Journal of Medical
and Pharmaceutical Sciences
Issue (4), Volume (2)
December 2018
ISSN: 2522-333X

المجلة العربية للعلوم و نشر الأبحاث
Arab Journal of Sciences & Research Publishing
AJSRP

Factors Associated with Breastfeeding Practice among Mothers in Jazan City, Saudi Arabia

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Abstract: Objective: To evaluate breastfeeding practice as well as to identify the factors that influence mothers decision to practice exclusive breastfeeding.

Subjects and methods: This is a cross sectional study carried out from March 2017 to Jun 2018. Questionnaires were administrated to mothers who attended well baby clinics in primary health centers in jazan city.

Results: The study included 400 women with age range from 17 to 49 years. Their children age ranged between 1 and 36 months. Most of the participants were Housewife (67.8%) and 47.8% of them were certified with university degree. Most of women had full term babies (92%), delivered normally (76%), gave mixed feeding for their babies (76%), did not use the pacifier (81%) and initiated first fed within one hour after delivery 54% that was derived from the breast in 75 %. The majority of the study group was healthy (90%) and majority of their children were healthy (95.5%).The most prevalent reasons for breast feeding (BF) were awareness about the importance of BF (50.4%) and advice of a family and/or mother (33.8%). The most prevalent reasons for artificial milk feeding were awarded artificial milk before delivery (26.8%), advice from relatives (24.7%), mother' belief that artificial milk is good like breast milk (23.2%), and artificial milk awarded from the hospital during delivery (11.9%).The majority of mothers were satisfied with breast feeding (92%).

Conclusion: Mixed feeding is a common practice among women in Jazan while exclusive breast feeding was practiced by a proportion consistent with the WHO target proportion less than six months.

Keywords: Breast feeding, Mixed feeding, Satisfaction, Associated factors.

Introduction

Exclusive breastfeeding for the first six months of life as well as continued breast feeding up to age of two years is recommended the world Health Organization.[1] It has been documented that encouraging the practice of exclusive breastfeeding is the single most cost-effective preventive tool to minimize infant mortality in less developed nations.[1-5]

For the infants, the benefit of exclusive breastfeeding include being natural nourishment for the baby, ensures sheltered, fresh, protects against infectious, non-infectious and allergic disorders, minimizes the risk of childhood obesity, and improve the psychological capacities and in addition builds holding with mothers.6

Concerning the benefits for mothers, exclusive breastfeeding enhances quicker involution of the uterus, reduces the post-partum bleeding, helps in quicker come back to pre-pregnancy weight, reduces the risk of breast and ovarian cancer, increases bonding with the infant, promotes the self-respect in the maternal part as well as retard the menstrual cycle. [7]

Exclusive Breast Feeding (EBF) is characterized by giving the infant only breast milk with no other nourishment or drink (except water) for the initial six months of a life, with special case of vitamins, mineral`s supplements or prescribed medicine. [8-9]

The rates of breastfeeding have increased over the past years, with an average worldwide rate of 37%. There is a great variation in the rate of practice of exclusive breastfeeding in developing world, with high rates were reported from Jordan (77%), Ethiopia (71.3%), Iran (69%) and Brazil (58%).10-13Lower rates were observed in Bangalore (40%), Bangladesh (34.5%), Beruwala (15.5%), Lebanon (10.1%), and Nigeria (20%). [14-18]

In Saudi Arabia, there has been expanding worry about the decrease in the practice of exclusive breast-feeding. The commonest reason for introduction of bottle-feeding in the first few months of life was the wrong belief regarding breast milk. [19]

Despite there are several literatures internationally and in Saudi Arabia identifying the variables influencing breastfeeding, still there is a need to understand the specific factors that impact the promotion of breastfeeding and complementary feeding of the babies. Therefore, this study aimed to identify the magnitude and associated factors with breastfeeding pattern in Jazan city, Saudi Arabia.

Subjects and methods

Analytic cross sectional was carried out in Jazan Region, during March 2017 to Jun 2018.

The target population of the present study were mothers in the child bearing age in Jazan city who attended well baby clinics in primary health care centers in Jazancityat , provided they had children aged between 2 months and 3 years

A sample size of ≥385 was calculated from the study population with an estimated probability of 50% for of exclusive breastfeeding to maximize the sample size, 95% confidence coefficient, and 5% confidence interval. The non-response rate was considered 5%, so the total sample size was 400 mothers. The following sample size equation was used for calculating sample size:

$$n = p(1-p)\left(\frac{Z}{E}\right)^2$$

Where:-

Z is the value from the standard normal distribution reflecting the confidence level that will be used (eZ = 1.96 for 95%)

E is the desired margin of error (0.05).

P is the proportion of BF in the population. (p=0.5 i.e. 50% was used to generate the largest sample size.

The study group was selected equally from the 18 PHC centers in Jazan city by stratified random sampling technique. Every third one of the mothers attended the well baby clinic of the PHC was included in the study. Arabic self-administered, valid, questionnaire was used for data collection. It is adopted from a questionnaire used in a study conducted in Al-Dammam,[20] with permission to use the questionnaire from the corresponding author. Data was collected regarding mother's age, baby age, parity, mother's education level, work status, mother's wellbeing status, feeding type, time of start and frequency of breastfeeding, choice time, baby wellbeing status, newborn child development, reasons for adding formula milk to breastfeeding, age at which complementary feeding had been started, and any added substances amid the initial six months of age e.g. (water, newborn child' tea, juices, etc.).

Approval to conduct the study in the PHC centers was taken first from the director of health (MOH) in Jazan city. Consent to participate in the study after explaining the aim of the research to the participants was taken.Trained nurses helped the illiterate mothers during the data collection.

Written permission from Joint Program of Family Medicine, Jizan Region was obtained as well as permission letter was taken from Ministry of health to conduct the study. Verbal consent was taken from each participant in the study.

Statistical analysis

The Statistical Package for Social Sciences (SPSS) software program version 20.0 was used for data analysis. Descriptive statistics were computed to explore the data. Differences in proportions were compared for significance using Chi Square/Fisher exact test. One way analysis of variance (ANOVA) was conducted to determine the significance of differences among the 3 groups of infant feeding regarding mother age, child age and parity. Multiple logistic regressions was conducted between the type of feeding as dependent variable (breast feeding either exclusively or complimentary versus artificial feeding)) and the independent variables included the significantly associated variables with type of feeding as detected by bivariate analysis All tests were two-sided and $p < 0.05$ was considered statistically significant.

Results

The study included 400 women with age ranged from 17 to 49 and a mean of 29.08±6.07 years. Their children`s age rage was 1-36 with a mean of 13.75±10.62 months. Their parity ranged from 1-9 with a mean of 2.79±1.76. Most of the participants were Housewives, 67.8% and educated where 26 % had 2ry certificates and 48 % were certified with university degrees. The prevalence of smoking was very low among the study group (4%). Most of women had full term babies (92%), delivered normally (76%), gave mixed feeding for their babies (76%), did not use the pacifier (81.0%) and initiated 1st fedwithin one hour after delivery (54%) that was derived from the breast in 75%. (Table 1)

More than half of the mothers had started Complimentary feeding by age of 6 months (58.2%) and more than one third started at age of 4 months (20.0 %) and 5 months (17.2%). The most common additives were water (48.2%) and semi-solid food (23.0%).

The majority of the study group was healthy (90.0%). Chronic diseases were detected only in 10% of the study group. The most common morbidities were Diabetes mellitus (3.0%) and Sickle cell anemia (2.5%). The majority of the children were healthy (96.5%). The most common morbidities of children were bronchial asthma (1.0%) and eczema (1.0%).

Table 2 illustrates that the most prevalent reasons for breast feeding (BF) from the point of view of the study group were awareness about the importance of BF (50.4%) and advice of a family and/or mother (33.8%). Other perceived reasons were not highly prevalent for example advice of doctor, nurse advice, husband support and media or booklet.

Table 3 illustrates that the most prevalent reasons for artificial milk feeding, from the point of view of the study group, were awarded artificial milk before delivery (26.8%), advice from relatives (24.7%), mother' belief that artificial milk is good like breast milk (23.2%), and artificial milk awarded from the hospital during delivery (11.9%).

Figure 1 illustrates that the majority of mothers were satisfied with breast feeding (92%).

Table 4 illustrates that 42% of the study group had utilized private hospitals for delivery while 58 used different governmental hospitals of the region. More than one third of the study group had received bottle milk gift at hospital (38.2%) and decided BF before pregnancy. Breast feeding counseling was provided to a 50% of the study group and health education in PHC Clinic was the educational route for BF in 37% of mothers.

In bivariate analysis, there were no significant differences between the three categories of feeding regarding mother age, child age and parity. Also, there were significant differences between the three categories of feeding regarding decision time for breastfeeding ($p<0.001$), mother's satisfaction about BF

(p<0.001) and parity (p=0.020). However there were no significant differences between the three infant feeding categories regarding educational status, occupational status, health status of the mother, bottle milk gift at hospital, place of delivery and helping of the mother for baby feeding after delivery. Regarding infants attributes, bivariate analysis illustrates that there were significant differences between the three categories of feeding regarding infant maturity and pacifier use.

Multiple logistic regressions was conducted between the type of feeding as dependent variable (breast feeding either exclusively or complimentary versus artificial feeding)) and the independent variables included the significantly associated variables with type of feeding as detected by bivariate analysis. The results show that age of starting complementary feeding, mother satisfaction with BF, parity, and decision time for breastfeeding were the only significant predictors of breast feeding. Complimentary feeding after baby age of 6 months, mother satisfaction with BF, increased parity and early decision time for breastfeeding before pregnancy were significantly associated with breast feeding. (Table 5)

Discussion:

In the present study, most of women gave mixed feeding for their babies (76%). In another cross-sectional study conducted between 2000-2001 in Al Kharj, KSA, mixed feeding was the most common feeding method (66.1%).[21]

More the half of mothers in the current study initiated 1st fedwithin one hour after delivery (54%) that was derived from the breast in 75% of cases. It was found that initiation of 1st breast fedwithin one hour after delivery is a strong predictor of exclusive breastfeeding at four months of age.[22] Kamel, (2010) reported that the initiation of 1st breast-feeding rate was 23.2% in the first hour after birth.[23]The difference in these proportions may be due to improvement of educational program on breast feeding. About 18% practiced exclusive breastfeeding at six months of age in study group and the rest they were adding water and/or infant tea, juice, dates, etc., in the first six months of infants life. The proportion of mothers who practiced exclusive breast-feeding is consistent with the WHO target of 17% at six months.[24]

In the present study, most mothers decided to breast-feed and about two thirds of them actually breastfed their babies. Other studies showed similar result; the earlier the decision to breastfeed the greater is the likelihood of early initiation and longer duration of breast-feeding.[25]

Using pacifiers appeared to affect the type of infant feeding based on the bivariate results of the present study. Pacifier was used more frequently in mixed feeding group than exclusive BF. So we can conclude that using pacifiers appear to affect exclusivity of breast-feeding. This is an expected result as pacifier can cause decrease the infant–mother contact. In 1993 a study showed that early weaning was higher in pacifier users than in non-users.[26] So pacifier uses significantly reduce duration of breastfeeding. Also

mothers who return to work are more likely not to have exclusive breast-feeding and stop breast-feeding before six months. [27]

Mother's satisfaction with breast-feeding was found, in the literatures, to be associated with duration of breastfeeding. Mothers who fed their babies for six months or more were more satisfied compared to mothers who breastfed less than six months. This is expected, because mothers are usually satisfied more if they breastfeed their infants and some of them may feel guilty if they add formula milk .Similar result were reported in Jeddah.[20]

In the present study, the majority of exclusively breastfed and complementary fed babies had multiparous mothers compared to mothers with less parity. This result can be explained by the fact that multiparous mothers usually have more experience in feeding techniques and they might have noticed the breastfeeding benefits in their previous child. Two studies in Saudi Arabia and one review article [29] reported an increase in breast-feeding rate with parity.[20, 28] The results of these studies are consistent with our results so, it can be concluded that parity is a significant factor affecting feeding decision positively.

A recent review by Al Juaid et al.,[30] in the Saudi Arabian context found a scarcity of data relating to the prevalence and predictors of exclusive breastfeeding and also that these vary between and within the different provinces of Saudi Arabia. Two different studies, one conducted by Amin et al in 2011[31] and the other by El-Gilany et al in 2011,[32] illustrate this disparity in results. Amin et al found that 12.2% of mothers practiced exclusive breastfeeding for the first 6 months of their infant's life, whereas El-Gilany et al reported a prevalence of 24.4%. However the predictors of BF in the present study are consistent with some predictors of some studies that were conducted in KSA and inconsistent with others. [30-32] this discrepancy may be attributed to socio-demographic and methodological variations between different researches. The clear variations in previous findings with regard to the prevalence and possible predictors of exclusive breastfeeding in Saudi Arabia indicates that a greater understanding of the associated factors is required to support and inform the creation of campaigns promoting exclusive breastfeeding in the country, in order improve exclusive breast feeding line with the WHO recommendations.

The study has some limitations; being cross sectional, the possibility of recall bias, and being PHC (hospital) based study.

In conclusion, in the present study,most of women gave mixed feeding for their babies, decided to breast-feed with about two thirds of them actually breastfed their babies and more the half of mothers initiated 1st fed within one hour after delivery that was derived from the breast in most of cases. Therefore, health education for breast feeding should start for women in childbearing age before pregnancy and during

antenatal care as well as shared decision between pregnant women and health care provider should be taken regarding the appropriate infant feeding.

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Table (1) Baseline characteristics of the study group.

	Number	Percent
Occupational status:		
Housewife	271	67.8
Employed	78	19.5
Student	51	12.8
Educational status:		
Illiterate	22	5.5
primary	30	7.5
intermediate	55	13.8
secondary	102	25.5
university	191	47.8
Smoking status:		
Nonsmoker	367	91.8
Smoker	16	4.0
Type of delivery:		
normal	303	75.8
CS	97	24.2
Maturity of infant:		
Full-term	369	92.2
preterm	31	7.8
Type of Child feeding:		
Breast feeding	72	18.0
Artificial feeding	21	5.2
Mixed	307	76.6

	Number	Percent
pacifier use:		
Not used	324	81.0
Used	75	18.8
Initiating 1st fed:		
within one hour after delivery	228	54.4
more than one hour	122	30.5
1 day	30	7.5
2 days	18	4.5
>2 days	12	3.0
First feeding source was breast	299	74.8
Breast feeding status:		
No breastfeeding before	21	5.2
Had Stopped breast feeding	161	40.2
Breast feeding now	218	54.5

Table (2) Frequency distribution of the study group according to reasons of breast feeding (n= 379) *

	Number	Percent
Advice of family and/or mother	128	33.8
Advice of doctor	20	5.3
Advice of nurse	14	3.7
Knowledgeable about importance of BF	191	50.4
Husband support	15	4.0
Media , booklet	11	2.9
Total	379	100.0

* 21 (21/400, 5.2%) women did not breast fed their children

Table (3) Frequency distribution of the study group according to reasons for artificial milk (n=328)*

	Number	Percent
Advice of doctor	32	9.8
advice from relatives (family or friend)	81	24.7
Media	12	3.7
Artificial milk awarded from the hospital	39	11.9
Awarded artificial milk before delivery	88	26.8
Artificial milk good like breast milk	76	23.2
Total	328	100.0

* 72 (72/400 (18.0%) women did not use artificial milk at all

Table (4) Frequency distribution of the study group according place of delivery, bottle milk gift at hospital stay, decision time to breastfeed and provider of breast feeding counseling (n=400)

	Number	Percent
Place of delivery:		
KFGH	50	12.5
SABIA	32	8.0
General Abuarish hospital	16	4.0
Mohmed bin nasser hospital	80	20.0
Private	166	41.5
Jazan general hospital	56	14.0
Bottle milk gift at hospital:		
Yes	153	38.2
No	247	61.8
Decision time to breastfeed:		
Never breastfeeding	19	4.8
Before pregnancy	140	35.0
During pregnancy	103	25.8
After delivery	138	34.5
provider of breast feeding counseling:		
None	126	31.5
Doctors	8	2.0
Nurse	56	14.0

	Number	Percent
Midwife	5	1.2
Family member	200	50.0
Specialty BF	5	1.2
Educational route for support BF		
health education in PHC Clinic	149	37.2
booklet	83	20.8
lecture	48	12.0
educational video	36	9.0
sitting with experienced nurse	84	21.0

Table (5) Predictors of breast feeding among the study group (n, 400)

	B	S.E.	P	OR	95.0% C.I. for OR	
					Lower	Upper
Age of starting Complementary feeding	-1.221	0.514	0.018	0.295	0.108	0.808
Mother satisfaction with BF	-2.329	0.564	0.000	0.097	0.032	0.294
Maturity of the infant	0.778	0.690	0.259	2.178	0.564	8.416
Pacifier use	0.924	0.565	0.102	2.520	0.833	7.622
Decision time for breastfeeding	2.601	1.057	0.014	13.482	1.699	107.000
Parity	-.558	0.509	0.014	13.482	1.699	107.000
Constant	-2.753	2.671	0.303	0.064	---	---

B: Slop SE: Standard error OR: Odds ratio CI: Confidence interval

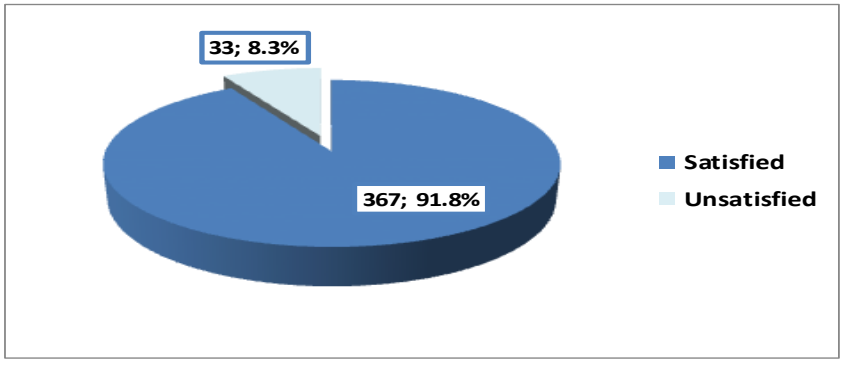

Figure (1) Mother`s satisfaction with breast feeding (n=400)

العوامل المرتبطة بممارسة الرضاعة الطبيعية بين الأمهات في مدينة جازان بالمملكة العربية السعودية

الملخص: هدف البحث إلى تقييم ممارسة الرضاعة الطبيعية، وتحديد العوامل التي تؤثر على قرار الأمهات بممارسة الرضاعة الطبيعية الحصرية.

المواضيع والأساليب: تم إجراء دراسة مقطعية مستعرضة للفترة من مارس 2017 إلى يونيو2018م. حيث تم إدارة الاستبيانات للأمهات اللاتي حضرن عيادات الأطفال في مراكز الرعاية الصحية الأولية في مدينة جازان.

النتائج: شملت دراسة الحالة لعدد (400) امرأة تتراوح أعمارهن بين الـ 17 و 49 سنة. وتتراوح أعمار أطفالهن بين الـ 1 و 36 شهرًا. كما أن معظم المشاركات كن كالآتي:

ربة منزل بنسبة (67.8%) و(47.8%) منهن حاصلات على شهادة جامعية. كما أن نسبة النساء اللواتي لديهن رضيع كامل هي (92%)، واللاتي يلدن بشكل طبيعي (76%)، ومن يعتمدن على التغذية المختلطة لأطفالهن (76%)، واللاتي يستخدمن الرضاعة الصناعية (81%) ومن يبدأن التغذية الأولى في غضون ساعة بعد الولادة (54%)، من يرضعن عن طريق الثدي (75%)، حيث كانت غالبية مجموعة الدراسة ذات نتائج صحية بـ(90%) وأغلبية أطفالها أصحاء بنسبة (95.5%) وكانت أكثر الأسباب انتشاراً (للرضاعة الطبيعية) هي الوعي بأهمية الرضاعة الطبيعية بنسبة (50.4%)، نتاج نصيحة الأسرة والأم (33.8%). حيث إن أكثر الأسباب شيوعاً لتغذية اللبن الصناعي هي الاعتماد على الحليب الصناعي قبل الولادة بنسبة (26.8%)، والنصح المقدم من الأقارب (24.7%)، واعتقاد الأم بأن الحليب الاصطناعي جيد وصحي مثل حليب الثدي (23.2%)، والحليب الاصطناعي الممنوح من المستشفى أثناء الولادة (11.9%) حيث كانت نسبة غالبية الأمهات الراضيات عن الرضاعة الطبيعية هي (92%).

الاستنتاج: التغذية المختلطة هي ممارسة شائعة بين النساء في جازان، بينما تمارس الرضاعة الطبيعية الحصرية بالمنطقة في تناسب مع النسبة المستهدفة لمنظمة الصحة العالمية لأقل من ستة أشهر.

الكلمات المفتاحية: الرضاعة الطبيعية، التغذية المختلطة، الرضا، العوامل المرتبطة.