

## ORIGINAL ARTICLE

# THE PRACTICE OF BREASTFEEDING AMONG WOMEN: CHALLENGES AND MOTIVATIONS

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## ABSTRACT

**Background:** The decision to breastfeed is shaped by a mix of motivations and challenges. While the health, emotional, and economic benefits are strong motivators, women often face significant barriers—physical discomfort, societal stigma, workplace limitations, and lack of support. Strengthening healthcare guidance, creating supportive environments at work and in public spaces, and promoting awareness can help mothers sustain breastfeeding practices and maximize benefits for both mother and child. The aim of this study was to explore the breastfeeding practice among mothers and to identify the motivators and barriers influencing the initiation and duration of breastfeeding.

**Materials & Methods:** A cross-sectional study was conducted from February the 1<sup>st</sup> 2025 till April the 30<sup>th</sup> 2025, study setting was in the gynecology and obstetrics hospital and pediatric hospital, during a period of 6 months by interviewing among mothers attending in pediatric hospital and obstetric hospital for variable reasons using a constructed questionnaire of demography, practice barriers, motivators and duration of breastfeeding.

**Results:** Among 188 women of age 20-40 years half of them were college graduates, mostly housewives of middle income, two thirds of them were of nuclear families, two thirds of them were exclusively breastfeeding their infants, initiating within the 1<sup>st</sup> hour postdelivery in nearly half of them till one year, the main motivation was the nutritional benefits to their infant, the main physical challenge was painful nipple followed by decreased milk production, although nearly one third of working women complain from insufficient maternity leave, this was not significantly associated with duration of breast feeding.

**Conclusion:** Most of the participant mothers were exclusively breast feeding their infants, initiating the feeding within the 1<sup>st</sup> hour of delivery, mainly motivated by breast milk nutritional benefit, regardless the employment status they continued breastfeeding till one year.

**KEY WORDS:** Breastfeeding practice; Challenges; Duration; Employment status; Initiation time; Motivations.

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## INTRODUCTION

Breastfeeding is considered an efficient method of children survival, still less than half of infants are exclusively breastfed according to the world health organization.<sup>1</sup> In Iraq, although the initiation of breast feeding have been noticed to reach up to 90%, still the practice continuation is low.<sup>2,3</sup> Breastmilk is ideal for infants, being safe free from pathogens, suitable

temperature, providing natural immunity through its contained immunoglobulins.<sup>4</sup>

Several physical benefits support breast feeding; as Breast fed infants are at less risk of eczema in comparison to formula milk fed infants.<sup>5</sup> Meta-analyses have registered less risk of obesity and hence reduced risk of future diabetes type 2 for both mothers and their newborns.<sup>6</sup> Breast feeding was noticed to reduce maternal breast cancer; therefore, studies have recommended high income countries with reduced breastfeeding rates to breastfeed their newborns.<sup>7</sup> Cohort studies have shown a reduced risk of leukemias for exclusively breastfed infants from future leukemias.<sup>8</sup>

Thus, women must be motivated to initiate and then elongate the timing of breastfeeding to gain benefits for both mothers and infants for time-being and in the future. Challenges to breast feeding initiation or continuation must be analyzed and hence alleviated.

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For employed women, continuation or even initiation of breastfeeding is difficult, although maternity leave for governmental employee is available, still its paid duration is only for the 1<sup>st</sup> 6 months, make it a powerful economic barrier.<sup>9</sup>

Robust physical challenges have registered against continuation of breastfeeding; the most registered challenge is cracked nipple and insufficient breast milk.<sup>10</sup> Since the prevalence of breastfeeding practice in Iraq is below the recommended numbers, despite high initiation numbers which reveal the willingness of women to breastfeeding this study was carried to explore the breastfeeding practice among mothers and to identify the motivators and barriers influencing the initiation and duration of breastfeeding.

**MATERIALS AND METHODS**

A cross-section study was conducted from February the 1<sup>st</sup> 2025 till April the 30<sup>th</sup> 2025 , study setting was in the gynecology and obstetrics hospital and pediatric hospital, simple random sampling was used to choose a woman according to the following inclusion criteria: age is within the period of reproductive age group and practiced breast feeding to her last child who is less than two years of age, mothers who were seriously ill were excluded from the study, the sample size was calculated using Cochran formula sample size formula:  $N = Z^2 * p * (1-p) / e^2$ , where N= the population size, z = z score, p = standard deviation, and e = margin of error, the prevalence of breast feeding initiation in Iraq is 90%, so the sample size for infinite population is 98, the sample size was increased above the calculated for convenience, sampled women were interviewed after verbal permission using a pretested structured questionnaire composed of 4 domains:

1<sup>st</sup> domain” is demographic data: age, educational level, employment, income, family living arrangement (nuclear, extended). 2<sup>nd</sup> domain: is questioning their breastfeeding practice: type of breastfeeding (exclusive or mixed), initiation time (within 1<sup>st</sup> hour of delivery or later), feeding schedule (on demand or scheduled), duration of breast feeding (<3months,3-6months >6-1 year,>1yr}, the use of complementary feeding. 3<sup>rd</sup> domain: explored reasons for breastfeeding (breastmilk nutritional benefits, emotional bonding, maternal health benefit, cost effectiveness, health worker recommendation, cultural or family influence). 4<sup>th</sup> domain: explored barriers to breast feeding (physical and work related, the impact of illness).

Data analysis: data entry to Excell, suitable tables and figures were constructed, mean ±SD and percentages were collected, significance of categorical data was calculated by Chi square test, the p value was set at 5% for significance.

**RESULTS**

Among a total of the 188 participating breastfeeding mothers, the largest age group was 30-39 years, comprising 37.7%, while mothers under 20 made up only 5.8%, women over 40 years comprised 24.4%. Regarding education, the majority (53.1%) held a college or university degree, compared to 24.4% with only primary education and 22.3% with secondary schooling. Employment-wise, 60.6% were housewives, 37.7% were employed by the government, and 1.5% worked as private sector workers. Most households reported a middle-income level (79.7%), with fewer in low (12.2%) or high (7.9%) income brackets. Finally, 70.7% of mothers lived in nuclear family households, versus 29.2% in extended family arrangements. See table;1

**Table 1: The demographic characteristic of the participants. N (188)**

Age (years)	No.	%
<20	11	5.8%
20-29	60	31.9%
30-39	71	37.7%
>40	46	24.4%
(mean ± SD=33±10 yr)		
Education level	No.	%
Primary school	46	24.4%
High school	42	22.3%
College/University	100	53.1%
Employment status	No.	%
Governmental Employee	71	37.7%
Unemployed	114	60.6%
Private work	3	1.5%
Income	No.	%
Low	23	12.2%
Middle	150	79.7%
High	15	7.9%
Living arrangements	No.	%
Nuclear family	133	70.7%
Extended family	55	29.2%

Of the participating mothers, 57.2% initiated breast-feeding within one hour of birth 42.8% did so after this window. Nearly half (49.4%) breastfed for more than 12 months. A robust 82.2% practiced on-demand feeding. However, only 47.0% introduced complementary foods alongside continued breastfeeding.

**Table 2 : Breastfeeding practice among participants. N= (188)**

Response Option	N	%	
Type of feeding	Exclusive	118	62.40%
	Mixed	71	37.50%
Initiation of breastfeeding after birth	Within 1st hour	107	57.20%
	Within 24 hours	60	32%
	Later	20	10%
Duration of breastfeeding	<3 months	29	15.40%
	3-6 months	39	20.70%
	>6-12 months	27	14.30%
	> 12 months	93	49.40%
Breastfeeding schedule	On demand	153	82.20%
	Fixed schedule	33	17.70%
Complementary feeding with breastfeeding	Yes	88	47%
	No	52	27.20%
	Occasionally	48	25.60%

In table 3 it is shown the primary motivator for breastfeeding among participants was the nutritional and health benefits to the baby (72.8%). A smaller but notable proportion recognized benefits to their own health (13.2%), while emotional bonding accounted for only 6.3%. Cost-effectiveness (1.5%), recommendations from health professionals (2.6%), and cultural or family influences (3.1%) were less commonly reported.

**Table3 Reasons to choose breastfeeding(N188).**

Response Option	N	%
Nutritional benefits for the baby	137	72.80%
Emotional bonding	12	6.30%
Maternal Health benefits	25	13.20%
Cost-effectiveness	3	1.50%
Recommendations from health professionals	5	2.60%
Cultural or family influence	6	3.1%

Physical challenges were reported by 69% of mothers. The most common were nipple pain or cracking (32.5%) and decreased milk production (23%). Notably fewer reported issues with latch (8.5%) or engorgement/mastitis (5%), Among working mothers (n=71), 69.1% cited work-related barriers—

including insufficient maternity leave (36.6%), long hours (18.3%), lack of pumping facilities (7.05%), and difficulty balancing work and childcare (7.05%), illness impacted breastfeeding for one-third of mothers (33%), while 40% had illness without interruption to their feeding, and 26.5% remained unaffected (table - 4).

**Table 4: Challenges of breastfeeding(N188):**

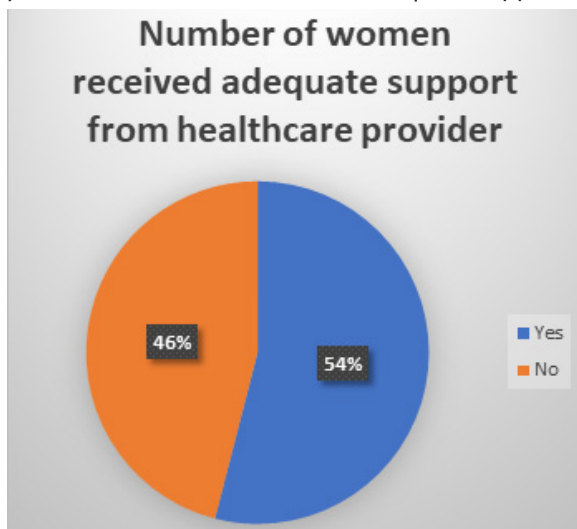
Challenge	N	%
No, physical challenges	50	31%
Yes, there is physical challenges	138	69%
Types of Physical Challenges Experienced		
Pain in the nipple or its cracking	65	32.50%
Difficulty in the baby latching onto the nipple, an uncomfortable breastfeeding	17	8.50%
Breast engorgement or inflammation	10	5%
Decreased milk production	46	23%
Work-related barriers to breastfeeding		
No	22	30.9%
Yes	49	69.1%
Total	71	100%
Types of work-related impacts if yes		
Insufficient maternity leave	26	36.6%
The absence of designated and comfortable places for breastfeeding or pumping milk at work	5	7.05%
Difficulty balancing work and childcare	5	7.05%
Long working hours that hinder breastfeeding commitment	13	18.3%
Impact of illness on breastfeeding		
Don't have illness and no effect	50	26.5%
have illness and affect the breastfeeding	62	33%
Have illness and didn't affect the breastfeeding	76	40%

Table 5 shows Among unemployed (n=114), 51.8% breastfed for more than one year, while among employed mothers (n=71), the proportion was somewhat lower at 46.5%. Shorter durations (<6 months) were more common among employees.

**Table 5 breastfeeding duration by employment status (The chi-square statistic is 3.1632. The p-value is .367144. The result is not significant at  $p < .05$ )**

*	<3 month	3-<6 month	6-12 month	>One year	Total
Un-employed	17	25	13	59	114
Employee	13	11	14	33	71
Total	30	36	27	92	185

Figure 1 This pie chart shows the proportion of women who reported receiving adequate support from their healthcare provider for breast feeding practice. 54% received adequate healthcare providers' support. while 46% did not receive adequate support.



**Figure 1: health worker support of breast feeding**

**DISCUSSION**

Breast feeding is the best means of child survival, besides such practice guarantee the nursing woman health for the time being and in upcoming health.<sup>11</sup> Most of the current study participants were adults, i.e 20 years and above, which made them capable of taking the option to breast feed their newborns, unlike the adolescents which were the minority whom face a lot of challenges to breast feeding, systematic reviews showed that maternal age is the main barrier to initiate or even continue breast feeding.<sup>12,13</sup> Also more than half of them were of high education (college graduates), thus they are aware of healthy behaviors and thus the importance of this practice to them and to their newborns, as compared to 188 women showing a significant association between duration of breast feeding and mothers level of education  $p < 0.001$  .<sup>14</sup>

Employment has negative impact on breast feeding, researches show a low prevalence of breast feeding among working mothers, more than half of the current study participants were housewives, which explains the longer duration of breastfeeding, this is also seen in another study on 600 working women were breast feeding was registered among 11% of them.<sup>15</sup> Although most of them were of families of middle income, cost effectiveness was not the main motive to breast feed, this finding was also seen in the Lebanese study which involved 305 recently breastfeeding women in which their income had no significant association with breastfeeding  $p > 0.05$ .<sup>16</sup>

Two thirds of the participants were of nuclear family, living in families with older generations members can affect the initiation and duration of breast feeding in either direction, some support the practice others can have negative effect showing lower rates of breast feeding as noticed in the Mexico study showing 60% of grandmother advice regarding breast feeding with "less favorable attitude" to breastfeeding showing lesser duration. <sup>17</sup>. Two thirds of participants practiced exclusive breast feeding which was initiated within the 1<sup>st</sup> hour post-delivery in more than half of them, and more than two thirds continued breast feeding beyond 6 months and according to the newborn demand, following the WHO recommendation, this can be justified by their relatively high educational level that positively affect the practice this is supported by the national survey Indonesian study which also revealed a significant association of maternal education with exclusive breast feeding  $p$  value 0.013.<sup>1,18</sup>

Unlike breastfeeding importance knowledge, Maternal nutritional knowledge in Iraq is lacking regardless their educational level , therefore complementary feeding practice showed mixed results this was approved by several studies in Iraq showing no significant association between level of education and complementary feeding.<sup>19-20</sup> Several motivations for choosing whether to breast feed newborns was studied, the main motive was the nutritional benefits to the newborn, in which two thirds of the women justified their choice, one third was motivated by the maternal health benefits acquired by the nursing mother, Also for emotional bonding was low to motivate women expressed in minority of breast feeders, Since more than half of the women were of high level of education, the role of their families and health care providers was minimum in their decision in breast feeding choice in comparison to the Afghani study that involved 3281 breastfeeding women , who although more than three quarters of them illiterates but have good knowledge regarding breastfeeding benefits since nearly half of them have doctors to be their source of information .<sup>21</sup>

Many challenges face women, making breast feeding practice difficult to commit, one of these is the

physical barrier which was registered among two thirds of the participants. The main physical challenge was nipple cracking in nearly one third of the women, the same percentage was also registered among one thousand women in Brazil because of poor technique of breast feeding, poor milk production was the second main challenge (one fourth), women who claim insufficient milk production are likely to discontinue breast feeding and shift their infants to formula, which in most of them are based by merely the subjective sensation of poor milk production rather than physician recommendation, this is also seen among 120 Egyptian women who three quarters of them developed cracked nipple and one quarter have insufficient milk were their barriers to breastfeeding.<sup>22</sup>

Working women experienced additional challenges related to work, the main was insufficient maternity leave, and long working hours which have a negative impact on breast feeding, since most of the women breast feed their infants according to demand not laying on fixed schedule although the legislation in Iraq is quite supportive to nursing women, by which maternity leave is fully paid for the 1<sup>st</sup> 6 months which enables women to exclusively breast feed their infants, then their salaries are in half paid for the next six months, this justifies the insignificant association between employment status and the duration of breast feeding among our study group, so delaying the time of return to work would support the continuation of breast feeding, but to initiate breastfeeding or not was significantly associated with the employment status in previous study among 150 Iraqi women among.<sup>23</sup>

Maternal illness may have an impact on breast feeding, this was less when compared to those who actually have illness, but still didn't affect their practice, a mother continues to breast feed her infant regardless to her physical condition, this contradistinct other studies that showed that maternal complications have a significant effect on either the initiation or continuation of breast feeding, this could be justified by the illness when occurring during pregnancy or immediately after delivery have a negative impact on breastfeeding while if disease development was after the breastfeeding initiation its effect may be negligible.<sup>23,24</sup> Health care providers seem to have minimum role in breast feeding practice motivation in the present study, moreover they have neutral effect to support the already existent practice, this antagonize the strategy of the Iraqi ministry of health that supported breast feeding as the baby friendly hospitals, still the physicians showed poor knowledge and practice despite positive attitude, this is also seen among the Libyan study that involved 150 health care workers who showed deficiencies in their knowledge some aspect of breastfeeding education.<sup>25</sup>

## CONCLUSION

Two thirds of the women were exclusively breast feeders, half of them initiated breastfeeding within the 1<sup>st</sup> hour after delivery and continued thereafter beyond 1 year, the main motivation was breast milk nutritional benefit to their newborns, while the main challenges was sore nipple and insufficient breast milk, for working women who formed one third of them, the two main challenges were insufficient maternity leave and long working hours, still there was no significant association between duration of breast feeding and employment status, unfortunately health care worker registered minimum role of breast feeding motivation and neutral effect in the practice support.

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**CONFLICT OF INTEREST**

Authors declare no conflict of interest.  
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**AUTHORS' CONTRIBUTION**

The following authors have made substantial contributions to the manuscript as under:

Conception or Design:	MAS, AAS
Acquisition, Analysis or Interpretation of Data:	MAS, AAS, NFJ
Manuscript Writing & Approval:	MAS, AAS, NFJ

All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



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