

Barriers of Initiation and Exclusive Breast Feeding Among Infants

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Abstract: Exclusive breastfeeding is recommended as the optimal way to feed infants. While overall breastfeeding rates are high, exclusive breastfeeding is relatively uncommon. The World Health Organization (WHO) recommends early initiation of breastfeeding (within 1 hour of giving birth) and exclusive breastfeeding for babies to six months of age. This study aimed to determine barriers of initiation and exclusive breast feeding among infancy aged 0-6 months. Prospective cross sectional research design was used to conduct the study in Woman's Health & Assiut University Children Hospital. The sample included 800 mothers and their infants. Two tools were used for collecting data in this study; tool (1): A structured interview questionnaire, it included personal data of mother and their infant, barriers of initiation and exclusive breastfeeding, and tool (2): Socio-economic scale; used to assess the socio-economic status of the family. The main study results were, only (20%) and (20.1%) of the mothers initiate the breast feeding within one hour after delivery and fed their infants exclusively respectively, the most common barriers to initiate the breast feeding were mothers tiredness (97.4%), pain (94.2%). The most common barriers of not continue exclusive breast fed were the infants still hungry after feeding (92.2%), misinterpret/understand of normal infant crying (90.8%), and perception of insufficient milk production (89.9%). The study concluded that, there was a low prevalence of early initiation time of breast feeding and many barriers that prevent mothers' exclusive breast feed their infants. Therefore, it is recommended to conduct educational program about the initiation time, and exclusive breastfeeding and its importance. Therefore more behavioral changes and communication should be made to promote, protect and support exclusive breast feeding.

Keywords: Barriers, Initiation, , Exclusive, breast feeding, Mothers', Infants.

I. Introduction

Breastfeeding is the usual way of providing infants with the nutrients needed for growth and development. The benefits of breast-feeding to the infant and mother have long been identified and are widely acknowledged. The benefits are nutritional, developmental, emotional, immunological, social, economic, and environmental benefits (Earle, 2012). Breast milk provides complete and perfect nourishment for infants, boosting their immune system and protecting them from potential killers such as diarrhea and pneumonia. Exclusive breastfeeding also minimizes an infant's exposure to potentially unsafe food or water, and now saves an estimated six million lives every year (Brien, 2010).

World Health Organization guidelines for feeding and nutrition of infants and young children recommend that all infants be breastfed exclusively for the first six months of life. Infants when exclusively breastfed for the optimal duration of six months are significantly protected against the major childhood diseases conditions such as diarrhea, gastrointestinal tract infection, allergic diseases, diabetes, obesity, childhood leukemia and lymphoma, inflammatory and bowel disease. In particular, the risk of hospitalization for lower respiratory tract infections during the first year of life is reduced by 72% when infants are exclusively breastfed for more than 4 months also found exclusive breastfeeding to be protective against single and recurrent incidences of otitis media (WHO, 2012 & Gartner, 2005).

Early initiation of breast feeding within thirty minutes of delivery is one of the steps initiated by WHO\UNICEF's Baby Friendly Hospital Initiative (BFHI) to achieve a successful breastfeeding of the newborn baby because colostrum, the yellowish, sticky breast milk formed immediately after delivery. Colostrum is recommended by WHO as the most excellent food for the newborn. Additionally, early initiations of breastfeeding and continued exclusive breastfeeding for the first six months have been found to have beneficial effect in improving vaccine response (WHO\UNICEF, 2009).

Over the last two decades, there has been a growing attention in the endorsement of exclusive breastfeeding as the recommended feeding practice for newborns. This, to a great degree, has been encouraged by increasing scientific substantiation on the significance of exclusive breastfeeding in reducing infant

morbidity and mortality. Exclusive breastfeeding is the most efficient type of infant feeding for the first six months of life (Labbok and Taylor, 2008). The American Academy of Pediatrics (AAP), (2012) declares that breastfeeding is the physiologically normal form of infant and child feeding. Exclusive breastfeeding is defined as "an infant's consumption of human milk with no supplementation of any type (water, juice, nonhuman milk, and foods) except for vitamins, minerals, and medications".

There are many barriers which affect breast feeding; these barriers are linked with young mothers, single mothers, lower income, full-time employment, caesarean section and the infant having received supplementation during the first weeks of life. Negative attitudes of women, their partners, and family members, plus the health care professionals could be a barrier of breastfeeding and in addition the persistently sore and red nipples led to early termination (Piper and Parks, 2012).

Significance of the study

Few mothers actually know how to the public-health recommendations that they breast-feed exclusively for the first six months, but it's not for lack of desire. 85% actually said that they wanted to breast-feed exclusively for at least three months, just 45% succeeded, 58% who said they planned to nurse for at least five months, only 25% did. That demonstrates we are not supporting mothers to feed their infants the way they'd like (Rochman, 2012). So, the researchers decided to assess the barriers of initiation and exclusive breast feeding among infant aged 0-6 months.

II. Aim of the study

The aim of this study was to assess barriers of initiation and exclusive breast feeding among infancy aged 0-6 months in Woman's Health & Assiut University Children Hospital.

III. Research question

What are the most common barriers of initiation and exclusive breastfeeding among mothers'?

IV. Subjects and Method

Design: A prospective cross-sectional study design was used in carrying out of this study.

Setting: The study was conducted at the delivery room, post partum unit and immunization clinic in Woman's Health & Assiut University Children Hospital.

Subjects: The Convenience sample was selected to include mothers who had infant aged from 0-6 months and their total number was 800 mothers

Tools of the study

Two tools were designed to collect the necessary data developed by the researchers after review of the literature.

Tool I: structured interview questionnaire, it included three parts as follows:

Part 1: Socio-demographic data about the mothers and their families as age, income, mother, mothers' occupation and education, and residence. Socio-demographic data about the infants such as age, sex, birth weight, and birth order.

Part 2: It consisted of eighteen questions about maternal and obstetric history:- such as medical history, antenatal visited, obstetrical history, mode of delivery, routine labor wards practice, previous breast feeding experience, mother's desire to initiation of breast feeding previous breast feeding, at delivery, staff offered help to breast feeding, If yes what type of help, knowledge of correct initiation time, ever breast feeding, initiation time, colostrums discarded, breast feeding difficulty, Know early initiation time and received infant feeding advice/ counseling.

Part 3: It contained sixteen questions about barriers of breast feeding in mothers was developed by the researchers. The questionnaire items were chosen based on the most identified breast feeding barriers mentioned in the literature such as Pain, fear of distorted breast shape by breast feeding, poor prenatal and postpartum support, perception of insufficient milk production, embarrassed from lactation in public places, embarrassed from lactation in front of family member, too busy to breastfeed the baby, housekeeper availability encourage me to give bottle feeding, taking contraceptive, work, tiredness, disease could transfer to the kids through breast feeding, bad smell of the nursing mom, depressed because my child refused breast feeding and I don't have enough knowledge.

Tool II: Socio-economic scale; it was developed by Abd Al-Twab A (2004) and used to assess the socio-economic status of the family. It included four domains; level of parent's education (8 items), family income (6 items), parents' occupation, life styles (3 items). Each item of four domains has one score. The total score was divided into three classes as high degree from 85-100%, moderate from 60-84% and low less than 60%. Income of family item has been modified by the researcher according to the rate of inflation and increase to be

conforming with recent income through comparing difference of the value of the golden pound at 2002 to that, at 2014 and multiplying the rate of inflation to the scale.

Procedure:

Administrative design:

Administrative approval was obtained from the responsible persons (the directors of Woman's Health Hospital and the head of the Pediatric immunization clinic) to carry out the study after explaining the purpose of the study. Explanation of the aim and methodology of the study was done to them by the investigator.

Pilot study:

A pilot study was carried out before starting of data collection on (10 %) of the study period for the purpose to test the clarity, completeness, and to determine the time involvement. According to the results of the pilot study, the needed modification, omissions, and/or additions were done

Field of the study:

Data collection was done by the researcher during a six month period from the beginning of January until the end of June 2014. It was done during the routine work of the hospital. The researcher interviewed each participated woman individually to obtain the necessary information. The delivery room, postpartum unit and immunization clinic were working all days in the week. The actual work started by meeting the woman, the researcher firstly introduced self to them and gave them a complete back ground about the study. The researcher gave mother (who can read and write), the sheet which was pre-designed in Arabic language and stay with them to clarified any question vague to them or to read the sheet if the mother unable to read it. The sheet required about 15-20 minutes for filling it; about 4- 5 cases were collected per day.

Ethical consideration:

The mothers have ethical rights to agree or refuse to participate in the study. Consent to participate in the study was secured orally and informed that the information obtained will be confidential and used for the purpose of the study.

Statistical design:

Data were analyzed using the statistical package for social science (SPSS) version 16.0 (Windows Microsoft). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means and standard deviations for quantitative variables. Quantitative continuous data were compared using Chi. Square to determine significance for non-parametric variable. Probability (p-value) less than 0.05 was considered significant.

V. Results

Table (1&2) illustrate the socio-demographic data of the mothers and their infants it was found that, nearly two thirds of mothers (61.5%) aged from 20 > 28 years and the majority of them (82.5%) came from the rural area. As regard to the mother's education (26.9%) were illiterate, (21.5%) were read and write, (32.4%) were secondary and only (7.0%) were university educated. Majority of mothers (86.4%) were housewife. Nearly one third of mothers (31.3%) were moderate socio-economic status. More than half of infants (51.9%) aged 0-1 month with mean age 1.7 ± 2.9 years. As regard the sex of the infants more than half (57.0%) were males most o infants (73.9%) their weight were 2500 and more kg. Nearly half of infants (48.8%) their birth order were 2nd to 4th.

Table (3):Presents Comparison between the initiation time of breast feeding and the socio-demographic characteristics. Statistical significance differences for mothers' age, residence and maternal education ($p < 0.001^{**}$). In spite of the significant was not illustrated regarding birth order of the infants

It is noticed that there was a significant differences between the initiation of breast feeding and some variables for staff offered help to breast feeding at delivery and colostrum discarded $p < 0.001$, as clarified in **table (4)**

Table (5) presented the relation between the mothers who exclusive or not exclusive breast fed and socio-demographic data, as shown in this table, there was statistical significant differences ($P = 0.001^{**}$) were found between the mothers who exclusive or not exclusive breast fed and the age of mothers and the residence with higher prevalence among mothers who were breast fed at the age 20 - 27 years and the rural area (87.5%) and (93.1%) respectively. Also this table presents statistical significant differences ($P > 0.05$) were found between the mothers who exclusive or not exclusive breast fed and number of children, infant age, and birth weight with higher prevalence among mothers who exclusive breast fed at number of children 1-3 (86.9%), , infant aged 0-1 month (59.4%), and infants' birth weight 2500 and more (83.8%) respectively.

it is noticed that, there was a significant difference between socio-demographic characteristics of mothers' in relation to their exclusive and not exclusive breast feeding ($P < 0.001$) for average monthly income, initiation time of breast feeding . In spite of the significant difference was not illustrated regarding the maternal education as shown in **Table (6)** When asking mothers about time of initiation of breast feeding, only 20% of them mentioned that they initiated the breast feeding within one hour after birth (**fig.1**). Regarding to exclusive breast feeding represented that the majority of mothers (79.9%) were not exclusive breast fed (**Fig. 2**) The barriers to initiation of breast feeding within the first hours after labor described in**Fig(3)**.According to answers of mothers, it was found that tiredness, pain after labour, mothers' perception insufficient milk production and lack of mothers' knowledge about the proper time for initiation of breast feeding ,(97.4%, 94.2%, 93.0%, 90.3%, 89.0% respectively) were the most barriers and only 8.0% of them fear distorted breast shape by breast feeding. The barriers to exclusive breast feeding among mothers described in**Fig. (4)**According to answers of mothers they not exclusive breast fed,it was found that, infants was still feeling hungry after breast fed, misinterpret/understand of normal infant crying, percept of insufficient milk production, of mothers not exclusive breast fed because their infants comfort and ease with formula feeding, breast milk dried up, introduced solids to their infants early, introduced bottle-feeding as early as 3 weeks, and taking (92.2% , 90.8%, 89.9%, 89.7%, 81.7%. 75.3%, 72.7% and 39.1% respectively) .

The barriers to exclusive breast feeding among working mothers described in **Fig.(5)** According to answers of working mothers, , it was found that return to work, difficult to find time to pump milk throughout the day, fear of contamination of milk if expressed, embarrassed from lactation in public places, difficult to return to home to breast fed, and too busy in their work to breast fed (98.2%, 95.4%, 90.8%, 82.6%, 87.2% and 80.7% respectively).

Table (1): Distribution of mothers according to their socio-demographic characteristics.

| Mother's socio-demographic characteristics | No (800) | % |
|--|-----------------|------|
| Age group in years | | |
| 20 - <28 | 492 | 61.5 |
| 28 - <38 | 247 | 30.9 |
| 38 ≥ 49 | 61 | 7.6 |
| Mean ± SD | 28.2±9.4 | |
| Residence | | |
| Urban | 140 | 17.5 |
| Rural | 660 | 82.5 |
| No. of children | | |
| Pgda(primigravida) | 17 | 2.1 |
| 1-3 child | 582 | 72.8 |
| 4-6 child | 197 | 24.6 |
| 7 and more child | 4 | 0.5 |
| Maternal education | | |
| Illiterate | 215 | 26.9 |
| Read and write | 172 | 21.5 |
| Preparatory | 87 | 10.9 |
| Secondary | 259 | 32.4 |
| University | 56 | 7.0 |
| Post graduate | 11 | 1.4 |
| Occupation of the mothers | | |
| Housewife | 691 | 86.4 |
| Working | 109 | 13.6 |
| Socio-economic status | | |
| Low | 151 | 18.9 |
| Moderate | 250 | 31.3 |
| High | 106 | 13.3 |

Table (2): Distribution of infants according to their socio-demographic characteristics.

| Infant socio-demographic characteristics | No.(800) | % |
|---|----------|------|
| Infant age in month | | |
| 0 – 1 | 415 | 51.9 |
| 2 – 3 | 309 | 38.6 |
| 4 – 6 | 76 | 9.5 |
| Mean ± SD | 1.7±2.9 | |
| Sex of the infants | | |
| Male | 456 | 57.0 |
| Female | 344 | 43.0 |
| Birth weight | | |
| Less than 2500 | 209 | 26.1 |
| 2500 and more | 591 | 73.9 |
| Birth order of the infants | | |
| First born | 298 | 37.3 |
| 2 nd to 4 th | 390 | 48.8 |
| 5 th and above | 112 | 14.0 |

Table (3): Socio-demographic characteristics of in relation to the initiation time of breast feeding.

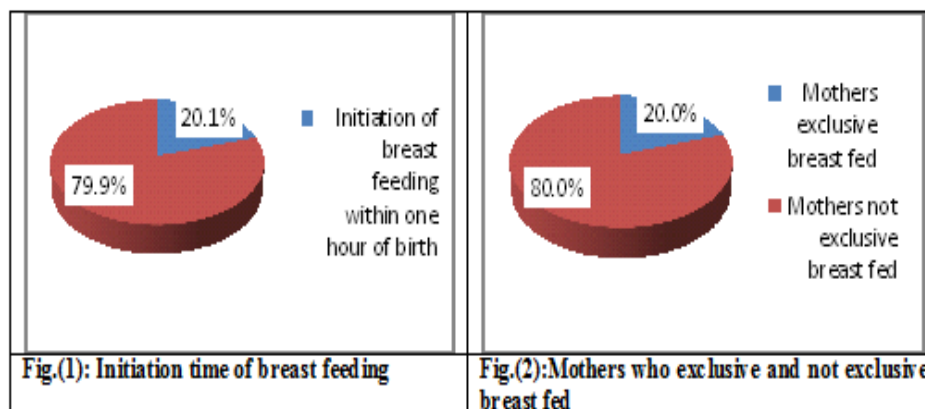
| Items | Initiation time of breast feeding | | | | P. value |
|-----------------------------------|--|----------|--|----------|---------------------|
| | Within one hour of birth (n=161) | | After one hour of birth (n=639) | | |
| | No. | % | No. | % | |
| Age of mothers | | | | | |
| 20 - <28 years | 73 | 45.3 | 419 | 65.6 | 0.001** |
| 28 - <38 years | 74 | 46.0 | 173 | 27.1 | |
| 39 ≤ 49 years | 14 | 8.7 | 47 | 7.4 | |
| Residence | | | | | |
| Urban | 46 | 28.6 | 94 | 14.7 | 0.001** |
| Rural | 115 | 71.4 | 545 | 85.3 | |
| Sex of the infants | | | | | |
| Male | 79 | 49.1 | 377 | 59.0 | 0.026* |
| Female | 82 | 50.9 | 262 | 41.0 | |
| Birth order of the infants | | | | | |
| First born | 55 | 34.2 | 2423 | 38.0 | 0.337 ^{Ns} |
| 2nd to 4 th | 78 | 48.4 | 312 | 48.8 | |
| 5th and above | 28 | 17.4 | 84 | 13.1 | |
| Maternal education | | | | | |
| Illiterate | 40 | 24.8 | 175 | 27.4 | 0.001** |
| Read and write | 43 | 26.7 | 129 | 20.2 | |
| Preparatory | 3 | 1.9 | 84 | 13.1 | |
| Secondary | 58 | 36.0 | 201 | 31.5 | |
| University | 17 | 10.6 | 39 | 6.1 | |
| Post graduate | 0 | 0.0 | 11 | 1.7 | |
| Occupation of the mothers | | | | | |
| Housewife | 121 | 75.2 | 570 | 89.2 | 0.001** |
| Working | 40 | 24.8 | 69 | 10.8 | |

Table (4): Relation between initiation of breast feeding and some variables:

| Items | Initiation time to breast feeding | | | | p-value |
|--|-----------------------------------|-------|---------------------------------|-------|-------------|
| | Within one hour of birth (n=161) | | After one hour of birth (n=639) | | |
| | | | No | % | |
| Obstetrical history | | | | | |
| Primigravida | 52 | 32.3 | 251 | 39.3 | 0.061n.s |
| Multipara | 109 | 67.7 | 388 | 60.7 | |
| Mode of delivery | | | | | |
| Caesarean section | 50 | 31.05 | 450 | 70.42 | 0.002* * |
| Normal vaginal delivery | 111 | 68.94 | 189 | 29.57 | |
| Decision of breast feeding taken | | | | | |
| During pregnancy | 99 | 61.5 | 567 | 88.7 | 0.04* |
| After delivery | 62 | 38.5 | 72 | 11.3 | |
| At delivery, staff offered help to breast feeding | | | | | |
| Yes | 69 | 42.9 | 183 | 28.6 | 0.001* * |
| No | 92 | 57.1 | 456 | 71.4 | |
| If yes what type of help | | | | | |
| Skin to skin contact | 29 | 18.0 | 103 | 16.1 | 0.048* |
| Infants' mouth to breast | 40 | 24.8 | 80 | 12.5 | |
| Received infant feeding advice/counseling | | | | | |
| Yes | 79 | 49.1 | 228 | 35.7 | 0.02* |
| No | 82 | 50.9 | 411 | 64.3 | |
| Access to media about breast feeding (radio or T.V) | | | | | |
| Yes | 150 | 93.2 | 629 | 98.4 | 0.351n.s |
| No | 11 | 6.8 | 10 | 1.6 | |
| Antenatal visits | | | | | |
| Yes | 129 | 80.62 | 506 | 79.18 | 0.376n.s |
| No | 31 | 19.37 | 134 | 20.97 | |
| Previous breast feeding experience | | | | | |
| Yes | 106 | 65.8 | 398 | 62.3 | 0.229 |
| No | 55 | 34.2 | 241 | 37.7 | |
| Knowledge of correct initiation time | | | | | |
| Knowledgeable | 115 | 71.4 | 429 | 67.1 | 0.171 |
| Not knowledgeable | 46 | 28.6 | 210 | 32.9 | |
| Colostrum's discarded | | | | | |
| Yes | 109 | 67.7 | 198 | 31.0 | 0.001* * |
| No | 52 | 32.3 | 441 | 69.0 | |

Table (5): socio-demographic characteristics of mother in relation to their exclusive and not exclusive breast feeding.

| Characteristics | Exclusive breast fed. (n=160) | | Not exclusive breast fed. birth (n=640) | | P. value |
|---|-------------------------------|-------|---|-------|----------|
| | N | % | N | % | |
| Age of mothers | | | | | |
| 20 - <28 years | 94 | 58.75 | 398 | 62.18 | 0.03* |
| 28 - <38 years | 61 | 38.12 | 186 | 29.06 | |
| 39 years and more | 5 | 3.12 | 56 | 8.75 | |
| Maternal education | | | | | |
| Illiterate | 50 | 31.3 | 165 | 25.8 | 0.726n.s |
| Read and write | 32 | 20.0 | 140 | 21.9 | |
| Preparatory | 18 | 11.3 | 69 | 10.8 | |
| Secondary | 48 | 30.0 | 211 | 33.0 | |
| University | 11 | 6.9 | 45 | 7.0 | |
| Post graduate | 1 | 0.6 | 10 | 1.6 | |
| No. of children | | | | | |
| Pgda | 1 | 0.6 | 16 | 2.5 | 0.003** |
| 1-3 child | 139 | 86.9 | 443 | 69.2 | |
| 4-6 child | 19 | 11.9 | 178 | 27.8 | |
| 7 and more child | 1 | 0.6 | 3 | 0.5 | |
| Occupation of the mothers | | | | | |
| Housewife | 149 | 93.12 | 542 | 84.68 | 0.023* |
| Working | 11 | 6.87 | 98 | 15.32 | |
| Average monthly income | | | | | |
| 100 - 700 pound | 48 | 60.8 | 103 | 32.0 | 0.001** |
| 701 - 1200 pound | 31 | 39.2 | 219 | 68.0 | |
| 1201 - 2000 pound | 23 | 29.1 | 83 | 25.8 | |
| Mothers desire to initiation of breast feeding | | | | | |
| Yes | 150 | 93.8 | 546 | 85.3 | 0.004** |
| No | 10 | 6.3 | 94 | 14.7 | |
| Initiation time | | | | | |
| Within one hour of birth | 68 | 42.5 | 93 | 14.5 | 0.001** |
| After one hour of birth | 92 | 57.5 | 547 | 85.5 | |



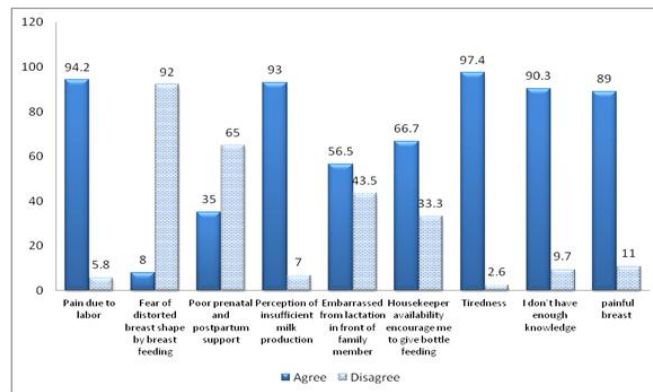


Fig. (3): Barriers to initiation of breast feeding within the first hours after labor:

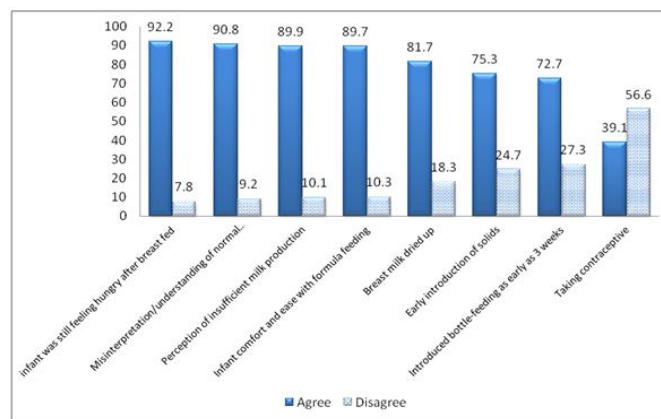


Fig. (4): Barriers to exclusive breast feeding:

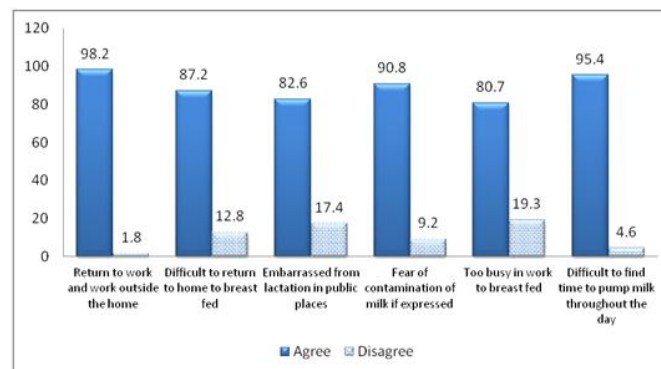


Fig. (5): Barriers to exclusive breast feeding among working mothers:

VI. Discussion

The benefits of breastfeeding for the health and wellbeing of the mother and baby are well documented. WHO recommends early initiation of breastfeeding (within one hour of giving birth). A recent trial has shown that early initiation of breastfeeding could reduce neonatal mortality by 22% (Otsuka, et al., 2008). The Healthy People 2020 objectives, including an overall objective of 81 percent of infants ever being breastfed, are consistent with the universal medical recommendation to breastfeed exclusively for six months with continued breastfeeding for at least one year (The Surgeon General’s Call to Action to Support Breastfeeding, 2011).

The current study results revealed that, statistically significant differences were found between mothers' age, the initiation time and exclusive breastfeeding. Younger mothers (20-28 years) were initiate breastfeeding after one hour after delivery and not exclusive breastfed until 6 months of age. These results were supported by Woldie, et al., (2014) who mentioned that the women least likely to breastfeed are those who are young. Also this study agreed with Vogel et al., (2009) who revealed that, younger maternal age was associated with a short

length of breastfeeding. The present study findings are dissimilar with the results of **Gijsberset al., (2007)** which shown that younger maternal age associated with a longer duration of breastfeeding. women who are young may have low confidence in their ability to breastfeed and it is probable that older women know more about the benefits of breastfeeding and have more realistic outcome expectation.

The present study revealed that, statistically significant difference was found between sex of the infants and exclusive breastfeeding. As shown in this study the male infants were more likely to exclusively breast fed than female. This is consistent with **Nekatebeb and Guyor, (2010)** who revealed the male infants were more likely to exclusively breast feed than females counter parts. These controversies may be due to difference by socio-cultural factors which lead to gender difference in infant feeding practices. On the other hand **Aidam, and Perez, (2005)** showed that, the female infants were more likely to be exclusively breastfed than male infants. This study revealed that mothers from urban areas were less likely to practice exclusive breastfeeding than rural mothers. This finding is consistent with a study done by **Venancio, (2006)** who mention that, the urban mothers have more chance for different job opportunities which limits time to stay with their infants who in turn can compromise exclusive breast feeding practice or it might be due to that urban mothers have more access for other infant feeding alternatives than rural mothers. In the present study there was a highly statistically significant differences between the mothers' educational level and initiate time of breastfeeding ($p=0.001$). Educated mothers were more likely to initiate the breast feeding within one hour after delivery than illiterate mothers. But no significant differences between exclusive breast feeding and mothers' education, this finding was in consistence with other study by **Suneth, (2009)** who indicated that additional mother education did not significantly affect breastfeeding rate.

The present study reveals statistically significant differences between the mothers' occupation and exclusive breast feeding ($p=0.003$). House wife mothers were more likely to exclusive breast fed their infants than working mothers; this finding was supported by **Setegn et al., (2012)** who showed that, unemployed mothers were about 5 times more likely to breastfed exclusively as compared to employed mothers. This may attribute to worked mothers were away from the home and from their infants which make the breast feeding difficult. Statistically significant difference was found between exclusive breast feeding and income. This study reveals that less family income were more likely to breast fed their infants exclusively than high income. This may attribute to low income found the breast milk cheaper than formula milk which devotes the money to other needs and reduce the mothers' access to health care. In the contrary **Rojjanasrirat and Sousa, (2010)** who stated that, low income women are less likely to initiate and continue to breastfeed and lower breastfeeding rates were found to occur in the lower income brackets.

The finding of the present study showed that, statistical significant differences between the mode of delivery and initiation time of breast feeding, mothers who were normal vaginal delivery initiate breast feeding early within one hour of birth while mother who had caesarean section initiate breast feeding after one hour of birth. This finding was similar to other study by **Saeed et al., (2011)** who stated that, women with cesarean deliveries had a definitely greater chance of having problems of breast feeding. Also mothers who received help from medical or nursing staff at delivery as skin to skin contact or attachment were likely to initiate the breast feeding within one hour after delivery. The present study showed that, the initiation time of breastfeeding were significantly associated with exclusive breastfeeding, this finding is similar to other finding of (**Setegn et al., 2012**) who stated that, mothers who initiated breastfeeding within one hour of birth were 2 times more likely to practice exclusive breastfeeding than mothers who initiated after one hour . According to the present study findings, the majority of the women had barriers influence the initiation of breastfeeding within one hour of birth, as tiredness, pain, perception of insufficient milk product, and mothers don't have enough knowledge about the initiation time of breast feeding. These findings were similar to the findings of **Raffle et al., (2011)** who stated that pain of mothers and perception of infants were not receiving adequate amounts of breast milk had a negative impact on breastfeeding decisions.

In this study, the highest numbers of women were agree that the reasons for not exclusively breast fed were their infants were still feeling hungry after breastfed, misinterpretation/understanding of normal infants crying, perception of insufficient milk production, infants comfort and ease with formula feeding and breast milk dried up. In the same line, these findings were also in congruence with **Negayama et al., (2012) & Hawkins (2014)** who clarified that the first or the second reason cited for initiating supplementation or weaning was perception of insufficient milk production. In addition **Otsuka (2008)** showed that 54% mothers give an inadequacy of breast milk as reason for giving formula before six months. Also, **Negayama (2012)** mentioned that the most researchers found that approximately 35% of all women wean their children early, reporting that milk insufficiency was the primary reason. These findings may attribute to many women utilize infant satisfaction cues as their main indication of milk supply and many women do not evaluate actual milk supply.

In the current study, the majority of mothers mentioned that there was difficult to continue breast feeding with return to work and other women found it hard to maintain their milk supply when separated from their babies and were forced to stop breastfeeding. Working mothers were able to continue breastfeeding

although the exclusive breastfeeding rates were low. Return to work was the main reason cited for the cessation of exclusive breastfeeding. Women who are unable to take an extended leave from work following the birth of their child are less likely to continue breastfeeding when they return to work. According to **Hall and Hauck (2011)**, maternal employment outside the home was often cited as a major factor to short-term breastfeeding patterns throughout the world. Mothers who were employed cited work away from home as a hindrance to exclusive breastfeeding.

VII. Conclusions

Based on the findings of the present study it can be concluded that the majority of mothers' were younger, housewife and came from the rural areas. In addition the most common barriers to initiate the breast feeding were mothers' tiredness, pain. Also the most common barriers of not continue exclusive breast fed were the infants still hungry after feeding, misinterpret/understand of normal infant crying, perception of insufficient milk production. The study concluded that, there was a low prevalence of early initiation time of breast feeding and many barriers that prevent mothers' exclusive breast feed their infants.

VIII. Recommendations:

Based on the finding of the current study, the following recommendations are suggested:-

- Infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery (this aid to early initiation and exclusively breastfed).
- Delay weighing, measuring, bathing, needle sticks and eye prophylaxis until initiation of breast feeding within half an hour after birth.
- Efforts should be made in private and government hospitals, clinics, home-visits, to help educate the mothers about benefits of initiation of breastfeeding within one hour of birth and exclusively breastfed their infants.
- Encourage employed mothers to express breast milk for their exclusively breastfed infants and provide appropriate facilities and adequate time in the work place for breast feeding.
- Provide individualized education programme to mother and family members on health benefits of breastfeeding, and use culturally appropriate counseling techniques to explore knowledge, attitudes, beliefs, and personal ambivalence.
- More research must be done to Provide guidance towards preventing and overcoming common barriers to breastfeeding to the woman and her supportive family members during pregnancy.

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