Breastfeeding Practices among Employed Saudi Mothers

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Abstract

Aim of Study: To assess breastfeeding practices of employed Saudi mothers in Riyadh City, Saudi Arabia.

Subjects and Methods: This descriptive study included 519 employed Saudi mothers that were selected consecutively among mothers attending with their children the pediatrics clinics of a tertiary health care center in Riyadh City, Saudi Arabia. The inclusion criteria were being an employed Saudi mother whose youngest child is at least 2 years old. A study questionnaire was designed for data collection. It included questions that covered different feeding practices e.g., time of starting breastfeeding, feeding type, causes for early cessation of breastfeeding, obstacles against breastfeeding.

Results: About one third of participant mothers (34.3%) started breastfeeding their babies within the first hour after delivery while 50.7% started breastfeeding 1-6 hours after delivery. Only 17% of participants' children were exclusively breastfed. Causes for early cessation of breastfeeding were insufficient milk (48%) and work-related problems (25.6%). The main causes for difficulties against breastfeeding were busy working hours not allowing the mother to express her milk was the main work-related problem facing almost half of participants (45.9%), and work regulations that do not permit escorting children to workplace (34.1%).

Conclusions: Exclusive breastfeeding is low among working Saudi mothers. Early cessation of breastfeeding is mainly due to perceived insufficient breast milk and work-related problems, such as busy working hours and work regulations that do not allow escorting children to the workplace. A breastfeeding-friendly workplace is recommended to increase the initiation and duration of breastfeeding.

Key Words: Breastfeeding – Barriers – Working mothers – Saudi Arabia.

Introduction

BREASTFEEDING is important for improving mothers’ and their children's health. The physical closeness of the mother with her child through skin touching and eye contact helps the infant feel secure [1].

Al-Binali [2] noted that it is recommended that infants should be exclusively breastfed (i.e., feeding the infant only breast milk, with no supplemental liquids or solids except for liquid medicine and vitamin/mineral supplements) for the first 6 months of life, with breastfeeding continuing for up to two years of age or longer.

Among other factors, breastfeeding may be influenced by maternal age, maternal employment, level of education of parents, socio-economic status, insufficient milk supply, infant health problems, method of delivery, and maternal interest [3,4].

Worldwide, the population of women becoming employed during their childbearing years is growing [5]. Despite the benefits of breastfeeding to both the infant and mother, employment is a persistent barrier to continued breastfeeding [6,7].

Eldridge and Croker [8], in their survey of breastfeeding among employed mothers revealed that only 10.6% of mothers continued to breastfeed after returning to work. Chen et al., [9] added that, although more and more large companies have accepted the idea of a breastfeeding-friendly policy and established lactation rooms and breast pumping breaks in the workplace, the effectiveness for continued breastfeeding among employed mothers is uncertain.

A number of studies have addressed breastfeeding in different parts of Saudi Arabia [10-14], but virtually no data have been reported on breastfeeding among working Saudi mothers. In the first half of 2015, Saudi females were estimated to constitute 16.4% of the whole working force in Saudi Arabia [15].

Murtagh and Moulton [16] noted that employment of mothers outside the home, especially full-time employment, may impose a negative influence
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Subjects and Methods

This descriptive study was conducted during November-December 2014. It included 519 employed Saudi mothers that were selected consecutively among mothers attending with their children the pediatrics clinics of a tertiary health care center in Riyadh City, Saudi Arabia. The inclusion criteria were being an employed Saudi mother whose youngest child is at least 2 years old.

Each participant mother was interviewed using a questionnaire, which was designed by the researchers. It included questions that covered different feeding practices e.g., time of starting breastfeeding, feeding type, causes for early cessation of breastfeeding, obstacles against breastfeeding.

Statistical analysis has been performed using the Statistical Package for Social Sciences (SPSS version 22.0). Descriptive statistics (frequency, percentage, mean and standard deviation) were applied.

Results

Table (1) shows that the mean age of participant mothers (±SD) was 35.8±6.2 years. More than half of mothers (55.1%) had secondary school level of education, while almost one third of mothers (32.9%) had university level of education. The mean age of mother’s youngest child (±SD) was 28.4±2.9 months.

Table (2) shows that about one third of participant mothers (34.3%) started breastfeeding their babies within the first hour after delivery. About one half of mothers (50.7%) started breastfeeding 1-6 hours after delivery, while 15% started breastfeeding more than 6 hours after delivery. At the age of six months, only 17% of participants’ children were exclusively breastfed, 16% were on formula feeding only, while 67% were on both breastfeeding and formula feeding. Causes for early cessation of breastfeeding were mainly insufficient milk (48%), work-related problems (25.6%), child refusal to be breastfed (15.4%), the mother being sick and getting medications that may be excreted through milk (8.9%), in addition to other causes (2.1%).

Table (3) shows that busy working hours not allowing the mother to express her milk was the main work-related problem facing almost half of participants (45.9%), while work regulations of about one third of mothers (34.1%) do not allow them to escort their children to the workplace. Lack of privacy at work place to express their milk or breastfeed their children was the work-related problem among 14.6% of mothers.

Discussion

Results of the present study revealed that 34.3% of participant mothers started breastfeeding their babies within the first hour after delivery. When participants’ children were 6 months old, only 17%...
of them were exclusively breastfed. More than half of mothers completely stopped breastfeeding their infants before the age of 6 months.

These findings are in agreement with those of Al-Binali [2], in Abha, Saudi Arabia, who reported that 31% of employed mothers started breastfeeding within the first hour after delivery, while the prevalence of exclusive breastfeeding at the age of 6 months was as low as 8.3%.

Low exclusive breastfeeding practices among working mothers have been reported by several authors. In Taiwan, Chuang et al., [7] reported a low prevalence exclusive breastfeeding among working mothers (25.4%). Ryan et al., [18] reported that mothers who were working full time had a significantly negative effect on breastfeeding duration. By 6 months after delivery, 26.1% of employed mothers employed exclusively fed their infants, compared with 35% of nonworking mothers.

Nevertheless, there is worldwide increasing prevalence of exclusive breastfeeding. Cai et al., [19] reported that prevalence of exclusive breastfeeding in the developing world increased from 33% in 1995 to 39% in 2010. There had also been considerable improvements from 35% in 1995 to 47% in 2010 among countries in Eastern and Southern Africa whereas those South Asia witnessed a modest surge from 40% in 1995 to 45% in 2010.

Jones et al., [20] stated that, with universal coverage of exclusive breastfeeding (i.e. 90% of children under 6 months of age), 13% of under-five deaths could have been prevented in the 42 countries which contributed to 90% of worldwide under-five deaths, i.e. over 1.3 million deaths saved a year. Seidu [21] noted that, though the rates of exclusive breastfeeding are increasing, it is clear that the road to a world wherein 90% coverage of exclusive breastfeeding will be reached remains a demanding task.

Results of this study revealed that the main reason for early stopping of breastfeeding (before the child reaches 2 years of age) in almost half of working mothers was insufficient breast milk. Work-related problems were the reason for early stopping of breastfeeding among 25.6% of mothers.

These findings are in accordance with those of Al-Binali [20], in Abha, Saudi Arabia, who found that insufficient breast milk and work related-problems were the main reasons for stopping breastfeeding before two years as stated by 44% and 38.5% of participant employed mothers, respectively.

It is to be noted that about 5% of women only actually have physiologic insufficient breast milk supply, although up to 50% or more may complain that they do not have sufficient milk for their babies [22,23]. Therefore, insufficient milk supply is considered to be more perceived than real [24].

This study indicated that the main work-related problems were busy working hours not allowing the mother to express her milk was the main work-related problem facing almost half of participants. In addition, about one third of participants complained of work regulations that do not allow them to escort their children to the workplace. Moreover, lack of privacy at work place was stated by 14.6% of mothers.

These findings are in agreement with those of Raju [28], who stated that the main work-related obstacles against breastfeeding among employed mothers include lack of privacy and inadequate time to express breastmilk are barriers against breastfeeding, employers' perception that the presence of infants in the workplace may reduce mothers' productivity, regulations and other rules that forbid children from the workplace, and a lack of child care close to the workplace.

Lack of break time, inadequate facilities for pumping and storing milk, lack of resources that promote breastfeeding, and lack of support from employers and colleagues are among the challenges faced by employed mothers who want to continue breastfeeding by expressing their milk in the workplace [8].

Khoury et al., [26] added that employed mothers typically find that returning to work is a significant barrier to breastfeeding. Women often face inflexibility in their work hours and locations and a lack of privacy for breastfeeding or expressing milk, have no place to store expressed breast milk, are unable to find child care facilities at or near the workplace, face fears over job insecurity, and have limited maternity leave benefits.

Nevertheless, since breastfeeding provides unique health advantages to both the infant and mother, a breastfeeding-friendly workplace for employed mothers is recommended to increase the initiation and duration of breastfeeding [17,27,28].

Ryan et al., [18] recommended that to ensure that the goal of universal exclusive breastfeeding is achieved, programs designed to support working mothers who choose to breastfeed must be continued and strengthened. In a breastfeeding-friendly workplace, the provision of lactation rooms and
breast pumping breaks for female employees to express breast milk is a critical element and may increase a mother’s intention to continue breastfeeding after returning to work [8].

In conclusion, exclusive breastfeeding is low among working Saudi mothers. Early cessation of breastfeeding is mainly due to perceived insufficient breast milk and work-related problems, such as busy working hours, work regulations that do not allow escorting children with their mothers to the workplace and lack of privacy at work place. A breastfeeding-friendly workplace is recommended to increase the initiation and duration of breastfeeding.

References


الملخص العربي

هدف الدراسة: تقييم ممارسات الرضاعة الطبيعية للأمأت السعوديةات العاملات، بمدينة الرياض، المملكة العربية السعودية.

منهجية البحث: تضمنت هذه الدراسة الوصفية 591 من الأمأتات السعوديةات العاملات، اللاتي تم اختيارهن تراتيبيا من بين الأماءات المتوفيات بأطفالهن على عيادات الأطفال بإحدى مراكز الرعاية الصحية الثانية في مدينة الرياض، المملكة العربية السعودية. من بين عيادة الأطفال المخرجين إلى الأمأتهات، تم إجراء معاينة لجمع البيانات، والتي تضمنت القائمة بحالة الرضاعة الطبيعية للأطفال، مع الوقت في الرعاية الطبيعية، نوع التغذية، أسباب التوقف المبكر عن الرضاعة الطبيعية، ومعوقات الرضا الطبيعية.

النتائج: بدأت 24.2% من الأمأتات الرضاعة الطبيعية خلال الساعات الأولى بعد الولادة، بينما بدأت 7.7% الرضاعة الطبيعية 6-12 ساعة بعد الولادة. بلقيا 17% من الأطفال رضاعة طبيعية مطولة. وتأتى أهم أسباب التوقف المبكر عن الرضاعة الطبيعية هي نقص إدار لام (48%)، ومشكلة متعلقة بالعمل (30%). وكانت أهم المعنفات للاستمرار في الرضاعة الطبيعية هي الالتباس المستمر لفترات طويلة أثناء ساعات العمل (5.48%)، وأنظمة العمل التي لا تسمح بإصتجاح الأطفال الرضع إلى مكان العمل (4.1).

الخلاصة: إن نسبة الأمأتات السعوديةات العاملات اللاتي ينمن بالرضاعة الطبيعية المطلقة منخفضة. أهم أسباب التوقف المبكر عن الرضاعة الطبيعية هي نقص إدار لام، وجود عوامل متعلقة بالعمل تودع الاستمرار في الرضاعة الطبيعية.

النصائح: من الضروري أن يكون مكان العمل مجهزا بحيث يكون صديقا للرضاعة الطبيعية لتشجيع الأمأتات العاملات في البدء والاستمرار في الرضاعة الطبيعية.