

WOMENS' ATTITUDES TOWARDS BREASTFEEDING IN A PROVINCE OF GREECE

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Abstract

Background: Human milk is a live tissue containing many nutrients and immune substances. Even though a great effort is taken towards breastfeeding propagation worldwide, many women still choose not to breastfeed their babies. The aim of the present study was to investigate adult women's attitudes towards breastfeeding in a Greek province. Breastfeeding history of the children of those who had already become mothers was also recorded.

Methods: One hundred women, aged 18-45 yrs were administered a questionnaire regarding their attitudes towards breastfeeding and history of breastfeeding was recorded as well.

Results: The majority of women expressed their desire to breastfeed their babies (78%). More than half mothers had breastfed their children for more than 3 months, while 15 % did so for 6- 9 months. Anatomic issues and hepatitis B carriage are considered as contraindication by 81 % of the women. All the participants were aware of breastfeeding advantages.

Conclusions: Women are aware of breastfeeding advantages. However, mean duration of breastfeeding is lower than 6 months and health issues are considered as main obstacles. The knowledge of true breastfeeding contraindications is limited.

Keywords: Breastfeeding , women attitudes , greece

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Introduction

Human milk is designed specifically for human infants and is nutritionally superior to any alternative. Breast milk is considered a live tissue because it contains almost as many live cells as blood. It is bacteriologically safe and is always fresh. The nutrients in breast milk are more easily absorbed than those in formula (1).

Maternal milk is a live tissue containing many nutrients and immune substances. Breastfeeding (BF) actively protects the newborn against infections and establishes a unique bonding experience between mother and infant and increases maternal role attainment (2-5). Although an enormous breastfeeding campaign is conducted worldwide, there is a long way ahead, in

order the lactation objectives set by the world scientific community to be achieved (6,7). Lack of information and social reasons are considered the main breastfeeding obstacles in industrialized societies. Job responsibilities as well as various prejudices enhance mother to interrupt breastfeeding or not to breastfeed at all (2, 8, 9). Even further, and despite the progress in this field, many women do not quit smoking and alcohol drinking during the last semester of pregnancy and lactation (10,11). The recording of beliefs and needs of the modern mother will allow substantial interventions towards strengthening of breastfeeding and prejudice dissolution on this matter.

Methodology

The sample size consisted of 100 women 18-45 years old from the province. Potential subjects were recruited on the basis of their availability after an informed consent was obtained. They received a brief explanation of the purpose and the aim of the study by a member of the research team and those who agreed to participate were asked to sign an informed consent form. Data collection lasted from May to July 2008. For the data collection a specific questionnaire for the purpose of the study was used. The questionnaire consisted of 12 items with subquestions, including sociodemographic characteristics, such as, age, marital status, educational level and maternity. The specific questions about breastfeeding attitudes and the intent to breastfeed, as well as, the nutritional and drinking habits during the breastfeeding period were also asked. Finally, the women were asked about the benefits of breastfeeding according to their point of view.

The questionnaire was piloted in a sample of 10 women in order to ensure that the questionnaire was understandable and easy to complete. The returned questionnaires were fully completed and the response choices were adequate and understandable.

According to the inclusion criteria the women chosen: a) were able to read and write in Greek language in order to have the ability to complete the questionnaires and b) willingness to participate in the study

Statistics

Descriptive statistics and contingency tables were used. Mann -Whitney -U test and χ^2 test were applied to ordinal and nominal data respectively, in order to compare subgroup values. SPSS13.0 statistical package was used.

Results

Women's age in the sample ranged from 18 to 45 years old. The majority of women (56 %) were below 31 years old. Most women were married or divorced (56%), while 44% were unmarried. Fifty percent were mothers, 51 % were unemployed, while 58 % were of higher education. Twenty -six percent of the mothers had 2 children and 9% had three (Table 1).

Table 1. Sociodemographic characteristics of the sample

Parameters	N	%
Age		
18-24	41	41.0
25-31	15	15.0
32-38	20	20.0
39-45	24	24.0
Total	100	100.0
Marital status		
Unmarried	44	44.0
Married	49	49.0
Divorced	7	7.0
Total	100	100.0
Profession		
Unemployed	35	35.0
Private sector	16	16.0
Public sector	29	29.0
Total	100	100.0
Educational level		
Elementary	6	6.0
High school	36	36.0
University	55	55.0
Master degree	3	3.0
Total	100	100.0
Number of children		
1	13	13.0
2	26	26.0
3	9	9.0
4	1	1.0
6	1	1.0
No children	50	50.0
Total	100	100.0

The vast majority of those who had no children reported they strongly desire to

Table 2. Breastfeeding intention, duration and use of formula feeding

Parameters	N	%
Breastfeeding intention		
Yes	39	78.0
No	2	4.0
Not sure	9	18.0
Total	50	100.0
Breastfeeding history		
Yes	40	80.0
No	10	20.0
Total	50	100.0
Causes of Breastfeeding unwillingness		
Lack of time	1	
other	2	
Breastfeeding duration		
≤1 month	7	17.5
2 months	6	15.0
3 months	4	10.0
4 months	5	12.5
5 months	5	12.5
6 months	5	12.5
7 months	1	2.5
8 months	1	2.5
9 months	4	10.0
No answer	2	5.0
Total	40	100.0
No breastfeeding-causes		
Anatomical breast problems	4	26.7
Cosmetic reasons	1	6.7
Lack of time	1	6.7
Insufficient quantity	5	33.3
Health problems	4	26.7
Total	15	100.0
Use of formula feeding		
Yes	34	68.0
No	14	28.0
No Answer	2	4.0
Total	50	100.0
Formula feeding could fully substitute maternal milk		
Yes	6	6.0
No	91	91.0
Do not know	3	3.0
Total	100	100.0

breastfeed. Eighty percent of the mothers (40 women) had breastfed their offspring. About half of them did so for over three

months and 15 % from 6 to 9 months. Only one woman mentioned lack of time as an obstacle, while those women who had not breastfed their children reported insufficient milk quantity, health problems and anatomical abnormalities of the breast as the main reasons (Table 2). Even though most women have used formula feeding they do not believe that formula feeding could fully replace maternal milk (91 % prevent). As for educational level, no statistical differences were detected, even though women of lower educational class were found to breastfeed for a longer time (Table 3). It is noted that 57.5 % of women adopted a specific diet during lactation, and 25 % continued smoking (Table 4).

Table 3. Differences in breastfeeding depending on educational level

Educational level	N	%	Percentiles 25o --50o -- 75o (months of breastfeeding)	p
University/College	14	36.8	1 3.5 5	0.152
Elementary/High school	24	63.2	2 4 6	
Total	38	100.0		

Mann-Whitney - U test

Regarding breastfeeding advantages, most of women consider that emotional bond with the child and cancer prevention are the most important on behalf of mother, while psychological development and immune system enhancement are the main advantages on behalf of the child (Table 5). There was no statistical difference in breastfeeding attitudes between employed and unemployed mothers (Table 6). The vast majority of women (81 %) considered hepatitis B carriage, breast anatomical problems and breast infections as breastfeeding contraindications (Table 7).

Discussion

According to our findings, the vast majority of candidate mothers desire to breastfeed. Moreover, 4 out of 5 mothers reported that they had breastfed their children, although the mean duration of breastfeeding was rather short. A small percentage had breastfed their children for 6 months. (It is

noted that 4- 6 months is the recommended duration of breastfeeding, according to international guidelines) (12,13).

Table 4. Diet, smoking habits and alcohol consumption during breastfeeding period

Table 5. Womens' knowledge regarding the breastfeeding advantages for the mother and

Parameters	N	%
Specific diet		
Yes	23	57.5
No-no change	17	42.5
Total	40	100.0
Alcohol consumption		
Yes	3	7.5
No	37	92.5
Total	40	100.0
Smoking		
Yes	10	25.0
(Number of cigarettes in parentheses)	2 (2)	
	3 (3)	
	1 (8)	
	2 (10)	
	1 (15)	
	1 (20)	
No	30	75.0

child

Advantages of breastfeeding for the mother	N	%
Emotional contact with the child	28	28.0
Contraception	1	1.0
Cancer prevention	13	13.0
Financial reasons	1	1.0
Other reasons	12	12.0
More than one reason	32	32.0
No answer	13	13.0
Total	100	100.0
Advantages of breastfeeding for the child		
Psychological development	8	8.0
Immune system benefit	29	29.0
Other reasons	54	54.0
More than one reason	1	1.0
No answer	8	8.0
Total	100	100.0

Unmarried mothers and less educated are less likely to breastfeed their children (6). However, a reverse trend has been

recorded in this study, although the difference was not statistically significant. Conclusions are doubtful, because of the small number of participants. More specific, less educated mothers reported a longer breastfeeding period, half to 1 month more, in comparison to married and highly educated mothers.

Table 6. Comparison of employed and unemployed women depending on breastfeeding their children

Employment	Breastfeeding		Total
	Yes	No	
Yes	13	4	17
No	16	2	18
Total	29	6	35

$X^2 = 2.02, p > 0.05$

Table 7. Womens' knowledge about breastfeeding contraindications

Contraindications	N	%
Old age	1	1.0
Breast problems (1)	21	21.0
HBV carriage(2)	15	15.0
Combination (1) & (2)	44	44.0
Other		
	16	16.0
No answer	3	3.0
Total	100	100.0

Nevertheless, large discrepancies are reported among different countries and monitoring systems inefficient and unreliable. The data are scarce, not only on exclusive breastfeeding but also on demographic, socio-economic, psychosocial and medical determinants of BF patterns (6, 14). Breastfeeding rates at 6 months after delivery range from 12 % to 51.3 %, while rates for exclusive breastfeeding are considerably lower (6, 14-16). Great efforts are made worldwide to increase these rates (17). In Greece breastfeeding rates are of the lowest in the world but previous study reported rates similar (12%) to our study (18). A discrepancy between breastfeeding desire and final breastfeeding duration is reported, which finding is consistent with previous studies.

According to their statement most women that breastfed their children

adopted a healthier diet than usual. No data about specific or just an enriched diet were obtained. Few women reported alcohol drinking during lactation. No safety limits for breastfeeding mothers are established in alcohol consumption. The latter has been correlated with infant developmental disorders (19, 20). Alcohol itself rather diminishes milk quantity, despite the traditional beliefs of many cultures that encourages lactating women to drink alcohol to optimize breast milk production and infant nutrition (19, 20).

As for smoking, according to the findings of the present study, one out of 4 women continues to smoke during lactation. Prevalence of maternal smoking ranges from 6 to 22 % worldwide. The highest rates in quitting smoking during pregnancy are observed in Japan (7, 10, 21). A lot of progress is made towards this direction in the last years. Smoking during pregnancy and lactation is related to respiratory problems, child nervousness and infant diarrhoeas (10, 21, 22).

According to the findings of the present study knowledge of the great advantages of breastfeeding is well established among mothers. Emotional bonding between mother and child and normal psychokinetic development are the most frequently mentioned, as well as the prevention from maternal cancer. Various studies report that women who had breastfed their offspring

Even though breastfeeding is an absolutely normal process, demanding mainly love and care, in very few circumstances is contraindicated. Most women in this survey reported that breast anatomical problems and infections (e.g mastitis, abscess, or inverted nipples) are such contraindications, as well as hepatitis B. According to recent data these problems can nowadays be successfully handled (2, 4). As for hepatitis B is considered no longer as a contraindication. However, it is necessary all the suggested precaution measures to be taken (administration of γ -globulin and newborn vaccination) and breastfeeding is interrupted if nipples hemorrhage is present. The same goes for hepatitis C, while HIV transmission is possible, so HIV infected mothers are advised not to breastfeed (27, 28, 29).

are less vulnerable to breast, ovarian or endometrial cancer (23). Hardly any disadvantages can be found in breastfeeding. Contraindications are extremely rare and the low iron concentration is the only weakness of its composition (2, 3). All other "disadvantages" are related to mother's professional and social life. Maternal fatigue, however, should always be taken into account, in terms that most mothers work nowadays in western societies, even though a working mother can breastfeed her baby in the appropriately modified working place. Breast milk pumps are available and milk can be stored (8, 24). However, no statistical difference was observed between employed and unemployed mothers in regard to breastfeeding attitudes in this study.

Maternal milk is the richest food in substances of high biological value (proteins, vitamins, minerals, fat and sugar). These nutrients are administered in balance with the infant's demands breast milk contains antibodies, which protects the newborn against infections and other diseases (e.g cancer) as well. On the other hand, breastfeeding is important for the psychokinetic development of the newborn. Attachment to breast strengthens the bond between mother and child and contributes to psychological health of both mother and child (2, 3, 25, 26).

The findings of the present study showed that women are familiar with breastfeeding benefits. Nevertheless, lack of information and social reasons often discourage breastfeeding. More information is necessary directed to the future mothers regarding breastfeeding contraindications although the latter are extremely rare. Health professionals should keep abreast of the novel evidence in breastfeeding and care about the promotion of this natural and beneficial, process.

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