



Original Article

Effect of maternal occupation on breast feeding among females in Al-Hassa, southeastern region of KSA



Sara A. Al-Ruzaihan, MBBS^a, Alaa A. Al-Ghanim, MBBS^a,
Bayan M. Bu-Haimed, MBBS^a, Hanan K. Al-Rajeh, MBBS^a,
Wadha R. Al-Subaiee, MBBS^a, Fatimah H. Al-Rowished, MBBS^a and
Lorina I. Badger-Emeka, PhD^{b,*}

^a College of Medicine, King Faisal University, Al-Ahsa, KSA

^b Department of Biomedical Sciences, College of Medicine, King Faisal University, Hofuf, KSA

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المخلص

أهداف البحث: الرضاعة الطبيعية ظاهرة بشرية طبيعية، لتوفير الغذاء الضروري للنمو والتكوين. تساهم عوامل معينة في عدم استطاعة الأمهات توفير الرضاعة الطبيعية. يبحث هذا التحقيق في أثر وظيفة الأم على الرضاعة الطبيعية بين نساء الأحساء في المنطقة الجنوبية الشرقية من المملكة العربية السعودية.

طرق البحث: أجريت هذه الدراسة المقطعية عن طريق توزيع استبانة منظمة باللغة العربية على أمهات عاملات وغير عاملات في المنطقة. المشاركات سُئلن عن أوضاعهن الوظيفية وإذا ما كنَّ يُرضعن أم لا، وأسباب إيقافهن أو تقليلهن من الرضاعة الطبيعية، بالإضافة إلى الوضع الصحي لأطفالهن. تم تحليل البيانات المستحصلة.

النتائج: شارك في الاستطلاع ما مجموعه 124 أمًا، بينهن 62 امرأة عاملة و 62 غير عاملة. جميع الأمهات غير العاملات قمن بإرضاع أطفالهن، بينما قام 92% من الأمهات العاملات بإرضاع أطفالهن وبقية الـ 8% منهن لم يرضعن أطفالهن. كما أظهرت النتائج بأن 7% فقط من الأمهات العاملات مارسن الرضاعة الطبيعية الحصرية، بينما مارسها 37% من الأمهات غير العاملات.

الاستنتاجات: لم نجد أن وظيفة الأم تشكل عائقًا يمنع الرضاعة الطبيعية، ولكنها تؤثر على مدة الرضاعة وعدد الرضعات اليومية، بالإضافة إلى تأثيرها على الحالة الصحية للطفل.

الكلمات المفتاحية: الرضاعة الطبيعية؛ وظيفة الأم؛ النساء العاملات؛ النساء غير العاملات؛ الرضاعة الطبيعية الحصرية

* Corresponding address: Department of Biomedical Sciences, College of Medicine, King Faisal University, P.O. 400, 31982, Al-Ahsa, Hofuf, KSA.

E-mail: lbadgeremeka@kfu.edu.sa (L.I. Badger-Emeka)

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Abstract

Objectives: Breast feeding is a normal behaviour in humans that provides babies with the nutrients needed for growth and development. Certain factors contribute to the inability of mothers to breastfeed. This investigation explored the effect of maternal occupation on breast feeding amongst females in Al-Hassa in the southeastern region of KSA.

Methods: This cross-sectional study was conducted by administering a structured Arabic questionnaire to working and non-working mothers in the region. The participants were asked about their job status and whether they were breast feeding (BF), the reasons for reducing or stopping BF, and the health status of their babies. The obtained data were analysed using the chi-square test.

Results: A total of 124 mothers participated in the survey; 62 working mother (WM) and 62 non-working women (NWM). All of the NWM had breastfed their babies, while ninety-two percent of the WM breastfed, while the remaining 8% (12.9) of WM did not breastfeed. The results also showed that only 7% of WM practiced exclusive breast feeding (EBF), while 37% of the NWM were found to practice EBF.

Conclusions: Maternal occupation was not observed to be a barrier to prevent mothers from breast feeding but affected the duration and frequency of breast feeding per day and the health status of babies.

Keywords: Breast feeding; Exclusive breast feeding; Maternal occupation; Non-working women; Working women

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Introduction

Breast feeding (BF) is defined as the method of feeding a baby with milk directly from the mother's breast.¹ BF could probably have started with the first baby. A BBC News magazine² report indicates that 'for as long as there have been babies, there have been breast feeding mothers'. According to a WHO³ report on instant feeding recommendations, BF is classified as 'an unequalled way of providing ideal food for the healthy growth and development of infants'. Another WHO report⁴ defines Exclusive Breast Feeding (EBF) as the feeding of an infant solely on maternal milk with no addition of other milk or liquids. The WHO recommendation is for the first six months of life, infants should be breastfed exclusively for optimal development, as BF is the normal way of providing young infants with the nutrients that they need for healthy growth and development. In a report by UNICEF,⁵ BF is classified as a major contributory factor to public health, playing an important role in reducing health inequalities. Exclusive breast feeding can therefore be said to play a pivotal role in determining the optimal health and development of infants, while the lack of it is associated with an increased risk of many early life diseases and conditions, such as otitis media, respiratory tract infections, diarrhoea and early childhood obesity.⁶ Maternal health is also affected by EBF. Another WHO report⁷ indicates that breast feeding reduces the risks of breast and ovarian cancer later in life, as well as helping women return to their pre-pregnancy weight faster while lowering rates of obesity.⁷ Therefore, the benefits of EBF cannot be overlooked, as researchers⁸ all over the world have reported strong evidence on the benefits of exclusive breast feeding to both mother and child. However, there are reports indicating that with all the indicated benefits, EBF is still not practiced by mothers in different regions of the world, with reasons differing from one region to another. Some researchers have looked into different breast feeding patterns and reported that these patterns varied among mothers. Ekanem et al.⁶ reported that of the 100 mothers who participated in their study, only 24 said they practiced exclusive breast feeding (EBF). In the Abha region of KSA, Al-Binali⁹ reported that of the one hundred nineteen (119) participants in their study who started breast feeding their children within one hour of delivery, exclusive breast feeding was reported only amongst 32 of the participants, six months later. Many different reasons have been attributed to this attitude. Poreddi et al.¹⁰ are of the view that breast feeding in India is influenced by social, cultural and economic factors, with urbanization and maternal employment outside the home being a major cause for the

worldwide decline. An earlier report¹¹ indicated that in KSA, there has been a change in BF patterns, which has been due to advancements in socio-economic status. Prior to this period, BF duration was said to exceed the age of 2 years. Al-Hreashy¹² reports, however, a decline in BF over the years in KSA, particularly among young mothers living in urban areas.¹³ The reasons could be attributed to those listed by Alfaleh,¹⁴ Alwelaie et al.¹⁵ and Tarek et al.¹⁶ Other frequently cited problems in stopping or the inability to exclusively breastfeed, include sore nipples, engorged breasts, mastitis, leaking milk, pain, and failure to latch on by the infant.¹⁷ Kok¹⁸ is of the view that women who encounter these problems early are less likely to continue to breastfeed, unless they obtain professional assistance.

Diverse reasons are given for the inability of nursing mothers to practice exclusive breast feeding. There is, however, the need for detailed information about such reasons. With urbanization leading to more women needing to work and help out in the home front, there is a need to look into the effects of working outside the home on the ability of working mothers to exclusively breast feed their infants. The present investigation seeks to evaluate the attitudes of working mothers on exclusive BF in the Hofuf region of KSA, highlighting the effects of work on the ability of working mothers to breastfeed.

Materials and Methods

The study was carried out in Al-Hassa in the southeastern region of KSA. Al-Hassa is a university town with other training facilities, such as colleges and polytechnics. It has an estimated population of approximately 1,063,112, of whom 471,726 are women. Generally, female students make up a large part of the female Saudi population.¹⁶ In general, the population of women can be grouped into working mothers and non-working mothers amongst others.

A cross-sectional questionnaire-based study was carried out amongst females in the Al-Hassa community from October 2013 to December 2013. The estimated target respondents were all nursing mothers and were randomly selected and grouped into two groups. Group 1 consisted of sixty two (62) full-time students and full time working mothers, at the King Faisal University, Al-Hassa. The second group of sixty participants (62) was made up of non-working mothers who were full-time housewives.

The sample size was determined using the RaoSoft (<http://www.raosoft.com/>) online sample size calculator. A confidence interval of 8.71 at the confidence level of 95% gave a minimum sample size of 124 from the target population.

A questionnaire consisting of fifteen items was used for data collection. Items included in the questionnaire were used before by Adil¹⁹ and Tarek et al.¹⁶ and had previously been validated by De La Mora et al.²⁰ but with several modifications. The following items were considered: occupational status of the mother, health status of the baby, the average number of feedings the child receives per day. The following questions addressing attitudes were also asked: reasons for stopping breast feeding, commencement of breast feeding, the effects of working outside of the home, and work on the ability to breast feeding. Inclusive criteria for the investigation were that the participants were

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