

## Original Article

# Attitudes of Saudi mothers towards breastfeeding

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## ABSTRACT

The aim of the study was to explore the practice and attitudes of Saudi mothers towards breastfeeding. A cross-sectional survey done on a total of 517 Saudi mothers using a questionnaire inquiring about their demographic data, breastfeeding practice in the first 6 months after delivery and longer, different reasons for stopping breastfeeding. Furthermore, their impression on the relation between breastfeeding and breast cancer as well as prevention of infant's allergic and infectious diseases. Only 37.5% of the mothers practiced exclusive breastfeeding for 6 months. 31.9% of the mothers continued breastfeeding until 9-12 months, and only 23% continued until 18-24 months. Insufficient breast milk was the commonest reason for stopping breastfeeding (25.9%). The vast majority of the mothers (95.2%) believe that breast

milk can prevent allergy and infection to their infants, and 88.4% agreed that breastfeeding may decrease the risk of breast cancer. 30% of mothers with higher income and higher socio-economic class tend to have less compliance with breastfeeding. Exclusive breastfeeding in the first 6 months lag far behind the WHO recommendation. There is a major problem with adequacy of breast milk production in the majority of mothers in this study which might indicate the need for proper awareness and teaching programs regarding breastfeeding in our community.

### Keywords:

Breastfeeding; Saudi mothers; Exclusive breastfeeding; Prolonged breastfeeding.

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## INTRODUCTION

Breastfeeding remains the best natural food a mother can ever provide to her new-born. Major medical and health organizations endorse breastfeeding as the most beneficial type of nutrition to ensure the health and well-being of most infants and recommend that mothers breastfeed exclusively for six months with continued breastfeeding through the infant's first year [1-4]. Although rates of breastfeeding initiation have increased in recent years from as low as 25% to 65%, continuation of breastfeeding remains a problem [5]. Furthermore, exclusive breastfeeding in the first 6 months of life have not yet reached its target in several countries in the world [6, 7]. There are many wrong practices and perceptions of Infant and young child feeding prevalent among different socio-demographic groups [8]. In a study on 1000 women in Pakistan, Gilani et al [9] observed that majority of the study participants had limited knowledge and poor practices. Literature reports show that chronic malnutrition is often related to low income groups where there is possibility of greater impact on child growth. In view of the multiple causes of malnutrition, the interrelationship among its determinants should be taken into account when adopting strategies for its reduction and prevention [10]. The problem of not complying with the World Health Organization (WHO) recommendation towards exclusive breastfeeding in the first 6 months and continuation for longer periods is more profound in developing countries including Saudi Arabia, which is contributed for many reasons headed by lack of knowledge of mothers and their attitudes towards breastfeeding [11-13].

In view of the reports of discontinuation of breastfeeding in many countries and the reasons for stopping breastfeeding, we found it imperative to analyse the scenario of breastfeeding in Saudi mothers. The objectives of the study were to determine the breastfeeding practice, to analyse different reasons for stopping breastfeeding incorporated in

the questionnaire, knowledge of mothers regarding benefits of breastfeeding on prevention of allergy and infection to the infants, and relation of breast cancer to breastfeeding. We interviewed a group of Saudi mothers at different age group to explore their knowledge and attitudes towards breastfeeding.

## METHODS

The study was a random survey conducted over 24 months during the period, March 2011- February 2013 to mothers who attended Obstetrics and Gynaecology Department of King Khalid University Hospital, King Saud University, Riyadh, Saudi Arabia.

A total of 517 Saudi mothers became the respondents, who were issued the questionnaire. Questionnaire containing the following inquiries (1) Demographic data (2) The breastfeeding practice during the period of first six months, 6-9 months, 9-12 months, 12-18 months and 18-24 months [3]. The questions included on the different reasons for stopping breastfeeding were; insufficient milk, mothers' illness, pregnancy, work, study, contraceptive pills, getting bored, infant adopted to family food, infant refusal to breastfeeding, to preserve breast shape, no kids available; and mother who did not stop breastfeeding. The other probed areas of study [4] were benefits of breastfeeding, including prevention of allergy and infection and decreased incidence of breast cancer; and [5] impact of family income on breastfeeding.

### Statistics

Data in Tables 1-4 were statistically computed by Pearson's Chi square test ( $\chi^2$  test) used to test significance (at 5% level of significance) of relationships between categorical variables.

## RESULTS

A total of 517 mothers were included in this survey and all of them completed the provided questionnaire,

with a median age of 31 years old. Out of the 517 mothers, only 194 (37%) experienced exclusive breastfeeding in the first 6 months after birth, and 165

(31.9%) of the mothers continued to breastfeed for 9-12, 12-18 and 18-24 months as the most frequent period longer than 6 months ( $p < 0.001$ , Table 1).

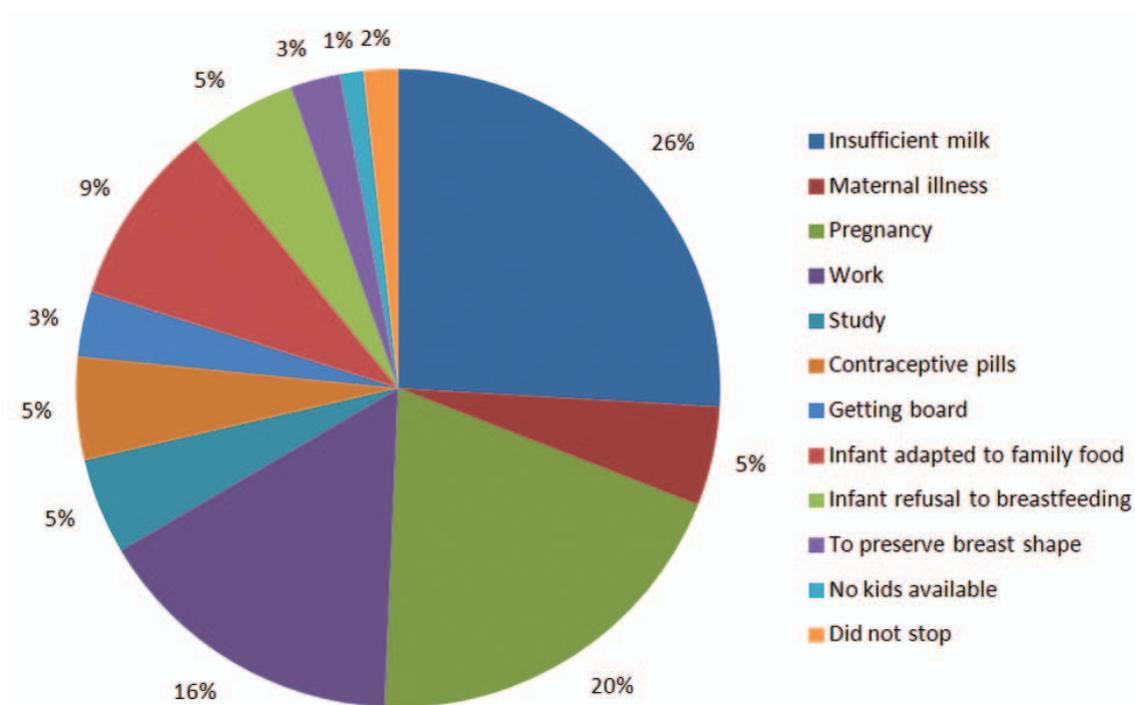
**Table 1 - Breastfeeding (BF) practice among Saudi women**

Serial	Duration (months) of BF practice	BF mothers	Non-BF mothers
1	1-6	194 (37.5)	323 (62.5)
2	6-9	114 (22.1)*	403
3	9-12	165 (31.9)	352
4	12-18	70 (13.5)*	447
5	18-24	119 (23.0)*	398

\*P < 0.01) – Chi square test

The commonest cause for stopping breastfeeding was insufficient milk (25.9%,  $p < 0.001$ ), followed by getting pregnant while breastfeeding (19.7%,

$p < 0.001$ ), then being a working mother (15.9%,  $p < 0.001$ ) (Figure 1).



**Figure 1 - Reasons for stopping Breastfeeding**

The vast majority of the mothers (95.2%,  $p < 0.001$ ) believe that breastfeeding can protect their infants from allergy and infection. There was strong belief,

by 88.4% ( $p < 0.001$ ) of the mothers, that breastfeeding can decrease the risk of breast cancer (Table 2).

**Table 2 - Benefits of breastfeeding**

Prevention of allergy and infection			Decreases incidence of breast cancer		
Yes	No	Do not know	Yes	No	Do not know
492 (95.2)	8 (1.5)	17 (3.3)	457 (88.4)	14 (2.7)	46 (8.9)*

\* $P < 0.001$  – Chi square test

High socio-economic class was associated with less breastfeeding compliance (30%,  $p < 0.001$ ) (Table 3).

**Table 3 - Family income**

Low	Medium	High
74 (14.3)	287 (55.5) *	156 (30.2)*

\* $P < 0.001$  – Chi square test

## DISCUSSION

In the present study we found that there was no concern in initiation of breastfeeding in all the interviewed mothers. In fact, almost all women were willing to breastfeed after delivery. The willingness of Saudi Women to breastfeed was also confirmed in an earlier study [14,15]. Nevertheless, there is apprehension of exclusive breastfeeding in the first 6 months which was found in 37.5 % of the mothers, and 23% fed for a period of 18-24 months. The percentage of breastfeeding (37.5%) observed in Saudi Arabia is much better than other countries in the world. In Tunisia, very few (1.9%) of the 354 women under study continued breastfeeding until 6 months [16]. Bell et al [17] reported breastfeeding exclusively up to six months is very rare in Quebec and the rest of Canada. In Colorado, a high percentage (83%) of mothers initially start breastfeeding, but in keeping breastfeeding trends at the national level, many discontinue within the first few months [18].

The results obtained in the present study confirms an earlier report on Saudi population who reported that feeding

in Saudi infants was very far from compliance with the World Health Organization of exclusive breastfeeding for 4-6 months. Three of the reasons analysed for stopping breastfeeding are insufficient milk, work and study. These results are in corroboration to the observation of Li et al [19] who showed that the Chinese-Australian mothers stopped breastfeeding due to insufficient milk or going back for work and/or studies. Use of contraceptive pills was another reason for interference with breastfeeding, our results are in agreement with the study of Shawky and Abalkhail [11]. The influence of breastfeeding on reducing the incidence of ovarian and breast cancers is well established [11-13,20]. Some of the reasons of stopping breastfeeding are related to maternal illness, infant adapting to regular food, health of infants and their refusal to feeding confirms the results obtained by the study of Odom et al [21] who found maternal or child health, infant nutrition, problems related with lactation and milk-pumping problems to interfere with breastfeeding.

Although most of the women know that breast milk protects

against allergy and infections in the new-born (95.2%,  $p < 0.001$ ), and that breastfeeding may decrease the breast cancer risk in the general population yet their compliance is far below the recommendation.

On income of family, we found the medium and high income groups were significantly more compliant than the lower income group. Literature reports show that chronic malnutrition is often related to low income groups where there is possibility of greater impact on child growth. In view of the multiple causes of malnutrition, the interrelationship among its determinants should be taken into account when adopting strategies for its reduction and prevention [10]. It is generally observed that the higher the family income, the less preference towards breastfeeding [19].

## CONCLUSION

We conclude from this study that Saudi mothers had no problems in initiation of breastfeeding for their new-borns but they have a major problem in exclusive breastfeeding and feeding for longer periods of time for reasons that can be controlled and modified by conducting intensive

education of proper breastfeeding to all pregnant women with proper communication with lactation professionals to give more support to women during their breastfeeding period.

There is a need to accelerate awareness of optimum infant feeding recommendations and augment the vigorous practice of the WHO Ten Steps to Successful Breastfeeding. Education and training on breastfeeding, especially targeting the adolescents in Saudi Arabia, should be made common.

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