

Prevalence of Breast Feeding in the Locality of IBN- Al-Baldy Hospital

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Abstract

One hundred mothers of children below two years of age were interviewed regarding some socioeconomic and health factors affecting breast-feeding in the area served by IBN-AL-balady Hospital in Baghdad at august 2002. The study revealed that 57% of the mothers were exclusively breast-feeding their children insufficient milk was the most common mentioned reason (57.7%) for starting bottle feeding. A negative association was observed between breast -feeding and education of the mothers. Illiterate mothers were more likely to breast;-feed their infants (70%) than educated mothers (57.1 %). More governmental and social support is needed to promote and protect breast feeding in our society.

دراسة حول ممارسة الرضاعة الطبيعية في المنطقة التي تخدمها مستشفى ابن
البلدي في بغداد
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المستخلص

اجريت هذه الدراسة حول العوامل الاجتماعية والاقتصادية والصحية المؤثرة على الرضاعة الطبيعية في المنطقة التي تخدمها مستشفى ابن البلدي وتناولت الدراسة 100 ام لاطفال دون سن الثانية من العمر. تبين ان 57% من الامهات اللواتي يرضعن اطفالهن من الثدي ان عدم كفاية حليب الثدي كان من اهم الاسباب المذكوره ونسبة 57.7% لاعطاء الحليب الصناعي. كانت هناك علاقه عكسيه مابين ثقافة الام واستمرارية الرضاعة الطبيعيه. ان الرضاعة الطبيعيه تحتاج الى اهتمام اكثر من قبل السلطات المعنيه في زيادة ثقافة الام من خلال وسائل الاعلام وتطبيق مشروع المستشفى صديقة الطفل والذي سبق وطبق في عدد من مستشفيات القطر وتحت اشراف منظمة اليونيسيف.

Introduction

The unique properties of human milk for the survival and development of the newborn and infant are derived from the very origin of the human species, and it is-matching for their needs. Indeed, the practice of breast-feeding is referred to in all religions, cultures and countries. Islam, for example, recommends that infants be breast-fed for at least two years, and emphasizes that it is the duty of mothers to fulfill this responsibility. Similar concern is shown by other religions, and all emphasize the special qualities of the milk and the value of the practice of breast-feeding in promoting. The health of both the provider and the recipient. ⁽¹⁾When thinking about the health benefits of breasts feeding, it is useful to consider certain dualities. Breast-feeding has advantages for babies and mothers, and the advantages are seen in rich and poor nations. They include the prevention of gastrointestinal and non-gastrointestinal illnesses, wether, infectious or non-infectious diseases. Breast-feeding prevents illness early in life, and has long-term benefits as well. It has advantages for the premature as well as the full-term newborn. ⁽²⁾During the early part of the twentieth century, there was a movement towards ad opting artificial feeding using modified cow's milk. This was later followed by the introduction of breast milk substitutes, which became an important product of the food industry in the technologically advanced countries. The decline in breast-feeding then spread from these countries to the developing world, during the nineteen seventies such practice is accelerated by over-enthusiastic marketing practices. At the seine time this development was paralleled by the increase in

numbers of women takin^g up work outside the home to augment family income, making it difficult for them to adopt a proper regimen of breast-feeding. The use of artificial feeds in unhygienic circumstances by illiterate mothers resulted in_ tragedies among the infants of alarming proportion. ⁽¹⁾However, developed countries have returned to breast-feeding relatively recently, for example in USA breast-feeding raised from 26% in 1973 to 54% in 1980, and in Scandinavian countries it increased from 35% in 1970 to 75% in 1980 ⁽³⁾while developin^g countries still need a massive social. and 0.medical efforts to achieve a reasonable return to the natural breast-feeding.

Aim of the study

The study was carried out to determine the extent of breast-feeding in the region served by Ibn-Albalady Hospital, and the region I effect of some socioeconomic and others factors affecting breast-feeding.

Subjects and Method

A sample of 100 mothers of infants and children below two years of age randomly selected from the outpatient clinic and the inpatients of Inb-Albalady Hospital from the I" of .Sepi;~inber to the I" of October 2001. All the information was collected by direct interview of the mothers, it includes mother's age, education, type of delivery, age and sex of the child with the type of feeding and duration of breast-feeding if ever; and the reason for discounting or not starting breast-feeding.

Results

Table I shows that out of the 100 mothers interviewed 57% were feeding their children entirely on breast, 27% mixed breast feeding and 16% used bottle-feeding. Table 2

shows the reason for discontinuation of breast-feeding out of 100 mothers, 45 stopped breast feeding or did not start it at all. Inadequacy of breast milk was the main reason given by the mothers (57.7%). Other reasons given were: child old enough (8.9%), doctor advice (6.7%), subsequent pregnancy (6.7%) mother illness (6.7%), child refusal (6.7%), child illness (4.4%) and adoption (2.2%). Table 3 shows the relationship between the educational level of the mother and the type of feeding of the child. (70%) of illiterate mothers breast-feed their children. It is apparent that there is a drop in the

percentage of breast-feeding at the primary level of education and it starts to increase gradually with the secondary and university level of education. Bottle feeding is the least in the mothers with university level of education. (7.2%) and it increases at the illiterate, primary and the secondary level of education subsequently. Table 4 shows the distribution of the children according to the pattern of feeding versus the mode of delivery. There was a significant difference between normal deliveries and those by cesarean section regarding breast-feeding, $p < 0.02$.

Table (1):- Distribution of the children by feeding pattern and sex

Infant	Breast		Artificial		Mixed		Total	
	N.	%	N.	%	N.	%	N.	%
Male	23	23	9	9	12	12	44	44
Female	34	34	7	7	15	15	56	56
Total	57	57	16	16	27	27	100	100

Table (2):- Distribution of the causes for discontinuation of breast- feeding

Cause	N.	%
Insufficient milk	26	57.7
Child old enough	4	8.9
Advice by doctor	3	6.7
Subsequent pregnancy	3	6.7
Mother illness	3	6.7
Child refusal	3	6.7
Child illness	2	4.4
Adoption	1	2.2
Total	45	100

Table (3):-Distribution of infant feeding pattern according to the educational level of mothers:

Educational level	Breast		Bottle		Mixed		Total	
	N.	%	N.	%	N.	%	N.	%
Illiterate	28	70	5	12.5	7	17.5	40	100
Primary	12	42.9	6	21.4	10	35.7	28	100
Secondary	9	50	4	22.2	5	27.8	18	100
University	8	57.1	1	7.2	5	35.7	14	100
Total	57		16		27		100	100

Table(4): Effect of mode of delivery on pattern of feeding

Pattern of feeding	NVD		CS		Total	
	N.	%	N.	%	N.	%
Breast	49		8		57	
Bottle	11		5		16	
Mixed	23		4		27	
Total	83		17		100	

Discuccion

The prevalence rate of breast-feeding is observed to be 57%) Almost similar to that reported in Baghdad by Al-Abdali, 1978, which was 58.7%. Gounelle and Demarchi, 1953, in Baghdad reported that the prevalence rate of breast-feeding to be 71%⁽⁵⁾. Such difference might be explained on the basis that mothers at that time, could not get excess to artificial milk or they were not familiar with it. The main reason for stopping breast-feeding was found to be insufficient milk^(57.7%). Al-Abdali, 1978, reported that the main reason for discontinuing breast-feeding was inadequate breast milk (34.4%)⁽⁴⁾.

Darwish et al., 1983, investigated - infant-feeding patterns in Basra, and confirmed that insufficient milk was the main reason given for stopping breast-feeding (37.2%).⁽⁶⁾ The higher prevalence of insufficient breast milk in this study (57.7%) compared to the two mentioned studies might be due to the poor nutritional status of the majority of the mothers nowadays because of the sanction causing large numbers of mothers with inadequate breast milk. The majority of the sample was using breast-feeding, but the illiterate group reported higher percentage of breast-feeding (70%) as compared to the groups with other educational level. Similar findings were reported by Al-Bustan and Kholi, 1988⁽⁷⁾. This might

be explained on the basis that illiterate people might be more influenced by the media, shortage or high prices of artificial milk, and might be less caring for the effect of breast-feeding on their beauty⁽⁸⁾. A significant difference was found between breast-feeding With normal deliveries and deliveries carried out by cesarean section, with a P value less than 0.02. This is due to the fact that the newborn baby is separated from his mother for the first few days in case of cesarean section with delay in the early establishment of breast-feeding⁽⁹⁾.

Conclusion & Recommendation

We could conclude that

1. The prevalence of breast-feeding in our area is still not encouraging.
2. Insufficient milk is the main reason for stopping breast-feeding.

Illiterate mothers are better in breast-feeding.

We recommend that more social and governmental efforts should be directed to the benefits of Baby Friendly Hospitals in our country

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