International Journal of Science Academic Research
Vol. 05, Issue 12, pp.8691-8698, December, 2024
Available online at http://www.scienceijsar.com

ISSN: 2582-6425

Research Article

PREVALENCE OF BREASTFEEDING IN AL-MARJ AREA, LIBYA

[1]Hana Saied Abdulali, [2,*]Mohanad Abdulhadi Saleh, [3]Nasren Gamal Saleh, [2]Hanan Ibrahem Mohmmed and [3]Mohammed Mansour Saeid

[1]Department of Pediatrics, Faculty of Medicine Almarj, University of Benghazi, Almarj, Libya
[2]Department of Pediatrics, Faculty of Medicine, University of Benghazi, Benghazi, Libya
[3]Department of Pediatrics, Faculty of Medicine, Tobruk university, Tobruk, Libya

Received 09th October 2024; **Accepted** 05th November 2024; **Published online** 16th December 2024

Abstract

Breast-feeding is widely believed to be the most beneficial method of feeding for the health and well-being of most infant. Health organizations including the world Health organization (WHO), recommend the breastfeeding exclusively for six months. The aim of this study to determine the prevalence of breast-feeding in Al-Marj area and the associated factors that's prevent mothers from breast-feeding, cross sectional study done, total of 786 mothers conducted in this study, our results were mostly the same as other studies with some difference, the prevalence of exclusive breast-feeding in the first 6 months [20.74%], lag far behind WHO recommendations. There is a major problem with adequacy of breast milk production in the majority of mothers in this study, which might indicate the need for proper awareness and teaching programs regarding breastfeeding in our community [knowledge more about benefit and practice].

Keywords: Breast feeding, Infants, Al Marj.

INTRODUCTION

Breast-feeding is the best and complete food for the growth and development of the infants. According to the WHO "early initiation of breastfeeding should be started within 1h of birth, exclusive breastfeeding should be practiced till 6 months of age, and complementary feeding should be started at 6 months, along with breastfeeding till 2 years of age to achieve optimum growth and development." [1]Breastfeeding, also known as nursing, is the feeding of babies and young children with milk from a woman's breast. Health professionals recommend that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. During the first few weeks of life, babies may nurse roughly every two to three hours, and the duration of a feeding is usually ten to fifteen minutes on each breast. Older children feed less often. Mothers may pump milk so that it can be used later when breastfeeding is not possible. Breastfeeding has a number of benefits to both mother and baby, which infant formula lacks.[2] Working environment and breastfeeding policies also play a key role in practicing breast feeding[1]Infant exclusively breast feeding for 6 months, presented with fewer infection episodes such as acute respiratory infection, acute otitis media and gastroenteritis.[3],Other benefits include lower risks of asthma, food allergies, type 1 diabetes, and leukemia than their partially breast feeding or non-breast feeding peers to enable mothers in establishing and sustaining exclusive breast feeding for six months.[2]Breastfeeding may also improve cognitive development and decrease the risk of obesity in adulthood. Breastfeeding is less expensive than infant formula.[2] Benefits for the mother include less blood loss following delivery, better uterus shrinkage, and decreased postpartum depression.[2]

***Corresponding Author:** *Mohanad Abdulhadi Saleh,*
Department of Pediatrics, Faculty of Medicine, University of Benghazi, Benghazi, Libya.

Moreover, breastfeeding delays the return of a woman's fertility and reduces the risks of post-partum hemorrhage premenopausal breast cancer, and ovarian cancer. The immediate consequence of poor nutrition during 0–6 months of age leads to morbidity, mortality, and delayed mental and motor development. Gradually early nutritional deficits are linked to impairments in intellectual performance work capacity, reproductive outcomes, and overall health during adolescence and adulthood [3] The American Academy of Pediatrics (AAP) and the American Dietetic Association (ADA) endorse breast-feeding as the most beneficial method to ensure the health and well-being of most infants. [4] A number of reasons are cited for why more mothers do not breastfeed, aggressive formula product marketing, lack of support from friends/family, insufficient knowledge among medical professionals, maternity hospital practices, cultural attitudes, and an increasing number of women in the work force. All or some of these factors may come into play, but it is of interest that increased formula feeding parallels a rapid increase in number of working women. Breast feeding and working outside the home are commonly believed to be incompatible. [4] A woman who worked outside the home must have a place and time to nurse her baby or express and store her milk for bottle-feeding. Increased participation of women in the labor force is frequently cited for the low rates of breastfeeding. [4] Muslim countries are expected to support, promote and protect breast-feeding based on religious [5] IN the Qur'an, it is stated that a child should be breastfed if both parents agree. Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing. In addition, if you wish to have your children nursed by a substitute, there is no blame upon you as long as you give payment according to what is acceptable. In addition, his gestation and feeding period is thirty months. Islam has recommended breast-feeding for Two years, either by the mother or by a wet nurse. Even in pre-Islamic Arabia, children were breastfed, commonly by wet nurses. [6]

WHO and UNICEF recommended

- Early initiation of breast-feeding within the first hour of infant life.
- The infant only receives breast milk without any additional food or drink, not even water.
- Breast-feeding on demand often as the child wants, day and night.
- No use of teats, bottle or pacifier.

Globally no more than 35% of infant during their first four months of life are exclusively breastfed

Regarding Arabic World exclusive breast-feeding rates increased by 10% over the past decade especially in Syria and Egypt, Ware more than 50% at their national data of breast-feeding comparing to the decline and downward trend in breast feeding practices in kingdom Saudi Arabia. Among infants under two months of age, 79% were reported to have received only breast milk however, the proportion exclusively breastfed drops off rapidly among older infant by the age 4-5 months. around seven in ten babies are receiving some form of supplementation feed, with somewhat more than three in ten given complementary foods.[5] In the United States in 2015, 83% of women begin breastfeeding and 58% were still breastfeeding at 6 months with supplementation, although only 25% exclusively. Medical conditions that do not allow breastfeeding are rare. Smoking, limited amounts of alcohol or coffee are not reasons to avoid breastfeeding. [2] Breastfeeding is the natural means by which a baby receives nourishment. In most societies, women usually feed their own babies, being the most natural, convenient and cost-effective method of feeding a baby. However, there are situations when a mother could not suckle her own baby; for example, she is unwell or died, could not provide breast milk for her baby. Before the availability of infant formula, in those situations, unless a wet nurse was found promptly, the baby may die, and infant mortality rates were very high. Wet nurses were a normal part of the social order, though social attitudes to wet nursing varied, as well as to the social status of the wet-nurse. Breastfeeding itself began to be seen as common; too common to be done by royalty, even in ancient societies, and wet nurses were employed to breastfeed the children of royal families. This attitude extended over time, particularly in Western Europe, where wet nurses often nursed babies of noble women. Lower-class women breastfed their infants and used a wet nurse only if they were unable to feed their own infant. Traditionally, Japanese women gave birth at home and breastfed with help of breast massage weaning was often late, with breast feeding in rare cases continuing until early adolescence. After World War II Western, medicine was taken to Japan and the women began giving birth in hospitals, where the baby was usually taken to the nursery and given formula milk. In 1974 a new breastfeeding promotional campaign by the government helped to boost the awareness of its benefits and its prevalence has sharply increased. Japan became the first developed country to have a baby friendly hospital, and as of 2006 has another 24 such facilities. A 1994 Canadian government health survey found that 73% of Canadian mothers initiated breastfeeding, up from 38% in 1963. It has been speculated that the gap between breastfeeding generations in Canada contributes to the lack of success of those who do attempt it: new parents cannot look to older family members for help with breastfeeding since they are also ignorant on the topic. Indigenous women in Canada are particularly affected by their loss of traditional breastfeeding knowledge, which taught mothers to breastfeed for at least 2 years and up to 4-5 years after birth, because of settler colonialism; Indigenous mothers now initiate breastfeeding and exclusively breastfeed for at least 6 months at significantly lower rates than non-Indigenous mothers in Canada. Immigrant women were also more likely to breastfeed. About 40% of mothers who breastfeed do so for less than three months. Women were most likely to discontinue breastfeeding if they perceived themselves to have insufficient milk. However, among women who breastfed for more than three months, returning to work or a previous decision to stop at that time were the top reasons [6]. Western Canadians are more likely to breastfeed; just 53% of Atlantic province mothers breastfeed, compared to 87% in British Columbia. More than 90% of women surveyed said they breastfeed because it provides more benefits for the baby than does formula. Of women who did not breastfeed, 40% said formula feeding was easier (the most prevalent answer). Women, who were older, more educated, had higher income, and were married were the most likely to breastfeed. [6]

IN2003, La Lech League International study found that 72% of Canadian mothers initiate breastfeeding and that 31% continue to do so past four to five months. A 1996 article in the Canadian Journal of Public Health found that, in Vancouver, 82.9% of mothers initiated breastfeeding, but that this differed by Caucasian (91.6%) and non-Caucasian (56.8%) women Just 18.2% of mothers breastfeed at nine months; breast-feeding practices were significantly associated with the mothers' marital status, education and family income

In CubaSince 1940, Cuba's constitution has contained a provision officially recognizing and supporting breastfeeding. In the 1975 constitution reads, in part during the six weeks immediately preceding childbirth and the six weeks following, a woman shall enjoy obligatory vacation from work on pay at the same rate, retaining her employment and all the rights pertaining to such employment and to her labor contract. During the nursing period, two extraordinary daily rest periods of a half hour each shall be allowed her to feed her child .[6] In developing nations many countries, particularly those with a generally poor level of health, malnutrition is the major cause of death in children under five, with 50% of all those cases being within the first year of life. International organizations such as Plan International and La Leche League have helped to promote breastfeeding around the world, educating new mothers and helping the governments to develop strategies to increase the number of women exclusively breastfeeding . Traditional beliefs in many developing countries give different advice to women raising their newborn child. In spite of a great attempt to promote breastfeeding globally, data show that the exclusive breastfeeding among children under 6 months in developing countries increased only by approximately 6% (from 33% to 39%) between 1995 and 2010. In Ghana Babies are still frequently fed with tea alongside breastfeeding, reducing the benefits of breastfeeding and inhibiting the absorption of iron, important in the prevention of anemia. [6] In Saudi Arabia There is apprehension of exclusive breastfeeding in the first 6 months, which was found in 37.5 % of the mothers, and 23% fed for a period of 18–24 months. The percentage of breastfeeding (37.5%) observed in Saudi The results obtained in the present study confirms an earlier report on Saudi population who reported that feeding in Saudi infants was very far from compliance with the World Health Organization of exclusive breastfeeding for 4–6 months. Three

of the reasons analyzed for stopping breastfeeding are insufficient milk, getting pregnant while breastfeeding work and study. These results are in corroboration to the observation of Li et al who showed that the Chinese-Australian mothers stopped breastfeeding due to insufficient milk or going back for work and, orstudies. In Saudi Arabia is much better than other countries in the world.[7] In Qatar, the percentage of mothers who exclusively breastfed their children in the first 6 months was 24.3%, while 25.6% were giving breast milk along with formula at 6 months of age.Only small fractions of the mothers (4.8%) were breast-feeding to any extent by the child's first birthday. [8]

In Tunisia, very few (1.9%) of the 354 women under study continued breastfeeding until 6 months.[7] In India The benefit of breast feeding especially exclusive breast feeding, are well established particularly in poor environment where early introduction of milk other than mother's milk is of particular concern, Because the risk of pathogens contamination and over dilution of milk leading to increased risk of morbidity and under nutrition. [9] The prevalence of breast feeding in India is still high with 99% in rural areas and 96% in urban areas reported in National Family Health Survey (NFHS). [9] In UK Department of Health survey found that 84% find breastfeeding in public acceptable if done discreetly; however, 67% mothers are worried about general opinion being against public breastfeeding. In Scotland, a bill safeguarding the freedom of women to breastfeeding in public was passed in 2005 by the Scottish Parliament. The legislation allows for fines of up to $2500 for preventing breastfeeding in legally permitted places. [6]

Country	Percentage	Year	Type of feeding
Egypt	68%	1995	Exclusive
Ethiopia	78%	2000	Exclusive
Pakistan	12%,25%	1988,1992	Exclusive
Saudi Arabia	55%	1991	Exclusive
U K	62%,66%	1990,1995	

Review of literature

Attempts were made in 15th-century Europe to use cow or goat milk, but these attempts were not successful. In the 18th century, flour or cereal mixed with broth were introduced as substitutes for breastfeeding, but this was also unsuccessful. Improved infant formulas appeared in the mid-19th century, providing an alternative to wet nursing, and even breastfeeding itself .During the early 20th century, breastfeeding started to be viewed negatively, especially in Canada and the United States, where it was regarded as a low class and uncultured practice. The use of infant formulas increased, which accelerated after World War II. From the 1960s onwards, breastfeeding experienced a revival, which continued into the 2000s, though negative attitudes towards breast-feeding were still entrenched up to 1990s. In the 18th century, the emerging natural sciences argued that women should stay at home to nurse and raise their children; Governments in Europe started to worry about the decline of the workforce because of the high mortality rates among newborns. Wet nursing was considered one of the main problems. Campaigns were launched against the custom among the higher class to use a wet nurse. Women were advised or even forced by law to nurse their own children. In 1752 Linnaeus[biologist and physician] described the advantages and necessity of women breastfeeding their own children and discouraged the practice of wet nursing and wrote a pamphlet against the use of wet nurses. Linnaeus considered this against the law of nature. A baby not nursed by the mother was deprived of the laxative colostrum. Linnaeus thought that the lower class wet nurse ate too much fat, drank alcohol and had contagious (venereal) disease, therefore producing lethal milk.

IN 19thWomen were obliged to nurse her babies: "Every mother ought to nurse her own Child, if she is fit to do it; no woman is fit to have a child who is not fit to nurse it. Mother's milk was considered best for babies, but the quality of the breast milk was found to be varied. The quality of breast milk was considered good only if the mother had a good diet, had physical exercise and was mentally in balance. In Europe (especially in France) and less in the USA, it was a practice among the higher and middle class to hire a wet nurse. If it was too difficult to find a wet nurse, people used formula to feed their babies, but this was considered very dangerous for the health and life of the baby.

Decline and resurgence in the 20th and 21st centuries.

Breastfeeding in the Western world declined significantlyfrom the late 1800s to the 1960s. By the 1950s, the predominant attitude to breastfeeding was that it was something practiced by the uneducated and those of lower classes. The practice was considered old-fashioned and "a little disgusting" for those who could not afford infant formula, discouraged by medical practitioners, and has been a steady resurgence in the practice of breastfeeding in Canada and the US, especially among more educated, affluent women.

In response to public pressure, the health departments of various governments have recognized the importance of encouraging mothers to breastfeed. The required provision of baby changing facilities was a large step towards making public places more accessible for parents and in many countries, there are now laws in place to protect the rights of a breastfeeding mother when feeding her child in public .

The World Health Organization (WHO), along with grassroots non-governmental organizations like" the International Baby Food Action Network (IBFAN) have played a large role in encouraging these governmental departments to promote breastfeeding. Under this advice, they have developed national breastfeeding strategies, including the promotion of its benefits and attempts to encourage mothers, particularly those under the age of 25, to choose to feed their child with breast milk .

Government campaigns and strategies around the world include:

- National Breastfeeding Week in the United Kingdom
- The Department of Health and Ageing Breastfeeding Strategy in Australia
- The National Women's Health Information Center in the United States
- World Breastfeeding Week

However, there has been a long, ongoing struggle between corporations promoting artificial substitutes and grassroots organizations and WHO promoting breastfeeding. WHO developed the International Code of Marketing of Breast-milk Substitutes in 1981, but violations have been reported by organizations, including those networked in IBFAN. In particular, Nestlé took three years before it initially

implemented the code, and in the late 1990s and early 2000s was again found in violation. Nestlé had previously faced a boycott, beginning in the U.S. but soon spreading through the rest of the world, for marketing practices in the third world.

Physiology of the breast

Changes early in pregnancy prepare the breast for lactation. Before pregnancy, the breast is largely composed of adipose (fat) tissue but under the influence of the hormones estrogen, progesterone, prolactin, and other hormones, the breasts prepare for production of milk for the baby. There is an increase in blood flow to the breasts. Pigmentation of the nipples and areola also increases. Size increases as well, but breast size is not related to the amount of milk that the mother will be able to produce after the baby is born. By the second trimester of pregnancy colostrum, a thick yellowish fluid, begins to be produced in the alveoli and continues to be produced for the first few days after birth until the milk "comes in", around 30 to 40 hours after delivery. There is no evidence to support increased fluid intake for breastfeeding mothers to increase their milk production. Oxytocin contracts the smooth muscle of the uterus during birth and following delivery; called the postpartum period, while breastfeeding. Oxytocin also contracts the smooth muscle layer of band-like cells surrounding the alveoli to squeeze the newly produced milk into the duct system. Oxytocin is necessary for the milk ejection reflex, or letdown, in response to suckling, to occur not all of breast milk's properties are understood, but its nutrient content is relatively consistent. Breast milk is made from nutrients in the mother's bloodstream and bodily stores. It has an optimal balance of fat, sugar, water, and protein that is needed for a baby's growth and development. Breastfeeding triggers biochemical reactions, which allows for the enzymes, hormones, growth factors and immunologic substances to effectively defend against infectious diseases for the infant.

The breast milk also has long-chain polyunsaturated fatty acids, which help with normal retinal and neural development. The composition of breast milk changes depending on how long the baby nurses at each session, as well as on the child's age. The first type, produced during the first days after childbirth, is called colostrum. Colostrum is easy to digest although it is more concentrated than mature milk. It has a laxative effect that helps the infant to pass early stools, aiding in the excretion of excess bilirubin, which helps to prevent jaundice. It also helps to seal the infant's gastrointestinal tract from foreign substances, which may sensitize the baby to foods that the mother has eaten. Although the baby has received some antibodies through the placenta, colostrum contains a substance, which is new to the newborn, secretory immunoglobulin A (IgA).

IgA works to attack germs in the mucous membranes of the throat, lungs, and intestines, which are most likely to come under attack from germs. Breasts begin producing mature milk around the third or fourth day after birth. Early in a nursing session, the breasts produce foremilk, a thinner milk containing many proteins and vitamins. If the baby keeps nursing, then hind milk is produced. Hind milk has a creamier color and texture because it contains more fat. Breastfeeding can begin immediately after birth. The baby is placed on the mother and feeding starts as soon as the baby shows interest. According to some authorities the majority of infants do not immediately begin to suckle if placed between the mother's breasts but rather enter a period of rest and quiet alertness. During this time they seem to be more interested in the mother's face, especially her eyes, than beginning to suckle. It has been speculated that this period of infant-mother interaction assists in the mother-child bonding for both mother and baby. There is increasing evidence that suggests that early skin-to-skin contact (also called kangaroo care) between mother and baby stimulates breastfeeding behavior in the baby. Newborns who are immediately placed on their mother's skin have a natural instinct to latch on to the breast and start nursing, typically within one hour of birth. Immediate skin-to-skin contact may provide a form of imprinting that make subsequent feeding significantly easier. In addition to more successful breastfeeding and bonding, immediate skin-to-skin contact reduces crying and warms the baby.

According to studies cited by UNICEF, babies naturally follow a process, which leads to a first breastfeed. Initially after birth, the baby cries with its first breaths. Shortly after, it relaxes and makes small movements of the arms, shoulders and head. If placed on the mother's abdomen the baby then crawls towards the breast, called the breast crawl and begins to feed. After feeding, it is normal for a baby to remain latched to the breast while resting. This is sometimes mistaken for lack of appetite. Absent interruptions, all babies follow this process. Rushing or interrupting the process, such as removing the baby to weigh him/her, may complicate subsequent feeding. Activities such as weighing, measuring, bathing, needle-sticks, and eye prophylaxis wait until after the first feeding. Current research strongly supports immediate skin-to-skin mother-baby contact even if the baby is born by Cesarean surgery. The baby is placed on the mother in the operating room or the recovery area. If the mother is unable to immediately hold the baby a family member can provide skin-to-skin care until the mother is able. The La Leche League suggests early skin-to-skin care following an unexpected surgical rather than vaginal delivery "may help heal any feelings of sadness or disappointment if birth did not go as planned.

Children who are born preterm have difficulty in initiating breast feeds immediately after birth. By convention, such children are often fed on expressed breast milk or other supplementary feeds through tubes or bottles until they develop satisfactory ability to suck breast milk. Tube feeding, though commonly used, is not supported by scientific evidence as of October 2016. It has also been reported in the same systematic review that by avoiding bottles and using cups instead to provide supplementary feeds to preterm children, a greater extent of breast-feeding for a longer duration can subsequently be achieved. Children who are born with tongue ties may have difficulty breast feeding new born baby typically express demand for feeding every one to three hours (8–12 times in 24 hours) for the first two to four weeks. A newborn has a very small stomach capacity. At one-day old it is 5–7 ml, about the size of a large marble; at day three it is 22–30 ml, about the size of a ping-pong ball; and at day seven it is 45–60 ml, or about the size of a golf ball. The amount of breast milk that is produced is timed to meet the infant's needs in that the first milk, colostrum, is concentrated but produced in only very small amounts, gradually increasing in volume to meet the expanding size of the infant's stomach capacity. According to La Leche League International, "Experienced breastfeeding mothers learn that the sucking patterns and needs of babies vary. While some infants' sucking needs are met primarily during feedings, other babies may need additional sucking at

the breast soon after a feeding even though they are not hungry. Babies may also nurse when they are lonely, frightened or in pain...Comforting and meeting sucking needs at the breast is nature's original design. Pacifiers (dummies, soothers) are a substitute for the mother when she cannot be available. Other reasons to pacify a baby primarily at the breast include superior oral-facial development, prolonged locational amenorrhea, avoidance of nipple confusion, and stimulation of an adequate milk supply to ensure higher rates of breastfeeding success.

During the newborn period, most breastfeeding sessions take from 20 to 45 minutes. After one breast is empty, the mother may offer the other breast. Some mothers may prefer to start a breastfeeding session on the breast, which the infant was most recently feeding so as to vary the side on which the infant ends because the strength of the infant's suck usually decreases during the course of one feed.

Duration and exclusivity

Health organizations recommend exclusive breast-feeding for six months following birth. Exclusive breastfeeding is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk and no foods) except for vitamins, minerals and medications." In some countries, including the United States, UK, and Canada, daily vitamin D supplementation is recommended for all breastfed infants. After solids are introduced at around six months of age, continued breastfeeding is recommended. The AAP recommends that babies be breastfed at least until 12 months or longer if both the mother and child wish. WHO guidelines recommend, "continued frequent, on-demand breastfeeding until two years of age or beyond. The vast majority of mothers can produce enough milk to fully meet the nutritional needs of their baby for six months. Breast milk supply augments in response to the baby's demand for milk, and decreases when milk is allowed to remain in the breasts. Low milk supply is usually caused by allowing milk to remain in the breasts for long periods, or insufficiently draining the breasts during feeds. It is usually preventable, unless caused by medical conditions that have been estimated to affect up to five percent of women. While some mothers believe that drinking a lot of fluid increases milk supply, fluid intake does not affect milk volume. "Drink when thirsty" is advised 'If the baby is latching and swallowing well, but is not gaining weight as expected or is showing signs of dehydration, low milk supply in the mother can be suspected weaning. Weaning is the process of replacing breast milk with other foods; the infant is fully weaned after the replacement is complete. Psychological factors affect the weaning process for both mother and infant, as issues of closeness and separation are very prominent. If the baby is less than a year old substitute bottles are necessary; an older baby may accept milk from a cup. Unless a medical emergency necessitates abruptly stopping breastfeeding, it is best to gradually cut back on feedings to allow the breasts to adjust to the decreased demands without becoming engorged. La Leche League advises: "The nighttime feeding is usually the last to go. Make a bedtime routine not centered on breastfeeding. A good book or two will eventually become more important than a long session at the breast." If breastfeeding is suddenly stopped, a woman's breasts are likely to become engorged with milk. Pumping small amounts to relieve discomfort helps to gradually train the breasts to produce less milk. There is presently no safe medication to prevent engorgement, but cold compresses and ibuprofen may help to relieve pain and swelling. Pain should go away in one to five days. If symptoms continue and comfort measures are not helpful a woman should consider the possibility that a blocked milk duct or infection may be present and seek medical intervention. When weaning is, complete the mother's breasts return to their previous size after several menstrual cycles. If the mother was experiencing a lactation amenorrhea, her periods will return along with the return of her fertility. When no longer breastfeeding she will need to adjust her diet to avoid weight gain.

Advantage or benefit of breast-feeding Breast-feeding protects babies from many diseases like, Gastroenteritis; Is described as vomiting or diarrhea, orboth, lasting as a discrete illness for 24hrs period. Diarrhea, specifically, is traditionally defined as three or more watery or semi-watery stools in 24hrs period. Gastrointestinal illness remain a major cause of morbidity and mortality in developing countries, and remains prevalent even in developed countries. Otitis media; Inflammation of the middle ear, often is used to describe any one of a continuum of related diseases; acute otitis media, recurrent acute otitis media, otitis media with effusion, chronic otitis media with effusion, most frequently reported morbidity-related principle diagnosis for children under age of 2 years. Necrotizing enterocolitis; It is pre-eminent gastrointestinal tract dis encountered in the neonatal intensive care unit. It is an important cause of neonatal death and leading cause of emergency surgical treatment in newborn. Infant with NEC have various signs and symptoms, the most benign of which are feeding intolerance, abdominal distention, more sever characteristic are abdominal tenderness bloody stools, intestinal gangrene, bowel perforation and shock. Allergic diseases; In children who are at risk for developing allergic diseases (defined as at least one parent or sibling having atopic), atopic syndrome can be prevented or delayed through 4-month exclusive breastfeeding, though these benefits may not persist.

Childhood obesity; The protective effect of breastfeeding against obesity is consistent, though small, across many studies. A 2013 a longitudinal study reported less obesity at ages two and four years among infants who were breastfed for at least four months

Aim

Because the most important feeding of the child is breast milk so we do this study to see the prevalence of breast-feeding in Al-Marj area and from our practice, we have seen most of the mothers use bottle-feeding and we could not find any study in our area regarding breast-feeding.

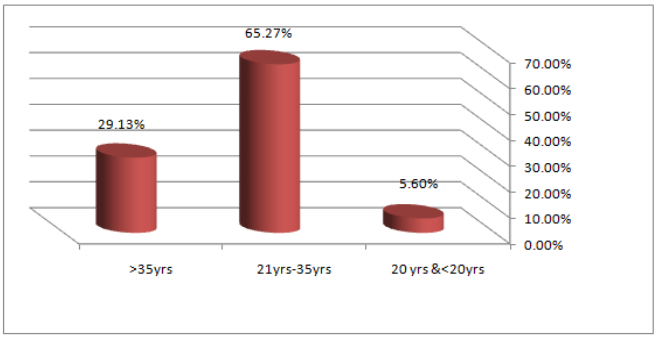
PATIENT AND METHOD

Cross sectional study conducted over 12 months during the period, February 2018- February 2019 carried among mothers admitted in post-natal unit, and in pediatric department of Al-Marj Hospital, polyclinic and neonatal OPD. A total of 786 mothers became the respondent, who were issued the questionnaire' The Questionnaire include the following inquiries; Mothers age; Education, Job; Number of children; Type of feeding; Status of the baby; Reasons of not taking breastfeeding; Knowledge of mother about breast-feed.

RESULTS

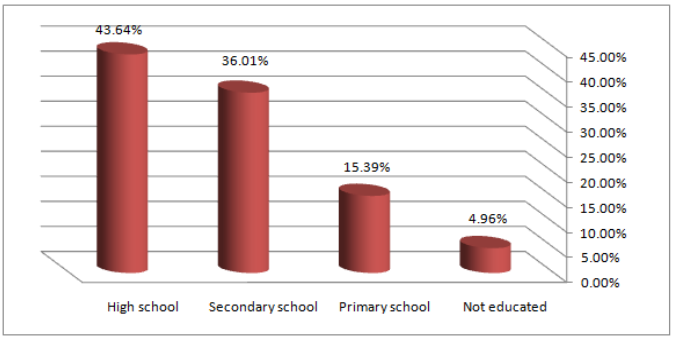
Table& fig 1: Relation between age of mother and breast-feeding

Age of the mother	Number of the children	Percentage%	Chi-Square	P-value
20 yrs. or<20yrs	44	5.60%		
21yrs-35yrs	513	65.27%	426.008	0.000
>35yrs	229	29.13%		
Total	786	100%		



Table& fig 2. Relation between education of the mother and breast –feeding

Education of the mother	Number of the children	Percentage %	Chi-	P-value
Not educated	39	4.96%		
Primary school	121	15.39%		
Secondary school	283	36.01%	302.550	0.000
High school	343	43.64%		
Total	786	100.00%		



Table& fig 3 Relation between job of the mother and Breast-feeding

Job of the mother	Number of the children	Percentage%	Chi-Square	P-value
House wife	451	57.38%		
Teacher	157	19.97%		
Officer	130	16.54%	472.290	0.000
Others	48	6.11%		
Total	786	100%		

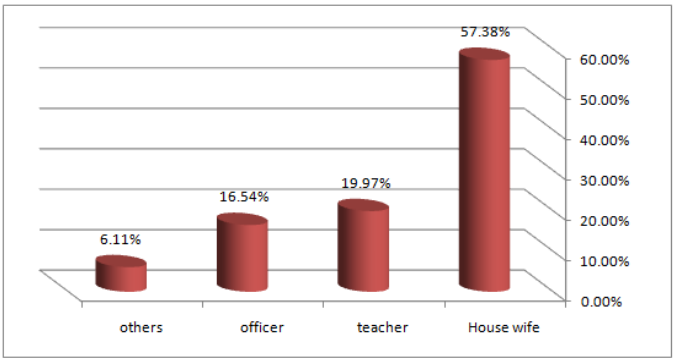


Table & Fig 4. relation between number of the children and breast-feeding

Number of the children	Number of the children	Percentage%	Chi-Square	P-value
3 or<3	432	54.96%		
4- 7	308	39.19%	296.458	0.000
>7	46	5.85%		
	786	100%		

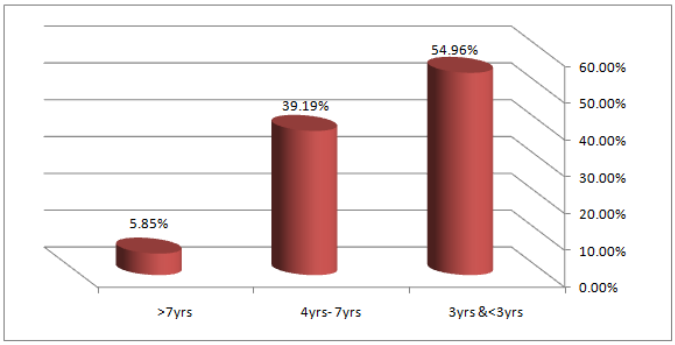
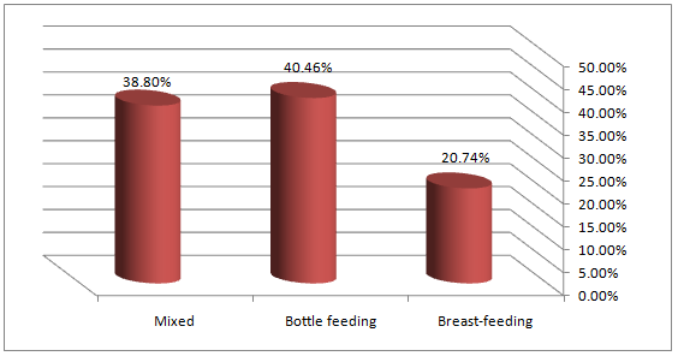


Table & fig 5. Type of feeding

Type of feeding	Number of the children	Percentage %	Chi-Square	P-value
Breast-feeding	163	20.74%		
Bottle feeding	318	40.46%	56.435	0.000
Mixed	305	38.80%		
Total	786	100%		



Table& fig 6. Reasons of not taking breast-feeding

	Number of the children	Percentage %	Chi-Square	P-value
Baby refuse	265	33.72%		
Mother poor breast feeding education {not enough milk}	472	60.05%	341.519	0.000
Work	49	6.23%		
Total	786	100%		

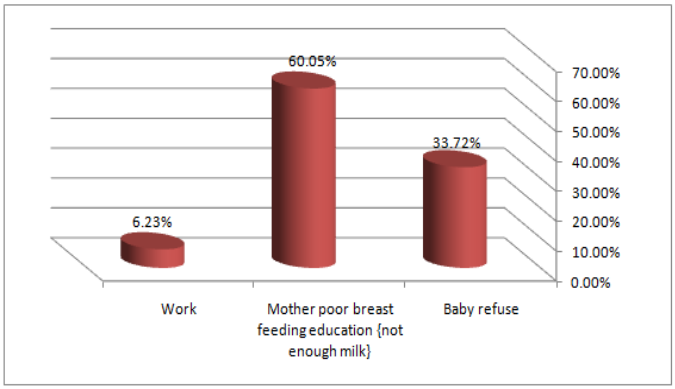
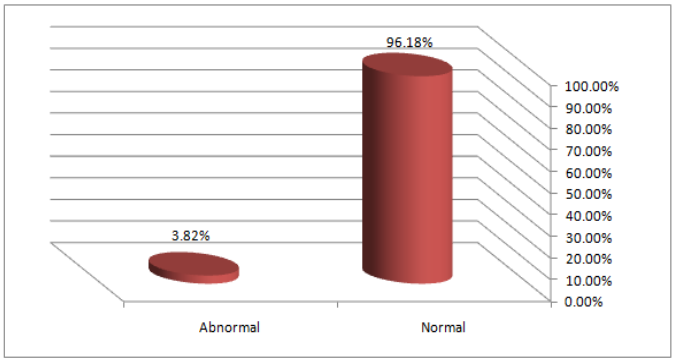


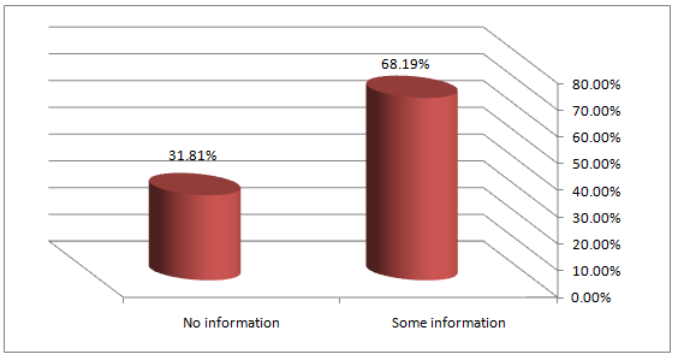
Table & fig 7. Status of the baby

Status of the baby	number of the children	Percentage %	Chi-Square	P-value
Normal	756	96.18%		
Abnormal	30	3.82%	670.580	0.000
Total	786	100%		



Table& fig 8: knowledge of the mother about Breast-feeding

	Number of the children	Percentage %	Chi-Square	P-value
Some information	536	68.19%		
No information	250	31.81%	104.066	0.000
Total	786	100.00%		



DISCUSSION

Exclusive breast-feeding is safe, economical, and emotionally satisfying means of feeding babies. In countries where lactation support is available six months exclusive breastfeeding has improved. Exclusive breastfeeding for six months confers many benefits to the infant and the mother. Chief among these is the protective effect against gastrointestinal and respiratory infections, which is observed not only in developing but also in industrialized countries. This study assessed prevalence of breast-feeding and its associated factors 786 mothers included in this study and all of them completed their provided questionnaire as the first association of breastfeeding with mothers age, babies whose mothers age interval between 21yrs-35yrs - 513-[65.3%] were more likely to breast feed as compared to babies with younger mothers 20yrs&<20yrs -44 -[5.6%] and older >35yrs -229 –[29.13%], agree with study in Saudi mothers 20-35yrs –[78%], <20yrs-[11%], >35yrs-[11%] in Egyptian mothers 20-35yrs- [76%] <20yrs[6%], >35yrs[18%]. With regard mother education state, we fined the prevalence of exclusive breast-feeding in mother with universal degree higher 341-[43%] then mothers with secondary school 283-[36.001%], primary school 121-[15.39%] &least percentage in non-educated mothers with 39-[4.96%], going with study in Qatar also regard the mother education state, high education level correlate positively with rate of ever breast-feeding, [97.7%] of moms who had secondary school education or a college degree breast-feeding as compared to [86.4%] of moms who attending only primary school or were not schooled at all . Overall, there is a robust association between early cessation of breastfeeding and modernity. Breastfeeding rates might be determined by the level of health education particularly or by more general degree of schooling among parents. Breastfeeding behavior is driven by several cultural, social, and psychological factors apart from the availability of infant formula. Also Job of the mother play important role in breast-feeding we fined the house wife breast feeding mothers was 451-[57.38%], are the higher than other groups like teacher -157-[19.97%] then officer 130-[16.54%], and others 48-[6.11%] going in correlation with study in Bengaluru were expressed of breast milk was practiced by[3%]of working mother which is less practiced option by working mothers compared to formula feed, cross sectional study among working mother attending physician clinic along with child for any health issue showed that exclusive breast feeding for 6 months was practiced by only 38% of working women, also another study was done in miser city of Karnataka state to assess the breast-feeding practices among working women showed that only [15.9%]

Of the working women had exclusively breastfed their children for 6 months, also among postnatal mothers visiting a tertiary hospital to a Government medical college in Bhopal, Madhya Pradesh, showed that only 40% women practiced exclusive breast-feeding. Not correlate with study in state of Qatar, which show exclusive breast-feeding in working mothers [97.5%] as compared with housewife mothers with [95.2%]. We regard in this study number of children in relation with breast-feeding showed the moms who had the children 3 &<3, 432 [54.96%] are more likely to breast-feeding than moms had 4-7 child, 308-[39.19%] and >7 child,46-[5.85%] not correlate with study of Qatar result in mothers of first child breast-feeding by [96%], second child [95%], third child [96.4%], fourth child [98.3%], In our study discuss mothers about type of feeding, We record that, exclusive breast feeding in Al-Marj area 163-[20.74%], Chi square 56.435, p value 0.000, and bottle feeding 318 –[40.46%], and mixed breast and bottle 305-[38.80%], ,note the most type of feeding which introduce was bottle feeding, compared with breast feeding, , correlate with study in Qatar show the percentage of mothers who exclusively breastfed their children in the first six months was[24.3%] alsoin Ethiopia show the prevalence of breast-feeding until six months was,[37%],another study in Saudi mothers, only [37%] experienced exclusive breast-feeding in the first 6 months after birth, also another study in Saudi exclusive breast feeding[14%], which is not correlate with study in Bengaluru show the prevalence of exclusive breast feeding till six months of age was [96.27%], also uncorrelated with another study in Egypt mentions that the prevalence of breastfeeding methods, 65% of the Egyptian mothers feed their infant exclusively, and also in study in an urban slum in western India where the prevalence of rate of breastfeeding was higher with[61.5%]. Globally, about 38% of babies are just breastfeed during their first six months of life. In the United States in 2015, 83% of mothers begin breast-feeding and 58% were still breast-feeding at six months, although only 25% exclusively, Breastfeeding rates in the United Kingdom were the lowest in the world in 2015 with only 0.5% of mothers still breastfeeding at a year, while in Germany 23% are doing so, 56% in Brazil and 99% in

Senegal. In Australia for children born in 2004, more than 90% were initially breastfed, In Canada for children born in 2005-2006 more than 50% were only breastfeed and more than15% percentage receive both breast milk and other liquids, by age 3 months. Breastfeeding practice differs among countries. For instance, breastfeeding up to 2 years is a common practice in Africa, while timely introduction of breast milk is highest in Latin America. Prevalence of exclusive breastfeeding as recommended by the World Health Organization has increased in developing countries from 33% in 1995 to 39% in 2010, with the vastest upgrading seen in West and Central Africa (increased from 12% in 1995 to 28% in 2010). However, countries in the Pacific and East Asia, which customarily have had high breastfeeding rates, have shown a decline in exclusive breastfeeding by 29% in 2012. Important to known the reasons of not taking breast-feeding, in our study the commonest cause for stopping of breast-feeding was insufficient milk 472-[60.05%],followed by baby refuse 265-[33.72%], then work of the mother 49-[6.23%],Researchers cited similar concern about insufficiency of breast milk [not enough milk] as a common reason for early discontinuation of breast-feeding in many different countries and the main reason for starting bottle feeding according to the maternal concern which agree with our study as compared[43%] of Saudi mothers feeding their babies by formula milk and[28%] of them concerned that the breast milk not satisfy and not enough for their babies.

In Qatar the most common barriers to breastfeeding were lack of sufficient breast milk after delivery (44%), formula is easy to use and more available soon after birth [17.8%], moms had to return to work [16.3%], correlate with our study also. In addition, not correlate with Egyptians study were only [15%] of mothers' dissatisfactions with EBM was inadequate breast milk. Status of the baby; also important associated factor related to breast-feeding babies who's suffer from chronic illness or congenital disease, i.e. [children with metabolic disease, neurodevelopmental disorder, children with critical heart disease, children with congenital malformation], in this study normal babies breastfeed was 756- [96%], abnormal baby was 30 babies [3.82%].

Knowledge of the mothers about breast-feeding;

If mothers do not understand benefits of exclusive breast-feeding to infants, they might be poorly motivated to give exclusive breast-feeding. As in our study the mothers that have some information about breast-feeding 536-[68.19%], in addition, 250 – [31.18%] mothers with no information at all about breast-feeding. In Qatar lack of adequate knowledge about breastfeeding (6.5%), and the concept that the infant did not tolerate breast milk [4.9%], Research done in the US shows that information about breastfeeding is rarely provided by a woman's obstetricians during their prenatal visits and some health professionals incorrectly believe that commercially prepared formula is nutritionally equivalent to breast milk. Many hospitals have instituted practices that encourage breast-feeding; however, a 2012 survey in the US found that 24% of maternity services were still providing supplements of commercial infant formula as a general practice in the first 48 hours after birth. Continuation for longer periods is more profound in developing countries

The problem of not complying with the World Health Organization (WHO) recommendation towards exclusive breast-feeding in the first 6 months and including Saudi Arabia, which is contributed for many reasons headed by lack of knowledge of mothers and their attitudes towards breastfeeding.

Conclusion

A small proportion of infants are exclusively breast-feeding during the first 6 months, the prevalence was [20.74%], despite what is recommended in the national and global infant and young child feeding guidelines, they have major problem in exclusive breast-feeding and feeding for longer period of time, reasons that can be controlled and modified by conducting intensive education of proper breastfeeding to all pregnant women, strengthening advice counseling during antenatal care to give more support to women during their breast-feeding period. Regarding maternal concern, the main concern is insufficiency of their breast milk and so not satisfy their babies in Al-Marj area.

REFERENCES

1. Singh, Swati, Nitin Tiwari, and Anil Kumar Malhotra. "A cross-sectional study on exclusive breastfeeding practice among lactating females attending medical college, district Jhansi (UP)." *Int J Med Sci Public Health* 6.2 (2017): 377-81.
2. Kent, Jacqueline C. "How breastfeeding works." Journal of midwifery & women's health 52.6 (2007): 564-570.
3. Arage, Getachew, and Haileyesus Gedamu. "Exclusive breastfeeding practice and its associated factors among mothers of infants less than six months of age in Debre Tabor town, Northwest Ethiopia: a cross-sectional study." Advances in Public Health 2016 (2016).
4. Weimer, Jon P. "The economic benefits of breastfeeding: A review and analysis." (1999).
5. Nafee Elsayed, Hoda Mohamed, and Latifa Abdullah Al-Dossary. "Exclusive Breastfeeding, Prevalence and Maternal Concerns: Saudi and Egyptian Mothers." *Journal of Education and Practice* 7.3 (2016): 5-11.
6. Thulier, Diane. "Breastfeeding in America: A history of influencing factors." *Journal of Human Lactation* 25.1 (2009): 85-94.
7. Alshebly, Mashael, and Badr Sobaih. "Attitudes of Saudi mothers towards breastfeeding." *Sudanese journal of paediatrics* 16.1 (2016): 31.
8. Hendaus, Mohamed A., et al. "Breastfeeding rates and barriers: a report from the state of Qatar." *International Journal of Women's Health* (2018): 467-475.
9. Sapna, S. P., et al. "Prevalence of exclusive breastfeeding and its correlates in an urban slum in western India." *International Journal of Science Medicine & Education* 3.2 (2009): 14-18.

****