Exploration of Breastfeeding Promotion and Practices in Bhutan

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Abstract

Background: Because of the protective properties of human breastmilk, the World Health Organization (WHO) recommends exclusive breastfeeding (EBF) of babies from soon after birth for six months and with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. Breastfeeding has been promoted by the Royal Government of Bhutan since 1990, but this has resulted in a suboptimal increase in EBF. Bhutanese women’s perceptions and intentions regarding breastfeeding and their breastfeeding practices, however, have not been explored. Health professionals and their role in breastfeeding education, promotion and support of women and their families has not been explored either.

Purposes: The first purpose of this study was to explore Bhutanese women’s perceptions of and their intentions related to their baby’s nutrition after birth, knowledge about EBF during pregnancy, and their perceptions, experiences and breastfeeding practices six weeks after birth. The second purpose was to explore health professionals’ knowledge and promotion of EBF and the level of breastfeeding support they provided to women.

Design: A Qualitative Exploratory Descriptive research design has been adopted for the study. Purposive sampling was used to include childbearing women (interviewed twice) and health professionals (interviewed once). The setting was Jigme Dorji Wangchuck National Referral Hospital (JDWRNH) in Thimphu, Bhutan. Because some of the women did not speak English, a semi-structured guide for the interviews with them was pre-tested to minimise the loss and misinterpretation of data. Most of the interviews with the women were conducted in Dzongkha, the national language of Bhutan, while all interviews with health professionals were conducted in English. The student researcher is fluent in both English and Dzongkha. Framework analysis was used to identify the themes from the individual interviews.
Methods: Digitally recorded individual interviews were conducted with 25 multigravidae and 24 primigravidae women at the term of pregnancy. The women were interviewed again at six weeks following birth, when 22 multiparae and 22 primiparae participated in interviews. Five women, three multiparae and two primiparae, were unavailable for the second interview. A total of 38 semi-structured interviews were conducted with health professionals, consisting of 26 midwives, four obstetricians, four paediatricians, three health assistants and one Program Officer.

Findings: Five themes and 13 sub-themes emerged from the interviews with women at the term of pregnancy. The five themes that emerged from the interviews with pregnant women are: 1) previous breastfeeding experiences and influencing factors; 2) compulsory breastfeeding; 3) perceptions and knowledge about breastfeeding; 4) understandings and views on breastfeeding and exclusive breastfeeding; and 5) breastfeeding information provided by health professionals. Five themes, comprising 13 sub-themes, emerged from the interviews with women at six weeks following childbirth: 1) current breastfeeding practices; 2) Bhutanese women’s breastfeeding experiences and intention to continue; 3) culture, traditions and beliefs affecting breastfeeding practices; 4) hospital practices affecting breastfeeding; and 5) perceptions of breastfeeding support. Overall, the women exhibited positive attitudes towards breastfeeding and intended to breastfeed their babies because they knew about the benefits of breastmilk and were influenced by Bhutanese social, traditional and cultural norms.

The findings of the study indicate that factors such as a lack of breastfeeding information and support during pregnancy and following birth led to women having limited understanding of the true meaning of EBF. They, therefore, turned to their family and friends for breastfeeding advice, information and support when they faced breastfeeding problems. Furthermore, they adopted cultural and traditional practices in the belief that such practices would not impede the exclusivity of breastfeeding. Most of the time, these cultural and traditional practices were encouraged and/or imposed by elders in the family. Women who planned to return to work were not informed about any options to support continuation of EBF and hence planned to apply non-exclusive breastfeeding by supplementing their breastmilk with formula and other commercial foods.
Seven themes with 24 related sub-themes emerged from the interviews with health professionals: 1) knowledge of EBF and current breastfeeding status in Bhutan; 2) breastfeeding is a social norm in Bhutan; 3) barriers to initiation of breastfeeding; 4) reasons for breastmilk supplementation; 5) barriers to breastfeeding promotion activities; 6) strategies to improve the EBF rate; and 7) breastfeeding support and promotion activities. They all understood and supported EBF. Although some of the health professionals were not aware of all ten steps, they were, however, supportive of the elements of the Baby-Friendly Hospital Initiative’s the Ten Steps to Successful Breastfeeding. All the health professionals reported staff shortages and heavy workloads. In particular, midwives, who were the frontline carers for women, reported a lack of ongoing professional development about breastfeeding, which reportedly hindered them from promoting and supporting breastfeeding in women. Other factors interfering with breastfeeding and EBF promotion included the loss of JDWNRH’s Baby-Friendly designation and an outdated National Breastfeeding Policy.

Conclusion and recommendations: Childbearing women relied on family, elders and friends for guidance related to breastfeeding; therefore, a recommendation resulting from this study is that formalised programs on breastfeeding education and promotion should be made available to women during pregnancy and immediately after birth. Women require support services related to breastfeeding and EBF in the face of possible breastfeeding problems and when they return to their workplace. It was commonly reported that lack of updates in breastfeeding knowledge and skills hampered midwives in providing effective breastfeeding promotion and EBF support. Thus, a further recommendation is that health professionals, in particular midwives, should be given regular and ongoing professional development. Midwives are well placed to provide formal programs on breastfeeding and EBF across the childbearing continuum for women and their families, including elders. An organisational review of staffing and workloads for all health professionals, particularly for midwives, is also recommended, including the establishment of a model of maternity care that places emphasis on quality care for women, their babies and their families. Further recommendations include regular reviews and updates of the National Breastfeeding Policy, developed according to the WHO recommendation, and application by JDWNRH for re-designation and re-accreditation as a Baby-Friendly Hospital.