

Identification of Factors Influencing Continuation of Breastfeeding among Women in Saudi Arabia

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Abstract: Breastfeeding is a crucial component of infant health and development, with well-documented advantages, making it a national priority in Saudi Arabia. However, despite its importance, exclusive breastfeeding rates remain suboptimal. This review explores factors influencing the continuation of breastfeeding among Saudi women. The literature search strategy focused on articles in English published between 2015 and 2023, examining both qualitative and quantitative research. The review covers the composition of breast milk, its nutritional value, and storage, highlighting its unique benefits over formula feeding. It underscores the importance of exclusive breastfeeding, even for HIV-infected mothers, as recommended by the WHO. The review emphasizes the benefits of breastfeeding for both mothers and infants, including reducing infant mortality and protecting mothers from certain health risks. Furthermore, it delves into maternal knowledge and the reciprocal relationship between society and individuals, underscoring how cultural beliefs, societal support, and personal factors influence breastfeeding continuation. The review summarizes key factors, such as maternal knowledge, cultural beliefs, social support, and workplace policies, that play a vital role in promoting and sustaining breastfeeding among Saudi women. Tailored interventions and programs can address these factors to enhance breastfeeding rates in the Saudi Arabian context.

Keywords: Breastfeeding, Cultural beliefs, Health benefits, Maternal knowledge, Saudi Arabia, Social support, Workplace policies, Infant development, Maternal health.

1. INTRODUCTION

The literature review will help us cover and summarize many of the studies conducted on the identification of the factors influencing the continuation of breastfeeding among women in Saudi Arabia (Alzaheb, 2017; Tavoulari *et al.*, 2016). A literature review ensures that your research is relative to the existing knowledge and builds on this knowledge (Dellarocca, 2020). I am going to talk about breastfeeding, reciprocal relationships between society and individuals, cultural influence of breastfeeding, religious influence of breastfeeding, personal motivation and confidence, the effect of maternal age on the practice of exclusive breastfeeding, effect of maternal education on the continuation of breastfeeding, maternal employment status and duration of maternity leave, mode of delivery, support during the breastfeeding and practice. In addition, it can help you look at your research problem from a specific angle; it shapes your thinking and sparks valuable insights into your research topic (Patil *et al.*, 2020).

1.1 INTRODUCTION

Breastfeeding is a vital component of infant health and development, imparting numerous advantages for both the infant and the mother. In Saudi Arabia, promoting and supporting breastfeeding is a national priority due to its well-documented advantages (Hernández-Cordero *et al.*, 2022). However, despite the recognized importance of breastfeeding, the rate of exclusive breastfeeding and its continuation remain suboptimal in the country (Al-Jawaldeh & Abul-Fadl, 2020).

Understanding the factors that influence continued breastfeeding among women in Saudi Arabia is important for developing effective interventions and policies to improve breastfeeding rates (Maleki-Saghooni *et al.*, 2020). This literature review explores the existing research on these factors, aiming to provide insights into the barriers and facilitators of breastfeeding continuation in the Saudi Arabian context.

1.2 LITERATURE SEARCH STRATEGY

A comprehensive search was carried out in electronic databases, together with PubMed, Scopus, and Web of Science, the usage of a mixture of key phrases such as "breastfeeding," "continuation," "factors and "Saudi Arabia". The search was limited to articles published in English between 2015 and 2023 to ensure the inclusion of recent and relevant literature. Additionally, the reference lists of identified articles were screened to identify additional relevant studies. Inclusion criteria included studies examining factors influencing the continuation of breastfeeding among women in Saudi Arabia. Studies focusing on both qualitative and quantitative research designs were considered.

1.3 BREAST MILK – COMPOSITION, NUTRITIONAL VALUE AND STORAGE

Munblit (2017) says that the primary source of nutrients, energy, and vigor for a baby is breast milk, which is a natural food and nutrient for babies. Because it is ready to eat at the proper temperature and typically available when needed, it is regarded as the most practical and secure method of feeding a baby. In addition, breast milk contains antibodies essential for the newborn's protection, making it the ideal meal for neonates (Munblit *et al.*, 2017). It is clear that a mother's poor feeding habits, high caffeine intake, and other items can alter the production and quality of breast milk. Breast milk production fluctuates depending on the infant's nutritional and fluid needs (Lyons *et al.*, 2020).

Lyons *et al.*, (2020) say that Colostrum, a yellowish, goeey milk generated during the last trimester of pregnancy till delivery, is strongly advised by the WHO to be given to infants in the first few hours after birth. Colostrum is particularly distinct in terms of its volume, appearance, and composition. It has a high concentration of immunologic substances such as secretory immunoglobulin A (IgA), lactoferrin, leukocytes, and epidermal growth factor for growth. This process of breast milk (colostrum) metamorphosis continues after the first few postpartum days and results in transition milk, which lasts for eight to twenty days before it turns into mature milk. According to Munblit *et al.*, (2017), each stage of breast milk composition provides components that a newborn need for feeding and growth.

In the documentation of the Infant Nutrition Council (2016) Progesterone, estrogen, prolactin, and other hormones in the human body help the breast milk duct expand and encourage lactation before giving birth. To facilitate the production of milk, the hormone level does, however, decline. Water, protein, lipids, carbs, minerals, and vitamins are among the nutrients included in human breast milk (Infant Nutrition Council, 2016).

A breastfed child is protected against diseases through a series of biomedical reactions that allow enzymes, hormones, and immunologic substances to protect the baby against diseases while enhancing the newborn's survival (UNICEF, 2015). Each nutrient in breastmilk plays a role in nourishing the baby. Contrary to formula milk, which has a fixed nutritional composition, Lyonset *et al.*, (2020) say that breast milk has a distinct and dynamic composition that is typically influenced by the movements of feeding and differs per mom and even population.

Manerkar *et al.*, (2020) expressed that breast milk was meant to help ill and preterm infants who were unable to breastfeed naturally. The act of lactating moms extracting breast milk for later use has recently become more common due to the tendency of women in active service. Care must be taken when expressing, handling, and storing breast milk because it might become contaminated with bacteria and viruses or lose some of its nutritional value. Breast milk can be stored at room temperature (no more than 25 degrees Celsius) for a maximum of six hours and a maximum of four hours at freezing temperatures for safety and nutritional preservation (Manerkar *et al.*, 2020).

1.4 RIGHTS OF A CHILD ABOUT BREASTFEEDING

Every child born into this world has a right to food and nutrition, according to the WHO's Convention on the Rights of a Child (2016), but few children meet their nutritional needs according to their age. Poor nutrition is to blame for almost half of child fatalities worldwide, according to WHO fact sheets (2016) on infant and young child feeding. Malnutrition accounts for 2.7 million infant mortalities yearly, and more than 800,000 infants are underweight (WHO, 2016).

1.5 BREASTFEEDING RECOMMENDATION

According to the document published in 2017 by WHO, a baby is fed from a female breast during breastfeeding, which can be done either directly by placing the infant on the mother's breast or indirectly by expressing milk using a breast pump and feeding the baby through a bottle (WHO, 2017). The early start of breastfeeding is encouraged by healthcare organizations, and infants should be fed on demand unless there are special circumstances (Fosu-Brefo *et al.*, 2015). Although busy or working women can express breast milk for use in the future, they must take care to keep it clean and store it according to the length of time it will be used. Direct feeding is absolutely required to prevent the transfer of pollutants to the infant.

According to the report of UNICEF (2015), exclusive breastfeeding is the practice of providing an infant with nothing but breast milk (including breast milk that has been produced or provided by a wet nurse), ORS, medications, vitamins, and minerals. According to UNICEF and WHO recommendations from 2016, infants must only be fed breast milk for the first six months of life. Thereafter, breastfeeding should be continued with appropriate supplemental food until the infant is 24 months old. Although six months of exclusive nursing is a good aim, breastfeeding is a highly significant activity in general.

In 2015, 270,000 individuals were living with HIV/AIDS, according to the Joint United Nations Program on HIV/AIDS (UNAIDS), with 19,000 of them being children under the age of 14 years (UNAIDS, 2015). The World Health Organization (WHO) advises that HIV-infected mothers can breastfeed their children if they consistently take antiretroviral medications throughout pregnancy, immediately after delivery, and during nursing. This recommendation is based on increased research demonstrating the benefits of exclusive breastfeeding. In such cases, infants should be exclusively breastfed for the first six months, followed by continued breastfeeding with supplemental food until twelve months (WHO, 2017).

1.6 BENEFITS

It is undeniably true that breastfeeding improves the lives of both mother and baby. Breast milk is easy to digest and has the ideal balance of nutrients for a baby's growth and development, including water, fatty acids, carbohydrates, and protein. Breastfeeding has many advantages for both mothers and babies. With these benefits, it is considered a growth-monitoring tool that not only supports an infant's growth and development but also keeps track of their weight. Breastfed children are leaner and healthier than formula-fed newborns during the first year of childhood development (Trabulsi *et al.*, 2020).

Exclusive breastfeeding can effectively save 13% of under-5 mortalities as it reduces the severity of infectious illnesses (UNICEF, 2016). Exclusive breastfeeding is advantageous for nursing mothers as well as infants. Results from a cohort study conducted by means of Saxton and colleagues in 2015 demonstrated that breastfeeding can reduce the incidence of postpartum hemorrhage. Continuous nursing delays a lactating mother's menstrual cycle, lowering her risk of becoming pregnant (Figaroa *et al.*, 2020). In addition, breastfeeding also reduces the mother's risk of type 2 diabetes, breast cancer, uterine cancer, and ovarian cancer. Additionally, breastfeeding can help women with postpartum depression (Mikšić *et al.*, 2020).

Breastfeeding is the most economical way to meet an infant's nutritional needs and a lifesaver in emergency conditions, such as food scarcity or an outbreak of water-borne disease. According to UNICEF (2015), WHO (2016), and Nkrumah (2017), exclusive breastfeeding is an efficient way to reduce child malnutrition and offers nutritional security for newborns in underprivileged and underdeveloped areas. As a result, it is strongly advised in low- and middle-income nations. Breastfeeding additionally strengthens the bond and affection between mom and child. Skin-to-skin contact brings comfort and closure while lowering the number of infant fatalities. On the other hand, fathers are urged to assist moms while they are nursing. Bottle feeding and spending quality time with the newborn help supportive fathers strengthen their bond with the child (Ndezwa, 2020).

Breast milk has several advantages over formula milk. A baby's life is greatly endangered when formula milk is used as a substitute for breast milk, especially in underdeveloped nations. This method of feeding is fairly difficult because it needs to be measured correctly, combined thoroughly with clean water at the appropriate temperature for the baby, and maintained clean in the feeding bottles; failure to carry out this practice properly might result in contamination and diarrhea. The risk of contamination during formula feeding is significant and difficult in developing nations (UNICEF 2015).

1.7 MATERNAL KNOWLEDGE IN EXCLUSIVE BREASTFEEDING

Recent research on exclusive breastfeeding has highlighted a positive trend in maternal knowledge regarding this crucial practice (Shommo *et al.*, 2014). In a study conducted by Shommo *et al.*, (2014), it was found that rural lactating mothers in Saudi Arabia, who were part of the research, possessed a general understanding of exclusive breastfeeding. This suggests a

significant level of awareness and knowledge among this group of mothers regarding the benefits and practices associated with exclusive breastfeeding.

Similarly, a separate study conducted in 2018 by AM focused on working mothers in Saudi Arabia. Remarkably, the findings of this study revealed that nearly all of the participating women, a staggering 98%, had a substantial understanding of exclusive breastfeeding. This high level of knowledge among working mothers underscores the potential for widespread awareness and adherence to exclusive breastfeeding practices in the Saudi Arabian context.

These research findings collectively emphasize the growing awareness and knowledge among mothers, both in rural and working settings in Saudi Arabia, regarding the importance of exclusive breastfeeding for infant health and development (Alluqmani *et al.*, 2017).

1.8 RECIPROCAL RELATIONSHIP BETWEEN SOCIETY AND INDIVIDUALS

The continuation of breastfeeding is influenced by a reciprocal relationship between society and individuals. Societal factors play a crucial role in creating an enabling environment that supports and promotes breastfeeding. Cultural norms, attitudes, and beliefs regarding infant feeding practices significantly impact a mother's decision and ability to continue breastfeeding. Societal support through community programs, healthcare services, and workplace policies can provide essential resources, education, and encouragement for breastfeeding mothers. Conversely, individual factors, such as a mother's knowledge, confidence, and support system, also influence the continuation of breastfeeding. A mother's personal beliefs, experiences, and perceptions of breastfeeding, as well as the support she receives from her family and healthcare professionals, can significantly impact her breastfeeding journey. Therefore, fostering a reciprocal relationship between society and individuals is vital in addressing factors affecting the continuation of breastfeeding, ensuring that mothers receive the necessary societal support while also empowering them to make informed decisions that align with their individual needs and circumstances (Dukuzumuremyi *et al.*, 2020).

1.8.1 CULTURAL INFLUENCE OF BREASTFEEDING

One crucial aspect is the widespread misconception that babies do not receive enough nutrients from breast milk, leading to the addition of other dietary alternatives like porridge and other soft foods. This prevalent belief is likely to influence how most lactating mothers perceive their decision to exclusively breastfeed. Additionally, the belief that babies in Saudi Arabia require water in addition to breast milk due to the country's hot climate interferes with the justification for choosing to exclusively breastfeed (Zhang *et al.*, 2015; Mensah *et al.*, 2017).

On the other hand, findings from a different study revealed indications of a cultural acceptance of exclusive breastfeeding (Ayawine, 2015). This demonstrates the influence of cultural diversity and vibrancy within a particular society and how they affect a person's behavior.

1.8.2 RELIGIOUS INFLUENCE OF BREASTFEEDING

Since religion plays a significant role in people's lives and is prevalent in developing and underdeveloped nations, religious leaders' influence over people's behavior whether it be good or bad must be taken into consideration. Religious leaders typically enjoy high regard from the general public; they primarily serve as advocates, educators, promoters, healers, counselors, and many other roles (Hirani & Ratuszniak, 2022). There is a correlation between religion and health, according to studies on how religiosity affects health-related behavioral decisions (Hirani & Ratuszniak, 2022).

Since it fosters a supportive attitude towards nursing, church leaders' role in promoting the value of breastfeeding has been cited as the driving force behind the high prevalence of breastfeeding. Hirani & Ratuszniak (2022) say that the Islamic religion also promotes nursing and acknowledges it as a mother's natural and divine duty to her infant. The mother's attitude towards breastfeeding is influenced by this supportive reinforcement (Hirani & Ratuszniak, 2022).

1.8.3 PERSONAL MOTIVATION AND CONFIDENCE

Self-motivation is defined as "one's own enthusiasm or willingness to achieve an intention except for any exterior pressure" in the English Oxford Living Dictionary. It is the motivation that propels someone to initiate an action to achieve a goal. Self-motivation encourages self-assurance in one's actions, and confidence in one's ability to complete a task, and fosters the inner drive to accomplish more (Crawford & Burns, 2020).

Even though the majority of mothers breastfeed their infants, the decision to strive for an ideal breastfeeding goal is significantly influenced by an innate desire to breastfeed. A lactating mother's confidence is enhanced through sufficient knowledge about the value of breast milk, the establishment of initial breastfeeding plans, self-efficacy, and the management of anxiety (Crawford & Burns, 2020).

According to Minas Ganga and Limando (2016), mothers who exhibited enthusiasm for nursing were more likely to choose to breastfeed their children exclusively for an extended duration. Furthermore, a study by Mogre *et al.*, (2016) found that 92.6% of mothers held a favorable opinion of exclusive breastfeeding.

1.8.4 THE EFFECT OF MATERNAL AGE ON THE PRACTICE OF EXCLUSIVE BREASTFEEDING

Infant feeding preferences and practices are said to be related to maternal age (Kitano *et al.*, 2016). Hegazi *et al.*, (2019) reported that the practice of exclusive breastfeeding is influenced by several factors including the mother's age and work. The same results reported by El-Gilan., Shady & Helall (2011) reported that mothers at risk of not breastfeeding exclusively should be the target of breastfeeding promotion during prenatal care. Working mothers should continue breastfeeding after returning to work.

1.8.5 THE EFFECT OF MATERNAL EDUCATION ON THE CONTINUATION OF BREASTFEEDING

It is clear that a nursing mother's odds of continuing to nurse her child for a longer period of time increase with her educational degree. According to several studies carried out in Saudi Arabia (Amin, Hablas & Al Qader, 2011) reported that the practice of exclusive breastfeeding is significantly influenced by the level of education of women and employment. It has been observed that women who have completed their secondary and tertiary education are more likely to have received information on exclusive breastfeeding. Because they are aware of the advantages it offers both mothers and newborns, they are more motivated to breastfeed exclusively. Healthcare professionals, facilitators, and counselors are urged to pay close attention to the uneducated or less educated women and childcare providers while delivering instruction on breastfeeding in order to address the effect of lack of information on exclusive breastfeeding (Mogre *et al.*, 2016).

1.8.6 MATERNAL EMPLOYMENT STATUS AND DURATION OF MATERNITY LEAVE

According to a study by Dun-Dery and Laar (2016), just 10.3% of working mothers exclusively breastfeed their babies at six months, despite early initiation and practice of exclusive breastfeeding shortly after birth 91%. The findings of the study demonstrate that a working mother's choice of infant feeding and the frequency with which she practices exclusive breastfeeding are influenced by the length of maternity leave offered to her. The duration of exclusive breastfeeding increases with the length of maternity leave provided to working mothers, and vice versa (Mangrio *et al.*, 2017). A longer leave of absence allows the mother to bond with her child more, increasing the likelihood that she will exclusively breastfeed.

A 2017 study by Mensah found significant differences between women who work for themselves and mothers who work for commercial or public organizations in terms of the quantity and frequency of exclusive breastfeeding. This claim is supported by the fact that independent mothers set their schedules and decide when to return to work and when to take breaks at work to feed their infants. Babies are typically brought to work, where a designated space is allocated for infant feeding.

While mothers who work for others select a baby's feeding method by their timetable. According to Mensah *et al.*, (2017), working moms in the public and private sectors typically have low rates of exclusive breastfeeding. The quick period of maternity depart makes it difficult for nursing women to breastfeed their children at work, which is typically not baby-friendly. As a result, the practice of exclusive breastfeeding is discouraged while the usage of breast milk substitutes is encouraged. These issues call for laws that will support and promote working women who want to breastfeed for a longer period of time (Mensah *et al.*, 2017).

1.8.7 MODE OF DELIVERY

According to findings from past studies, the practice of exclusive breastfeeding is highly related to the style of delivery and the baby's weight. According to Andy (2015) and Dun-Dery & Laar (2016), women who deliver their babies naturally with normal baby weight are more likely to practice exclusive breastfeeding than those who deliver their babies via caesarian section and have preterm infants. In their study on the factors influencing exclusive breastfeeding.

1.8.8 SUPPORT DURING THE BREASTFEEDING

To achieve the necessary duration of exclusive breastfeeding, nursing mothers must receive support during the breastfeeding process (Mithani *et al.*, 2015). This guide can take several forms, such as providing busy or working mothers with a comfortable environment to encourage breastfeeding (Ratnasari *et al.*, 2017), offering emotional support through encouragement and positive reinforcement, providing education about breastfeeding, or delivering educational and informational programs on the topic.

A significant factor influencing behavior is the customary role that spouses traditionally play in family decision-making, particularly in developing nations. Fathers are more likely to inspire their partners to exclusively breastfeed their children for an extended period when they are aware of the importance of breastfeeding and hold a favorable attitude toward it. They serve as a support system for nursing mothers, providing both material and emotional assistance, as well as assisting with household tasks and other childcare responsibilities to allow the mother time to breastfeed (Mithani *et al.*, 2015).

According to research, condemnation from close family and friends might have the opposite effect of increasing the practice of exclusive nursing, just as approval from significant people does (Mensah *et al.*, 2017).

The amount of support a mother receives at work may also affect her decision on how long to exclusively breastfeed her child. Since employees take fewer sick days when their children are healthy, exclusive breastfeeding effectively fosters organizational growth, productivity, and efficiency. As a result, employers must offer opportunities that will support breastfeeding.

1.9 PRACTICE

The global percentage of exclusive breastfeeding is 38%, but the World Health Assembly established a goal in 2012 to raise that rate to at least 50% by 2025 (WHO, 2017).

1.10 DISCUSSION

1.10.1 BREASTFEEDING CAMPAIGNS AND SUPPORT GROUPS

The practice of exclusive breastfeeding is greatly aided by early and thorough breastfeeding education, gaining confidence to breastfeed, and breastfeeding support. Intervention initiatives and campaigns are ways to provide information and help with queries about difficulties encountered during breastfeeding. These campaigns often involve a group of health professionals, mothers from various community levels, and other health advocates working together to create awareness about the advantages of breastfeeding for health (Moukarzel, Rehm & Daly, 2020).

This initiative, which was supported by WHO, aimed to improve knowledge of breastfeeding practices and enhance awareness of the ten steps to effective breastfeeding (Alnasser *et al.*, 2018). This program gives health professionals the resources they need to deliver information about breastfeeding while also assisting and educating them. A national project called the High Impact Rapid Delivery (HIRD) method aims to reduce newborn and maternal fatalities. It primarily consists of health and nutritional interventional education at the community level, educating mothers on how to reduce childhood diseases, the use of ORS at some stage in diarrhea, vaccination, and vitamins (Alnasser *et al.*, 2018). A supplementation, and promotion of the need for exclusive breastfeeding for the first six months, as well as appropriate complementary and alternative medicine (Alnasser *et al.*, 2018).

Breastfeeding is crucial for infants' healthy development, but factors such as delivery mode, maternal employment, rooming-in, and pre-lacteal feeding influence mothers' decisions. A review of 19 studies in Middle Eastern countries found that 34.3% of newborns received breastfeeding within an hour of birth, while only 20.5% were fed exclusively breast milk for the first six months. The study suggests that Middle Eastern healthcare organizations should understand these determinants to provide practical guidance and advice to help new mothers overcome barriers and contribute to improving infant and maternal health in the region (Alzaheb, 2017).

A study in Greece found that breastfeeding duration in infants is influenced by factors such as maternal smoking, psychological status, and the introduction of a pacifier. Breastfeeding rates were highest in the first, third, and sixth months, with higher maternal education and being an immigrant positively associated with breastfeeding duration. Public health interventions should focus on these factors (Tavoulari *et al.*, 2016).

Centeno-Tablante (2021) conducted a systematic review addressing the potential transmission of SARS-CoV-2 from mother to child through breast milk and breastfeeding during the COVID-19 pandemic. Among 77 breastfeeding mothers and infants studied, 19 infants were confirmed COVID-19 cases, but there is currently no concrete evidence of SARS-CoV-2 transmission through breast milk. Of the breast milk samples analyzed, only nine were positive for SARS-CoV-2 RNA. More extended studies with data on infant feeding practices and viral presence in breast milk are needed to further understand this aspect of COVID-19 transmission (Centeno Tablante, 2021).

Grundy, S. J., Hardin, A., Kuller, J. A., & Dotters-Katz, S. (2022) in their article "Breastfeeding: The Basics, the History, and Barriers in the Modern Day" discuss the importance of breastfeeding, acknowledging its well-established health benefits for both parents and infants. The authors emphasize the need to recognize the multifaceted nature of the decision to breastfeed, which extends beyond the simplified slogan "breast is best." The review delves into various factors that influence a patient's choice to breastfeed, including medical advantages, formula marketing, historical ties to slavery and oppression, societal support for working parents, mental and physical health considerations, past trauma, gender identity, and more. While breastfeeding rates have risen globally, disparities persist, making it crucial to address the diverse determinants that shape individuals' breastfeeding decisions. The article underscores the responsibility of healthcare providers to engage in nuanced conversations with patients, equipping them with the expertise they wish to make informed choices that align with their unique circumstances. Understanding these complex factors is essential to promote and support breastfeeding effectively (Grundy, 2022).

Lubbe (2020) says that the COVID-19 pandemic has prompted a critical need for guidelines on breastfeeding. Despite the disruption caused by the pandemic, breastfeeding remains essential. This review outlines the clinical characteristics of COVID-19 as relevant to breastfeeding and emphasizes the protective properties of breastfeeding and skin-to-skin care. Evidence suggests that breastfeeding is safe, with its benefits outweighing potential risks. Strict adherence to infection control measures is recommended (Lubbe, 2020).

1.11 REVIEW OF RECENT LITERATURE ON THE CONTINUATION OF BREASTFEEDING AND THE RELATION BETWEEN TWO CONCEPTS

From reviewing the body literature, it was evident that breastfeeding is not being practiced in a way that complies with WHO standards (Al-Jawaldeh & Abul-Fadl, 2020). The most often stated purpose for early breastfeeding termination has been the mother's sense of having insufficient breast milk (Al Shahrani *et al.*, 2021), indicating a lack of know-how and professional help as every other reason for termination of breastfeeding. Lack of support for mothers who return to work or school while still nursing is another issue with maternal age, with younger mothers introducing prepared food more frequently from the third month than older mothers (Rahman *et al.*, 2020).

This review conducted to assess breastfeeding practices and identify factors that affect their continuation is an important step towards promoting and supporting optimal infant nutrition (Dellarocca, 2020). By examining the prevalence of breastfeeding and the reasons why some mothers may discontinue or not initiate breastfeeding, healthcare providers and policymakers can develop targeted interventions and policies to improve breastfeeding rates and support mothers in their breastfeeding journey.

(Almohanna, Win, & Meedya, 2020) provided important insights into the challenges and barriers that mothers face when it comes to breastfeeding, as well as the support systems and resources that can help them overcome these challenges and continue breastfeeding which contributed valuable information to this review.

Ultimately, the findings of this review can inform the development of evidence-based strategies and interventions to promote and support successful breastfeeding practices, improve infant health outcomes, and enhance the overall health and well-being of mothers and babies (Lassi, 2020).

A cross-sectional observational online study was conducted in Spain to discover the elements that can affect the choice to breastfeed females who gave beginning between 2013 and 2018 (Ballesta-Castillejos *et al.*, 2020). Five factors were recognized related to the mother's prenatal choice to breastfeed: accomplice support, preceding ride of breastfeeding, having two or more children, attending breastfeeding training, and having a condition during pregnancy. Given that the location has an impact on that companion when it comes to decision-making, their active participation during the process is enhanced here, both at individual consultations and at maternal education classes (Ballesta-Castillejos *et al.*, 2020). It was

recommended to conduct more outreach with women over the Internet and social media, mainly for two reasons: to reach a greater number of women regarding different aspects of fitness and to consolidate the credibility of midwives as a reliable and rigorous source of information (Ballesta-Castillejos *et al.*, 2020).

Another study aimed to suggest strategies to increase the level of satisfaction with support programs and to better match the expectations and needs of women. Findings illustrate that the modern models of breastfeeding support are established on a variety of contextual elements encouraging and supporting women to initiate and continue breastfeeding (Bengough, T. *et al.*, 2022). Feeding decisions of women are situated within a woman's personal situation and may require diverse forms of support (WHO, 2020).

A systematic review of studies on maternal and child traits and breastfeeding initiation and continuation using PubMed and CINAHL up to March 2016 found consistent effects, suggesting the need for targeted interventions to improve breastfeeding outcomes in more families (Cohen *et al.*, 2022).

Another prospective cohort of mothers and infants born from 2008 to 2012 was conducted to identify factors associated with breast-feeding initiation and continuation in Canadian-born and non-Canadian-born women. Although Canadian-born and non-Canadian-born girls in the CHILDCOHORT cohort have similar breastfeeding initiation rates, breastfeeding initiation, and continuation are more strongly associated with sociodemographic characteristics in Canadian-born participants. The recruitment website was strongly associated with breastfeeding continuation in each business and can also indicate geographic disparities in breastfeeding charges nationally (Chooniedass *et al.*, 2022).

A cross-sectional study was conducted by Zhang in 2018 to look into the associated elements of different breastfeeding primarily based on the theory of planned behavior (TPB) and identify the most influencing factor in first-time mothers at 4 postnatal months. Responses were acquired from 272 mothers. Breastfeeding knowledge, attitude, subjective norm, and exercise manipulation are positively associated with special breastfeeding based totally on the TPB. Future breastfeeding promotion interventions should target these four factors, especially breastfeeding knowledge, and continue for at least two postnatal months (Zhang *et al.*, 2018).

A review examined breastfeeding practices and duration in Saudi Arabia, focusing on factors affecting the practice. Seventeen cross-sectional studies were reviewed, with five using standard WHO definitions. Initiation rates were high, but low rates of timely initiation were reported. The exclusive breastfeeding rate was not accurately determined due to a lack of clear definitions and study design. The mean duration of breastfeeding declined from 13.4 months in 1987 to 8.5 months in 2010. Factors associated with high breastfeeding prevalence include increased maternal age, low instructional levels, rural residence, low income, multiparity, and avoiding contraceptives. The most common reasons for breastfeeding cessation were insufficient breast milk, sickness, new pregnancy, and breastfeeding problems (Aljuaid, Binns, & Giglia, 2019).

1.12 ROLE OF NURSE TO PROMOTE INITIATION AND CONTINUATION OF BREASTFEEDING

Breastfeeding plays a pivotal role in infant health, and nurses play a critical role in promoting its initiation and continuation from childbirth onward. The nurse's support and education can significantly impact a mother's decision to breastfeed, her breastfeeding experience, and the health results for each mom and baby.

1.12.1 NURSE'S ROLE IN PROMOTING INITIATION

Nurses are frequently the first healthcare specialists to engage with mothers after childbirth. Their role in promoting breastfeeding initiation is paramount. According to a study by Kronborg and Vaeth (2021), nurses can provide essential guidance to mothers immediately after birth, helping them understand the benefits of early breastfeeding, ensuring proper latch and positioning, and addressing any initial concerns or challenges (Kronborg, 2021). Immediate skin-to-skin contact, as recommended by the Baby-Friendly Hospital Initiative (BFHI) (UNICEF, 2021), helps establish the mother-infant bond and encourages the baby to latch onto the breast, promoting successful initiation.

1.12.2 NURSE'S ROLE IN PROMOTING CONTINUATION

The continuation of breastfeeding is equally crucial, and nurses continue to be essential in this phase. A study by Grassley and Eschiti (2020) underscores the importance of ongoing support and education.

Nurses can assist mothers in building their confidence and addressing any breastfeeding difficulties that may arise. They can offer guidance on proper breastfeeding techniques, positions, and strategies to manage common challenges like nipple pain or engorgement (Grassley, 2020).

1.12.3 NURSE'S EDUCATION AND TRAINING

To effectively promote breastfeeding, nurses themselves need proper education and training. A study by Kronborg *et al.*, (2021) emphasizes the importance of continuous professional development for nurses, ensuring they stay updated on the latest breastfeeding guidelines and best practices. Nursing education programs should prioritize comprehensive training in lactation support and counseling (Kronborg, 2021).

In conclusion, nurses play a vital role in promoting both the initiation and continuation of breastfeeding from childbirth. Their support, education, and guidance are instrumental in helping mothers make informed choices and overcome challenges, ultimately contributing to improved health outcomes for both mothers and infants.

2. SUMMARY

The available literature highlights several key factors influencing continued breastfeeding among women in Saudi Arabia. One significant factor is maternal knowledge and education. Studies have shown that women with higher levels of education and knowledge about breastfeeding tend to breastfeed for longer durations. When mothers are well-informed about the benefits of breastfeeding and possess the necessary skills for successful breastfeeding, they are more likely to continue breastfeeding their infants. Therefore, educational initiatives that enhance breastfeeding knowledge among women in Saudi Arabia can play a vital role in promoting longer duration of breastfeeding.

Another factor that influences breastfeeding continuation is cultural beliefs and practices. Cultural norms and beliefs, such as the influence of extended family members, can either facilitate or hinder breastfeeding continuation. In Saudi Arabian society, where extended family networks are highly valued, the support and encouragement of family members significantly impact a mother's decision to continue breastfeeding. Cultural beliefs that emphasize the importance of breastfeeding for the well-being of the child can positively influence a mother's motivation and commitment to breastfeeding. On the other hand, cultural practices that prioritize the use of formula feeding or discourage breastfeeding in certain situations may pose challenges to sustained breastfeeding. Understanding the cultural context and addressing any misconceptions or barriers related to breastfeeding within the Saudi Arabian cultural framework is essential in providing targeted support to women and promoting breastfeeding continuation.

Social support, both from family and healthcare professionals, plays a significant role in promoting and sustaining breastfeeding. When women receive support and encouragement from their families, particularly from their spouses and female relatives, they are more likely to continue breastfeeding. Supportive family members can help alleviate some of the practical challenges and provide emotional support that breastfeeding mothers may face. Additionally, the involvement of healthcare professionals, such as lactation consultants and nurses, is crucial in providing accurate information, guidance, and support throughout the breastfeeding journey. By including breastfeeding counseling and support as integral components of antenatal and postnatal care, healthcare systems can contribute to improved breastfeeding continuation rates in Saudi Arabia.

Moreover, workplace policies that support breastfeeding and provide lactation breaks have a positive impact on breastfeeding continuation rates. When women have access to a supportive work environment that allows them to express breast milk during working hours and provides appropriate storage facilities, they are more likely to continue breastfeeding after returning to work. Implementing workplace policies that accommodate the needs of breastfeeding employees can help remove barriers and enable women to balance their work responsibilities with breastfeeding.

Understanding these factors and their interplay is critical for designing interventions that address the specific needs and challenges faced by women in Saudi Arabia. By tailoring breastfeeding promotion programs to encompass educational initiatives, cultural sensitivity, social support networks, healthcare system interventions, and supportive workplace policies, efforts can be made to promote and support the continuation of breastfeeding among women in Saudi Arabia.

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