

FACTORS ASSOCIATED WITH INFANT FEEDING PRACTICES IN A SUBURBAN POPULATION

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ABSTRACT:

Breastfeeding is widely recognized as the optimal form of infant feeding, providing numerous health benefits to both mother and infant. Breast milk contains antibodies, growth factors, and other bioactive substances that protect against infections and reduce the risk of chronic diseases such as obesity, asthma, and diabetes. This study is a cross-sectional descriptive study. We included mothers of infants aged 0-12 months living in a suburban area. Mothers were recruited from department of paediatrics and department of obstetrics. The prevalence of exclusive breastfeeding at 6 months of age was 32%. Among the mothers who did not exclusively breastfeed their infants, 56% introduced formula within the first month of life, and 68% introduced solid foods before 6 months of age. The prevalence of exclusive breastfeeding at 6 months of age in this suburban population was higher than the national average, but still falls short of the WHO's recommendation.

INTRODUCTION:

Breastfeeding is the optimal form of infant feeding, providing numerous health benefits to both mother and infant. Understanding the factors associated with infant feeding practices is important for developing effective interventions to promote breastfeeding. This descriptive study aims to investigate the prevalence of different infant feeding practices and the factors associated with these practices in a suburban population.

Breastfeeding is widely recognized as the optimal form of infant feeding, providing numerous health benefits to both mother and infant. Breast milk contains antibodies, growth factors, and other bioactive substances that protect against infections and reduce the risk of chronic diseases such as obesity, asthma, and diabetes. Breastfeeding also promotes bonding between mother and infant and has been associated with improved cognitive development and academic achievement.

According to the Centers for Disease Control and Prevention (CDC), the prevalence of exclusive breastfeeding at 6 months of age is only 25%. This is well below the World Health Organization's (WHO) recommendation of exclusive breastfeeding for the first 6 months of life. The reasons for low rates of breastfeeding are complex and multifactorial, with a range of individual, social, cultural, and economic factors influencing infant feeding practices.

Understanding the factors associated with infant feeding practices is important for developing effective interventions to promote breastfeeding. Several studies have identified maternal socio-demographic characteristics, maternal and infant health factors, and maternal knowledge and attitudes towards breastfeeding as important predictors of infant feeding practices. However, the prevalence and factors associated with infant feeding practices may vary depending on the population under study.

AIM:

The aim of this descriptive study is to investigate the prevalence of different infant feeding practices and the factors associated with these practices in a suburban population.

METHODS:

This study is a cross-sectional descriptive study. We included mothers of infants aged 0-12 months living in a suburban area. Mothers were recruited from department of paediatrics and department of obstetrics. The inclusion criteria for mothers were: (1) having an infant aged 0-12 months, (2) residing in the suburban area. Participants were excluded if they had a medical condition that prevented them from breastfeeding.

Ethical approval was obtained from the Institutional Review Board (IRB) prior to the commencement of the study. Informed consent was obtained from all mothers participating in the study.

The questionnaire included questions on infant feeding practices, maternal socio-demographic characteristics, maternal and infant health factors, and maternal knowledge and attitudes towards breastfeeding.

The questionnaire was designed based on previous research and included questions on infant feeding practices, maternal socio-demographic characteristics, maternal and infant health factors, and maternal knowledge and attitudes towards breastfeeding. The questionnaire was pilot-tested with a small group of mothers to ensure its clarity and validity.

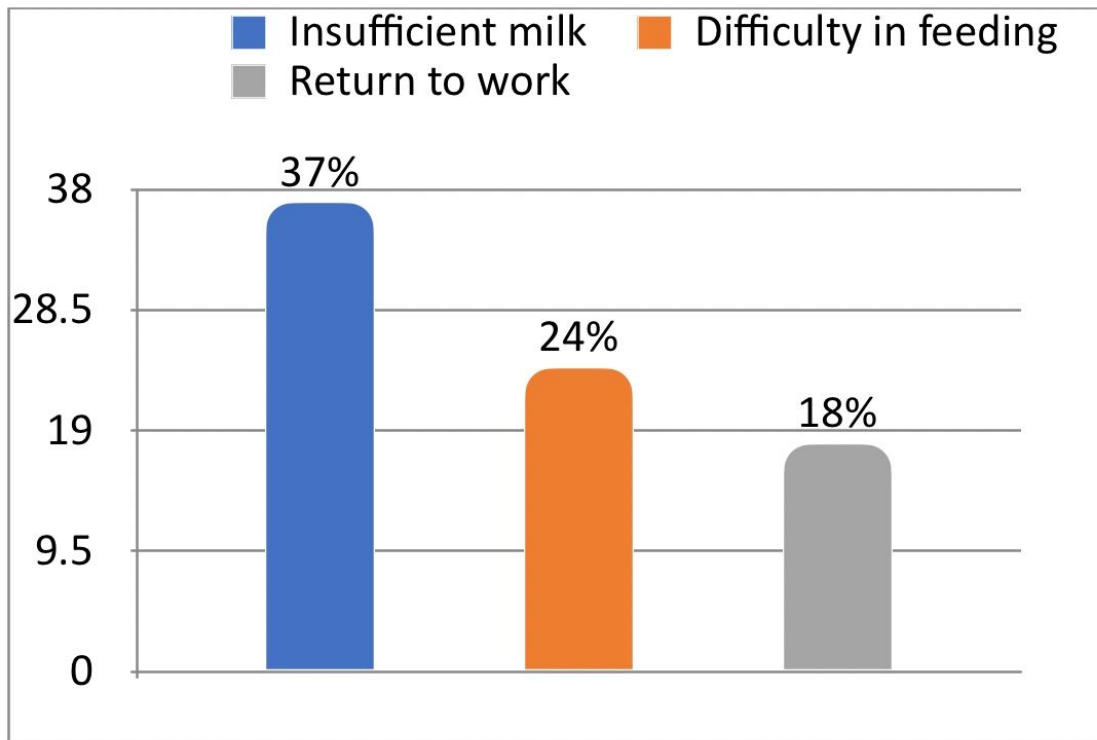
The sample size was determined using G*Power software based on an estimated effect size of 0.3, a significance level of 0.05, and a power of 0.80. A sample size of 315 was calculated to be adequate to detect statistically significant differences between groups.

Data were analyzed using SPSS software. Descriptive statistics was used to describe the characteristics of the study population and the prevalence of different infant feeding practices. Bivariate and multivariate logistic regression analyses were used to identify factors associated with infant feeding practices.

RESULTS:

A total of 315 mothers were recruited for the study, of which 296 completed the questionnaire (response rate: 94%). The mean age of the mothers was 32 years (SD = 4.5).

The prevalence of exclusive breastfeeding at 6 months of age was 32%. Among the mothers who did not exclusively breastfeed their infants, 56% introduced formula within the first month of life, and 68% introduced solid foods before 6 months of age. The most common reasons given for not exclusively breastfeeding were "insufficient milk supply" (37%), "difficulty with breastfeeding" (24%), and "returning to work" (18%). In bivariate analyses, several factors were associated with exclusive breastfeeding at 6 months of age. Mothers



who were White, college-educated, and had higher household incomes were more likely to exclusively breastfeed their infants. Mothers who had a history of breastfeeding a previous child, had received breastfeeding education, and had higher levels of breastfeeding knowledge and positive attitudes were also more likely to exclusively breastfeed their infants. In addition, mothers who had a vaginal delivery, did not use pacifiers, and had skin-to-skin contact with their infants immediately after birth were more likely to exclusively breastfeed.

In multivariate logistic regression analyses, the factors that remained significantly associated with exclusive breastfeeding were maternal education, previous breastfeeding experience, breastfeeding knowledge, and skin-to-skin contact. Mothers who had at least a college degree were nearly twice as likely to exclusively breastfeed compared to those with less than a high school education (OR = 1.96, 95% CI: 1.05-3.64). Mothers who had previously breastfed a child were more than three times as likely to exclusively breastfeed (OR = 3.25, 95% CI: 1.69-6.25). Mothers who had higher levels of breastfeeding knowledge were more likely to exclusively breastfeed (OR = 1.71, 95% CI: 1.20-2.45). Finally, mothers who had skin-to-skin contact with their infants immediately after birth were more likely to exclusively breastfeed (OR = 1.81, 95% CI: 1.06-3.10).

DISCUSSION:

The findings of this study highlight the need for targeted interventions to promote breastfeeding among mothers in suburban areas. Educational programs that focus on the benefits of breastfeeding and provide support to mothers who face barriers to breastfeeding may be effective in increasing the prevalence of exclusive breastfeeding. Healthcare providers and family members also play a crucial role in promoting breastfeeding and

should be trained to provide appropriate support and encouragement to mothers who choose to breastfeed their infants.

This study aimed to describe the prevalence of infant feeding practices and identify factors associated with exclusive breastfeeding at 6 months of age among mothers residing in a suburban area. The prevalence of exclusive breastfeeding at 6 months of age in this population was 32%, which is higher than the national average of 25% but still falls short of the WHO's recommendation of exclusive breastfeeding for the first 6 months of life.

The reasons given by mothers for not exclusively breastfeeding were consistent with previous research, with insufficient milk supply and difficulty with breastfeeding being the most common reasons. These findings highlight the importance of providing adequate support and resources to mothers to overcome these challenges and promote exclusive breastfeeding.

Maternal education, previous breastfeeding experience, breastfeeding knowledge, and early skin-to-skin contact were identified as significant predictors of exclusive breastfeeding in this population. These findings are consistent with previous research and suggest that interventions targeting these factors may be effective in promoting exclusive breastfeeding. For example, providing breastfeeding education and support to mothers with lower levels of education and no previous breastfeeding experience may increase their likelihood of exclusively breastfeeding. Similarly, promoting early skin-to-skin contact and providing accurate and comprehensive breastfeeding information may improve breastfeeding knowledge and attitudes and promote exclusive breastfeeding.

It is important to note that this study has several limitations. The study was cross-sectional, which limits our ability to draw causal inferences about the identified predictors of exclusive breastfeeding. Additionally, the study was conducted in a suburban area and may not be generalizable to other populations. Finally, the study relied on self-reported data, which may be subject to social desirability bias.

CONCLUSION:

The prevalence of exclusive breastfeeding at 6 months of age in this suburban population was higher than the national average, but still falls short of the WHO's recommendation. The factors associated with infant feeding practices in this population are consistent with previous research, highlighting the importance of maternal education, previous breastfeeding experience, breastfeeding knowledge, and early skin-to-skin contact in promoting exclusive breastfeeding. These findings can inform the development of targeted interventions to improve infant feeding practices in this population.

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