

## Cultural and Physical Factors Affecting Discontinuation of Exclusive Breastfeeding among Primipara Women.

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### Abstract

Exclusive breastfeeding (EBF) is defined as the practice of providing only breast-milk for an infant for the first 6 months of life without the addition of any other food or water, which recommends initiation of breastfeeding within one hour of life and continued breastfeeding for up to 2 years of age or more accordingly and it is the foundation of child survival and health, **The aim of the Study:** The present study aims to assess culture and physical factors affecting discontinuation of exclusive breastfeeding among primipara women. **Design:** A descriptive study was used. **Setting:** The current study was conducted at the breastfeeding clinic at Maternity Hospital Ain Shams University, because it had increased the flow rate and availability of the sample needed to fulfill the registration in the study. **Sample:** A Convenient sample of 250 Primipara women was recruited on the study. **Data collection tools:** A Structured Interviewing questionnaire schedule. **Results:** The result of the present study reveals that the physical factors, 66.0% and 55.2% of the studied sample reported that Breast problems and complications during and after childbirth respectively. cultural factors 83.2%, 64.8% and 54.8% of the studied sample mentioned that advice from family members or friends, inadequate milk supply and mentioned Modern formulas as nearly the same as breast milk respectively and 65.6% of the studied women had incorrect knowledge. **Conclusion:** Factors affecting discontinuation of exclusive breastfeeding among primipara women are about two fifths of studied women reported that the physical factors and more than one third of studied women had culture factors and less than two thirds of the studied women had incorrect knowledge about exclusive breastfeeding. **Recommendations:** Raise awareness about the knowledge of exclusive breastfeeding using mass media. Breastfeeding promotion programs should work hard to raise maternal awareness about the importance of exclusive breastfeeding.

**Keywords:** Factors Affecting Discontinuation of Exclusive Breastfeeding, Primipara women

### Introduction

Exclusive breastfeeding (EBF) in the first six months of life is very important for the health of both the mother and their infants. EBF reduces morbidity and total mortality of the infants in the first year of life, Breastfeeding (BF) benefits mothers' and infants' health in the short and long terms and, is the most adequate option to feed infants. There are a number of different factors affect mothers' adherence to exclusive breastfeeding and the extent of success in breastfeeding. These factors include mother's age, education, family income, family support, actions taken before birth, decision making for the first breastfeeding, the time of the first feeding, as well as the primipara's ability to choose. Breastfeeding is constrained by barriers such as no experience in breastfeeding, unsupportive work environment,

inadequate care during birth and in the postnatal period, perceived insufficient milk supply, attitudes regarding EBF before birth (*Fridah et al., 2018*).

Exclusive breastfeeding (EBF), which is defined as giving an infant only breast milk from birth up to 6 months of age, without giving other liquids or solids, not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines has been shown to be one of the evidence-based interventions for child survival (*Black et al., 2013*).

Breastfeeding has health benefits for the mother, short term benefits include less blood loss following delivery, better uterus shrinkage, and decreased postpartum depression, Breastfeeding also delays the return of menstruation and fertility, a phenomenon known as lactational amenorrhea. Long term benefits for the mother include

decreased risk of breast and ovarian cancer, cardiovascular disease, and rheumatoid arthritis. As well Breastfeeding is less expensive than infant formula (*American Academy of Pediatrics Section on Breastfeeding, 2015*).

Saves mother's time, money and efforts required in preparing formula milk, also significantly lower incidence of illness in the breastfed infants, allows parents more time for attention to other siblings and other family duties, reduces parental absence from work, breast milk contains large amounts of high-quality substances, which can be absorbed easily and provide energy, which lead to nutritional balance, easy digestion, and healthy growth (*Hockenberry et al., 2014*).

For infants, breastfeeding has short-term and long-term health benefits. Breastfeeding is highly associated with reduced risk of acute otitis media, nonspecific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, childhood leukemia, and sudden infant death syndrome. Breastfeeding ensures child's growth, protects against common acute childhood infections, promotes cognitive development and, prevents atopic diseases, obesity and diabetes mellitus. Breastfeeding supports healthy brain development, and associated with higher performance in intelligence tests among children and adolescents across all income levels (*Global Breastfeeding Advocacy Initiative, 2018*).

Although breastfeeding is known to be beneficial to both mother and infant, many women encounter barriers to breastfeeding, in developing countries, Several factors have been found to be associated with EBF, The reasons that lead mothers to stop breastfeeding prematurely are complex and involve socio-demographic characteristics which include (age- educational level- occupation status of mothers and their husbands- social status-residence- type of family- family size- income- and husband educational level) Medical and health-care related factors include (types of delivery- gravid (primipara)- Place of delivery- number of previous abortion or still birth-antenatal care attendance- advice on breastfeeding during antenatal care and postnatal period- twin delivery- poor maternal nutrition) (*Balogun et al., 2015*).

Physical factors included the following outcomes (birth complications and anaesthesia during labour-maternal and infant lactation

problems-and overweight/obesity) Psychosocial factors which included (confidence in their ability to breastfeed- postnatal depression- anxiety- social support may affect breastfeeding duration- intimate partner violence and smoking) (*De Jager et al., 2013; Mangrio et al., 2017*).

Nurses play an essential role in the promotion of breastfeeding, stimulating actions and extending until the moment of birth. The nurse should encourage breastfeeding on demand and advice mothers to avoid giving artificial teats to breastfeeding infants, instruct the mothers regarding the important of giving colostrum for her neonate, also about the length and frequency of breastfeeding. The nurse can demonstrate various breastfeeding positions and latching technique such as offering both breasts at each feeding and to allowing infant to feed as long as interested and providing positive support (*Passos and Pinho, 2016*).

Followed by the assistance and encouragement of the Family Health Strategy (FHS), one of the ten steps to successful breastfeeding, according to the Baby Friendly Hospital Initiative is to inform the pregnant woman about the preparation for breastfeeding, and should even be started during pregnancy, which shows a positive impact on prevalence and duration. Thus, health promotion affects the social determinants, generating a good quality of life, being characterized by actions of education, in which the nurse must support the woman, intervening of educational actions about the correct knowledge related to the practice of breastfeeding (*Passos and Pinho, 2016*).

#### **Justification of the Study:**

Breastfeeding is the best practice for all mother, baby, and family in terms of physical, psychosocial, and economical aspects. Unfortunately, exclusive breastfeeding rate was quite low in both developed and developing countries, In Egypt, shows that exclusive breastfeeding is common but not universal in very early infancy. Among infants under two months of age, 71% receiving only breast milk. However, the proportion exclusively breastfed drops off rapidly among older infants. By age 4-5 months, only 13% of children were exclusively breastfed according to (*Egypt Demographic and Health Survey, EDHS 2014*).

Breastfeeding was estimated to have the potential to prevent 27 069 future deaths of women from breast cancer and 13 644 from ovary cancer

each year with universal breastfeeding. Also, breastfeeding could potentially prevent 58 230 deaths of women from type II diabetes (Dylan D Walters et al., 2019).

By 2025, the World Health Organization (WHO) aims to achieve a 50% universal exclusive breastfeeding rate which will significantly reduce maternal, neonatal, infant and childhood mortality (WHO. Global targets, 2025, Lancet, 2016).

In Egypt, there are gaps in the understanding why many mothers have difficulties in initiating and maintaining exclusive breastfeeding in the first six months of life and instead introducing artificial feeding. Therefore, exploring these difficulties is important for directing governmental intervention efforts to decrease infant morbidity and mortality (Kandeel et al., 2018).

### **Aim Of The Study**

The present study aims to assess culture and physical factors affecting discontinuation of exclusive breastfeeding among primipara women:

#### **Research Question:**

What are the factors affecting discontinuation of exclusive breastfeeding among primipara women?

### **Subjects And Methods**

#### **Subjects**

The present study aimed to assess cultural and physical factors affecting discontinuation of exclusive breastfeeding among primipara women.

#### **Research Question:**

What are the culture and physical factors affecting discontinuation of exclusive breastfeeding among primipara women?

#### **Subjects and methods:**

Subjects and methods for this study portrayed under four main designs as follow:

1. Technical design.
2. Administrative design.
3. Operational design.
4. Statistical design.

#### **1) Technical design**

The technical design for this study included a description of **research design, setting** of the study, **subjects** involved in the study and **tools** of data collection.

#### **Research design:**

##### **Descriptive study was used:**

#### **Research setting:**

The current study was conducted at the breastfeeding clinic at Maternity Hospital Ain Shams University, because it had increase the flow rate and availability of the sample needed to fulfilled enrolled into the study.

**Research setting** consist of three floors, ground floor. The first floor consist of laboratory, anti natal clinic and breastfeeding clinic. The second floor consist of family planning clinic, anti-violence clinic, private clinic and laboratory. The third floor consist of infertility clinic, oncology clinic and gynecology clinic.

#### **Services of breastfeeding clinic:**

- Providing advice to the newly born mother about her child and how to breastfeed him properly and consolidating the relationship between the mother and her child from the first moments.

#### **Sample type:** Convenient sample.

#### **With the following criteria:**

Primipara women who discontinuation of exclusive breastfeeding.

#### **Sample size and technique:**

According to the annual rate of breastfeeding clinic at Maternity Hospital Ain Shams University.

**it was 1328 cases.**

250 women selected randomly according to the formal sample size is estimated to be sample size.

**Sample size calculator:** We use Steven K Thompson equation to calculate the sample size from the next formula:

$$n = \frac{Np(1-p)}{(N-1)(d^2/z^2) + p(1-p)}$$

$$= \frac{1328 \times 0.5(1 - 0.5)}{1328 - 1[(0.05)^2 \div (1.96)^2] + 0.5(1 - 0.5)}$$

#### **Where**

n = sample size=250

N = population size (1328)

z = confidence level at 95% (1.96)

d = error proportion (.05)

p = probability 50%

#### **Sample criteria:**

Primipara women who discontinuation of exclusive breastfeeding.

### **Tools of data collection:**

**Tool: Structured interview questionnaire schedule.**

**(I): A structured interviewing questionnaire was designed by the researcher after reviewing the related current and previous literature it will be included five parts as the following:**

**(McQueen, Dennis, Stremler & Norman, 2011)**

- **Part I:** It included the general characteristics of women such as (age, educational level, occupational status for mothers, marital status, residency, type of family, family size, family income, and husband educational level)(Question, 1 – 9).
- **Part II:** It was designed to assess obstetric history such as (types of delivery, Place of delivery, number of abortion or, they received classes related to health education about breastfeeding during follow up)(Question, 10-16).
- **Part III:** It was designed to assess medical history such as (diabetes mellitus, hypertension (Question, 17-20).
- **Part IV:** It was designed to assess maternal knowledge about breastfeeding as (definition of exclusive Bf, time of initiation of BF, benefits, technique, proper position, duration exclusive breastfeeding, breast problems, signs of baby hungry, signs of baby full and proper time of weaning) (Question, 21-32).

### **Knowledge scoring system:**

Each Knowledge question was scored as (2) for correct answer and (1) incorrect answer.

While the total Knowledge scored was ranged between (0 - 24) was calculated: Then the total knowledge score classified as the following:

- 1- Correct if the percent score was equal and more than  $\geq 60\%$  = ( $\geq 15$  scores).
- 2- Incorrect if it was less than  $< 60\%$  = ( $< 15$  scores).

**Part VI: it included culture and physical factors affecting discontinuation of exclusive breastfeeding it consisted of (22 statements) and divided in to (four parts) as the following (Balogun, 2015; Elisabeth Mangrio et al., 2017).**

- **Physical factors** related to the lactating mother such as (birth complications during labor, breast problems, “mastitis - flat nipple-sore breast- cracked nipple-breast engorgement and/or breast abscess”, mothers tiredness or illness and overweight/obesity) (1-5 statements).
- **Cultural factors** related to myths or taboos about breastfeeding such as (inadequate breast milk supply, breast milk doesn't make the infant gain enough weight, gender of the infant, fear from evil eye, perception of body image and fear of losing physical attraction, small breasts do not produce as much milk as large ones- breastfeeding infant needs extra water, modern formulas as nearly the same as breast milk) and beliefs and attitude (e. g. misconception that artificial milk is more beneficial, family advice, new pregnancy, multiple births, pacifier usage, contraception is a reason for milk insufficiency, breastfeeding is embarrassing, and work) (7-22 statements) etc.

### **Content validity & reliability:**

**Validity:** It was established by a panel of three experts in maternity and gynaecological nursing speciality that reviewed the tools for clarity, relevance, comprehensive, and applicability and according to their opinion some modifications were considered such as omission of phrase.

**Reliability:** The reliability of the tool was measured by Cronbach's Alpha test. It was 0.821 for the interviewing questionnaire.

### **Administrative design:**

An official approval to conduct this study was obtained from Dean of faculty of nursing Ain Shams University, a letter containing the Title and aim will be directed to administrator of the previous mentioned study setting to conduct this study.

### **Operational design:**

The operational design includes preparatory phase, Pilot study and field work.

#### **A-The Preparatory phase:**

It was included reviewing current, past, local and international related literature and theoretical knowledge of various aspects of the study using

books, articles, internet, periodicals and magazines to develop tools for data collection. The developed tools will be examined by experts to test their reliability to the study.

### **B-Pilot Study:**

A pilot study was carried out on (10%) of the study sample (25 of the primipara women) to evaluate the efficiency; clarity of tool that was used in the study. The necessary modification was made according to the result of pilot study as an omission of some questions. The sample included in the pilot study was excluded from the study sample.

### **C-Field Work:**

- The data were collected after obtaining approval from the administrator of the previously mentioned study. The setting researcher visits this clinic 2 days / a week. At morning shift from 9 am to 12 pm to collect data started from 1st June 2021 to the 1st October 2021.
- At beginning of the interview, the researcher start to introduce herself and explained briefly the aim of the study to the studied women to gain confidence and trust then took oral consent from them.
- The researcher interviewed each primipara woman who fulfilled the sample criteria individually in the waiting area at outpatient clinics.
- The average number of women interviewed per day was (6-8 primipara women /day).
- Firstly the researcher assessed women's general characteristics, obstetric history, medical history, maternal knowledge about breastfeeding and factors affecting the discontinuation of exclusive breastfeeding within time range.
- The total duration of each interview was (20 -25) minutes and was filled by the researcher. This was repeated till the sample size reached 250 women.

### **Ethical Consideration:**

The ethical research considerations in this study include the following:

- The research approval will be obtained from the Scientific Research Ethical Committee in Faculty of Nursing at Ain Shams University before starting the study.

- The researcher will clarify the aim of the study to the participants included in the study.
- The researcher will assure maintaining anonymity and confidentiality of the subjects data.
- Women will have informed consent and they are allowed to choose to participate or not in the study and that they have the right to withdraw from the study at any time without penalties.

### **Statistical Analysis**

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. This simple **chi-square** tests used for association between two categorical variables

P-value considered assignificant at the following

- P-value < 0.01 highly significant.
- P-value < 0.05 statistically significant was considered.
- P-value  $\geq$  0.05 Non-significant.

## **RESULT**

**Table (1):** Shows the distribution of the studied sample according to their general characteristics, it was shown that (60.8%) of studied women in the age group from 20 to 30 years with mean  $\pm$  SD (26.27), and the 80.0%, 45.6% and 62.8 % of the studied sample reported that from urban area, secondary level of education and not working respectively. Moreover, 90.4 % of had them married and 77.6% of them had a nuclear family.

**Table (2):** Shows the distribution of the studied sample regarding to their obstetric history delivered by the women primipara according to their obstetric History, 67.6%, 76.8% of the studied sample reported that delivery by caesarean section, delivered at hospital and 79.6% and 69.6% of the studied sample reported that irregular follow-ups during pregnancy and using the family planning methods that discontinuation of exclusive breastfeeding respectively.

**Table (3):** Shows the distribution of studied women regarding to total knowledge about breastfeeding, it was presented that (65.6%) of the studied mothers had incorrect knowledge and rest of them had correct knowledge of breastfeeding.

**Figure (1):** Distribution of the studied women according to their total knowledge about breastfeeding (n=250).

**Table (4):** Reveals the distribution of studied sample regarding to their physical factors, it was shown that 66.0% and 55.2% of the studied sample reported that Breast problems and complications

during and after childbirth were the most physical factors that affect the discontinuation of exclusive breastfeeding respectively.

**Table (5):** Reflects the distribution of studied sample regarding to their cultural factors, it were observed that the 83.2%, 64.8% and 54.8% of the studied women mentioned that advice from family members or friends, inadequate milk supply and Modern formulas as nearly the same as breast milk of them reported were the most cultural factors that affect the discontinuation of exclusive breastfeeding respectively.

**Table (6):** Distribution of studied women regarding to their total factors reveals that 38.8% of studied women had physical factors affect the discontinuation of exclusive breastfeeding, and 36.8% of them had culture factors affect the discontinuation of exclusive breastfeeding.

**Figure (2):** Distribution of the studied women regarding to their total factors that affect the discontinuation of exclusive breastfeeding (n=250).

**Table (1):** Distribution of the studied women according to their general characteristics (n=250).

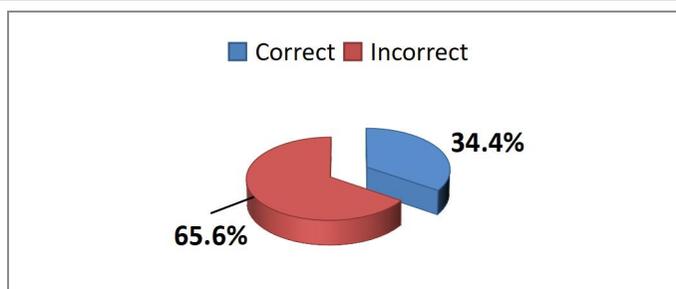
<b>Personal information</b>	<b>N</b>	<b>%</b>
<b>Age</b>		
<20	46	18.4
20 - < 30	152	60.8
30- < 40	44	17.6
40 or more	8	3.2
<b>Mean± SD 26.27±5. 89</b>		
<b>Educational Level</b>		
Illiterate	4	1.6
Read and write	5	2.0
Basic education	24	9.6
General Secondary/ commercial secondary	114	45.6
University education	103	41.2
<b>Marital status</b>		
Married	226	90.4
Divorced	21	8.4
Widowed	3	1.2
<b>Residence</b>		
Urban	201	80.4
Rural	49	19.6
<b>Husband's educational level</b>		
Uneducated	7	2.8
read and write	2	0.8
Primary / middle school	20	8.0
High school / technical or commercial secondary	98	39.2
University education	123	49.2
<b>Number of family members</b>		
Less than three people	209	83.6
More than four people	41	16.4
<b>Type of family</b>		
Nuclear	194	77.6
Extended	56	22.4
<b>Occupation</b>		
Working	93	37.2
Not working	157	62.8

**Table (2):** Obstetric history of the studied women

Obstetric history	N	%
<b>Type of delivery</b>		
Vaginal	81	32.4
Caesarean section	169	67.6
<b>Place of delivery</b>		
Home	2	0.8
Hospital	192	76.8
Private clinic	56	22.4
<b>Numbers of aboration</b>		
None	185	74.0
1	48	19.2
2	5	2.0
More than 2 times	12	4.8
<b>Follow-up of antenatal care</b>		
Regulare	88	35.2
Irregulare	162	64.8
<b>Using a family planning method after delivery</b>		
Yes	174	69.6
No	76	30.4
<b>If yes, what is this method n=174#</b>		
IUD	53	30.5
Oral pills or injections	109	62.7
Topical methods	7	4.0
Subcutaneous capsule	3	1.7
Others	2	1.1

**Table (3):** Distribution of studied women regarding to total knowledge about breastfeeding (n=250).

Total Knowledge	No	%
Correct	86	34.4
Incorrect	164	65.6
Total	250	100



**Figure (1):** Distribution of the studied women according to their total knowledge about breastfeeding (n=250).

**Table (4):** Distribution of studied women regarding to their physical factors that affect the discontinuation of exclusive breastfeeding (n=250).

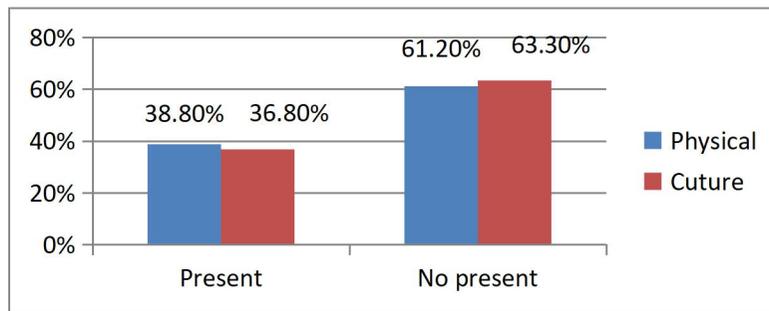
Items	N	%
<b>* Physical factors</b>		
Complications during and after childbirth	138	55.2
Breast problems “Mastitis, breast engorgement, breast abscess, flat nipple”	165	66.0
Mother’s fatigue or illness	74	29.6
Overweight/obesity	0	0
Maternal malnutrition	52	20.8

**Table (5):** Distribution of studied women regarding to their cultural factors that affect the discontinuation of exclusive breastfeeding (n=250).

Items	N	%
<b>*Cultural factors</b>		
Breast milk does not make the baby gain enough weight	119	47.6
Modern formulas as nearly the same as breast milk	137	54.8
The gender of the baby	24	9.6
Fear of the evil eye and envy	82	32.8
Fear of losing attraction	30	12.0
Belief that small breasts do not produce as much milk as large breasts	95	38.0
The infant's need for an additional amount of water	105	42.0
Inadequate milk supply	162	64.8
The misconception that formula milk is more beneficial	101	40.4
Advice from family members or friends	208	83.2
A new pregnancy	13	5.2
The birth of twins	16	6.4
Use a pacifier	35	14.0
Contraception is the reason for the lack of milk	64	25.6
Feeling embarrassed about breastfeeding in public places	109	43.6
Work or return to study	93	37.2

**Table (6):** distribution of studied women regarding to their total factors that affect the discontinuation of exclusive breastfeeding (n=250).

	Present		No present	
	n	%	n	%
<b>Physical</b>	97	38.8	153	61.2
<b>Culture</b>	92	36.8	158	63.2



**Figure (2):** Distribution of the studied women regarding to their total factors that affect the discontinuation of exclusive breastfeeding (n=250).

## Discussion

Exclusive breastfeeding can offer the ideal food for infants. It contains all the necessary nutrients for the growth and development of infants and antibodies that can protect them from many childhood illnesses. Health care workers should involve husbands in breastfeeding promotion and counselling programs and give attention to mothers with breast problems. Health care program planners must work towards increasing antenatal care coverage (*Ayalew, 2020*).

Factors for cessation of EBF were the mother's self-reported perception that the infant was not getting enough milk and was showing signs of hunger; "Sore breasts or nipples/Too painful", "Mother/infant separation", Maternal choice" or parent's decision to stop breastfeeding with no further explanation; moreover "Breast-feeding skills were not effective as problems with breastfeeding technique, being uncomfortable with the act or connotations of breastfeeding, and other uncertainties regarding breastfeeding ability as evaluated by specialized nurses (*Chang et al., 2019*).

The present study aimed to assess cultural and physical factors affecting the discontinuation of exclusive breastfeeding among primipara women. This study carried out at the breastfeeding outpatient clinic at Maternity Hospital Ain Shams University subject of this study included 250 primipara women by convenient sample.

Regarding to general characteristics in the study, the current study revealed that less than two-thirds of the studied women ranged from 20 to less than 30 years old with a mean age of  $27.5 \pm 5.98$ . Regarding the level of education, the present study

revealed that less than half of the studied women had secondary education. Concerning residence the current study presented that majority of the studied women lived in urban areas. Regarding occupation, the present result displayed that less than two-thirds of the studied women were housewives, concerning the type of family; the current study revealed that more than three-quarters of the studied women were from nuclear families.

Regarding to age this result is supported by the study by *Hassan et al. (2019)* entitled "Breastfeeding knowledge and practices among primiparous women with the caesarean section" and implied that most of the women's age ranged from 20-30 years. Unlikely, *Ávila-Ortiz et al. (2020)* conducted a study about "Factors associated with abandoning exclusive breastfeeding in Mexican mothers at two private hospitals" and reported that only less than fifth of the studied women their age range between 20 to 30 years old.

Regarding the level of education this result matched with *Pardeshi et al. (2019)* who conducted a study about "assess knowledge regarding breast complication during puerperium among postnatal mothers" and showed that the majority of the studied women had secondary education. On the other hand, this finding disagrees with a study by *Chang et al. (2019)* who aimed to "investigate factors associated with EBF cessation at 1 and 2 months postpartum" and found that less than two-thirds of the studied women had high education.

Concerning residence the current study presented that majority of the studied women lived in urban areas, this finding may be due to the study conducted in Cairo that most of it urban and

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increased urbanization, quick supply of infant formula milk, wish to be 'modern'. This result agreement with the study by *Mosquera et al. (2019)* entitled "factors affecting exclusive breastfeeding in the first month of life among Amazonian children" and revealed that most of the studied women live in urban areas.

Regarding occupation, this outcome matched with the study done in Egypt by *Kandeel et al. (2018)* entitled "determinants of exclusive breastfeeding in a sample of Egyptian infants" which showed that less than two-thirds of the studied woman were housewives.

On another hand, this finding disagrees with *De Roza et al. (2019)* who conducted a study about "exclusive breastfeeding, breastfeeding self-efficacy and perception of milk supply among mothers in Singapore" and illustrated that most of the studied women were working. From the researcher's point of view, this difference might be due to the majority of the studied women having a low level of education which leads to a decrease in their work opportunities.

Concerning the type of family, This study match with the study by *Aneesha et al. (2019)* entitled "knowledge regarding breast engorgement among primi postnatal mothers admitted in Amala Institute" and mentioned that half of the studied women belong to nuclear family.

On other hand, this finding contradicted *Hassan et al. (2019)* entitled "Breast Feeding Knowledge and Practices among Primiparous Women with Caesarean Section" and reported that more than half of the studied women were from extended families. From the researcher's point of view; this result may be justified by diversity in customs and beliefs between the studies settings, as people in Upper Egypt prefer to live with extended family to be supported by each other, while in Lower Egypt they prefer living in the nuclear family to avoid the family conflicts.

Regarding to obstetric history the present study showed that more than two-thirds of the studied women delivered caesarean section, this outcome matched with the study done by *Shakya&Shakya, (2021)* entitled "barrier of early initiation of breastfeeding among postnatal mothers" and revealed that more than half of the studied women caesarean section. From the researcher's point,

most doctors delivered women through Caesarean section due to fear of complications to a fetus or for money earn.

On the other hand, this outcome disagreement with *Thomas, (2016)* who conducted a study about "Barriers to exclusive breastfeeding among mothers during the first four weeks postpartum" and found that less than two-thirds of the studied women delivered vaginally. So unplanned and planned caesarean sections may have an adverse effect on the initiation of breastfeeding, milk reserves, the attitude of new-born to breastfeeding and length of breastfeeding compared to natural delivery.

As regards to Place of delivery, the current study presented that the majority of the studied woman delivered at a health institution (hospital or clinical). This result might be most of the studied sample delivered Caesarean and fear of health problems for women or infants during delivery. This finding was consistent with studies revealed by *Liben et al. (2021)* who aimed to "assess colostrum avoidance and associated factors among mothers having children aged 6–59 months in North Wollo Zone, Northeastern Ethiopia" and presented that more than three quarters of the studied woman delivered at the health institution. While, this result disagreement with *Tsegaw et al. (2021)* entitled "Exploring the determinants of exclusive breastfeeding among infants under six months in Ethiopia" and showed that 61.8% of the studied women were delivered at home..

Regarding total knowledge score about exclusive breastfeeding, the current study presented that less than two-thirds of the studied women had incorrect knowledge this may be due to haven't regular follow-up which had a negative effect on their knowledge. This result agreement with *Leshi et al. (2016)* who conducted a study about "breastfeeding knowledge, attitude and intention among female young adults in Ibadan" and revealed that more than half of the studied women had incorrect knowledge and the rest of them had correct knowledge of breastfeeding. Moreover, this result is supported by *Kareem et al. (2018)* who conducted a study on "effectiveness of teaching program on knowledge regarding the breast feeding problems among postnatal mothers" and showed that less than two-thirds of the studied women had poor knowledge.

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Conversely, this result disagreement with a study by *Alamirew et al. (2017)* entitled "Knowledge and attitude towards exclusive breastfeeding among mothers attending antenatal and immunization clinic at Dabat Health Center, Northwest Ethiopia: a cross-sectional institution-based study" and showed that more than two-thirds of the studied women had good knowledge score about breastfeeding. From the researcher's point of view, this difference might be due to the difference in the study settings and the awareness level of the community.

Regarding physical factors that affect the discontinuation of exclusive breastfeeding among studied women, the present study revealed that about two-thirds of them were Breast problems "Mastitis, breast engorgement, breast abscess, flat nipple" affect the discontinuation of exclusive breastfeeding, this may be due to primipara women, low level of experience, or probably due to incorrect attachment and positioning

This finding is in the same line with the study by *Kent et al. (2015)* who conducted a study about "nipple pain in breastfeeding mothers" noting that the majority of studied women stopped exclusive breastfeeding due to breast problems. On other hand, this result disagreement with *Al-Katufi et al. (2020)* who aimed to "assessing the obstacles that hinder the continued EBF of mothers working in primary health care (PHC) in Saudi Arabia, particularly in the Al-Ahsa region" and reported that only more than one fifth of the studied women reported that breast problems factors affect the discontinuation of exclusive breastfeeding.

Regarding the cultural factors that affect the discontinuation of exclusive breastfeeding, the current study displayed that the majority of the studied women mentioned that advice from family members or friends, nearly two third of the studied women mentioned that inadequate milk supply and more than half of the studied women reported modern formulas as nearly the same as breast milk as a cultural factors that influence the discontinuation of exclusive breastfeeding. These findings agree with the study by *Nangolo, (2021)* who carried out a study on "factors that promote exclusive breastfeeding amongst mothers at a hospital in Windhoek" and showed that the majority of the studied women mentioned that advice from family members or friends from

cultural factors that influence the discontinuation of exclusive breastfeeding, and selected modern formulas for formula are nearly as good as breast milk.

Similarly *Talbert et al. (2020)*. The study "aimed to explore barriers of exclusive breastfeeding in the first 6 months of life among first-time mothers in rural Kenya" showed only two mothers exclusively breastfed from birth up to 6 months of age. prelacteal feeds, home remedies and traditional medicine were given by over a third of mothers in the first week of life. Concern over babies' bowel habits and persistent crying perceived as abdominal colic led to several mothers receiving advice to give gripe water and traditional remedies. early introduction of maize porridge from 3months of age because of perceived hunger of the child was recommended by family members.

Perceived inadequate milk supply as a cultural factors nearly two third of the studied women mentioned inadequate milk supply was one of the important factors affecting discontinuation of exclusive breastfeeding. These findings agree with the study by *Tawfik et al. (2019)* who conducted a study on "formula feeding and associated factors among a group of egyptian mothers" and showed that less than two third of the studied women mentioned inadequate milk supply, women own psychological issue such as a feeling of insufficient breast milk and at the same time most common reason to initiate formula before the age of 6 months woman's conception of insufficient milk production was attributed to lack of knowledge regarding the normal process of lactation, or technical difficulties in feeding.

Related to total physical factors, the current study represent that physical factors were two fifths including (birth complications during labor, breast problems, ..... ) of studied women had physical factors affect the discontinuation of exclusive breastfeeding. This finding in same line with study by *Karima et al., (2020)* who conducted study about "determinants of exclusive breastfeeding practice in Indonesia: Analysis of Demographic and Health Surveys Program (DHS) 2017" and reported that about half of the studied women reported that physical factors affect the discontinuation of exclusive breastfeeding.

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Concerning on total culture factor, the current study represent that culture factors were more than one third (modern formulas as nearly the same as breast milk, breast milk doesn't make the infant gain enough weight, gender of the infant, fear from evil eye,.....) of studied women had culture factors affect the discontinuation of exclusive breastfeeding. This finding was agreement with study by *Tawfik et al., (2019)* who conducted study about "formula feeding and associated factors among a group of Egyptian mothers" and concluded that about half of the studied women had culture factors affect the discontinuation of exclusive breastfeeding.

Concerning on total cultural and physical factors affecting discontinuation of exclusive breastfeeding, the present study illustrated that most factor factors affecting discontinuation of exclusive breastfeeding among primipara women was culture, followed by physical factor, this result might be primipara women had lack of awareness of importance exclusive breastfeeding and effective of family and friends on their decision. This result agreement with *Abulreesh et al., (2021)* who conducted study about " Attitudes and Barriers to Breastfeeding among Mothers in Princess Nourah Bint Abdulrahman University, Riyadh, Kingdom of Saudi Arabia" and showed that physical condition (sickness) most factor factors affecting discontinuation of exclusive breastfeeding among women

Also , this result agreement with *Solarte, & Arana, (2019)* who conducted study about " Factors associated with exclusive breastfeeding practice in a cohort of women from Cali, Colombia" and showed that that most factor factors affecting discontinuation of exclusive breastfeeding among studied women was physical factor for mother and baby, followed by culture.

on other hand, this outcome disagreement with study by *Chang et al., (2019)* who conducted study entitled "Factors associated with cessation of exclusive breastfeeding at 1 and 2 months postpartum in Taiwan" and reported that most factors affecting discontinuation of exclusive breastfeeding among studied women was culture.

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## Conclusions

**Based on the study findings, it concluded that:**

Factors affecting discontinuation of exclusive breastfeeding among primipara women are about two fifths of studied women reported that the physical factors and more than one third of studied women had culture factors and less than two thirds of the studied women had incorrect knowledge about exclusive breastfeeding.

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## Recommendations

**Based on the results of this study, the following recommendations are suggested**

- Raise awareness about the knowledge of exclusive breastfeeding using mass media.
- Breastfeeding promotion programs should work hard to raise maternal awareness about the importance of exclusive breastfeeding.
- Health care providers and policy makers should consider adopting cultural practices that promote EBF into perinatal care and could involve the mothers' families more.
- Further researches regarding effect of social and culture factors affecting discontinuation of exclusive breastfeeding among teenage women in Upper Egypt.

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