

ORIGINAL ARTICLE

Attitude of Primigravida towards Breastfeeding in Ha'il City, Kingdom of Saudi Arabia

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ABSTRACT

Background: Breast-feeding practice is one of the main determinants that influence Infant Mortality Rate (IMR). To adopt this practice, mothers' attitude plays a pivotal role. Attitude depends upon socio-cultural and economical factors.

Objective: To assess factors affecting the attitude of primigravida towards Breastfeeding in Ha'il City, Kingdom of Saudi Arabia.

Method: In this cross-sectional study, 156 primigravida were recruited by using predefined inclusion and exclusion criteria. Data was collected by a well-structured, closed-ended questionnaire.

Results: Majority (51.3%) of our respondents were working ladies (employed, labor, self-employed), and had a high educational level (40.3%). More than half (54.5%) of the primigravida were willing to breastfeed their newborns. Thirty percent of respondents had the intention to practice exclusive breast feeding until 6 months. Majority (43.6%) had planned to give mixed feed as a large percentage, considered breast-feeding practices embarrassing and old fashioned. Higher educational level was significantly associated with; number of antenatal visits (according to the prescribed schedule), willingness to breastfeed after resuming the job, right time to have the 1st antenatal visit and willingness to continue exclusive breast feeding until 6 months of the newborn's age. Although 90% of respondents were breast fed by their own mothers but there was a highly significant association ($p \leq 0.001$) of willingness to breastfeed newborns in those respondents whose mother in law breast-fed.

Conclusion: Education is found as a main determinant that affects the attitude of primigravida towards breastfeeding. Other variable that influences attitude is the attitude of surrounding people regarding breast-feeding practices.

Hence, it is recommended that health education programs on breastfeeding should be incorporated in female adolescent education programs, which will result in the building up of a positive attitude of future mothers towards breastfeeding practices.

Keywords: Attitude, Primigravida, Breast-Feeding

INTRODUCTION

Infant Mortality Rate (IMR) is the most sensitive indicator to assess the health status of a country. Two main determinants that affect IMR are inadequate breast-feeding practices and immunization. Globally, 75% of the children are not breast fed from birth according to NFHS Data [1]. As revealed in Lancet Series of 2008, breast-feeding promotion alone could result with an 11.6% reduction in IMR by reducing the risk of dying of infants from diarrhea and pneumonia [2].

Breast milk, the first ever and unmatched feed for newborns, has many nutritional and immunological benefits. It is always readily available and cost effective, hence making early physical, emotional and mental bonding between mother and infant. Breast milk prevents childhood infections, allergies, asthma, gastrointestinal ailments, and ear problems. Breast feeding (BF) has many maternal benefits as well, such as prevention of Post partum hemorrhage, breast engorgement and in long term helps in birth spacing, prevention against breast and ovarian cancers [3,4].

World Health Organization (WHO) has strongly recommended exclusive breast feeding (EBF) to babies for the first 6 months of life, while United Nations Children's Fund (UNICEF) has encouraged, promoted, and supported

breastfeeding (BF) for 2 years as a model for optimal infant nutrition [5].

International and national research of the last few decades shows that primigravida are the target population to focus to accomplish the goal; as this is the main cohort that needs awareness, motivation and support to have a positive attitude towards breastfeeding [3,4,6-9].

In Saudi Arabia, the rate of breastfeeding during the first 6 months of life is lagging behind the recommendations of WHO [8-10,11,16], as here exclusive breastfeeding practice is just 37% [9,11]. A recent study conducted by Hegazietal on primigravida (2019) found it to be as low as 27.6% while quite less percentage continues to feed up to 2 years [8]. On the contrary, similar studies done in KSA about 2 decades back showed quite good rate of exclusive breast-feeding and breast-feeding up to 2 years of the baby's age [11,16,17].

With the rapid transformation of Saudi culture, there are continuous declining trends in breastfeeding practices [9,11,17]. Recent studies have revealed steady recession trends in breastfeeding up to 2 years in general and exclusively mother feed for the first 4-6 months of life. Daifallah A M Al Juaid (2014) revealed the fact that the duration of BF is reduced as in 1987, average duration was 13.4 months while in 2010, it was just 8.5 months [11,17].

The commonest contributing factor found is mothers' attitude towards breastfeeding practices [11-15]. Here again, primigravida are usually found resistant to adopt this practice due to the fear of pain in the breast, embarrassment to feed in front of others, and body weakness [6,7,12,13,25]. Demographic factors also affect breastfeeding practices like age, education, and socioeconomic status of the mother and the influence of surrounding people [13-16,31]. In addition, giving mixed feed (breast feed plus formula feed) to babies has become a normal culture in many societies [25,29].

Considering the findings of international and national literature on this issue, the present study was designed to assess the factors affecting the positive attitude of primigravida towards breastfeeding.

MATERIAL AND METHOD

This cross-sectional study was conducted in Ha'il City on pregnant women from April 2019 until August 2020. Participants were randomly selected from the antenatal clinics of Maternity Hospital and Primary Health Care Centers of Hail. Inclusion criteria were; Saudi females and primigravida at any gestational age. Those Saudi primigravida were excluded who were related to the medical or nursing fields as their preexisting knowledge could confound results.

The questionnaire consisted of 20 different closed-ended questions, which translated in Arabic language and pretested on 10 respondents. Data collected by medical students of the 6th year of University of Hail.

In the questionnaire, demographic variables were age, marital status, duration of marriage, level of education, working status, and total monthly household income. Regarding pregnancy, questions were asked on duration of pregnancy (in weeks), expected date of delivery, people who counseled for breast feeding, antenatal care provider, time of booking, the first visit, number of current visits and attitude of the respondent's mother and mother-in-law towards breast feeding.

Variables pertinent to the personal attitude of the respondents were; willingness of mothers to breast feed practice, exclusive breastfeeding, continuation of breastfeeding until 2 years, continue breastfeeding practice after resuming the job. Choice of milk, any fear or discomfort to breast-feed, effect of breast feeding practice on the sleep pattern of mother and willingness of mothers to breast-feed while at public gatherings. Applying chi-square test keeping the level of significance equal to or <0.05 cross-tabulated different determinants that could affect mothers' attitude. Data entered and analyzed by Statistical Package for Social Sciences (SPSS) version 23.

RESULTS

Table No.1 shows the demographic profile of respondents. Mean age of the respondents is 27 years. Most of the respondents (43.6%) had a total monthly income between 5000-10,000 Saudi Riyals. A large number (40.3%) were bachelors or post bachelors. Furthermore, figures no.1, 2, and 3 show 92% of respondents were married (8% were divorced, separated, or widowed) and belonged to the urban area. Majority (51.3%) were employed and laborer, however 48.7% were housewives.

Table no. 2 revealed the attitude of close contact of respondents towards breastfeeding. Ninety eight percent of respondents were breast fed by their own mothers while 66% of respondents' mother -in-laws breast-fed. Few of the friends/ relatives (37.1%) adopted breastfeeding practices. In most of the cases, antenatal care providers (29%) motivated to initiate breastfeeding, followed by respondents' mothers (27%).

As shown in Table No.3, more than half the number of our study participants (54.5%) had the intention to breast-feed their newborns. The choice of milk to be given was breast milk as answered by 28.2%, however a majority (43.6%) planned to give mixed feed. Thirty percent of respondents had the intention to practice exclusive breastfeeding until 6 months. Furthermore, 42% of respondents planned to discontinue breastfeeding after resuming jobs. Although respondents planned to encourage other mothers for breastfeeding but the majority (85.9%) had no intention to attend training classes on breast feeding practices as they thought whatever knowledge they possessed is correct and enough.

Table no. 4 reveals that those respondents, who were willing to breastfeed, were those having a high level of education and they have paid more than 3 prenatal visits (p<0.05). It is also revealed that those respondents who were breast fed by their own mothers (when they were infants) were more inclined to breast-feed their babies in the future (p<0.05). Surprisingly, there is a significantly high association (p<0.001) of willingness to breast feed newborns in those respondents whose mother in law breast-fed. That reflects that the mother in laws' influence is more than real mothers mindset.

Table No.1: Demographic Profile of Respondents (n=156)

Variable	Frequency	Percentage	Cumulative %
Age in years			
16-20	8	5	5
21-25	71	46	51
26-30	47	30	81
31-35	18	11	92
36-40	7	5	97
41-45	5	3	100
	(Mean= 27 Mode=25)		
Marital Duration (yrs.)			
< 1	42	27	27
1-2	54	35	62
2-5	42	27	89
> 5	18	11	100
Monthly Income (SR)			
< 5000	30	19.2	19.2
5000-10,000	68	43.6	62.8
10,000-15,000	49	31.4	94.2
>15,000	9	5.8	100
Educational Level			
No Schooling	1	0.6	0.6
Basic Islamic Education	6	3.8	4.4
Grade School	6	3.8	8.2
High School	9	5.7	13.9
High School Grade	21	13.4	27.3
College	50	32	59.3
Bachelor's & above	63	40.3	100

Table No.5 shows cross-tabulation of the educational level of respondents with different variables for attitude. A significantly high association ($p \leq 0.05$) is found between higher educational level and number of antenatal visits (according to the prescribed schedule by obstetrician/ antenatal care provider). Other significant associations were found for; willingness to breastfeed after resuming the job, the right time to had the first antenatal visit, and willingness to continue exclusive breast-feeding until 6 months of the newborn's age. Surprisingly, in our data, higher educational level has a significant association with fear of physical discomfort (pain) and embarrassment with breastfeed. This table also shows that women of higher educational level had a concept that a lot of counseling and training is required to initiate breastfeeding practices.

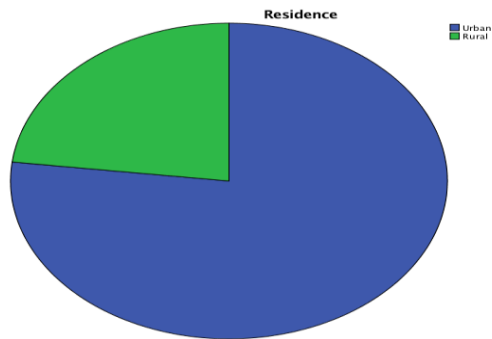


Figure.1: Residence of Respondents Urban= 77 % Rural = 23 %

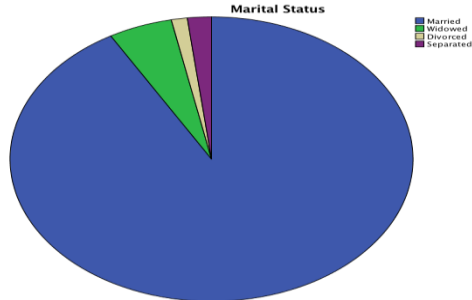


Figure.2: Marital Status of Respondents Married= 92% Widowed= 5% Divorced= 1% Separate= 2%

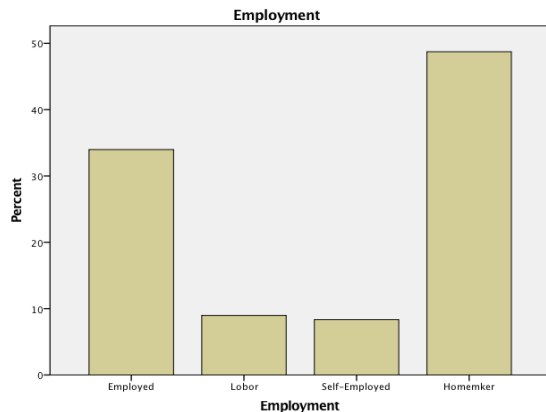


Figure.3: Employment Status of Respondents Employed=34% Labor= 9% Self Employed=8.3% Homemaker= 48.7%

Table.2: Attitude of Close Contacts of Respondents towards Breast-Feeding (156)

Variable	Frequency	Percentage
Respondent's mother breast-fed		
Yes	98	62.8
No	27	17.3
I do not know	31	19.9
Respondent's mother-in-law breast-fed		
Yes	66	42.3
No	31	19.9
I do not know	59	37.8
Respondent's relatives/friends breast-fed		
1-2	58	37.2
3-5	36	23.1
> 5	31	19.9
None	7	4.5
I do not know	24	11.4
Motivation of surrounding people to initiate breast-feeding		
Husband	19	12
Mother	42	27
Mother-in-law	35	22
Friends	15	10
Obstetrician/Ante-Natal Care Providers	45	29

Table 3: Attitude of Respondents towards Breast-Feeding (n=156)

Variable	Frequency	Percentage
Intention to breast feed new inborn		
Yes	85	54.5
No	25	16
I am not sure	46	29.5
Feeding-Milk to new inborn during first 6 months		
Breast feed only	47	30
Formula feed only	25	16
Mixed feed	67	43
Not decided yet	17	11
Plan to stop breast-feeding completely		
At 6 months	47	30
After 1 year	43	27.7
Between 1-2 years	37	23.7
Not decided yet	29	18.6
Plan to continue breast feeding after joining job		
Yes	50	32
No	65	42
Do not plan to work after delivery	14	9
Missing values	27	17
Breast feeding practice is old fashioned		
Yes	27	17.3
No	129	82.7
Plan to attend training classes on breast feeding practices		
Yes	22	14.1
No (as having enough knowledge)	134	85.9
Plan to encourage other mothers for breast feeding		
Yes	128	82.1
No	14	9
Not sure	14	9

Table 4: Association of willingness of respondents with certain variables (Application of Chi-Square Test keeping the level of significance ≤ 0.05)

Comparing Variable	Respondents' willingness to breast feed their newborns
	p-value
Maternal Age	0.907
Total Monthly Income	0.123
Maternal Higher Educational Level	0.019
Residence	0.367
Employment Status	0.760
> 3 Number of prenatal visits	0.043
Respondent's mother breast-fed	0.048
Mother-in-law breast fed respondent's husband	0.001

Table 5: Comparison of attitude of respondents to their level of education (Application of Chi-Square Test keeping the level of significance ≤ 0.05)

Comparing Variable	Educational Level (High Educational Level)
	p-value
Number of antenatal visits paid (According to prescribed schedule)	0.000
Weeks of pregnancy when had 1 st antenatal visit (4 th week)	0.012
Choice of milk (breast milk) to be given to newborn	0.036
Plan to practice exclusive breast feeding until 6 th month	0.055
Plan to continue breast-feeding while doing job	0.001
Working/Study schedule would be disturbed if continue breast-feeding	0.573
Breast feeding practice is embarrassing	0.020
Lots of counseling and training is required to initiate breast-feeding	0.008
Breast feeding practice disturbs sleep	0.671
Not convenient to breast-feed at public gatherings	0.005
Fear to have physical discomfort if practice breast feeding	0.340

DISCUSSION

Global movements towards protecting, encouraging, and supporting breast milk as a part of optimal feeding practices among infants have been emphasized for many years [6-21]. Mother's attitude toward breastfeeding is one of the strongest predictors of breastfeeding initiation and duration [6,7,26-30]. In our sample of 156 women, the mean age is 27 years while mode is 25 years, reflecting that early marriage culture in Kingdom is not being practiced generally.

As the female literacy program is effectively implemented in KSA, the majority of our respondents were

highly educated and employed, that finding is consistent with similar studies done in Kingdom [6,12,13].

Attitude of women towards breastfeeding was positive in multiple studies done in Saudi Arabia [14,15], but the majority did not consider attending antenatal training classes on breastfeeding as they belief their prior knowledge is correct and sufficient [29,30]. Hence, there is a need to motivate mothers (who visit the antenatal clinics) to regularly attend antenatal classes [6,11,25].

In the present study, just 30% of respondents were willing to exclusively breastfeed; similar results have been reported from previous studies done in the Kingdom and elsewhere [14, 15,28,29]. Frequency of mothers practicing exclusive breastfeeding was greater in other studies conducted in Rwanda, Kigali, which was 71.1% [19], and similarly in Jimma town in Ethiopia it was 73.9%. [20]. These dissimilarities were attributed to differences in infant feeding tradition and culture [19,20,25,26,31].

However, those who had a high level of education had a significant association with exclusive breastfeeding, which reveals that education is the main determinant that affects the attitude of mothers towards exclusive breastfeeding [13,22,24-26]. Our study results are consistent with previous studies [8,13,27,30].

Mothers used to breastfeed their children as a natural practice but still it requires a lot of support. Moral & physical support was found to have a major effect on the initiation and continuation of breastfeeding practice, especially if the mother is a primigravida [6-8,11,15,18,21]. In this study, the obstetrician/ antenatal care providers, mothers, and mother-in-law (respectively) supported most of the respondents towards breastfeeding. Husband's support is found in a negligible percentage of cases. Some international studies showed that husbands' had a belief that breastfeeding could interfere with marital relationships [3,4,12].

In spite of the positive attitude of the respondents in this study, still one-third of them who were housewives, planned to stop breastfeeding earlier (at 6 months). A similar early cessation attitude was found in other studies [22-24]. The reason given by most of them in the present study was the feeling of shyness to feed the baby [25]. The factor responsible for such reason is that our study subjects were all primigravida. Primigravida is a cohort that needs a lot of counseling to build motivation and hence attitude [6,10,11].

International studies revealed a significant association of mother's occupation with attitude [15,20,22]; studies from Sudan, Qatar, and India reported the same findings [10,12,30]. Here, working women used to keep expressing breast milk for their babies while they were on job. Main confounder in those studies is that their study participants were all breast-feeding mother, not just primigravida.

In the present study, participants who were employed planned to discontinue breastfeeding once they would resume jobs. Similarly, other national and international studies showed that maternal occupation had a negative effect on breastfeeding attitude especially in primigravida compared to multigravida [6,7,28, 30]. Reasons found were that breastfeeding practice is old fashioned, embarrassing, and turns mothers weak [25, 26].

Previous studies have found a significant relationship between family income and the positive attitude of mothers towards breastfeeding, studies have found that medium and high-income groups were significantly more compliant than the lower-income group [8,9,11,12]. As in Al-Hassa, older age, being a housewife was significantly associated with a positive attitude towards breastfeeding [27]. In the present study, there was no significant relationship of respondent's attitudes with family income, age, and residency. Studies done in India and Lebanon on primigravida also revealed the same results [15,28].

Furthermore, those primigravida who were highly educated showed a better compliance with antenatal visits compared to those who were less educated; our findings were supported by similar research done in India [29,30].

As proven by research on Social Psychology, human attitudes are influenced by the attitude of people around [31]. Likewise, feeding decisions clearly are influenced by numerous surrounding factors such as the attitude of surrounding people, beliefs, and social pressure. Our study results have shown that mothers and mother in law' attitude towards breastfeeding has a great influence. International and national literature also supports this theory [25-30].

CONCLUSION

Education is found as a main determinant that affects the attitude of primigravida towards breastfeeding. Other variable that influences attitude is the attitude of surrounding people regarding breast-feeding practices.

Hence, it is recommended that health education programs on breastfeeding should be incorporated in female adolescent education programs, which will result in the building up of a positive attitude of future mothers towards breastfeeding practices.

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