



Predictors of Exclusive Breast-Feeding in Early Infancy: A Survey Report from Phnom Penh, Cambodia

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breast-feeding (EBF);
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Background: Exclusive breast-feeding (EBF) is recommended in the first 6 months of an infant's life. This study aims to investigate the present status of infant feeding practices and identify factors that affect EBF practices during the first 6 months following infant birth in Phnom Penh, Cambodia.

Methods: A cross-sectional survey with a semistructured questionnaire was given to 312 mothers with children aged 6 to 24 months who visited the immunization clinic in the National Maternal and Child Health Centre in Phnom Penh, Cambodia, from December 2005 to February 2006.

Results: Eighty-three percent of mothers fed breast milk exclusively in the first month, whereas only 51.3% continued EBF in the first 6 months. Within 30 minutes after delivery, 39% of mothers began breast-feeding. Results from logistic regression analysis indicate that the lack of a maternal antenatal EBF plan (odds ratio [OR] = 10.01, 95% confidence interval [CI] = 3.68–27.24, $p < .001$), working mothers (OR = 4.71, 95% CI = 2.77–8.01, $p < .001$), and lack of paternal attendance at breast-feeding classes (OR = 1.93, 95% CI = 1.13–3.28, $p < .05$) have independently positive associations with cessation of EBF during the first 6 months of infant life.

Conclusion: The findings have helped to identify some important factors affecting EBF practices in the study area in Cambodia. The findings revealed that it is important to educate pregnant mothers, probably through exposure to trained midwives and media, so they may recognize the significance of EBF and will develop intention and plan to feed their babies, keeping in mind the benefits it may yield. Paternal involvement in breast-feeding classes may increase their awareness and consequently complement EBF practices. Finally, development of conducive working environments and policies for working mothers should be carefully explored because it could have positive influence in better care and promotion of EBF.

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BREAST-FEEDING IS recognized as the most optimal way to feed infants (World Health Organization/United Nations Children's Fund [WHO/UNICEF], 2003), and estimates predict that improved breast-feeding practices could save the lives of 1.5 million children per year (UNICEF, 2008a). Furthermore, the benefits of breast-

feeding compared to feeding with artificial formula are also well recognized (American Academy of Pediatrics Policy Statement, 2005).

According to global public health recommendations, infants should be exclusively breast-fed for their first 6 months to achieve optimal growth, development, and health. Thereafter, to meet changing nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breast-feeding continues up until 2 years of age and beyond (WHO, 2001; WHO/

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UNICEF, 2003). In 1991, WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI), which aimed to give every baby the best start in life by ensuring a health care environment where breast-feeding is the norm.

Although the BFHI has gradually progressed and contributed to higher breast-feeding prevalence over the past 10 years (Broadfoot, Britten, Tappin, & MacKenzie, 2005; Cattaneo & Buzzetti, 2001; Merten, Dratva, & Liebrich, 2005; UNICEF, 2005), exclusive breast-feeding (EBF) during the first 6 months has not been popularized and has been still far from the recommended levels (Foo, Quek, Ng, Lim, & Yap., 2005). Only 38% of all infants born in the developing world are exclusively breast-fed for the first 6 months of life, and less than 60% receive complementary foods when they should (UNICEF, 2008b). Various factors, such as lack of awareness of breast-feeding benefits (Foo et al., 2005), advice from health professionals (Hoyer & Pokorn, 1998), employment situations (Gielen, Faden, O'Campo, Brown & Paige, 1991), antenatal breast-feeding plans (Li, Li, Ali, & Ushijima, 2003; Li, Kong, Hotta, Wongkhomthong, & Ushijima, 1999), and delays in initiation of breast milk after delivery (Batal, Boulghourjian, Abdallah, & Afifi, 2006; Daglas et al., 2005) are thought to influence mothers' breast-feeding practices.

According to the Cambodia Demographic and Health Survey 2000 (CDHS 2000; Ministry of Health, Cambodia, 2001), the infant mortality rate (IMR) was 97 of 1000 live births, one of the highest in Asia. Furthermore, only 18% of infants less than 2 months old were exclusively breast-fed. By the age of 6 to 7 months, only 2% of infants were exclusively breast-fed.

In 2004, National Maternal and Child Health Centre (NMCHC) in Phnom Penh was designated the first baby-friendly hospital (BFH) in Cambodia. Lactation clinics have been held at the BFH to provide information on the benefits of breast-feeding and the appropriate methods for feeding breast milk to babies. In addition, the BFH offers birth attendant training and conducts home visits by trained midwives. The number of deliveries in Phnom Penh per year is estimated to be around 19,000 with 7,000 (approximately 40%) mothers delivering at the BFH (Fujita et al., 2005). CDHS 2005 (Ministry of Health, Cambodia, 2006) showed that the IMR was 65 of 1000 live births, an improvement since the 2000 study (Ministry of Health, Cambodia, 2001). In addition, 74% of infants less than 2 months old and 8% of infants 6 to 7 months old were exclusively breast-fed. Thus, infant feeding practices have been gradually progressing, but the rate of EBF for the first 6 months after delivery is still far from desirable.

To promote appropriate infant feeding practices, the determinants of inadequate infant feeding must be identified and understood to develop appropriate policies to improve the situation. This study aims to investigate the present status of infant feeding practices and identify the factors affecting these practices during the 6 months following infant birth in the study area of Phnom Penh, Cambodia.

Definitions of Terms

As described by WHO/UNICEF (Brown, Dewey, & Allen, 1998), *exclusive breast-feeding* indicates that all energy and nutrients are provided to the infant by breast milk with the possible exception of small amounts of medical supplements. *Partial breast-feeding* indicates giving a baby some breast milk along with either milk or cereal, or other food. *Non-breast-feeding* is defined as feeding with foods other than breast milk. In addition, we defined *feeding plan* as a mothers' intentions prior to delivery concerning feeding of her baby.

Methods

Study Design

A cross-sectional study of feeding practices during the first 6 months of infant life was conducted in Phnom Penh, the capital of Cambodia. The participants were enrolled from the immunization clinic in the NMCHC in Phnom Penh from December 2005 through February 2006. During the study period, 343 mothers with children aged 6 to 24 months visited the immunization clinic in NMCHC, and 312 agreed to participate in the interview. Face-to-face interviews were conducted by four trained local interviewers. Using the semistructured questionnaire, information regarding the following topics were obtained: maternal and child socio-demographic characteristics, retrospective feeding practices, maternal and paternal attendance at breast-feeding classes, maternal antenatal infant feeding plans, delivery modes, and the initiation of breast-feeding after delivery. The frequency of breast-feeding in the first 24 hours was also examined. During preliminary research, a tendency was noted that for most mothers, it was easy to recall if they breast-fed up to five times per day but not beyond that. For this reason, it was taken as the cutoff figure. Maternal knowledge on breast-feeding was further examined by asking 10 additional questions. Each correct answer was given one point and incorrect zero. Based on the median score of four correct answers, mothers who answered 5 or more questions correctly were considered knowledgeable, and those with four or less correct answers were considered less knowledgeable. Through an open-ended question, mothers were asked to share the reasons for stopping EBF during the first 6 months following delivery.

Ethical approval for the research was conferred by the Ministry of Health, Cambodia, as well as by the Ethical Committee at the University of Tokyo. Informed consents were obtained from all participants.

Data Analysis

Data was processed and analyzed using SPSS 11.0 for Windows. Chi-square tests and Fisher's exact tests were used to make comparisons among variables as appropriate. The relative risks of possible risk factors were estimated by odds ratios

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