Infant Feeding Report
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Introduction

Breastfeeding is an important public health concern because of the known health benefits associated with breastfeeding for both the mother and child. Based on the known health benefits from breastfeeding, the World Health Organization (WHO) has recommended that infants receive six months of exclusive breastfeeding and two years of any breastfeeding.[1.] Some of the benefits for the infant are that breastfeeding supports development and the immune system. This protects the child against chronic and acute illness. In addition to benefits during the first few years of life, there is growing evidence that infant breastfeeding can protect an individual from diabetes and some cancers later in life. For the mother, breastfeeding has immediate benefits such as decreased post-partum bleeding and faster return to pre-pregnancy weight. Breastfeeding also has long term benefits for the mother, such as increased birth spacing and decreased risk of some cancers.[2]

To understand breastfeeding in Vietnam, it is helpful to examine the population-based data from the Demographic Health Survey (DHS) in Vietnam. According to the most recent Vietnam DHS from 2002, the median duration of any breastfeeding is eighteen months.[3] Although the length of any breastfeeding is near the WHO recommendation of two years, the rates of exclusive breastfeeding are very low. The median duration of excusive breastfeeding is half a month for Vietnamese women, while full breastfeeding is reported for an average of 2.2 months. There are lower rates of full breastfeeding for women in urban compared to rural areas, with 0.8 and 2.4 months, respectively.[4] This is much lower than the WHO recommended six months of exclusive breastfeeding.

While the statistics do not portray a positive breastfeeding situation in Vietnam, the Vietnamese government has acknowledged the importance of breastfeeding by passing two important pieces of legislation. On 18 June 2012, Vietnam's paid maternity leave was extended from four to six months. In addition to the legislation extending the length of maternity leave, the new legislation will help promote and support exclusive breastfeeding for the first six months of life.[5]

To understand the lack of exclusive breastfeeding, it is important to understand the drivers of infant feeding decisions. To examine how and why these drivers exist, it was necessary to investigate the lack of exclusive breastfeeding, high use of formula feeding, water drinking among infants and early introduction of food into infant diets.

Methods

To investigate infant feeding in Hue, a qualitative interview guideline was drafted that investigated infant feeding practices and beliefs among new mothers. Ten interviews were conducted from 1-2 July 2013 at the Obstetrics and Gynecology department of Hue University Hospital. Each of the interviews lasted between ten

and twenty minutes. The interview participants were selected from mothers who had recently delivered their baby. The interviews were carried out with translation assistance from a student and a research assistant of the International Collaborative Centre for Community Health Research (ICCCHR).

Results

The sample of participants consisted of ten women aged 24-36 years old and of Kinh ethnicity. The majority of participants had no religion. Four of the participants completed university, four completed secondary school and two completed primary school. Five of the women interviewed had their first birth, four had their second birth and one had their third birth. The sample consisted of women from both urban and rural residences, with five living in an urban location, one in a suburban residence and four in a rural setting.

When the new mothers were asked about their current infant feeding method, six of the women stated that they were using a combination of breastfeeding and formula feeding, while the remaining four were exclusively breastfeeding. When the participants were asked the length of time they intended to exclusively use their feeding method of choice, four intended to exclusively use their feeding method for less than six months, five for six months and one for one year. When asked how long the mother intends to use any milk feeding (breast milk or formula), the responses ranged from eight months to three years. All of the currently exclusively breastfeeding mothers intended to introduce formula in the future.

After establishing the feeding methods, the mothers were asked why they chose their methods. Three of the mothers mentioned the health benefits of breastfeeding to support their choice to breastfeed. For the combination feeding mothers, the mothers reported that they choose this type of feeding for a variety of reasons, including: improved baby growth; fear that they lack breast milk supply; fear of poor quality breast milk; fear the baby will refuse formula if it is introduced later in their life. Some of the women mentioned sources of information that influenced their choice. Four mothers of the sample mentioned that they received information on infant feeding from the Internet or television. Two of the women spontaneously mentioned that their family's advice influenced their decision about feeding methods.

In addition to feeding decisions, the interview guideline explored barriers and support to infant feeding methods. When asked about barriers to successfully using the mother's feeding method of choice, four of mothers indicated that there were not any barriers to their feeding method. Two women cited that breastfeeding might not be comfortable. When asked about sources of support for the feeding methods, seven of the women indicated that their family supported breastfeeding and all of the exclusively breastfeeding women received family support for breastfeeding. Two of the women who were using combination feeding indicated that their family wanted them to breastfeed and that it was their idea to add formula to the infant's diet. Two of the women stated that their infant's feeding method was their decision. Both of these women chose to use combination feeding.

In addition to support and barriers to infant feeding, the interviewer asked about the timing and type of liquids and foods the infant received. All of the mothers said they were currently providing their infant with water. When asked why they provided the infants with water, six of the eight that responded said they were doing this to keep the infant's mouth clean. Two of the eight mothers said they provided water to prevent a dry mouth and two said that water helped with digestion.

When asked about liquids other than water, seven of the eight mothers said they intended to introduce liquids at a time between four and eight months. All nine mothers who indicated that they would introduce liquids other than water stated they would introduce juice and seven specifically mentioned orange juice. When asked why the mothers would introduce juice, eight of nine women stated that juice provided vitamins. Six of seven mothers who intended to use orange juice said that orange juice provided the infant with vitamin C.

After discussing the introduction of liquids, the mothers were asked about food. Six of the mothers said they intended to introduce food at six months. Three mentioned that they would introduce food at two or three months and one at one year. When the mothers were asked what kind of food they would introduce, three of the mothers stated that they would introduce nutrient powder first and then rice porridge. The remaining seven mothers stated that they would introduce rice porridge first. All of the mothers explained that they would use rice porridge with some vegetables. Meat was mentioned by five mothers and seafood or fish was mentioned by five. Some of the mothers were using meat, fish and seafood while others were providing only vegetarian porridge.

Conclusion and Recommendations

Based on this study and 2002 DHS data, there continues to be a lack of exclusive breastfeeding for the first six months of life. There are known health benefits associated with exclusive breastfeeding for the first six months of life that many Vietnamese children miss out on. A key limitation to this study is the small sample size. Given the small sample size, the purpose of this study is to inform future research. Further research is needed to understand what is driving decisions about infant feeding methods and timing. Once the drivers of infant feeding decisions are established, programs can be designed to influence mothers to exclusively breastfeeding their infants for the first six months of life.

References

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