سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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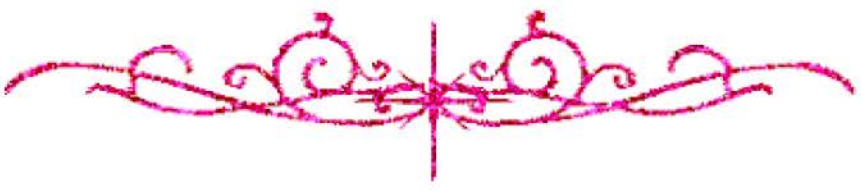

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بالرسالة صفحات لم ترد بالأصل

Impact of Breastfeeding Promotion Program on Breastfeeding Pattern, Behavior and Problem Management among Maternal and Child Health Clients in Assiut

Thesis

Submitted for Partial Fulfillment
of Doctorate Degree in Public Health and Community Medicine

By

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Contents

List of Abbreviations

• AAP	American Academy of Pediatrics
• AED	Academy for Educational Development
• ALRI	Acute lower respiratory infection
• ARI	Acute respiratory illness
• BF	Breastfeeding
• BFHI	Baby Friendly Hospital Initiative
• BFPP	Breastfeeding Promotion Program
• CRC	Conventions on the Rights of the Child
• EDHS	Egyptian Demographic and Health Survey
• EMCHS	Egyptian Maternal and Child Health Survey
• EPB	Expanded promotion of breastfeeding
• IBFAN	International Baby Food Action Network
• IEC	Information, Education and Communication
• ILCA	International Lactation Consultant Association
• IUD	Intrauterine Device
• KAP	Knowledge attitude and practice
• LME	Lactation management education
• MCH	Maternal and Child Health
• MOHP	Ministry of Health and Population
• NGOs	Non Governmental Organizations
• NTTSC	National Training and Technical Support Center for breastfeeding
• SD	Standard Deviation
• SPAAC	Social Planning Analysis and Administration Consultants
• UN	United Nations
• UNICEF	United Nations Children's Fund
• USAID	United States Agency for International Development
• WABA	World Alliance for Breastfeeding Action
• WHO	World Health Organization
• WIPHN	Women's International Public Health Network

Introduction

Introduction

Breastfeeding is best for women, babies, families, nations and the world .The superiority of breastfeeding to artificial feeding of infants has been well established for nutritional, biochemical, anti-infective, psychological, economic, and contraceptive reasons. Breastfeeding is a woman's right. To be breastfed is a baby's right, as well. Obstacles that block a woman's ability to breastfeed must be removed (WABA, 1995).

Breastfeeding is a unique process that: provides ideal nutrition for infants and contributes to their healthy growth and development, reduces incidence and severity of infectious diseases thereby lowering infant morbidity and mortality, contributes to women's health by reducing the risk of breast and ovarian cancer and by increasing the spaces between pregnancies, provides social and economic benefits to the family and the nations, and provides most women with a sense of satisfaction when successfully carried out (UNICEF, 1990).

Recent research has found that: these benefits increase with increased exclusiveness of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and program interventions can result in positive changes in breastfeeding behavior (UNICEF, 1990).

A woman's choice about how best to feed her child is a personal one. However, as no woman lives in isolation, her decision is influenced by many factors. Family members, health workers, the media, religious institutions, social traditions, the work place and her own education can all have a bearing on her own decision to breastfeed, as well as her ability

to continue breastfeeding for the optimal length of time. Every woman should be able to count on full support from those around her to enable her to initiate and sustain breastfeeding. It is the responsibility of the entire community to see that the best possible nutrition and health is available to all of its members, beginning with its youngest (WABA, 1996).

Patterns of infant feeding have changed dramatically over the past several decades, with both developing and industrialized countries experiencing decreases in what was once the nearly universal practice of breastfeeding. While many causes of these changes have been proposed, maternal employment outside the house is often considered an important factor (Wright et al, 1993).

A lack of information plays a major role in choosing not to breastfeed. Differences in patterns of breastfeeding exist within and between countries and cultures. Three main factors have been described to be associated with differences in breastfeeding patterns: place of residence (urban/rural); maternal education; and income/socioeconomic status. Urban residence and modernization have most consistently been attributed to the decline of breastfeeding (Wilmoth and Elder, 1995).

It is speculated that this decline in urban areas is partially attributed to the media, where bottle-feeding is portrayed as modern and convenient. In addition, there are fewer breastfeeding role models in the urban setting where the extended family structure may not exist, and where working mothers may believe breastfeeding to be difficult while working (Wilmoth and Elder, 1995).

Trussell and others analyzed breastfeeding durations in all populations for which World Fertility Survey (WFS) or Demographic Health Survey (DHS) results were available. In the population studied, durations were consistently longer for rural women (Trussell et al, 1992).

Education as a predictor of breastfeeding differs between developing and developed countries. Educated women in most developed countries have returned to breastfeeding while their counterparts in developing countries have increasingly switched to bottle-feeding. These findings were supported with the findings from the DHS and WFS surveys. A similar negative association has been found between socio-economic status and breastfeeding (Trussell et al, 1992).

In Egypt, around one of three children is put to the breast within an hour after birth. The median duration of exclusive breastfeeding is longer for children in rural areas than in urban areas and for mothers with less than a primary education. Better-educated mothers wean their children sooner than less educated mothers (EDHS, 1998).

Interventions to promote breastfeeding should provide mothers who elect to breastfeed with the support needed to foster a successful breastfeeding experience. It has been found that mothers who surmount problems and have a long duration of breastfeeding form a positive attitude toward breastfeeding. The woman who experiences satisfaction and enjoyment from breastfeeding are willing to encourage and help friends with breastfeeding. Interventions that provide breastfeeding mothers with support and information at critical interval, during the prepartum period, may increase not only the duration of breastfeeding