most mothers can and should breastfeed their children, and only in exceptional circumstances should it be ruled out as a first choice of feeding for the newborn. However, it has been observed that a large number of mothers do not provide this feeding based on multiple factors, including lack of knowledge about the importance of breastfeeding, myths, concern about female aesthetics, unfavorable attitudes toward breastfeeding on the part of the woman or her family environment, and psychological factors such as postpartum depression.

## **OBJECTIVE**

To determine the limitations for the implementation of exclusive breastfeeding and its effect on the nutritional status of children under 1-year-old attended to in the pediatric outpatient clinic of the German Nicaraguan Hospital in May 2019.

## MATERIAL AND METHODS

The universe was made up of 120 mothers and children under 1 year old. The sample was the total of the universe. A data collection sheet and a survey were used, which was validated through a pilot test in which 10 clinical files were reviewed and 10 users were interviewed; the units of analysis used in the validation process of the instrument were not included in this research.

The variables under study were: maternal age, child's age, marital status, schooling, occupation, origin, parity, exclusive breastfeeding; medical and biological conditions, and the child's nutritional status. For the statistical processing of these variables, the software IBM-SPSS® (Statistical Package for the Social Sciences) version 22.0 for Windows 7 of 32 bits was used, the software package Microsoft 365 Office® 2010 was used: Microsoft Word® for the debugging of any writing or typing error thus facilitating the analysis and reproduction of results and Microsoft Excel® to edit the graphs and tables that express in frequency and percentages the results obtained, to make the information obtained more comprehensible.

## RESULTS

35.8% (n=43) of the mothers surveyed were between 16 and 20 years old, of which 18.2% (n=22) breastfed their child and 17.5% (n=21) did not exclusively breastfeed.

With respect to marital status, 65.8% (n=79) reported being accompanied (union), 18.3% (n=22) were married, and 15.8% (n=19) were single. In terms of marital status, 65.8% (n=79) reported being accompanied (free union), 18.3% (n=22) were married, and 15.8% (n=19) were single. 61.7% (n=74) had secondary schooling, 20% (n=24) had attended primary school, 12.5% (n=15) were university students, and 87.5% (n=105) of those surveyed were from the country's capital (Managua), 84.2% (n=101) of the women were housewives of which 44.2% (n=53) did not exclusively breastfeed and 40% (n=48) did report this practice and 45.8% (n=55) of the women reported 1 previous birth. In the case of women who reported one previous birth, 23.3% (n=28) did not exclusively breastfeed, while 22.5% (n=27) did offer this type of breastfeeding to their children.

The main psychosocial factor referred to by the population surveyed in 59.25% (n=71) was the lack of family support, which meant that 31.7% (n=38) denied exclusive breastfeeding to their child, but 27.5% (n=33) did breastfeed their child. In 94.2% (n=113) it was evident that the population surveyed did not have a bad attitude towards the practice of breastfeeding, however, of these patients who reported not having a bad attitude there were 47.5% (n=57) who did not breastfeed.

40.8% (n=49) of the women surveyed have regular knowledge about breastfeeding, of these patients, 20.8% (n=25) did not breastfeed. 66.7% (n=80) reported that they had received counseling about breastfeeding; of these women surveyed 35% (n=42) did not refuse to practice breastfeeding, it is worth mentioning that 18.3% (n=22) did not have this counseling and refused to practice exclusive breastfeeding.

The main biological factor referred by patients in 49.2% (n=59) was excessive breast pain which accounted for 25.8% (n=31) of patients who did not breastfeed. 85% (n=102) of the women did not present serious disease. 96.7% (n=116) reported no drug use. 89.2% (n=107) did not report the use of any contraindicated drugs for breastfeeding. 45.8% (n=55) did not report factors in the child that prevented exclusive breast-feeding. About the nutritional status of the children, it was found that 35.8% (n=43) of them had severe undernourishment, of which 28.8% (n=25) were between 1 and 3 months old.

## **DISCUSSION**

120 women were surveyed to know the limitations presented for the implementation of exclusive breastfeeding and its effect on the nutritional status of children under 1 year. The women surveyed were young, mainly between 16 and 20 years old, these data are similar to those reported by Lopez, Martinez, and Zapata (2013) and Martinez (2015) who reported ages between 15 and 30 years, this suggests the hypothesis that young women have greater incidence in the denial of breastfeeding.

53.3% of the women studied did not exclusively breastfeed, which differs from what was reported by Ubillús et al. (2007) and Rondán (2015) where the majority of the population had exclusively breastfed. It is known that women under 25 years tend to present greater difficulties in providing breastfeeding due to lack of experience or prejudices that persist in the young population, however, in this study, it was observed that 33.3% of women in these ages provided breastfeeding and 31.6% did not, with very little difference between the two groups, so it is considered that age was not the main reason for denying breastfeeding.

Concerning marital status, most of the patients lived with their partners, either in a stable or married union, and were from urban areas (Managua), as in Martínez's study (2015). It is important to know the marital status of the patients since being a single mother is considered a risk factor for abandoning breastfeeding, as mentioned by Rondán (2015), Cáceres and Canales (2016). Secondary schooling predominated in the population, which is consistent with the study by López, Martínez, and Zapata (2013) while Martínez (2015) and Rondán (2015) report that most of the patients included in their research had a low level of schooling. Based on the above, we consider that having primary education, that is, a low level

of schooling, maybe an unfavorable factor for the implementation of breastfeeding practice. The predominant occupation was housewife, which coincides with Martínez' study (2015). When analyzing this variable, it should be borne in mind that women who work outside the home have fewer opportunities to breastfeed their children; Rodríguez (2014) states that some housewives also fail to have enough time to breastfeed because of the various domestic chores they must perform. Primiparity constitutes another obstacle to the implementation of exclusive breastfeeding as it was observed in this research and the studies by Laghi-Rey et al. (2015) and Rondán (2015), however, in the study by López, Martínez, and Zapata (2013) women reported having 2 or more children and despite their level of experience compared to primitive mothers they chose not to breastfeed their children.

The psychosocial factors that most influenced the mother not to breastfeed exclusively were the lack of family support, contrary to what Romero, García and Góngora (2014) found, in which the main reason for abandoning breastfeeding was the fear of deformed breasts and with it the loss of physical attractiveness for their partners, Rondán (2015) places aesthetic reasons in third place. It is striking that women report the little support they receive from their family since it is recognized that women who receive counseling and have a support network in their family nucleus practice breastfeeding with greater security and a sense of well-being as expressed by Cáceres and Canales (2016), therefore, it is necessary to promote breastfeeding from homes and communities, based on the Family and Community Health Model (MOSAFC as in Spanish) in force in our country. This is consistent with the level of regular and deficient knowledge found in most mothers; although 66.7% reported that they had received counseling on this subject during their visits to the health center, It is worrisome that 18.3% have expressed that they have not been advised, contrary to the regulations on breastfeeding and all the health promotion campaigns that are carried out in the media and the different health units. This data coincides with the study by Martínez (2015) also carried out in Nicaragua, but differs from the international study by López, Martínez, and Zapata (2013) in which 96% of the patients mentioned having received information on breastfeeding. Health professionals are obliged to provide quality counseling, during and after pregnancy, where the patient is given all the necessary information so that she can breastfeed exclusively in a voluntary, correct, and conscious manner of the importance of this practice for the health of her children (Ministry of Health of Nicaragua [MINSA], 2010). The biological or medical characteristics that constituted a barrier to breastfeeding were excessive breast pain; it should be noted that this factor also prevailed in the Rondán study (2015), Laghi-Rey et al. (2015) reported that women experienced nipple problems; However, it should be clarified that the inverted nipple does not contraindicate the practice of breastfeeding, as expressed by MINSA (2010) in its regulations on breastfeeding, professionals responsible for the care of pregnant women should advise the patient about the measures to

be taken when this anatomical condition occurs, as well as provide other recommendations to reduce breast pain and stimulate milk production, none suffered from infections such as hepatitis, HIV or tuberculosis and 85% did not develop a serious illness that would prevent them from breastfeeding exclusively as in Martinez' study (2015). 96.7% of the mother did not report drug use and 89.2% did not use any contraindicated drugs for breastfeeding. Among the factors in the child that made it difficult to implement exclusive breastfeeding is birth by cesarean section, which coincides with the Rondán study (2015), cesarean section interferes with early attachment since the child is usually transferred to the neonatal area for care, so it is urged to ensure contact between mother and child as soon as possible; the percentage of children with severe illness was low, both in the present study and in the Martinez study (2015). It was observed that most of the children in the study had some degree of undernourishment, and this occurred more frequently in children who were not exclusively breastfed and who were between the ages of 1 and 3 months. In this regard, Breigeirona et al. (2015) comment that exclusive breastfeeding is a protective factor against alterations in nutritional status (malnutrition or overweight), which favors the psychomotor development of children and requires educating mothers about this benefit, thus promoting the health and well-being of future generations.

## **CONCLUSIONS**

Young women, housewives have a higher incidence of refusing to practice exclusive breastfeeding, with the psychosocial factor being the most influential in the refusal, the lack of family support and not the mother's age, the lack of counseling, and biological or child associated factors which impact on the child's nutritional status.

## **RECOMMENDATIONS**

- To promote exclusive breastfeeding from the community and family environment.
- To carry out qualitative and action-participation studies that go deeper into the psychosocial factors that influence the denial of breastfeeding.

## **ETHICAL DISCLOSURES**

### **Protection of people and animals.**

The authors state that no experiments on humans or animals were performed for this study.

### Confidentiality of data

The authors declare that at all times the confidentiality of the doctor-patient relationship recorded in the clinical file was respected, since at no time during the collection of information and disclosure of results was the name or any information identifying these patients recorded.

### Right to privacy and informed consent

The authors declare that in this study the source of information was the patients who had just given birth and the information recorded in the clinical file, so their prior consent was requested, which is in the custody of the researchers.

### Conflict of interest

The authors have no conflict of interest to declare. Funding source: none.

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