

Assessment of some Associated Factors with Omitting Exclusive Breastfeeding in Rania city

Asst. Lecturer. Mahmood Arif Mahmood
College of nursing
University of Raparin

Abstract:

Background: Exclusive breastfeeding (EBF) is intensively recommended worldwide for the first six months of life of a newborn baby. Mothers make several excuses for omitting exclusive breastfeeding for their baby.

Objectives: This study aimed to find out most of the factors contributed to omitting exclusive breastfeeding among Kurdish women. Also, to describe the socio-demographic characteristics of the study sample and to find out the relationship between factors contributed to the omitting exclusive breastfeeding and some socio-demographic characteristics of the participants.

Methodology: A quantitative design descriptive study was conducted at two primary health care centers in Rania city in Kurdistan region / Iraq. Nonprobability purposive sampling technique was used to select 100 mothers who had a child who's at infant stage. A questionnaire was constructed and adapted which consist of two parts, the first part socio-demographic characteristics and the second part: most of the factors contributed to stopping exclusive breastfeeding worldwide.

Results: The study results revealed that the most of the participants (26%) was at the age group of 25 -28, which majority of them (84%) was has nuclear family. All not all of them (86%) was housewife and nearly half of them (43%) was at the level of secondary school graduate. Approximately half of the mothers (41%) were omitted exclusive breastfeed as they found that their baby is hungry following breastfeeding. However only (3%) of them their fear of addicting pushed them to start other foods than breast milk.

Conclusion: In conclusion it is clear that several barriers presented among mothers in Kurdistan society against continuing exclusive breastfeeding.

Keywords: Exclusive breastfeeding

Introduction:

Healthy nutrition is vital for achieving child normal growth and development and is essential to establishing the underpinning for healthy living in the future (Sadoh et al., 2011; Leviniene et al., 2009).

It is also widely accepted that breast milk is the ideal food for the children during their early life. In order for the child to achieve ideal growth and development and maintain optimal health, World Health Organization (WHO) recommends exclusive breastfeeding for the first six month of life (WHO 2011).

Exclusive breastfeeding is defined as nothing to feed a baby for the first six month except breast milk that is aimed to decrease morbidity and mortality rate among children particularly in developing countries (Abigail et al, 2013). Exclusive breastfeeding should start directly following birth through providing the first mothers milk (colostrum) which has a huge health benefits for the baby. Exclusive breastfeeding up to six months and extended breastfeeding in addition to the complementary foods for up to two years has a variety of protective benefits for the babies and mothers as well. It help mothers return to their normal health state so early as well as , promote normal child growth and development; protect the child against several infectious and chronic diseases such as diarrhea and pneumonia as a result risk of infant morbidity and mortality rate will be decreased (Arifeen et al, 2001; American Academy of Pediatrics, 199).

However, exclusive breastfeeding associated with increasing the risk of some abnormal health conditions among infants such as iron deficiency anemia and low level of vitamin D3. Despite this exclusive breastfeeding up to 6 months remains a higher recommended strategy by the most of the international health organizations worldwide especially in developing countries (Ladomenou, Kafatos, and Galanakis, 2007).

Understanding and introducing barriers of exclusive breastfeeding is more important to increase the level of exclusive breastfeed among infants in our community to enhance children's health state. However, in our country we have no accurate data on the rate of exclusive breastfeed up to six month of age, it is expected the rate is within the low level. Therefore in this study we try to find out these barriers.

Methodology:

Quantitative design, descriptive cross sectional study was conducted among clients who visited Kewarash and Raparin primary health care centers in Rania district / Slemani / Iraqi Kurdistan region to the vaccination department between 7th of March to 25th of March 2016. A semi structured questionnaire format was constructed following extensively reviewing relevant literature for the purpose of collecting data. The questionnaire consists of two main parts, the first part included 10 questions around socio-demographic characteristics of the mothers. While, the second part consists of factors which mostly participated in omitting exclusive breast feeding within the literatures was reviewed around the world. This part included 15 questions and each question has 3 responds (Yes, No, Somewhat). The data was collected through interviewing face to face technique. A nonprobability purposive sampling was

used to recruit a total of 100 women. The data was collected to assess barriers of exclusive breastfeeding among mothers. Mothers with nonexclusive breastfeed infant for the first six month of life were the study participants. Ethical approval for conducting this study was obtained from college of nursing / University of Raporin. In each of the health centers visited, permission to taking sample was obtained from the center administrators furthermore, verbal consent was obtained from each participants.

Results:

Table (1) Distribution of the socio-demographic characteristics of the study sample according to Age, Occupational status, Residential area, Level of education, Type of family and Attending antenatal clinic regularly.

No.	Socio demographic characteristics	Category	F	%
1.	Age	17 - 20	5	5
		21 - 24	20	20
		25 - 28	26	26
		29 - 32	23	23
		33 - 36	18	18
		37 - 40	4	4
		≥ 41	4	4
	Total		100	100
2.	Occupation status	House wife	86	86
		Governmental employed	10	10
		Self-employed	0	0
		Student	4	4
	Total		100	100
3.	Residential area	Urban	78	78
		Suburban	18	18
		Rural	4	4
	Total		50	100
4.	Level of education	Unable to read and write	20	20
		Primary school certificate	18	18
		Secondary school certificate	43	43
		Institution or university certificate	19	19
		Postgraduate certificate	0	0
	Total		100	100
5.	Type of family	Nuclear family	84	84
		Extended family	16	16
	Total		100	100
6.	Attending antenatal clinic regularly	Yes	94	94
		No	6	6
	Total		100	100

This table shows that demographic characteristics of the study samples. Regarding the age of participant, 26% of the study samples were at the age group of 25-28 year, followed by the age group 29-32 which was represent 23% of the sample

study. The majority (86%) of the mothers were housewife, while, no one of them (0%) was self-employed. Most of the sample study (78%) was form urban area. In term of their level of education, approximately half of them (43%) were at the level of secondary school, although illiterate mothers was represented the second most of the participants by (20%). The highest percentage of mothers (84%) was from nuclear family. Nearly all of the participants were attended antenatal care during their pregnancy period.

Table 2: Distribution of the factors contributed to the omitting exclusive breastfeeding among mothers.

No	Items	Alw ays	%	Som e wha t	%	Neve r	%	Mean of score	Sev erit y
1	Have no scientific information on benefits of EBF	10	10	12	12	78	78	0.32	L
2	Baby continue to be hungry after feeding	41	41	29	29	30	30	1.11	M
3	Maternal health problems	20	20	8	8	72	72	0.48	L
4	Fear of addicting baby to breast milk	3	3	3	3	94	94	0.09	L
5	Breast pain	13	13	9	9	78	78	0.35	L
6	Relatives forced the mother to stop exclusive breastfeeding	22	22	4	4	74	74	0.48	L
7	Haven't enough breast milk to satisfy baby	35	35	14	14	51	51	0.84	M
8	Early returning to work	7	7	1	1	92	92	0.15	L
9	Lack of husband's support	11	11	7	7	82	82	0.29	L
10	Exclusive breastfeeding make me tired	9	9	11	11	80	80	0.29	L
11	Baby refused breast milk	12	12	6	6	82	82	0.3	L
12	Exclusive breastfeeding cause to weight loss	6	6	3	3	91	91	0.15	L
13	Exclusive breastfeeding cause dizziness	6	6	6	6	88	88	0.18	L
14	Exclusive breastfeeding not support the baby to attain enough weight	17	17	9	9	74	74	0.43	L
15	Exclusive breastfeeding restrict going out	21	21	16	16	68	68	0.58	L

This table indicated that the severity of the items (EBF) was moderate on items (2 and 7) and low on the remaining items.

It is indicate that, the highest range of the barrier stated by nearly half of the participant mothers (41%) was (Baby continue to be hungry after feeding) as an excuse for stopping exclusive breastfeeding. Inadequate breast milk is represented

the second higher level of reasons used by mothers as an excuse for not practicing exclusive breastfeeding. Fear of addicting baby to breast milk is which was one of the questions was chosen by only (3%) of the mothers as a reason for stopping exclusive breastfeeding. Some other factors for example (Relatives forced the mother to stop exclusive breastfeeding, Restricting going out, maternal health problems and not attaining enough weight for the baby) were contributed to stopping exclusive breastfeeding by 22%, 21%, 20% and 17 respectively.

Table (3) Relationship between some demographic characteristics and barriers of exclusive breastfeeding

Demographic characteristics Factors associate with omitting exclusive breastfeeding	age	Occupati on	Resident	Type of family	Level of education
Have no scientific information on benefits of EBF	0.011	.033	.374	.120	.187
Baby continue to be hungry after feeding	0.072	.029	.054	.142	.035
Maternal health problems	0.033	.101	.057	.094	.067
Fear of addicting baby to breast milk	0.058	.147	.289	.020	.031
Breast pain	0.118	.011	.005	.104	.070
Relatives forced the mother to stop EBF	.171	.059	.021	.018	.064
Haven't enough breast milk to satisfy baby	.114	.072	.011	.313	.001
Early returning to work	.057	.572	.336	.128	.272
Lack of husband's support	.136	.054	.100	.097	.081
Exclusive breastfeeding make me tired	.136	.002	.094	.220	.061
Baby refused breast milk	.049	.130	.082	.088	.151
Exclusive breastfeeding cause to weight loss	.056	.014	.041	.087	.021
Exclusive breastfeeding cause dizziness	.032	.184	.233	.110	.014
Exclusive breastfeeding not support the baby to attain enough weight	.025	.176	.337	.111	.115
Exclusive breastfeeding restrict going out	.088	.087	.301	.024	.084

This table identifies the relationship between some demographic characteristics of the mother with the factors contributed with their omitting exclusive breastfeeding practice. It is seen that the age of the participants has highly significant relationship (0.019) with the factors associated with omitting exclusive breastfeeding. Furthermore, highly significant relationship was shown (0.033) between barriers of exclusive breastfeeding and mother's occupation. However, non-significant relationship was found between barriers of exclusive breastfeeding and mother's type of family and level of education by (0.127 and 0.442) respectively.

Discussion

Factors associated with omitting exclusive breastfeeding are different from one country to another and from a society of culture to culture as most of the factors related to the belief and view of mothers toward that process (Senarath, Dibley, & Agho, 2010)..

In this study, it is found that most of the mothers make hungry baby following breastfeeding as an excuse for adding extra food for their baby. It is supported by other study that mothers believe that their baby need extra food than only breast milk. A qualitative study in Myanmar found that mothers, husbands, and grandmothers believed that exclusive breastfeeding was not sufficient for babies and solid foods and water were necessary (Thet et al., 2015).

Busy mothers due to household or working out as a barrier for practicing exclusive breastfeeding are mentioned frequently. Interestingly, this factor did not come up as frequently as a major barrier in this study. A research done in South-east and East Asia found that the mother being busy with work and household responsibilities was a barrier to exclusive breastfeeding (Senarath et al., 2010).

Lack of husband support is another factor that revealed mostly in European country. Remarkably, it also did not appear in this study often. Husband's occupational responsibilities limited the role that they could play in supporting their wife's breastfeeding, although some husbands were able to help support their wives so that the women could return to work and continue breastfeeding (Thet et al., 2015). On the other hand, relations some time have negative impact on the mother to stop exclusive breastfeeding. This undesirable impact was more appeared in this study as it directly related to the intensive relationship between members of our community.

Insufficient breast milk production as a barrier for continuing exclusive breastfeeding was mostly mentioned by mothers in this study. Thin Thin (2003) stated a number of health related barriers among mother for example (blockage, cracks, etc.) are mostly affect the capability of mother for producing enough milk for their baby.

A study in Myanmar found that breast pain or pain while breastfeeding due to several factors such as cracked nipple was a main barrier for practicing exclusive breastfeeding (Thin Thin, 2003).

Conclusion

In conclusion the study show that mothers are under several factors omits exclusive breastfeeding worldwide. Some of these barriers of continuing exclusive breastfeeding clearly seen in our society however some others not, as they strongly related to the culture and believe or view of mothers toward this crucial process.

Recommendations:

The study recommends increasing mothers' awareness and knowledge regarding benefits of breastfeeding for themselves and their baby. The study also recommends introducing the process of exclusive breastfeeding and the huge benefits of that process for mothers, their baby and their family also. The study also recommends to providing all facilities and support for mothers to practice exclusive breastfeeding.

References

1. Abigail A, Esther E, Adams HS, Inalegwu E, Okoh E, Agba A, Zoakah AI (2013). Barriers and facilitators to the practice of exclusive Breast feeding among working class mothers: A study of female resident doctors in tertiary health institutions in Plateau StateE3 Journal of Medical Research Vol. **2**(1). pp.0112-0116.
2. American Academy of Paediatrics (1997) Breastfeeding and the use of human milk. Journal of the American Academic of Paediatrics. **100** (6), pp. 1035-1039.
3. Arifeen S, Black RE, Antelman G, Baqui A, Caufield L, Becker S. (2001). Exclusive breastfeeding reduces acute respiratory infection and diarrhea deaths among infants in Dhaka slums. Pediatrics, **108**(4) E67.
4. F. Ladomenou, A. Kafatos, and E. Galanakis (2007). Risk factors related to intention to breastfeed, early weaning and suboptimal duration of breastfeeding, Acta Paediatrica, **96** (10) pp. 1441.
5. Leviniene G, Petrauskiene A, Tamileviciene E, Kudzyte J, Labanauskas L (2009). The evaluation of knowledge and activities of primary health care professionals on promoting breast-feeding. Medicinia (Kaunas);**45**(3):238–247.
6. Sadoh AE, Sadoh WE, Oniyelu P (2011). Breast feeding practice among medical women in Nigeria. Niger Med J; **52**(1): 7–12
7. Senarath, U., Dibley, M. J., & Agho, K. E. (2010). Factors associated with nonexclusive breastfeeding in 5 east and southeast Asian countries: a multilevel analysis. Journal of Human Lactation, **26**(3), 248e257.
8. WHO (2011). Exclusive breastfeeding for six months best for babies Everywhere; Available from :<http://www.who/statements/2011/breastfeeding>.

پوختە

تەنیا شیرى داىك لە ماوەى شەش مانگی سەرەتای تەمەنى كۆرپە زۆر بە گرینگىهوه پيشنيار كراوه بەشيشيوهيهكى بەرفراوان. بەشيشيك لە داىكان چەندىن بەهانه دىنهوه بۆ پابه‌ند نەبوون بەو پيشنيارهوه. لىكۆلینهوهكه مەبەستىهتى ئەو ھۆكارانە دەستنيشان بكا كه داىكان لە كوردستان بەكارى دەهينن بۆ وازهيان لە پرۆسەى پيدانى تەنیا شیرى داىك لە شەش مانگی سەرەتای تەمەنى كۆرپە.

لىكۆلینهوهيهكى چەنديهتى وەسفكراو جى بەجى كراوه لە دوو بنكهى تەندروستى لە قەزای رانىه لە كوردستان. شىوازی ھەرەمەكى بەكارهاتوه بۆ دەستنيشانكردى ۱۰۰ نمونەى بۆ لىكۆلینهوهكه لەو داىكانەى مندالى كۆرپەيان ھەيه. فۆرمىكى راپرسى ئامادەكراو بەكارهينراوه كه لە دوو بەشى سەرەكى پىكهاتوه. بەشى يەكەم لە چەند پرسيارىك دەربارەى زانىارى ديمۆگرافىاى دائك و بەشى دووم لە چەند پرسيارىك دەربارەى ھۆكارەكانى وازهياننى داىك لە نەنیا شیرپيدان پىكهاتوه.

ئەنجامى لىكۆلینهوهكه ئەوه دەرەخا كەبەشيشكى زۆرى بەژداربوان (۲۶٪) تەمەنيان لە نيوان (۲۵ – ۲۶) سالى دابوه، لە كاتىكدا زۆرپەى بەشداربوان (۸۴٪) لە خيزانى بچوك پىكهاتوون، وە زۆرپەى ھەرەزۆريان (۸۶٪) ژنى مەلەوه بون. ئەمە لەكاتىكدايە نيوهى بەشداربوان (۴۳٪) دەرچوى دواناوهندين.

نزىكهى نيوهى بشداربوان (۴۱٪) برسى بوونى كۆرپەكانيان كردۆتە بەهانه بۆ وازهيان لە تەنیا شیرى داىك، ئەمە لە كاتىكدايە تەنیا (۲٪) داىكان وازيان لە تەنیا شیرپيدانى داىك ھيناوه لەترسى ئالودەبونى كۆرپەكانيان بە شیرى داىك.

لە كۆتايدا ئەوه رونبۆتەوه كه ئافەرەتانی كورد چەندين ھۆكار و بيانوو بەكاردينن بۆ پينەدانى تەنیا شیرى داىك بە كۆرپە لەماوەى شەش مانگی سەرەتای تەمەنىدا.

الخلاصة

الخلفية: تبقى رضاعة الثدي الطبيعية هي التوصية والطريقة الرئيسية بصورة عامة خاصة للشهر الست الاولى من عمر الطفل. ولكن الامهات كثيرا مايتحججن للتهرب من الرضاعة الطبيعية من الثدي للطفل.

الاهداف: تهدف الدراسة لايجاد الاسباب الرئيسية المرافقة للتوقف عن الرضاعة الطبيعية من الثدي بين الامهات في كوردستان لإيجاد العوامل الاكثر تأثير على إمتناع الامهات الكورديات للإمتناع عن الرضاعة الطبيعية.

منهجية البحث: أجريت دراسة وصفية بتصميم كمي في مركزين صحيين في مدينة رانية في اقليم كوردستان العراق. واخذت عينة غير احتمالية (غرضية) لاجراء البحث تتالف من 100 من الامهات اللواتي لديهن اطفال في مرحلة الرضاعة. وتم تصميم استبانة لهذا الغرض تتالف من جزئين. الاول يتعلق بالمعلومات الديموغرافية لعينة البحث، والجزء الثاني يتعلق بالعوامل التي تؤثر وتتداخل للإمتناع عن الرضاعة الطبيعية بصورة واسعة.

النتائج: بينت الدراسة ان 26٪ من المشاركات في البحث هن من الفئة العمرية 25 – 28 سنة. وان معظمهن 84٪ من نوع العائلة النووية. وغالبية العينة 86٪ هن ربات بيوت، واطهرت الدراسة ان حوالي نصف العينة 43٪ منهن ممن انهين الدراسة الاعدادية وكذلك بينت الدراسة ان حوالي 41٪ من العينة قد امتنعن عن الرضاعة بحجة عدم كفاية الرضاعة لاشباع جوع الطفل، وان فقط 3٪ يتخوفن من ادمان الطفل على الرضاعة والابتعاد عن تناول الطعام.

الاستنتاجات: بينت الدراسة انه من الواضح ان هناك عدة معوقات توجد بين النساء في المجتمع الكوردي تقف ضد الاستمرار بالرضاعة الطبيعية