Some Factors Affecting Breast-Feeding in Bahrain

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ABSTRACT

This paper aims to study some socio-economic factors affecting breast-feeding patterns in Bahrain. Data for this study was obtained from pre-natal files available in 12 health centres. Information on breast-feeding was collected from these files and correlated with the mother's age, the mother's nationality, the mother's employment and geographical region. The sample studied was 1482 mothers from different areas of Bahrain.

The results showed that as the age of the mothers increased, the practice of breast-feeding decreased. Bahraini mothers (75.6%) were more likely to practice breast-feeding than non-Bahraini mothers (66.4%). About 83% of rural mothers breast-feed their infants compared with 69.4% of urban mothers. Employed mothers were less likely to breast-feed their infants compared with unemployed ones.

Breast-feeding is the best food for an infant. Though this has long been known, there has been a dramatic decrease in breast-feeding practices, in both developed and developing countries. A growing number of mothers have started to bottle-feed and are discontinuing breast-feeding.

The danger of bottle-feeding is in the high morbidity and mortality rates among artificially fed infants, as well as unfavourable growth and development in the early months of life[1]. The cost of bottle-feeding affects both the family and the national budget. In Bahrain, for example, the cost of feeding a 3–5 month old infant is 10% of the monthly salary for a junior staff nurse, increasing to 12% and 19% for a Ministry clerk and a hospital cleaner respectively[2].

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There are several reasons for bottle-feeding. Mother's sickness, the influence of advertisements, employment of the mother, child's sickness, urbanisation and convenience are among the main reasons. Amine[3] reported that the main reasons for ceasing to breast-feed in Bahrain are; the mother had become pregnant again; the infant had reached weaning age; there was a lack of milk secretion or the infant refused to be breast-fed. However, there is no information on social and economic factors affecting breast-feeding patterns in this area. This paper is an attempt to study some of the factors influencing breast-feeding in Bahrain.

METHODS

Data for this study was obtained from pre-natal files available in health centres in Bahrain. These files contain health information concerning the mothers, infant feeding practices for the last child, and socio-economic background of the mothers.

Information on breast-feeding was collected from all pre-natal files and correlated with the mother's age, the mother's nationality, the mother's employment status and geographical region. The sample studied was 1482 mothers from 12 health centres in urban and rural areas of Bahrain. Mothers who were pregnant for the first time were excluded from the study.

RESULTS

The distribution of the mothers by their ages and type of infant feeding is illustrated in Table 1. As age increased, the practice of breast-feeding decreased. The percentage was 79.6% within the 15–20 years age group, decreasing to 72.9% and 71.7% within the 21–30 years and over 30 years age groups respectively. There was a statistically significant difference between the mother's age and infant feeding practice at the 0.5 level.

Bahraini mothers were more practised in breast-feeding than non-Bahraini mothers. As shown in Table 2, 75.6% of Bahraini mothers breast-fed their infants compared with 66.4% of the non-Bahraini mothers. There was a high statistically significant difference between the type of infant feeding and the mother's nationality.

Table 3 shows the distribution of the mothers by geographical region and type of infant feeding. Rural mothers were more likely to practice breast-feeding than urban mothers (82.6% and 69.4% respectively). The difference was highly statistically significant at the 0.5 level.

The distribution of the mothers by employment and type of infant-feeding is presented in Table 4. Employed mothers (68.7%) were less likely to breast-feed their infants compared with un-employed mothers (73.8%). However, there was no statistically significant difference between the mother's employment and type of infant feeding.

DISCUSSION

The results of this study indicate that a high percentage (73.5%) of mothers in Bahrain were breast-feeding their infants. However, this may not reflect the actual situation of the breast-feeding pattern, due to the absence of data related to duration of breast-feeding and the age of the infant at introduction of supplementary foods in the perinatal files. Musaiger[4] has shown that 35% of the mothers in Manama City breast-feed their infants during the first eight months of life. Bottle-feeding was introduced early in the under one month age group by the upper and middle social classes.

Breast-feeding was more common among infants from rural areas than those from urban ones. On the contrary bottle-feeding was practised more by urban mothers. This finding is in agreement with that reported by other investigators[3,4,5]. It was found that breast-feeding was more common for male infants from rural areas (28.1%) and was less common for male infants from urban areas (9.8%). The same trend was also noted for female infants[3].

The prevalence of malnutrition among pre-school children in Bahrain was observed. Approximately 15% of these children were malnourished according to weight for height, while the percentage was higher (67.6%) when considering weight for age. It was found that 74% of malnourished children suffered from first degree undernutrition[3]. It is highly acceptable that bottle-feeding is one of the most important factors leading to malnutrition among pre-school children in Bahrain, mainly due to unhygienic conditions during preparation of infant formula or due to overdilution of the formula (because of illiteracy and ignorance of the mother).

The percentage of employed women has risen in Bahrain, and this may decrease the mother's time to continue breast-feeding. UNICEF[6] reported that breast-feeding is often rendered practically impossible for women who are employed in the service sector. Working mothers are often obliged to call on the services of baby-minders who are poorly qualified and indifferent but less expensive than licensed facilities. In many families the child is left at home with a female relative (usually the grand-mother) or housemaid who lack the knowledge of how to prepare baby foods safely.

CONCLUSION

Although most of the mothers in this study breast-fed their infants, information regarding the duration of breast-feeding is not available in the perinatal files in the health centres. It is very important to know how long the mothers continue breast-feeding, since many mothers in Bahrain discontinue breast-feeding after a few days of infant life[4].

It is concluded that perinatal files could be a useful source of breast-feeding information, if adequate data is available in these files. Information such as duration of breast-feeding, time of introducing bottle-feeding and solid foods, types of weaning practice and kinds of food given to the infant during the first 6 months, should be available in the perinatal files. This information would be helpful to the medical and paramedical staff working in the health centres in Bahrain.

More studies are recommended to determine the socio-cultural factors affecting the breast-feeding pattern in Bahrain.

TABLE 1

Distribution of mothers by type of infant feeding and age of the mothers

Type of feeding	Age (years)							
	15–20		*21–30*		*>30*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
Breast	144	79.6	783	72.9	162	71.7	1089	73.5
Bottle	18	9.9	96	8.9	20	8.8	134	9.0
Mixed	19	10.5	196	18.2	44	19.5	259	17.5
Total	**181**	**100.0**	**1075**	**100.0**	**226**	**100.0**	**1482**	**100.0**

$X_4^2 = 7.35, p < 0.02$

TABLE 2

Distribution of mothers by type of infant feeding and nationality

Type of feeding	Nationality					
	Bahraini		*Non-Bahraini*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Breast	866	75.6	223	66.4	1089	73.5
Bottle	77	6.7	57	17.0	134	9.0
Mixed	203	17.7	56	16.6	259	17.5
Total	**1146**	**100.0**	**336**	**100.0**	**1482**	**100.0**

$X_2^2 = 34.52, \quad p < 0.001$

TABLE 3

Distribution of the mothers by type of infant feeding and geographical region.

Type of feeding	Geographical Region					
	Urban		*Rural*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Breast	713	69.4	376	82.6	1089	73.5
Bottle	124	12.1	10	2.2	134	9.0
Mixed	190	18.5	69	15.2	259	17.5
Total	**1027**	**100.0**	**455**	**100.0**	**1482**	**100.0**

$X_2^2 = 43.58, \quad p < 0.001$

TABLE 4

Distribution of the mothers by type of infant feeding and employment.

Type of feeding	Employment					
	Employed		*Un-employed*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Breast	68	68.7	1021	73.8	1089	73.5
Bottle	11	11.1	123	8.9	134	9.0
Mixed	20	20.2	239	17.3	259	17.5
Total	**99**	**100.0**	**1383**	**100.0**	**1482**	**100.0**

$X_2^2 = 1.4, \quad p < 0.001$

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