

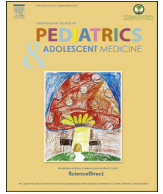
HOSTED BY



ELSEVIER

Contents lists available at ScienceDirect

## International Journal of Pediatrics and Adolescent Medicine

journal homepage: <http://www.elsevier.com/locate/ijpam>

# The impact of maternal socio-demographic characteristics on breastfeeding knowledge and practices: An experience from Casablanca, Morocco

Mouna Habibi <sup>a,\*</sup>, Fatima Zahra Laamiri <sup>a,c</sup>, Hassan Aguentaou <sup>d</sup>, Loubna Doukkali <sup>a</sup>, Mustapha Mrabet <sup>a</sup>, Amina Barkat <sup>a,b</sup>

<sup>a</sup> Research Team on Health and Nutrition of Mother and Child, University Mohammed V, Faculty of Medicine and Pharmacy, Rabat, Morocco

<sup>b</sup> National Reference Center for Neonatology and Nutrition, Children's Hospital, Ibn Sina University Hospital Centre, Rabat, Morocco

<sup>c</sup> Higher Institute of Nursing Professions and Technical Health, Rabat, Morocco

<sup>d</sup> Joint Unit for Nutrition and Food Research at Ibn Tofail University (URAC 39), National Centre for Nuclear Energy, Sciences and Technology (CNESTEN), RDC-Nutrition AFRA/AIEA, Morocco

### ARTICLE INFO

#### Article history:

Received 11 September 2017

Received in revised form

24 December 2017

Accepted 18 January 2018

Available online xxx

#### Keywords:

Breastfeeding

Lactation

Human milk

Child nutrition

Nursing

Nutritional status

### ABSTRACT

**Background:** Breastfeeding is universally recognized by the World Health Organization as the best way of feeding infants. Therefore, several countries have initiated health promotion interventions to support successful breastfeeding based on the factors influencing breastfeeding outcomes.

**Objective:** To examine the association between the knowledge of breastfeeding and maternal socio-economic and demographic characteristics, and to determine any impact on child nutritional status.

**Methods:** A cross-sectional study using both qualitative and quantitative methods was conducted with mothers of infants aged six- to twenty-four months. Data was collected by a semi-structured questionnaire and face-to-face, in-depth interviews with mothers to get an insight into their breastfeeding perceptions and experiences. Educational achievement and occupational class were used as indicators of socio-demographic status. Nutritional status was assessed by anthropometric measurements.

**Results:** A significant relationship between exclusive breastfeeding and the mother's education ( $P < .001$ ) and socio-economic status ( $P < .001$ ) has been highlighted. A significant link was pointed out between breastfeeding and length-for-age Z score (LAZ) ( $P < .001$ ), and weight-for-age Z score (WAZ) ( $P = .005$ ). Moreover, a strong association was found between maternal employment and exclusive breastfeeding ( $P < .001$ ).

**Conclusions:** Our findings shed some light on challenges faced by mothers, as well as an association between socio-demographic characteristics and practices for facilitating exclusive breastfeeding to guide the mothers in breastfeeding management.

© 2018 Publishing services provided by Elsevier B.V. on behalf of King Faisal Specialist Hospital & Research Centre (General Organization), Saudi Arabia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

The health benefits of breastfeeding are unquestionably admitted throughout the world.

Trials theorized that almost 39% of the world's child population

do not reach optimal growth. The prenatal and postnatal diet is the major cause of stunted children [1].

According to the World Health Organization (WHO), breast milk is the best nutrition reinforcing optimal growth in early infancy [2,3]. However, the establishment of exclusive breastfeeding (EB)

\* Corresponding author. Research Team on Health and Nutrition of Mother and Child, Emergency Medical Department, University Children's Hospital Rabat-Salé, BP 6527, Rue Lamfadel Cherkaoui Rabat Institut, Morocco.

E-mail addresses: [mouna.habibi@um5s.net.ma](mailto:mouna.habibi@um5s.net.ma) (M. Habibi), [fatilamir1970@yahoo.fr](mailto:fatilamir1970@yahoo.fr) (F.Z. Laamiri), [aguenaou2014@gmail.com](mailto:aguenaou2014@gmail.com) (H. Aguentaou), [L\\_doukkali@yahoo.fr](mailto:L_doukkali@yahoo.fr) (L. Doukkali), [mrabetmp@gmail.com](mailto:mrabetmp@gmail.com) (M. Mrabet), [barakatamina@hotmail.fr](mailto:barakatamina@hotmail.fr) (A. Barkat).

Peer review under responsibility of King Faisal Specialist Hospital & Research Centre (General Organization), Saudi Arabia.

<https://doi.org/10.1016/j.ijpam.2018.01.003>

2352-6467/© 2018 Publishing services provided by Elsevier B.V. on behalf of King Faisal Specialist Hospital & Research Centre (General Organization), Saudi Arabia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article in press as: Habibi M, et al., The impact of maternal socio-demographic characteristics on breastfeeding knowledge and practices: An experience from Casablanca, Morocco, International Journal of Pediatrics and Adolescent Medicine (2018), <https://doi.org/10.1016/j.ijpam.2018.01.003>

until six months of age is still commonly affected by the misconception of the breastfeeding process [4].

From the age of six months, children require a food diversification to prevent growth retardation. Impaired feeding in the first years of life might induce malnutrition, which has shown correlation to short-term injurious repercussions — essentially retarded growth and increased child morbidity and mortality [2,5].

The priority of fighting childhood malnutrition and mortality has been enshrined in the United Nations' Millennium Development Goals (MDGs). Therefore, dealing with neonatal mortality, which is to a large extent recognized to be related to delayed breastfeeding initiation, is fundamental to reach the MDG 4 targeting the reduction of child mortality in developing countries [6,7].

In Africa, enhanced performance monitoring in Morocco regarding the MDGs, notably MDG 4, over the past 15 years, has been substantially efficacious, as the child mortality rate of children under the age of five decreased by more than 60%, while the neonatal mortality goal remains out of reach [8].

Currently, Morocco's engagement to development aims to attain the new global Sustainable Development Goals (SDGs) to eradicate extreme poverty, realign nutrition as crucial to evolution and raise communal welfare by 2030. Indeed in 2016, the world formally established the 2030 agenda for SDGs to confront challenges over the next 15 years. Goal 2, above all, aims to end hunger and all types of malnutrition and to carry out continual food production by 2030 [9,10].

It is with these issues in mind that we aspired to evaluate breastfeeding practices of nursing mothers and their knowledge of existing breastfeeding recommendations. Additionally, we sought to address the motives and compulsions that drive women to wean prior to the accepted scheduled time. Furthermore, we assessed whether the type of breastfeeding influences child nutritional status.

## 2. Methodology

### 2.1. Study area

This study was conducted in Ain Chock, which is a locality in the city of Casablanca, Morocco. According to data from the Moroccan General Census of Population and Housing of 2014, the Ain Chock District includes 89,013 households out of a population of nearly 377,744 [11,12].

### 2.2. Research design

This was a cross-sectional study, undertaken from January to December 2016, on healthy urban children seen for routine primary healthcare at the twelve public health centers in Ain Chock district, Casablanca.

### 2.3. Source and study population

The sourced population consisted solely of mothers with infants whose age was between six and twenty-four months, who were requesting vaccination or vitamin A/D supplementation for their children at the Ain Chock health facilities. Those having any congenital or metabolic diseases influencing growth, history of acute infection or diarrhea 15 days or less prior to the survey were excluded. This selected population ensured the completion of the optimal duration of exclusive breastfeeding, thus having better remembrance with regards their breastfeeding practices.

### 2.4. Eligibility criteria

**Inclusion Criteria:** In this study, we selected all nursing mothers of children aged 6–24 months.

**Exclusion Criteria:** Children having any congenital or metabolic diseases capable of influencing growth, history of acute infection or diarrhea 15 days or less before the survey were excluded.

### 2.5. Sample size and sampling procedure

Based on Lorenz's [13] formula for calculating sample size, and assuming a P (national prevalence of exclusive breastfeeding of a newborn at term at the age of 6 months in Morocco) of 27%, an  $\alpha$  of 0.05 and a  $Z\alpha$  of 1.96, a minimum sample size of 250 nursing mothers was required.

All in all, 297 questionnaires were completed, with a valid response rate of 90%. Twenty-six mothers refused to participate because they claimed that the interview will take too much time.

### 2.6. Data collection

Data was collected through an individual, face-to-face, in-depth interview with the selected mother, using a pre-tested and structured questionnaire guided by previous literature. The questionnaire focused on identifying factors that may influence breastfeeding choices and outcomes to explore the breastfeeding experiences [14,15], practices and perceptions on breastfeeding constraints.

Two pediatricians assessed the validity of the questionnaire. Pre-testing was completed on 5% of the total respondents to determine whether the questionnaire was understandable, and corrections were made progressively. The face-to-face interviews required almost 40 min.

The questionnaire had three parts. First, we gathered information on age, baby gender, education level, marital status, mode of delivery, parental occupation, living environment, number of children, rank among siblings, and health insurance coverage. Besides, information on monthly income for household was used for the determination of the lower, middle and wealthy social classes in Morocco using a broad definition of the middle class, adopted by the High Commission for Planning surveys based on a lower limit of 2800 Moroccan dirham (MAD) per month and an upper limit of 6736 MAD per month [16].

The second questionnaire section contained questions specific to breastfeeding. Questions covered the following topics: maternal knowledge and attitudes towards breastfeeding versus formula feeding, antenatal intent to breastfeed, knowledge and factors that encourage or discourage mothers from the practice of exclusive breastfeeding, exposure to media sources concerning breastfeeding, support networks including healthcare professionals and friends/family, current infant feeding practices, and influential family members' knowledge and practices regarding exclusive breastfeeding.

Twelve questions assessed the mother's knowledge of the benefits of exclusive breastfeeding [17,18]. These questions covered the entire process of exclusive breastfeeding and its well-documented benefits for the mother-infant dyad. Questions were posed as agree or disagree.

Moreover, 12 questions focused on the breastfeeding behaviors of mothers in the postpartum period and the principal challenges subsequently encountered [19].

Eight breastfeeding features were submitted to mothers who completed our survey:

1) Mastitis/Breast abscess; 2) Full breasts/breast engorgement/sore or fissured nipple; 3) Perceived insufficiency and low breast-

Download English Version:

<https://daneshyari.com/en/article/8809586>

Download Persian Version:

<https://daneshyari.com/article/8809586>

[Daneshyari.com](https://daneshyari.com)