

British Journal of Medicine & Medical Research 4(11): 2229-2237, 2014



SCIENCEDOMAIN international www.sciencedomain.org

Breastfeeding Indicators in Jazan Region, Saudi Arabia

Mohamed S. Mahfouz^{1*}, Hala M. Kheir¹, Amzeenah A. Alnami², Ala'a H. Al-Asfour², Amal R. Awadh², Ebtesam A. Bahlool², Mona A. Al-Ghawi², Suzan A. Al-Hazmi², Ruba M. Qadri² and Ahmed A. Ismail¹

¹Family and Community Medicine Department, Faculty of Medicine, Jazan University, PO Box 2531, Jazan 45142, Saudi Arabia. ²Faculty of Medicine, Jazan University, PO Box 2531, Jazan 45142, Saudi Arabia.

Authors' contributions

This work was carried out in collaboration between all authors. Authors MSM, HMK, AAA, AHA, ARA, EAB, MAA, SAH, RMQ and AAI prepared the project proposal and designed the research paper. Author MSM performed data analysis. Authors MSM, HMK, AAA, AHA, ARA, EAB, MAA, SAH, RMQ and AAI wrote the manuscript and provided significant input on the manuscript. All authors read and approved the final manuscript.

Original Research Article

Received 27th September 2013 Accepted 9th January 2014 Published 25th January 2014

ABSTRACT

Aims: The study aimed at exploring breastfeeding indicators and examining the effect of some demographic and maternity factors on exclusive breastfeeding among mothers of Jazan region, south west Kingdome of Saudi Arabia (KSA).

Study Design: Observational cross-sectional study design.

Place and Duration of Study: The study conducted in Jazan region, south west Kingdome of Saudi Arabia (KSA), during November 2012

Methodology: Community survey covered a random sample of 400 mothers who have at least one child less than 5 years old. Participants were interviewed using structured questionnaire containing background characteristics and breastfeeding information. Descriptive statistics were used for summarizing study variables. Differences in proportions were compared for significance using Chi Square/Fisher exact test. Logistic regression analysis was also used to test some associations with exclusive breastfeeding. All tests were two-sided and p < 0.05 was considered statistically

significant

Results: The majority of the women 93% had ever breastfed their infants (95% C.I. (90.0-95.1)). Prevalence of breastfeeding initiation was 44.1% [95% C.I. (39.1-49.2)] as mothers initiated breastfeeding after less than hour after delivery. The prevalence of exclusive breastfeeding was 26.9%, (95% C.I. (22.6-31.6)). Regarding reasons for discontinuing breastfeeding, the main reason led the mothers to wean their infants was diminished milk supply (45.9%).

Conclusion: The study recommends encouragement of exclusive breastfeeding. Promotion of breastfeeding support groups is essential for advocating the great benefits and advantages of breastfeeding for mothers and their babies.

Keywords: Exclusive breastfeeding; initiation of breastfeeding; weaning.

1. INTRODUCTION

The World Health Organization (WHO) acknowledged the importance of breastfeeding and strongly recommended the exclusive breastfeeding for the period of first six months of life and to be continued to two years of age or beyond. Promotion of exclusive breastfeeding is the single most cost-effective intervention to reduce infant morbidity and mortality in developing countries [1-5].

Breastfeeding contributes to the health and well-being of mothers; it helps children spacing, reduces the risk of ovarian and breast cancer, increases family and national resources is a secure way of feeding the infant. More over breastfeeding creates a unique emotional relationship between the mother and her baby, since breastfeeding meets both the nutritional and nurturing needs.

The benefits of breastfeeding for infant extend to decreases of risk of death dramatically as the infant grows [1]. The growing huge amount of literature suggests new evidences on benefits of the breastfeeding. In a meta-analyses of 60 recent publications WHO studied the long-term outcomes of breastfeeding on blood pressure, type-2 diabetes, serum cholesterol, overweight and obesity and intellectual performance [5]. The meta-analyses revealed that benefits are great for children and adolescents, and smallest among adults, suggesting a gradual dilution of the effect with time [5].

Many studies had been conducted on breastfeeding in Kingdom of Saudi Arabia (KSA) during the past two decades. Study conducted in Al Kharj health center, between the period of November 2000 to February 2001 to gather statistics on breastfeeding prevalence and demographic characteristics of breastfeeding in general population. The results of this study revealed that partial breastfeeding was the most common mode of infant feeding among study sample with 66.1% while exclusive breastfeeding was among 27.3% of mothers [6].

In Al-Hassa, KSA 2009 study conducted to investigate exclusive breastfeeding among mothers attending primary healthcare centers for vaccinating their infants at the age of 6 months. The results indicated that only 24.4% of infants were exclusively breastfed at the age of 6 months [7]. A recent study conducted in Riyadh, 2010 to investigate the knowledge and attitude of Saudi women towards breastfeeding practice. The results of this study found that attitudes towards exclusive breastfeeding was low despite high level of their education, as 36.8% of women planned to exclusively breastfeed during the first few weeks [8].

The literature review of medical research on breastfeeding practice in Jazan region south west KSA suggested no previous study published on this important issue. For this reason, we decided to explore breastfeeding indicators in this area of KSA. The aim of this study is to investigate breastfeeding practices and its associated factors, with special emphasis on exclusive breastfeeding among mothers in Jazan region, KSA.

2. MATERIALS AND METHODS

2.1 Study Area

The study was conducted in Jazan, the smallest province of KSA, located in south-western part of country. It is bounded to the north by Asir province, the south by the State of Yemen, to the east by both Asir province and the State of Yemen. Jazan covers an area of 11,671 km² and populated with 1,365,110 populations according to the last population census conducted in 2010.

2.2 Study Design and Participants

Observational cross-sectional descriptive study design was employed for this study. The focus of this study was mothers the reproductive age (15-49) who have at least one child less than five years of age.

2.3 Sampling Size and Design

Based on the values π = 0.5 (as no previous estimate of prevalence of breastfeeding in Jazan province), desired marginal error = 0.05 and z or (confidence level 95%) = 1.96, non-response rate 10% and design effects 1.5, the study sample size was estimated at 400 women. The sample design was two stages cluster random sampling based on the Jazan sub administrative units. In the first stage five sub administrative units were selected randomly among the 14 sub-administrative units comprising Jazan province. The second stage involved the selection of eighty eligible women from each selected sub-administration unit using systematic random sampling method.

2.4 Data Collection and Study Instrument

Data was collected using structured questionnaire composed of 21 questions arranged in two categories; the first part collects information on demographics and socioeconomic background characteristics of mothers; age of child, educational status of mother and father, family income use of contraceptives, total number of children ever born and some obstetric factors. The second part devoted to collect information on mother's breastfeeding practice; duration of breastfeeding, reasons of weaning, child feeding practice during the first six months. Before actual data collection stage started, a pilot survey was conducted among 30 participants. The main objective of the pre-testing was to test the adequacy and the content of the questionnaire, length of interview and identification of the study respondents. Data were collected during November 2012

2.5 Data Management and Statistical Analysis

Data was collected by medical students. Data was verified, cleaned and entered at Jazan Faculty of Medicine. Data entered and analyzed using the SPSS software (version 17.0).

The dependent variables were; naturally breastfed which was categorized dichotomously as (no/yes); breastfeeding initiation, categorized into three periods (less than the 1st hour, from 1 to 23 hour and after 3 days) and exclusive breast-feeding, which was defined as the mother/care taker reported that nothing else but breast milk was given to the infant during the first four months and categorized as (no/yes). Descriptive statistics (Frequencies, cross tabulation and percentages) were used for summarizing the dependent and outcome variables. Pearson's chi-square/Fisher Exact test was used to assess differences between proportions. Logistic regression was also used to test some associations with exclusive breastfeeding. All tests were two-sided and p < 0.05 was considered statistically significant

3. RESULTS

Table 1 provides some background characteristics of the studied mothers. The table shows that majority of women were in the age group (15-29). Regarding educational status, 70% of the women were university graduates. Moreover 47.5 % of women are government employee, while house wives were 33.5% of the women. The table also shows the distribution of mothers who are currently using family planning methods. Results showed that 76.3% of them were current user of contraceptive methods, while non-users were constituted 23.8%. Regarding contraceptive methods 40.5% of the women were using hormonal methods.

Table1. Some background characteristics of the studied women

Characteristics	N	%	Characteristic	s N	%
Mother's Age			Contraceptive	s Use	
15-19	16	4.0	Users	305	76.2
20-24	89	22.2	Non-Users	95	23.8
25-29	94	23.5	Contraceptive	type	
30-34	86	21.5	Hormonal	162	40.5
35-39	86	21.5	Local	78	19.5
over the 40	29	7.3	Natural	57	14.3
Mother's educat	ion		Other	8	2.0
Illiterate	2.0	0.5	NA	95	23.7
Primary	14	3.5	Child gender		
Intermediate	23	5.8	Male	229	57.3
Secondary	81	20.3	Female	171	42.8
University and	280	70.0	Child Age (in Months)		
above			1-11	110 [°]	27.5
Mother's occupa	ation		12-23	107	26.8
House Wife	135	33.8	24-35	82	20.5
Government	190	47.5	36-47	60	15.0
Other	75	18.8	48-60	41	10.3
Total	400	100	Total	400	100

Table 2 illustrates the distribution of natural breastfeeding among the women. It is clear from the table that the majority of the women 93% had ever breastfed their infants (95% C.I. (90.0-95.1)). Furthermore 48.2% of the women had breastfed their infants for a period of full four months (95% C.I. (42.6-53.7)). When women asked about breastfeeding initiation, 44.1%, (95% C.I. (39.1-49.2)) initiated breastfeeding after less than hour from delivery. It is clear from the table that woman who exclusively breastfed for full four months were 26.9%, (95% C.I. (22.6-31.6)). Fig. 1 on the other hand provides the distribution of breastfeeding for six months intervals. From the graph 68.1% of the women breastfeeding their infants for six

months period, while 84.2% of the women completed one year breastfeeding their babies. The table further suggested no significant difference between, breastfeeding indicators for male and female children (*P.* Value >0.05 for all)

Table 2. Breastfeeding practice among studied women

Variable	Category	Male N (%)	Female N (%)	Total N (%)	95% C.I	<i>P.</i> Value*
Ever	Breastfed	211(92.1)	161(94.2)	372(93.0)	90.0-95.1	0.550
Breastfed	Not-	18(7.9)	10(5.8)	28(7.0)	-	
(n=400)	Breastfed					
Duration of	≤ 4 month	86(48.9)	61(47.3)	147(48.2)	42.6-53.7	0.430
Breastfeeding	>4 month	90(51.1)	68(52.7)	158(51.8)	-	
(n=305)						
Initiation of	Less than	100(47.4)	64(39.8)	164(44.1)	39.1-49.2	0.080
Breastfeeding	1hour					
(n=372)	More than	111(52.6)	97(60.2)	208(55.9)	-	
	1hour					
Exclusive	Exclusive	61(28.9)	39(24.2)	100(26.9)	22.6-31.6	0.086
Breastfeeding	Non-	150(71.1)	122(75.8)	272(73.1)	-	
(n=372)	exclusive					

Based on Fisher exact test

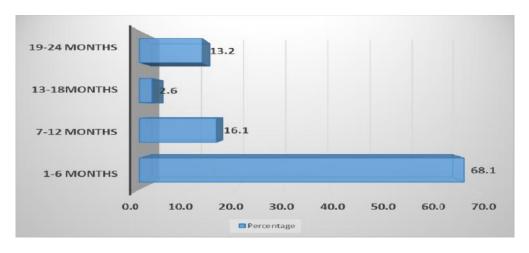


Fig. 1. Duration of breastfeeding among studied women

To determine factors associated with exclusive breastfeeding, Table 3 presents some socio-economic and maternal characteristics for mothers who breastfeed exclusively compared with non-exclusively breastfeed for the same period. According to the table exclusive breastfeeding increases with increase of mother's age but with no significant difference between women who exclusively breastfed their infants and those who did not, P. Value = 0.584. The table further showed that pattern of exclusive breastfeeding does not change with changing in mother occupation status P. Value = 0.170, all other factors in the table were not associated with or influencing exclusive breastfeeding among studied women.

Table 3. Exclusive breastfeeding by socio-demographic characteristics of mothers in Jazan Region

Characteristics		Exclusive breasting		P. Value
		Yes N %	No N %	
Age Groups	15-19	3(21.4)	11(78.6)	0.584
	20-24	18(20.7)	69(79.3)	
	25-29	23(25.6)	67(74.4)	
	30-34	23(29.5)	55(70.5)	
	35-39	25(32.9)	51(67.1)	
	over the 40	8(29.6)	19(70.4)	
Mother's education	Illiterate	0(0.0)	2(100.0)	0.513
	Primary	3(23.1)	10(76.9)	
	Intermediate	9(40.9)	13(59.1)	
	Secondary	18(24.3)	56(75.7)	
	University and above	70(26.9)	190(73.1)	
Mother's occupation	House Wife	35(26.7)	96(73.3)	0.170
•	Employed	52(30.4)	119(69.6)	
	Other	13(18.6)	57(81.4)	
Contraceptive Use	Users	76(26.8)	208(73.2)	0.513
·	Non-users	24(27.3)	64(72.7)	
Parity	One Child	22(19.8)	89(80.2)	0.146
•	2-4	55(30.2)	127(69.8)	
	More than 5	18(26.9)	49(73.1)	
Received	Yes	100(27.3)	266(72.7)	0.170
Information During Pregnancy	No	0(0.0)	6(100.0)	

Since all variables presented in Table 3 were not significantly associated with exclusive breastfeeding, we re-coded variables in the table and conducted logistic regression analysis. Table 4 shows the results of binary logistic regressions analysis. According to the table only age group (15-29) has a marginal significant impact on exclusive breastfeeding (OR: 1.80; 95% CI: 0.95-3.39). Fig. 2 illustrates the main reasons which lead the mothers to stop breastfeeding. It was clear that the main reason led the mothers to wean their infants was diminished milk supply (45.9%). Only 4.9% of them stopped breastfeeding because they were pregnant.

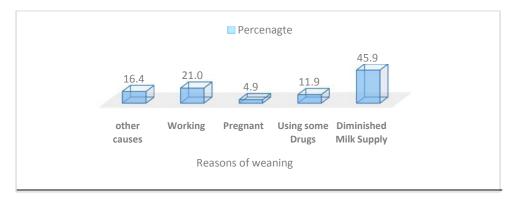


Fig. 2. Reasons for stopping breastfeeding

Table 4. Logistic regression analyses of exclusive breastfeeding related factors among study participants

Category	OR	95% C.I.	P. Value
Gender			
Female (Ref.)	1		
Male	1.27	0.79 -2.03	0.313
Age groups(Ref.)			
14-24 years	1		
25-34 years	1.80	0.95-3.39	0.050
More than 35 years	1.25	0.73- 2.14	0.413
Educational Status			
Secondary and below	1		
University and above	1.01	0.61-1.66	0.984
Working Status			
No(Ref.)	1		
Yes	1.01	0.63-1.64	0.960
Mode of Residence			
Urban(Ref.)	1		
Rural	1.23	0.66-2.34	0.495
Parity			
One Child (Ref.)	1		
2-4	1.49	0.73-3.03	0.277
More than 5	0.85	0.54-1.57	0.606
Contraceptives Use			
No(Ref.)	1		
Yes	1.03	0.60-1.76	0.925

4. DISCUSSION

Breastfeeding is a natural pulse of all mothers as it allows them to express their love, tenderness and protection for their children. Islam recognizes and highlighted the importance of breastfeeding practice before some 1400 years. Our study results revealed that ever breastfeeding was found to be high at 93% among the study population in Jazan province indicating high breastfeeding initiation rate. This finding is similar to recent study conducted in Riyadh, which showed breastfeeding prevalence to be 95%[9]. Our results have shown that duration of breastfeeding for 6 months was 68.1%, which is higher that the results of the study conducted in Riyadh which provided 50% [9].

It is recommend that all newborns should start breastfeeding immediately with in the first hour after delivery, the prevalence of timely initiation of breastfeeding among Jazan mothers was 44.1% lower than studies conducted in Sudan 54.2% [10], Jordan 86.6% [11], Nepal 72.2% [12], Ethiopia 52.4%% [13]. The exclusive breastfeeding for four months was found to be 26.9% to some extent in conformity with studies conducted in other places of KSA [6,7].

Factors that determine stoppage of breastfeeding in our study were insufficient milk as a main cause 45.9%, which similar to studies conducted in New Zealand and Riyadh, KSA [14,15]. Other factors that influence breastfeeding duration are work of the mother using some drug and pregnancy during breastfeeding. Only 4.9% of the women reported stoppage of breastfeeding for pregnancy reason, this is in contrast to study conducted in Sudan which indicated that pregnancy was the main reason for discontinued of breastfeeding for 54.1% of the women [10]. Only 65.8% of mothers have previously received breastfeeding education

from their doctor during Antenatal Care (ANC) visits. These results confirm the previously reported study in Riyadh, KSA [8].

The main strength of this study is that it is the first study to investigate breastfeeding in Jazan region, however some significant limitations should be mentioned; first the study is based on a cross-sectional survey design, and we can confirm associations but not causality based on these data. Also the study sample may not be well representative for all Jazan women, this is clear from the distribution of the mother's level of education which indicate that the majority of the women are university graduates which is not true in the actual population. Also caution should be considered when comparing exclusive breastfeeding with other studies, since our study defines exclusive breastfeeding for the first four months of life. Finally the statistical analysis assumed a simple random sample and thus may under estimate variances in some cases.

5. CONCLUSION

The findings of this study suggested that prevalence of ever breastfeeding among mothers in Jazan region was high, but exclusive breastfeeding was below WHO young child feeding recommendations. The results further showed that reduced amount of milk were the main reason leading mothers to shift to other alternatives feeding their babies. Another cause that hinders mother from breastfeeding was being out for work.

Finally the study recommends encouragement of exclusive breastfeeding and it should be given a high priority in all health education plans. Also promotion of breastfeeding support groups is essential for advocating the great advantages of breastfeeding for mothers and their babies.

CONSENT

Not applicable.

ETHICAL APPROVAL

This study was conducted in accordance to ethical standards within the political borders of the Kingdom of Saudi Arabia. All participants involved in this study have read, understood and signed a written consent form. The study has been approved by Jazan University, Kingdom of Saudi Arabia.

ACKNOWLEDGEMENTS

We are indebted to the mothers who took active part of the survey.

COMPETING INTERESTS

The authors have no conflict of interest to declare.

REFERENCES

- 1. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Lancet. 2000;355:451–5.
- 2. Quigley MA, Kelly YJ, Sacker A. Breastfeeding and hospitalization for diarrheal and respiratory infection in the United Kingdom Millennium Cohort Study. Pediatrics. 2007:119:e837–42.
- 3. Kramer MS, Kakuma R. The optimal duration of exclusive breastfeeding: a systematic review. Adv Exp Med Biol. 2004;554:63–77.
- 4. World Health Organization, Global strategy for infant and young child feeding. The optimal duration of exclusive breastfeeding, in, Geneva, World Health Organization; 2001.
- 5. World Health Organization, Long-term effects of breastfeeding: a systematic review. Geneva, World Health Organization; 2013.
- 6. Ogbeide DO, Siddiqui S, Al Khalifa IM, Karim A. Breastfeeding in a Saudi Arabian community. Profile of parents and influencing factors. Saudi medical journal. 2004;25(5):580–4.
- 7. El-Gilany A-H, Shady E, Helal R. Exclusive Breastfeeding in Al-Hassa, Saudi Arabia. Breastfeeding Medicine. 2011;6(4):209–213.
- 8. Ya A, Ea A, Am A, et al. Breastfeeding knowledge and attitude among Saudi women in Central Saudi Arabia. Saudi Medical Journal. 2010;31(2):20174738.
- 9. Al-hreashy FA, Tamim HM, Al-baz N, Al-kharji NH, Al-amer A. Patterns of breastfeeding practice during the first 6 months of life in Saudi Arabia. Saudi Med J. 2008;966(August 2007):427–431.
- 10. Haroun HM, Mahfouz MS, Ibrahim BY: Breastfeeding indicators in Sudan: A case study of Wad Medani town. Sudanese Journal of Public Health. 2008;3(2):81-90.
- 11. Chandrashekhar TS, Joshi HS, Binu VS: Breast-feeding initiation and determinants of exclusive breast-feeding: A questionnaire survey in an urban population of western Nepal. Public Health Nutrition. 2007;10(2):192-9.
- 12. Khassawneh M, Khader Y, Amarin Z. Knowledge, attitude and practice of breastfeeding in the north of Jordan: a cross-sectional study. International Breastfeeding Journal. 2006;1:17
- Setegn T, Gerbaba A, Belachew T. Determinants of timely initiation of breastfeeding among mothers in Goba Woreda, South East Ethiopia: A cross sectional study. BMC Public Health. 2011;11:217.
- 14. Al-Amoud MM. Breastfeeding practice among women attending primary health centers in riyadh. Journal of family & community medicine. 2003;10(1):19–30.
- 15. Essex C, Smale P, Geddis D. Breastfeeding rates in New Zealand in the first 6 months and the reasons for stopping. N Z Med J. 1995;8:108:355-7.

© 2014 Mahfouz et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/3.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here: http://www.sciencedomain.org/review-history.php?iid=411&id=12&aid=3441