

Research Article

Assessment of the Actual Practices Regarding Breastfeeding and Weaning Among Mothers in Al Madinah Al Munawarah

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Abstract

The period up to two years of life known as a critical window to ensure optimal growth of an infant's life. The Quran states "And mothers shall breastfeed their children for two whole years, for those who desire to complete the appropriate duration of breastfeeding". According to WHO, when breast milk is inadequate complementary foods should be starting from 6 months of age. The primary objective of this study was to gather more recent data regarding the awareness of breastfeeding and proper weaning practice among mothers in Al-Medina Al-Munawara. A total of 175 mothers of a healthy infant aged less than 5 years old were included in the present investigation. Data were collected using a questionnaire include open and close-ended questions. Only (17.1%) know the appropriate

age of weaning according to WHO definition. About (23%) of mothers-initiated breastfeeding (BF) within the first hour after delivery. Regarding the duration of BF, (29.1%) of mothers continued BF for one-two years. Approximately half of the mothers (47.4%) reported introduced complementary feeding before 6 months. While (91.5%) of mothers start to taste their infants before giving foods and (89.2%) give water before 6 months of age. About (85%) have reported giving herbs before 3 months of age. In conclusion, this study revealed that the actual practice of breastfeeding and weaning in the sample under investigation is far away from WHO recommendations. Mothers need further understanding of nutrition concepts of BF and weaning which then would promote their practices.

Keywords: Infant; Mother; Breastfeeding; Weaning; Complementary feeding; Knowledge; Practice; Al-Medina Al Munawara

1. Introduction

The period up to two years of life known as a critical window of opportunity to ensure optimal growth and development of an infant's life. This period starts from birth to two years. Infants during the first year, grow more quickly than at any other time in their life. They need adequate nutrition during infancy and early childhood to ensure the growth, health, and development to their full potential [1]. The importance and necessity of breastfeeding are well established. In Saudi Arabia, the law is based on the Quran and the Hadiths, the Quran instructs its followers to breastfeed children for 2 complete years. The World Health Organization (WHO) and UNICEF recommendations on breastfeeding to start breastfeeding within the first hour of life, exclusive breastfeeding for the first six months, and continued breastfeeding for two years [2]. Breastfeeding has extensive physical and psychological benefits for the infants and the mother. The benefits for the infant, including helps the infant's brain grow and develop regulates healthy bacteria in the infant's gut and works as an antibiotic. Breastfeeding encourages skin-to-skin contact that is working to soothe and comfort the infant. Also has long-term effects, including better school achievement and performance in intelligence tests, lower total cholesterol, and lower prevalence of overweight, obesity, and diabetes. Breastfeeding has also been associated with a reduced risk of sudden infant death syndrome, allergies, asthma, and childhood leukemia [3].

Breastfeeding also has benefits for the nursing mother including releasing the oxytocin hormone, which improves the bonding between mother and baby, decreases the risk of postpartum depression, lowers the

incidence of cancers of the breast and ovaries, and may have higher bone density and lower rates of osteoporosis later in life [4]. Breastfeeding provides significant economic benefits to the family in as well as the society and the nation in general. It is free. Human milk saves the family money that would otherwise be spent on expensive formulas. Breastfeeding does not waste scarce resources or create pollution. Breast milk is a natural-renewable resource that requires no electricity or fuel for packaging, shipping, or disposal. Breastfeeding reduces the cost of healthcare and the need for costly health services that must be paid for by insurers, government agencies, or families. Breastfed babies are less likely to need excessive medical attention as they grow. There is less use of natural resources (glass, plastic, metal, paper) and less waste for landfills [5].

According to WHO, when breast milk is inadequate to meet the nutritional requirement of the child, complementary foods should be added to the diet of the infant. The transition from exclusive breastfeeding to normal family foods, known as complementary feeding, typically covers the period from 6 to 18-24 months of age. Complementary feeding should be timely, meaning that all infants should start taking foods in addition to breast milk from 6 months. It should be sufficient, meaning that the complementary foods should be given in adequate amounts, frequency, consistency, and using different foods items to cover the nutritional needs of the growing child [1]. The early introduction of complementary foods means that infants are more likely to be exposed to microbial contaminated foods and fluids [6]. A lower level of breast milk consumption and/or contaminated foods causing infections may result in infants facing malnourishment and/or experiencing poor growth. A systematic review in 2013 found evidence suggesting that the very early introduction of

solid foods may result in an increased risk of infants becoming overweight in childhood [7].

Severe health complications can occur in infants due to delayed weaning as after six months of age alone mother's milk is not sufficient to fulfill the nutritional requirement of the child. Mother's milk contains an insufficient quantity of zinc, iron, and vitamin A for the nursing baby. Delayed weaning causes protein-energy malnutrition due to which severe neurological manifestation can occur [8]. The preponderance of mothers had already known the benefits of breastfeeding, but when we come to weaning, they are not following the appropriate weaning practice due to poor adherence and other health problems [9]. Therefore, the primary objective of this study was to gather more recent data regarding the awareness of breastfeeding and proper weaning practice among mothers in Al Madinah Al Munawarah. It was hypothesized that the mother's knowledge would affect the actual practice regarding breastfeeding and early weaning. Secondary objectives were to describe the practice regarding breastfeeding and weaning and to explore the reasons that contribute to early weaning.

2. Methods

2.1 Data collection

A total of 175 mothers were randomly enrolled in the study and data were collected using a survey for interviewing the subjects, the questionnaire was designed to include both open and close-ended questions. Including the age of breastfeeding and weaning started and stopped, types and time of giving complementary foods, and whether she taste his food first or not. The mothers were also asked a series of questions about factors affecting the feeding practice like age, experience with an older baby, their working condition and the time spent away from the child, different causes for early weaning, source of

information like family, friends, or the internet. More detailed questions were obtained about the mother's knowledge of breastfeeding benefits and the best time for weaning.

2.1.1 Study design: Descriptive Cross-sectional survey.

2.2 Study population

2.2.1 Inclusion criteria: Mothers who have at least one child under the age of 5 years.

2.2.2 Exclusion criteria:

- Children with congenital abnormalities or any disorders that affect breastfeeding.
- Mothers who have a condition that contraindication of breastfeeding, e.g. intake of anti-thyroid medicine, etc.

2.3 Data analysis

Chi-square by SPSS version 20.

2.4 Ethical considerations

1. Told the participants about the goals of the study, and the type of data we want from them.
2. For those who accepted sharing in the study, we explained each step of the study for them, and ensure an adequate level of confidentiality of the data.
3. The Consent form was sent before the meeting to each mother by message.
4. Told each participant that the communication concerning the research should be done honestly and transparency and any type of misleading information must be avoided.
5. The participants had the right to decline and stop the interview at any time. They were assured of confidentiality and anonymity, and care was taken to ensure that no information

collected was accessed by anyone except the researcher.

6. The respondents were asked to sign a printed consent form.

3. Results

This study included 175 mothers aged 19 to more than 36 years old. More than half of them (57%) aged between 26 to 36 years old Figure 1. The majority of their children ages ranged from less than three months to 5 years as presented in Table 1. Large numbers of mothers are free from chronic disease (93.1%). Only 10.3% of mothers took medication mostly oral contraceptive pills, anti-diabetic, and analgesics. Less than half of the infants (38.3%) were the first baby for the mother's Table 1. The majority (46%) of mothers were employed in Figure 2. Approximately half of the mothers (49.1%) stayed away from their children more than 8 hours daily Table 1. Twenty-three (23%) of mothers-initiated breastfeeding within the first hour after delivery while the majority (60.6%) initiated the breastfeeding within the first day Table 2. Referring to Figure 3, 102 (58.3%) had both breast and artificial feeding. Regarding the duration of breastfeeding, as Table 2 showed about (25%) of mothers experienced breastfeeding for less than 3 months after birth, and (20.6%) of the mothers continued to breastfeed till 3 to 6 months, (25.1%) to one year and only (29.1%) to one-two years.

As represented in Figure 4, the majority of mothers (47.4%) start complementary feeding by less than 6 months of age, while only 40 mothers (22.9%) did it after 6 months of age. The data gathered in this study related to water shows that the majority of mothers (65.7%) start giving water between the first and third months. From Table 2, the majority (80%) of mothers initiated tasting their infants before feeding them. Most of them (58.3%) initiated at age 4-6 months, while

(18.9%) initiated at birth. Also, many mothers add salt and sugar to their child feeding, (49.1%) of mothers add salt and (21.1%) add sugar. The main reasons were insufficient milk (45.5%) followed by a busy mother (27.3%) and health problems either for the child or the mother (13.6%) and other reasons like mother pregnancy was only (4.5%). While assessing the mother's knowledge about weaning as defined by WHO as which a baby slowly gets used to eating family or adult foods and relies less and less on breast-milk. As can be seen in Table 3, 67 (38.3%) believed that weaning the infant should start between 12-18 months of age, and only (17.1%) knew the appropriate age of weaning according to the WHO definition. We suggested that there is a misunderstanding about the right definition of weaning by the number of mothers as 7.4% mentioned the appropriate age of weaning less than 6 months and 16% mentioned from 6-12 months.

Figure 5 shows that the vast majority of the mothers (76.6%) believe that breastfeeding can enhance the immunity of their infants, but there was a moderate belief (34.3%) regarding the benefits of providing closer bonding between the mother and the baby and recovering the mother from childbirth more quickly and easily. Only 7.4% mentioned that breast-milk protects the mother from breast cancer. There was relatively less knowledge about the benefit of breast milk for an infant's health (11.4%), and the benefit of protecting the infant's weight from obesity (3.4%). Unfortunately, only 18 (10.3%) mentioned that breast-milk is the best feeding for their babies. The mothers were asked about their feeding information sources and the most reported source where their family (70.9%) followed by the internet (57.7%) and the least source was neighbors (5.1%) as shown in Table 3.

WHO recommends exclusive breastfeeding in the first 6 months of life and defined exclusive breastfeeding as

the infant receives breast milk and no other liquids or solids are given (not even water). Only (47.4%) of mothers reported introduced CF before 6 months. While assessing mothers practice regarding the introduction of CF, it has been found that (91.5%) of mothers start to taste their infants before giving foods, (89.2%) gives water, (85%) gives herbs, and (23.5%) gives honey to their infants before 6 months of age Table 4, Figure 6. It is evident that the current practice of exclusive breastfeeding of mothers in Al-Medina Al-Munawara is very far from compliance with WHO recommendations.

Considering the employment status of the mothers who initiated breastfeeding within the first-hour results Table 5 shows that, as expected housewife mothers represented the highest percentage 28.1% compared to

working mothers and students. Interestingly, about 26.7% of student's mothers-initiated breastfeeding within the first hour compared to working mothers (18.4%). We confirmed that there is a relationship (P-value: 0.05) between the mother's employment and early initiation of breastfeeding (EIBF). Therefore, the result in Table 6 regarding the duration of breastfeeding for 1-2 years showed that the highest percent of the mothers (40.4%) present more with their children, while only (18.6%) stayed away from their children. There is a strong relationship (P-value: 0.031) between the duration of BF and the time of separation from the child. Also, a significant association (p= 0.014) was observed between the type of feeding and more than eight-hours staying away from the child Table 7.

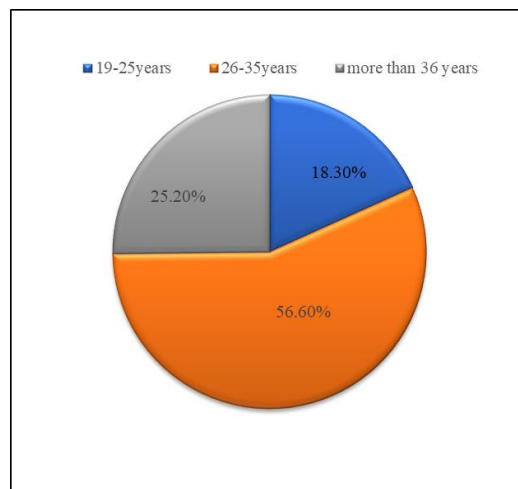


Figure 1: Maternal age.

Child Age		
3 months and less	1	0.6%
3-6 months	10	5.7%
6-12 months	33	18.9%
1-2 years	51	28.6%
2-5 years	80	45.1%
First Child		
Yes	67	38.3%

No	108	61.7%
Staying 8 hours away from the child		
Yes	86	49.1%
No	89	50.9%

Table 1: Child Characteristics.

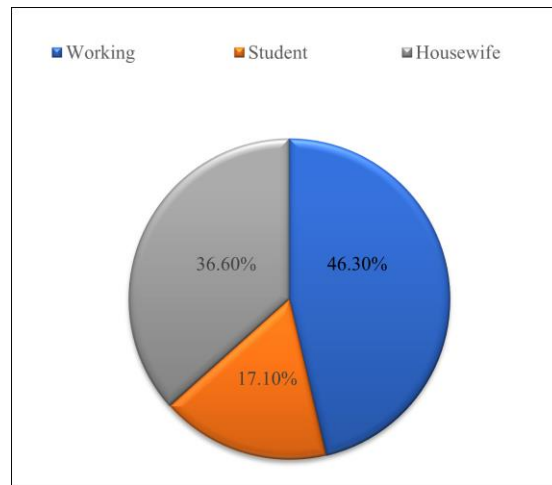


Figure 2: Maternal Employment.

Time of Initiation Breastfeeding		
First hour after birth	41	23.4%
First day	106	60.6%
after the first day	26	14.9%
Never	2	1.1%
Duration of breastfeeding		
Less than month	12	6.9%
Less than 3 months	31	17.7%
Less than 6 months	36	20.6%
6 months -1 year	44	25.1%
1-2 year	52	29.7%
Did you start tasting your child by your fingers?		
Yes	140	80%
No	35	20%
Time of Initiation Finger Feeding		
Birth	33	18.9%
Less than 4 months	25	14.3%

4 to 6 months	102	58.3%
More than 6 months	15	8.6%
Salt		
Yes	86	49.1%
No	89	50.9%
Sugar		
Yes	37	21.1%
No	138	78.9%

Table 2: Actual practice of mothers.

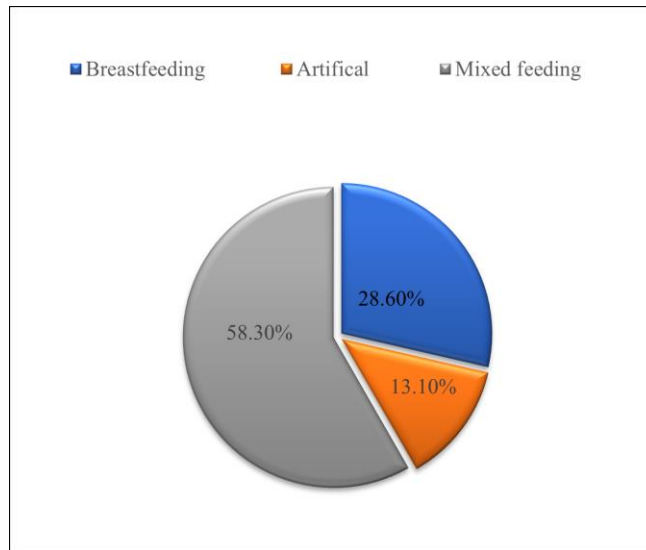


Figure 3: Type of feeding.

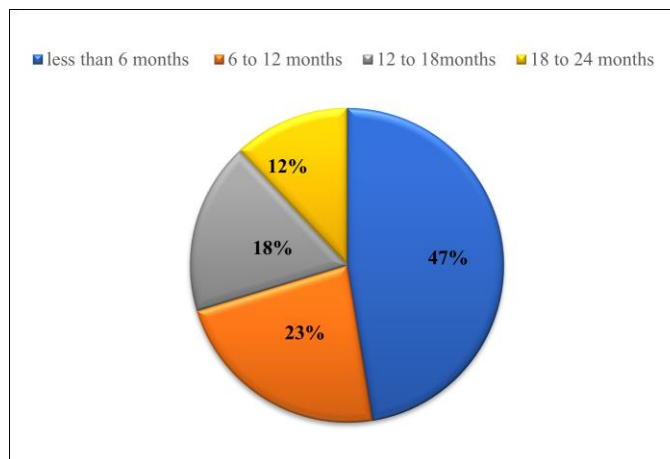


Figure 4: Time of complementary feeding.

There is benefit from Breastfeeding				
Yes	174		99.4%	
No	1		0.6%	
How many benefits the mothers know?				
Only 1 benefit	56		32.0%	
Only 2 benefits	53		30.3%	
Three benefits or more	66		37.7%	
Maternal knowledge about Appropriate Age of weaning				
Less than 6 months	13		7.4%	
6-12 months	28		16%	
12-18 months	67		38.3%	
18-24 months	37		21.1%	
2 years	30		17.1%	
Source of Information				
Yes/No	Yes		No	
	No	%	No	%
Family	124	70.9	51	29.1
Neighbors	9	5.1	166	94.9
Friends	47	26.9	128	37.1
Internet	101	57.7	74	42.3
Others	26	14.9	147	85.1

Table 3: Maternal Knowledge.

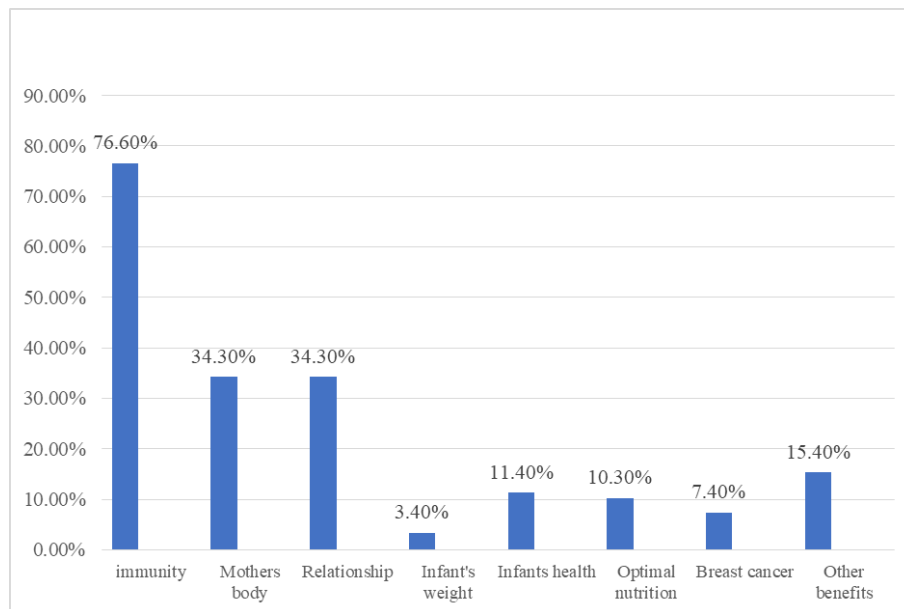


Figure 5: Benefits of Breastfeeding.

Food	6-12 months		More than 1 year		Never	
	N	%	N	%	N	%
Rice	67	38.3	37	21.1	18	10.3
Pasta	73	41.7	46	26.3	38	21.7
Bread	69	39.4	45	25.8	37	21.1
Legumes	61	34.9	41	23.4	60	34.3
Honey	45	25.7	38	21.7	51	29
Fish	50	28.6	58	33.1	57	32.6
Chips	19	10.9	66	37.4	89	50.9
Fruit	52	29.7	22	12.6	16	9.1
Vegetables	43	24.6	10	5.7	13	7.4
Popcorn	20	11.4	69	39.4	85	48.6
Nuts	25	14.3	58	33.2	90	51.4
Chicken	77	44	51	29.2	38	21.7
Meat	53	30.3	48	33.2	60	34.3
Cheese	60	34.3	41	23.4	64	36.6
Ice cream	23	13.1	62	25.4	84	48
Peanut butter	18	10.3	35	20	110	62.9
Egg yolk	52	29.7	22	12.5	66	37.7
Egg	68	38.9	35	20	60	34.3
Milks	43	24.6	50	29.6	72	41.1
Pickles	5	2.9	16	9.1	152	86.9

Table 4: Food Frequency after 6 months of age.

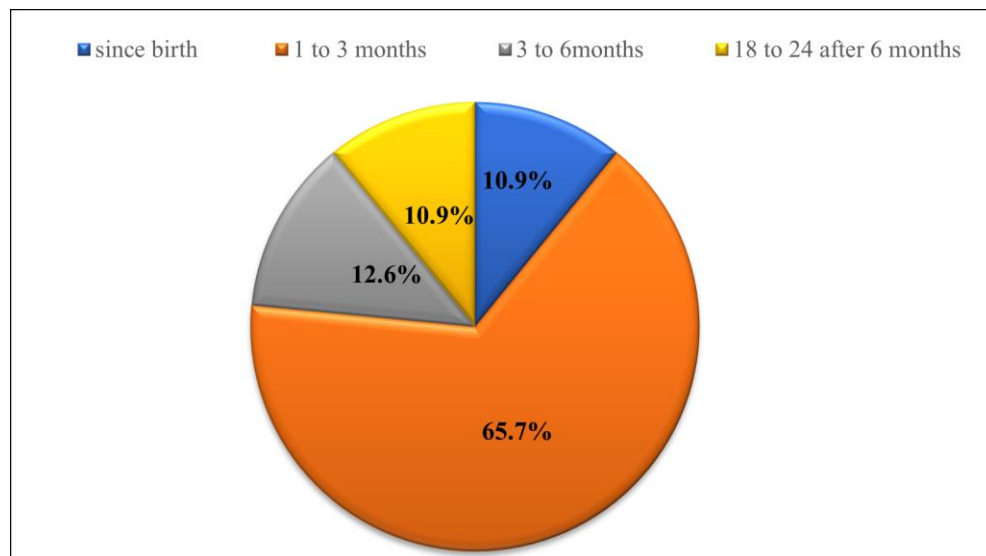


Figure 6: Time of Initiation water feeding.

Mother characteristics		First Breastfeeding							
		First hour after birth		First day after birth		From second day until 2 months		Never breast feed	
		No	%	No	%	No	%	No	%
Mother Employment	Working	15	18.5	56	69.1	10	12.4	0	0
	Student	8	26.7	12	40.0	9	30	1	3.3
	Housewife	18	28.1	38	59.4	7	10.9	1	1.6
	Total	41	23.4	106	60.6	26	14.9	2	1.1

Table 5: Early initiation of Breastfeeding (EIBF) and Mothers Employment.

Mother characteristics		Duration of Breastfeeding									
		Less than month		Less than 3 months		Less than 6 months		6 months to 1 year		1-2 years	
		No	%	No	%	No	%	No	%	No	%
Time of separation P-value: 0.031*	Yes	7	8.1%	18	20.9	22	25.6	23	26.7	16	18.6
	No	5	5.6%	13	14.6	14	15.7	21	23.6	36	40.4
	Total	12	6.9%	31	17.7	36	20.6	44	25.1	52	29.7

Table 6: Duration of Breastfeeding and Time of separation.

Mother characteristic		Feeding Type					
		Breastfeeding		Formula feeding		Mixed Feeding	
		No	%	No	%	No	%
Time of separation P-value: .0.014**	Yes	16	18.6%	14	16.3%	56	65.1%
	No	34	38.2%	9	10.1%	46	51.7%
	Total	50	28.6%	23	13.1%	102	58.3%

Table 7: Feeding type and time of separation.

4. Discussion

In the present investigation, twenty-three (23.4%) of mothers-initiated breastfeeding within the first hour after delivery Table 2. Because almost 77% of mothers did not follow the WHO’s recommendation to timely initiate breastfeeding within the first hour after birth, timely initiation of breastfeeding in Al-Medina Al-Munawara can be considered unsatisfactory. This result

was in line with a study in Taif, which reported that only 22% of mothers breastfed within 1 hour after birth [10]. In contrast, the result was lower than the recent Saudi study in Riyadh where 38.4% of mothers-initiated breastfeeding within half an hour after birth [11]. Lower results, 20% were reported in Upper Egypt [12] and 11.4% in Alhassa [13]. The highest rates (about 49.9%) were reported in Latin America while in Jordan (18.6%)

and Kuwait (12.9%) are breastfed within the first hour of birth [14]. Saudi Arabia is a Muslim country and in the Islamic teaching in the Holy Quran which states “And mothers shall breastfeed their children for two whole years, for those who desire to complete the appropriate duration of breastfeeding.” The present result showed about (25%) of mothers experienced breastfeeding for less than three months after birth, and only (29.7%) to one-two years Table 2. The desirable rate of maintenance of breastfeeding (BF) for two years or more as recommended by WHO is far away from the mother's actual practice in Al-Medina Al-Munawara. This result is nearly similar to the study reported by [15] who found that (23%) of the mothers continued breastfeeding until 18-24 months. World Breastfeeding Trends Initiative (2015) reported that the median duration of breastfeeding in Saudi Arabia (8.6 months), Jordan (12.5 months), and Kuwait (3.5) months.

As Figure 3 shows, more than half of mothers (58%) had mixed feeding (breastfeeding and bottle feeding), this nearly confirmed with another study in QATIF found that 40% of mothers were using mixed feeding [16]. Also, in Arar 39.7% of infants had received mixed feeding [17]. Most of the mothers have a good knowledge regarding breastfeeding health benefits Figure 5. Although there was a strong belief (76.6%) regarding the benefits of breastfeeding for the immunity of their infants and moderate belief (34.3%) regarding the benefits of providing closer bonding between the mother and the baby and recovering the mother from childbirth more quickly and easily, yet their compliance is far below the recommendation. The mothers had relatively less knowledge about the benefit of protecting them from breast cancer (7.4%), while a vast majority of mothers (88.4%) in a study conducted in Riyadh mentioned that breastfeeding might decrease the risk of breast cancer [18]. Only (3.4%) of studied mothers know that breast milk protected the baby from obesity,

while in another study conducted in Jeddah half of the mothers know that benefit.

Mothers who experience child feeding, especially for the first time usually have to seek information from others. Family members come as the first reference in this study (70.9%) as does for Emirati [5], and Egyptian [12] mothers who're the main source of information and guidance was the grandmother's advice, but with the current widespread of the internet and social media, the information sources regarding breastfeeding practice also have been influencing by it, as we can see more than half of the mothers (57.7%) has reported the internet as one of their main sources of information either by following physician or nutritionist advice or other mothers who're sharing their experience. In this study, neighbors were the least reported source by only nine mothers (5.1%) which reflect the social changes that are occurring currently in Saudi Arabia. Other sources like the physicians and nutritionist prenatal visit were only reported in (14.9%) which indicate the importance of education to the mothers according to their health conditions and needs. And improving prenatal care in Median's hospitals to provide optimal health care.

WHO recommends that infants are receiving complementary foods as six months of age in addition to breastmilk [19]. As represented in Figure 4, the majority of mothers (47%) start complementary feeding by less than six months of age, while only 40 mothers (23%) did it after six months of age. Higher rates of early introduction of complementary foods have also been found in various previous research studies in the Middle East context; for example, 65% of infants were reported to have received solid foods at the age of 3 months in the United Arab Emirates [20]; 41.6% of infants received solid foods by the age of 4 months in Lebanon [21]; 35% of infants received solid foods by

the age of 5 months in Turkey [22] and 30.4% of infants received solid foods by the age of 17 weeks in Kuwait [23]. Early introduction of CF has been associated with various reasons; the highest reported cause was insufficient milk in this study as well as in another study in Qatif [16]. In Kuwait, also separate family housing and being employed without the feasibility to breastfeed at work were among the highest factors to explain the low percent [24]. Also, the embracement of breastfeeding in public, or with relatives was reported with infant refusal in the Abha region.

At six months, breastfeeding is still the main feeding source for infants, but it is the time to begin adding solid foods, like cereals (bread, rice, pasta, fruit, and vegetables). Table 4, approximately 40% of infants take it from 6 to 12 months of life. Whole cow's milk drinking introduction must be delayed until 12 months of life, where (24%) of mothers give it before one year. Because honey contains bacteria that can cause botulism to babies, it should not be given before their first birthday, but about half of the mothers (49.3%) introduce it to their infant before one year. Protein sources like legumes, fish, chicken, and meat are high in iron, which needed in an infant after 6 months because of the loss of iron storage in their bodies. The studied mothers give their babies legumes (34.9), fish (28.6%), chicken (44%), and meat (30.3%) at 6 months up to one year of age [25].

The majority of infants in this study received foods at or before 6 months of age; the largest proportion was given Cerelac® 109 (62.3%), followed by yogurt 86 (49.1%), fruits 85 (48.6%), dates 74 (42.3%), rice 53 (30.3%) and honey 41 (23.4%). However, a large number of infants 136 (77.7%) had been given herbs before three months of age. Regarding sweets, data were collected about candies, ice cream, and chocolate. Candies were the most consumed among the study sample.

Approximately (80%) of the infant were never given soft drinks, tea, and coffee for two years. Other food data were studied and presented in Table 4.

The new guidelines recommend the early introduction of peanut by 6 months of life with a small amount. It is evidence that early introduction can minimize the development of allergy, but it is preferred to modify the texture such as peanut butter smoothed into pureed fruits or vegetables or wait until 1 year to avoid the risk of choking. In this study, mothers show that only (10.3%) gives peanut butter between 6-12 months Table 4. Foods like nuts and popcorn may completely block the airway causing the child to die within minutes of lack of oxygen and can be introduced around four years old. Where (14.3%) of mothers provide nuts and (11.4%) give popcorns before one year. Salty food like cheese, chips, and pickles are bad for babies, so it is preferred to limit them. Few mothers (2.9%) give pickles, (10.9%) provide chips and a high percentage (34.3%) give cheese between 6-12 months.

As recommended by USDA, egg yolk can be introduced to infants, but egg whites and whole egg are not recommended until one year of age [26], while in this study (38.9%) of mothers gives egg between 6-12 months Table 4. Recently as recommended by the American Academy of Pediatrics, Juices should not be introduced into the diet of infants before 12 months of age. Fruit juice offers no nutritional benefits for infants younger than one year [27]. Even though, in this study, 54.3% of mothers give fresh juice. About (85%) have reported giving herbs before three months of age. In Saudi's cultures, herbal teas have been given to infants with symptoms of colic. Seizures, hyperexcitability, vomiting, and muscle twitching have been reported in infants given anise tea, which is widely used among Saudi mothers. Because of these adverse side-effects

and the lack of research data, herbal teas are inappropriate for infant consumption [26].

The current study shows that there is a significant association between the duration of breastfeeding and the time of separating ($P= 0.031$), and the time of separating has been reported before in several studies in Saudi Arabia. One of them was conducted in Dammam showed that no significant difference between working and non-working mothers [28]. In this study, a significant association ($p= 0.014$) was observed between type of feeding and more than eight-hours staying away from the child, this might be universal because mothers who could spend sufficient time with their infants can more easily exclusively breastfeed them. On the other hand, a study was conducted in Alhassa found that maternal work is the most crucial independent predictor of exclusive breastfeeding [29]. Another study in Tabuk found an association between exclusive breastfeeding and delivery method; caesarian births were associated with lower rates of exclusive breastfeeding [30].

5. Conclusion

This study revealed that the actual practice of breastfeeding and weaning is far away from WHO recommendations. The rate of initiation of BF within the first hour after delivery was unsatisfactory. The proportion of exclusive BF was low among the studied mothers, and only one-third of the mothers continued BF until 1-2 years. The majority of mothers start CF from breast milk by less than six months of age. A large number of infants had been given herbs before three months of age. Mothers need further understanding of nutrition concepts of BF which then would promote their practices. This suggests that there is a need to use all available ways to improve BF practices. Increased mother's awareness of the recommended BF practices should be strongly targeted in the formulation of new strategies as pre/postnatal service and lactation

counseling. Improved workplace BF facilities are therefore clearly needed (such as providing feeding rooms and educational lectures). Promotion and support campaign for the breastfeeding Program, to local doctors, schools, clinics, hospitals, and child care centers.

Conflicts of Interest

The author declares that he has no conflicts of interest.

Contributions

The author is responsible for all the study work.

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