Perceived Barriers of Breastfeeding among Jordanian Mothers

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Abstract

Background: To Breastfeeding is a health behavior that is considered an ideal method of feeding and nurturing infants. However, there is a reduction in the rate of breastfeeding despite the multiple breastfeeding initiatives.

Purpose: The purpose of the study was to identify the perceived barriers of breastfeeding among Jordanian mothers.

Methods: A cross sectional descriptive design was used. The study recruited a convenient sample of 500 Jordanian mothers who gave birth to a healthy full-term infant, and who did not initiate breastfeeding post-delivery or discontinued the process before six months of infant's age. Mothers of infants with serious illnesses were excluded from the study. The data were collected by a self reported measure, the Breastfeeding Perceived Barrier Scale. The measure consists of 22 items covering maternal factors, infant factors, and socio-environmental factors. The measure has internal consistency reliability (alpha coefficient = 0.73).

Results: The study participants reported total mean of breastfeeding barrier (84.0 ± 8.3) out of 110- as the total score of the barriers- the results indicated high level of breastfeeding barriers. Also, the results showed high level of barriers in the maternal factor (3.6 ± .51), infant factor (4.0 ± .42), and socio-environment (4.0 ± .52). Breast physical problems, mothers' lack of knowledge, infant refusal of breast milk, and working environment are the most perceived barriers.

Conclusions: The study revealed that Jordanian mothers have relatively high level of breastfeeding perceived barriers.

Keywords: Breastfeeding, Perceived barriers, Jordanian mothers.

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Introduction

Breastfeeding is a health behavior that is considered an ideal method of feeding and nurturing infants. Global recommendations support exclusive breastfeeding for the first six months of age. The goal of governmental and institutional initiatives is directed to increase

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breastfeeding rates either in developed or developing countries[1].

Exclusive breastfeeding for six months duration is associated with significant benefits for both infants and mothers. Infants who are exclusively breastfed for six months experience less morbidity from gastrointestinal infection and have no deficits in growth[2]. Mothers of exclusively breastfed infants report more social satisfaction and experienced wellbeing by enhancing the return of the body to pre-pregnancy status. Early initiation of breastfeeding decreases the risk of postpartum hemorrhage. In addition, mothers who breastfed have an increased duration between pregnancies[3].

However, there is a reduction in the rate of exclusive breastfeeding despite the multiple breastfeeding initiatives conducted by World Health Organization (WHO) and United Nations Children's Emergency Fund (UNICEF). Data from the United States Center for Disease Control and Prevention (2008) showed that only 23 states in the U.S.A achieved the Healthy People 2010 breastfeeding initiation goal of 75 percent. In Jordan, only 22% of children ages up to six months are exclusively breastfeed. Thirty nine percent of all Jordanian mothers initiate breastfeeding in first hours after birth[4].

Maternal beliefs regarding breastfeeding affect its initiation and continuation. Negative experience of mothers during previous infant breastfeeding contributes to a decision of not to breastfeed a subsequent infant[5].

Maternal perception of breast milk being completely adequate for infant nutrition is viewed as barrier to initiate or even continue breastfeeding. This perception was supported by a study of Jordanian mothers who discontinued breastfeeding related to their belief that milk insufficiency resulted in their infant continuing to be hungry after breastfeeding[6]. In addition, maternal perception of infant poor weight gain reflecting inadequacy was a determinant in early breastfeeding discontinuation[7]. Mothers who felt their infant was not satisfied with breast milk would initiate additional supplementation earlier, thus lead to stopping breastfeeding[8].

Maternal post-delivery physical status affected intention to initiate breastfeeding. Tahotoa, et al. (2009) reported that barriers to effective breastfeeding included maternal physical problems such as cracked or bleeding nipples, and inadequate knowledge of how to manage potential breastfeeding problems[9].

Some infant characteristics can be perceived as barriers to breastfeeding. The inability of the infant to latch on properly is considered one reason for early breastfeeding discontinuation (6, 10). Infant health problems leading to maternal-infant separation are perceived as a barrier to breastfeeding[8]. Preterm infants are at a greater risk of being artificially fed than full-term ones due to their weak sucking ability or prolonged duration of separation from their mothers because of Neonatal Intensive Care Unit (NICU) admission[7].

The social factors include mothers with outside employment, amount of hours worked, and support from relatives, friends and health care professionals[11]. Social support is a factor contributing to successful breastfeeding. Lack of support is a barrier in initiating or continuing to breastfeed. Social support could be as informal as mothers receiving support from their social network, or as formal as provided by health care professionals through prenatal education or postnatal follow-up. Support mothers needed included information about breastfeeding; help with positioning the

baby in breast, effective advice and suggestions, acknowledgment of their expression and feelings, and reassurance and encouragement[12].

Maternal perception and experience of social support have an influence on breastfeeding decision-making. Mothers put greater emphasis on formal support from health care providers, especially practical support, through providing skills in breastfeeding technique[13]. Breastfeeding education by nurses and midwives, whether provided formally or informally, increased the rate of breastfeeding in Turkish women[14].

The absence of informal social support from family and husband resulted in lower breastfeeding rate[15]. Lack of partner support is an important barrier to effective breastfeeding[9] as well as a reason for not initiating breastfeeding[10].

Maternal working environment can negatively affect breastfeeding. Breastfeeding mothers, once they returned to work, face challenges, which lead to breastfeeding becoming a stressful task. These challenges included role conflict, priority shifting, and financial impact[16]. Returning to work was one reason contributing to not initiating breastfeeding[10]. Employed mothers were earlier than others to discontinue breastfeeding[5]. Lack of institutional support for the employed mother discouraged their decision to initiate or continue breastfeeding[13].

Other social factors perceived as barriers to breastfeeding were maternal discomfort of public breastfeeding[17], and life style changes which included giving up social activities[18]. Lack of situating facilities for breastfeeding in public places and at work was recognized as a barrier to breastfeeding and increased breastfeeding discontinuation rates[19].

The literature review indicates several factors considered barriers to breastfeeding, either by discouraging its initiation or contributing to its early discontinuation. The purpose of the study was to identify the perceived barriers of breastfeeding among Jordanian mothers.

Methodology

Sample and Setting

A cross-sectional descriptive design was used to collect data from a convenient sample of 500 Jordanian mothers. The sample was recruited from pediatric clinics in Royal Medical Services hospitals.

The inclusion criteria were Jordanian mothers who gave birth to healthy full-term infant, and who did not initiate breastfeeding post-delivery or discontinued the process before the infant was six months old. Mothers of infants with serious illnesses were excluded from the study. All eligible mothers who were invited to participate were included in the study, resulting in the final sample size of 500 mothers.

Ethical consideration

Mothers' agreement to complete the questionnaire was considered consent to participate in the study. Mothers were informed that they had the right to withdraw from the study at any time without any adverse consequences and were assured about the confidentiality of the obtained information.

Instrument

A two-part self-report questionnaire was used to collect data from participant mothers. The first part consisted of five structured questions about socio-demographic data including mother's age, educational level,

employment status, type of delivery, and infant age at the time of breastfeeding discontinuation.

The second part of the questionnaire used in this study consisted of the Breastfeeding Perceived Barrier (BFPB) scale. The scale was developed by the author to measure mothers' perceptions of factors considered as breastfeeding barriers. The Scale consists of 22 items.

Scale items were developed through an extensive literature review that discussed breastfeeding practice as well as the theoretical assertion of Pender's Health Promotion Model (HPM) which identified the attributes of the perceived barrier concept. According to Pender, barriers to health-promoting behaviors affect a person's intentions to engage in those behaviors. Pender defined a perceived barrier as, "anticipated, imagined, or real blocks and personal costs of undertaking a given behavior"[20].

The scale covered three major factors related to breastfeeding perceived barrier: maternal, infant, and socio-environmental. The maternal factor reflects the mother negative beliefs of breastfeeding practice, lack of confidence, and mother's physical and psychological conditions that discourage breastfeeding. The infant factor reflects the mother's false beliefs of breast milk in relation to infant benefits, and infant physical and psychological conditions. The socio-environmental factor reflects the mother's perception of inadequate social support, work environment and social conditions that constrain the breastfeeding. Responses to each item were recorded on a five-point Likert scale ranging from 1 indicating 'strongly disagree' to 5 indicating 'strongly agree'. With 22 items, the total achievable score ranged from 22 to 110, where a higher score indicates a higher level of the perceived barrier.

The psychometric prosperities of the scale were evaluated through piloting a snowball sample of 20 mothers who did not initiate breastfeeding or discontinued the practice before six months of infant age. The results of the pilot study indicated that the instrument was clear, understandable, easy to administer, and took approximately 15 minutes to complete. Content validity was estimated by involving three experts on maternal and child health nursing for judging the scale items in terms of their relevancy, sufficiency, and clarity in representing the concept of breastfeeding perceived barriers. Internal consistency reliability of the scale was 0.73.

Data collection

Face-to-face recruitment of participants was carried out to identify the mothers who met the inclusion criteria. Mothers who were eligible and agreed to participate completed the study instrument. The questionnaire required approximately 10-15 minutes to complete. The data collection process was completed within approximately four months, from the beginning of March to the end of June 2013.

Data entry was carried out during the process of data collection. Data were analyzed using SPSS version 17. Descriptive statistics were computed for the demographic variables and total scores of BFPB as well as the total item mean of the three identified factors.

Results

Sample Characteristics

For the sample of 500 mothers, the mean

maternal age± SD was 29.4 ± 5.8 years (range from 18 to 47 years), and mean infant age ± SD at time of breastfeeding discontinuation was 3.0 ± 1.9 months (range from 0 to 6) months. The educational level of the sample participants ranged from elementary (7%) to university (48%). Sixty-three percent of the mothers were employed. Sixty percent initiated breastfeeding after delivery and 75% had normal vaginal deliveries. Table (1) presents the sample demographic characteristics.

Table 1. Demographic characteristics of study sample (N=500)

Demographical Characteristics		
	Frequency	**Percentage %**
Employment		
Employed	315	63
Unemployed	185	37
Educational level		
Elementary	35	7
Preparatory	75	15
Secondary	150	30
University	240	48
Type of delivery		
Normal Vaginal Delivery	375	75
Cesarean Section	125	25
Breastfeeding initiation after delivery		
Yes	300	60
No	200	40
	Mean	Standard Deviation
Mother age (year)	29.4	5.8
Infant age at breastfeeding discontinuation (months)	3.0	1.9

Breastfeeding Perceived Barriers

The study results showed that total score mean± SD of breastfeeding perceived barrier was (84.0 ± 8.3). The scale total score ranged from 22-110. The total item mean of maternal factor (10 items) was 3.6 ±.51, infant factor (6 items) 4.0±.42, and socio-environment (6 items) 4.0±.52 (Table 2). The results indicated high levels of total breastfeeding perceived barriers among study participants. The maternal factor had the lowest total item mean of the perceived barrier than the infant or socio-environment factors.

Table 2. The total item means of breastfeeding perceived barrier factors

Factor	Total item means*	SD
Factor I: Maternal	3.6	.50
Factor II: Infant	4.0	.42
Factor III: Socio-environment	4.0	.52

*** The Total Item Mean ranges from 1 to 5**

Means and standard deviations of the different items under each factor are presented in table 3.

Looking at the maternal factors, it is shown that the item of highest mean was "Experiencing breast physical problem (cracked nipple) obstructs breastfeeding process" (4.4 ±.65). Two items got the lowest mean," I haven't enough skills to practice breastfeeding" (3.0 ± 1.1) and, "Overall, I am not good at breastfeeding" (3.0 ± 1.1).

For the infant factor, the item with the highest mean was "infant's refusing of breast milk interferes with breastfeeding process" (4.4± .61), while the lowest mean was "Feeling anxious of not enough milk obstructs breastfeeding practice" (3.3 ± 1.1).

Results of the socio-environment factor showed that items of the highest mean were "Return to work affects breastfeeding adversely" (4.6±.7), and "Long working hours result on diminished milk production" (4.5±.7). The lowest mean was for "Lack of nurse or midwife encouragement to practice breastfeeding obstructs its practicing" (3.0 ± 1.1).

Discussion

Breastfeeding, as a health promoting behavior, is affected by the cultural values of the society. Jordanian cultural and traditional practices provide support to mothers post-delivery by their mothers and mothers-in-law. This support includes educating mothers about breastfeeding practices and preparing special meals to ensure the production of sufficient breast milk. The continued care traditionally lasts for 40 days[21]. However, findings of this study indicate that Jordanian mothers reported high level of breastfeeding perceived barriers.

According to several studies on traditional breastfeeding practices, colostrum is considered not suitable for the newborn. **Some of postpartum practices recommend feeding infant with mixture of water and sugar, related to their beliefs of insufficient milk in early days post delivery [22] or belief that colostrum isn't nutritious for the infant [23]. Congruently, mothers in the current study revealed that beliefs "Breastfeeding doesn't provide infant with enough nutrition." and "Feeling anxious of no enough milk" as barriers of breastfeeding.**

Breast physical problems such as cracked nipples were the highest reported perceived barrier among the maternal factor barriers. This result is consistent with Gerd, et al. (2011) who reported that breastfeeding problems like sore nipples were correlated

with poor sucking technique resulting in early discontinuation of breastfeeding[7].

Table 3. Item means of breastfeeding perceived barrier scale (The item mean ranges 1 to 5)

Factors	Items	Mean	SD
Maternal	Breastfeeding is a tiring process	3.9	1.1
	Breastfeeding interferes with mother's sleeping pattern	3.9	1.0
	Breastfeeding is an embarrassing process	3.5	1.4
	Experiencing breast physical problem (cracked nipple) obstructs breastfeeding process	4.4	.65
	lack of knowledge about breastfeeding results on unsuccessful practice	4.1	.7
	Breastfeeding practice could disturb body image	3.4	1.2
	I haven't enough skills to practice breastfeeding	3.0	1.1
	I couldn't practice breastfeeding because of insufficient or no milk	3.2	1.2
	Overall, I am not good at breastfeeding	3.0	1.1
	Having previous bad experience of breastfeeding reduce my ability to do that	3.7	1.2
Infant	Breastfeeding doesn't provide infant with enough nutrition.	4.0	1.2
	Inability of infant to latch on properly make breast feeding more difficult	4.2	.07
	Infant's difficult temperament makes the breastfeeding harder	3.9	0.8
	Infant's physical problem makes breastfeeding very hard	4.0	0.7
	Infant's refusing of breast milk interferes with breastfeeding process	4.4	.61
	Feeling anxious of no enough milk obstruct breastfeeding practice	3.3	1.1
Socio-environment	Breastfeeding in public places is uncomfortable.	4.0	1.1
	Breastfeeding limits social activities with others	4.0	1.0
	Lack of husband encouragement makes breastfeeding practice more difficult.	3.8	1.1
	Return to work affects breastfeeding adversely	4.6	.7
	Long working hours results on diminished milk production	4.5	.7
	Lack of Nurse or midwife encouragement to practice breastfeeding obstructs it's practicing.	3.0	1.1

Another barrier perceived by Jordanian mothers was their lack of breastfeeding knowledge. This result could be interpreted by a lack of antenatal or postnatal educational and training programs. For infant care practices, Jordanian mothers relied on their nurturing instinct and modeling of their social support persons' behaviors[24].

Confidence in ability to breastfeed has the lowest reported barrier in the maternal factor of Jordanian mothers in the current study. The presence of social support and availability of family members to help mothers post-delivery could be the reason for this result.

Breastfeeding practice is a learned skill that mothers gain though receiving appropriate support from their social network. **In the current study, the mothers reported "Return to work" and "Breastfeeding in public places" as barriers to breastfeeding. Consistently Grassley (2010) reported that instrumental supports by providing facilities in the work and public places are significant mothers' need** in order to initiate and sustain breastfeeding duration[25].

Jordanian mothers, in the current study, reported infant refusal of breast milk as the highest perceived barrier among the infant factor barriers. Infants' refusal of breast milk logically resulted in insufficient intake which triggered the maternal fears of affecting their infant's health, thus contributing to breastfeeding discontinuation.

In addition, mothers perceived milk inadequacy of infant nutrition as one of the breastfeeding barriers. Consistently, a prospective study of Jordanian mothers in the south of Jordan showed that inadequate milk supply was one of the reasons given for switching to formula feeding[26]. Moreover, in an integrative literature review, Wambach, et al. (2005) found that women reported insufficient milk supply as the most common reason for weaning[27].

Returning to work and working for long hours contributed to the highest perceived barrier of the socio-environment factor as well as the highest among all other items of the scale. In addition, returning to work and working for long hours contributes to separation between mothers and their infants resulting in a decreased frequency of breastfeeding and consequently diminished milk production. Lack of available environmental support for working lactating mothers or incorporating time for them to breastfeed their infants during the workday could be an interpretation of this finding. Khassawneh, et al. (2006) reported that employed Jordanian mothers were more likely not to practice full breastfeeding compared to unemployed women, where work place and short maternity leaves had a negative impact on breastfeeding[28].

Likewise, a previous study reported that several women perceived an inconvenience of combining breastfeeding and work. Kimbro (2006), in studying work and breastfeeding initiation and duration among low-income women, found that women who worked in administrative and manual positions faced difficulty combining work and breastfeeding[29].

Breastfeeding in public and the limitation of social activity were perceived as breastfeeding barriers. Jordanian mothers as Arab women, have socio-cultural limitations of exposing their breasts in public during breastfeeding. Thus, mothers who intend to breastfeed usually select a private place to do so, which reduces their engagement in social activities.

Health care providers are among the most important interpersonal sources that can affect the engagement in a health promoting behavior. Interestingly, Jordanian mothers perceived, "lack of midwives or nurse encouragement to breastfeeding" as the lowest barrier among socio-environment factors. Postpartum health care information, provided by nurses or midwives for Jordanian mothers, concentrates more on infants' physical

assessment and the immunization schedule rather than breastfeeding support or encouragement[21].

A qualitative study of Jordanian mothers' perception of postpartum health care indicated that women felt strongly that infant assessment and education about child health and illness was the most important aspect of post-partum health care. These women identified the need for comprehensive health education sessions and the need for emotional and physical support of how to care for herself as well as her infant[30].

Conclusion and Recommendations

Maternal decision of doesn't initiate breastfeeding or discontinuing it before six months of infant age is derived from a perception of different barriers that obstruct its practice.This study identified barriers perceived by Jordanian mothers to breastfeeding. Maternal, infant, and socio-environmental factors were identified as barriers. **Breast physical problems, mothers' lack of knowledge, infant refusal of breast milk, and working environment are the most perceived barriers.**

The result of this study can motivate health care professionals and the community to create more efforts to keep a baby-friendly atmosphere and environment in the community. **Health education for the mothers antenatal and postnatal regarding the breastfeeding is a crucial element of maternal health care. Also, extra efforts are needed at the community level to enhance the breastfeeding practice especially for employed mothers.**

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موانع الرضاعة الطبيعية المدركة بين الأمهات الأردنيات

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الملخص

الهدف: الرضاعة الطبيعية سلوكاً صحياً وهي الطريقة الأمثل للتغذية ورعاية الرضع. ومع ذلك، هناك انخفاض في معدل الرضاعة الطبيعية على الرغم من مبادرات الرضاعة الطبيعية المتعددة.

الهدف من الدراسة: التعرف على موانع الرضاعة الطبيعية من وجهة نظر الأمهات الأردنيات.

طريقة البحث: تم استخدام تصميم بحثي وصفي من خلال استقطاب عينة حصصية مكونة من 500 سيدة أردنية ممن أنجبن طفلاً سليماً، ولم تقم بعملية الرضاعة الطبيعية بعد الولادة أو توقفت عن عملية الرضاعة الطبيعية قبل ستة أشهر من عمر الرضيع. تم استبعاد أمهات الأطفال الذين يعانون من أمراض أو لديهم مشاكل صحية تعيق عملية الرضاعة الطبيعية. تم جمع البيانات عن طريق مقياس موانع الرضاعة الطبيعية. حيث يتكوَّن المقياس من 22 بنداً يغطي 3 عوامل رئيسة هي (عوامل خاصة بالأم، عوامل خاصة بالطفل، عوامل اجتماعية بيئية).

النتائج: وصف المشاركات في الدراسة متوسط كلي لموانع الرضاعة الطبيعية بمقدار 84.0±8.3 حيث كان متوسط العوامل الخاصة بالأم =3.6±0.42، والعوامل الاجتماعية والبيئية= 4.0±0.52. هذه النتائج تعكس معدل إدراك مرتفع لموانع الرضاعة الطبيعية. كانت العوامل الأكثر تصوراً لدى الأمهات وجود المشاكل الجسدية للثدي، عدم وجود معرفة بالرضاعة الطبيعية لدى الأمهات، رفض الرضيع لحليب الأم، وبيئة عمل الأم.

الخلاصة: كشفت الدراسة أن الأمهات الأردنيات لديهن مستوى عال نسبياً من موانع الرضاعة الطبيعية.

الكلمات الدالة: الرضاعة الطبيعية، الموانع المدركة، الأمهات الأردنيات.