Breastfeeding Competency among Expectant Women

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KEYWORDS	ABSTRACT
Breastfeeding, Competency, Woman	Breast milk serves as a vital source of nutrition for infants during the initial six months of life, offering a comprehensive array of essential nutrients.Breast milk serves as the optimal source of nutrition for infants, contributing to enhanced health outcomes throughout their lifespan and offering significant advantages to both families and society as a whole. The advocacy for breastfeeding can lead to a rise in family income through the preservation of infants' growth and development, as well as aiding in the recovery of women following childbirth. Consequently, this could result in increased labor force participation and demographic benefits for society.Moreover, it can contribute to the reduction of family and social medical costs by lowering the likelihood of short-term and long-term illnesses in women and infants. **Results:** The study results display that total effect of breastfeeding motivation on breastfeeding competency is .4419, $p < 0.05$. The direct effect of breastfeeding motivation on breastfeeding competency is .4608, $p < 0.001$. **Conclusions:** The student's researcher concluded the following: The older the woman, the better the breastfeeding competency she exhibits. The better the socioeconomic status the family has, the better the breastfeeding competency the woman mirrors. The more perceived valuable breastfeeding to mothers and babies, the better the breastfeeding competency the woman reflects.

1. Introduction

Breast milk serves as a vital source of nutrition for infants during the initial six months of life, offering a comprehensive array of essential nutrients. Breast milk serves as the optimal source of nutrition for infants, contributing to enhanced health outcomes throughout their lifespan and offering significant advantages to both families and society as a whole. The advocacy for breastfeeding can lead to a rise in family income through the preservation of infants' growth and development, as well as aiding in the recovery of women following childbirth. Consequently, this could result in increased labor force participation and demographic benefits for society.Moreover, it can contribute to the reduction of family and social medical costs by lowering the likelihood of short-term and long-term illnesses in women and infants.Despite the recognized benefits of breastfeeding recommended by the World Health Organization actual breastfeeding practices in numerous countries do not meet these guidelines. Globally, around 30% of countries have an exclusive breastfeeding rate below 20% for infants aged 0 to 5 months. The global exclusive breastfeeding (EBF) rate for infants at 6 months is 43%. A study has found that only 37% of infants under six months in low- and middle-income countries were exclusively breastfed, and the rate of EBF for up to 6 months in China was only 29.2%Also, about 78 million babies are not breastfed early within the first hour of life and receive the few benefits they deserve. Therefore, effective breastfeeding intervention studies are still necessary. Interestingly, lower and middle-income countries tend to sustain breastfeeding for longer durations compared to their higher-ncome counterparts.The commencement and continuity of breastfeeding practices are influenced by various factors encompassing individual attributes, socioeconomic conditions, and healthcare systems.Psychological research indicates that competency plays a crucial role in shaping behaviors. to delve into breastfeeding behaviors, a psychological competency iceberg model has been employed to create and validate an assessment scale specifically for breastfeeding competency.

2. The aims of the study

1. To identify whether women's age, family's socioeconomic status, gravidity, parity, abortion, breastfeeding motivation, and breastfeeding comprehensive knowledge can predict breastfeeding

competency.

2. To investigate the differences in the breastfeeding competency between the groups of women's levels of education, family's socioeconomic class, and fetus's gender.

Study design

 A descriptive predictive correlation   study was used to direct this study.

Setting and Sample of the Study

The study included a convenience sample of 180 mothers in their third trimester who were recruited from mothers from primary healthcare centers in Diwanyia Governorate.

Data analysis

The SR used the statistical package for social science, version 27 to analyze the data. The descriptive statistical measures of frequency and percent, the arithmetic mean and standard deviation were also used. Stepwise regression was used to identify the variable(s) that can predict

the dependent variables.

Power analysis (Study size)

Study instrument

The study instrument encompasses woman's age (years). It also includes couple's level of education (10 levels or points), household's occupation (10 categories; the professional category scores 10), and family's monthly income (Iraqi Dinar, encompasses six categories, the higher category scores 10, lower categories score from 5 to 1). These four indices represent an adapted version of the family's socioeconomic status scale. (Radhakrishnan & Nagaraja) A score of less than 5 is classified as lower class, a score of 5-14 is classified as upper lower class, a score of 15-20 is classified as lower middle class, a score of 21-33 is classified as upper middle class, and a score of 34-40 is classified as upper class.

Ethical considerations

The student researcher obtained the approval of the ethics committee at the College of Nursing – University of Baghdad. The SR also obtained the approval of the Ministry of Planning – Central Statistics Bureau. The SR also obtained the approval of Al-Diwaniya Directorate of Health to conduct the current study. The SR assured the study participants that they can voluntarily participate in this study, and they have the option to withdraw at any point of time they want to do so. The SR assured the study participants that she securely maintains and safeguard all data supposed to be obtained from the current study and the data would be for scientific purpose only, anyone other than the SR would not have access to it at any phase of the study and after publication.

3. Result and Discussion

Table 3. *Stepwise regression model for predicting breastfeeding competency*

Coefficientsª						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	61.785	10.429		5.924	.000
	Age	1.955	.366	.372	5.340	.000
2	(Constant)	52.659	10.429		5.049	.000
	Age	1.446	.383	.275	3.778	.000
	Family's socioeconomic Status	1.302	.367	.258	3.544	.001
3	(Constant)	3.697	28.625		.129	.897

Age	1.254	.405	.238	3.099	.002
Family's socioeconomic Status	1.336	.387	.264	3.450	.001
Breastfeeding Motivation	.403	.223	.153	1.810	.072
Importance to mothers and babies	3.539	1.402	.210	2.525	.013
Recommendations	-2.464	2.373	-.078	-1.038	.301
Skin to skin instincts/attachment	-.903	2.510	-.028	-.360	.719
Position and latch	1.706	2.799	.044	.609	.543
Risk of bottles/soothers	1.080	2.243	.035	.482	.631
BFI Hospital practices 24 h rooming in	.975	3.414	.022	.285	.776
How the breast makes milk	1.240	1.980	.046	.626	.532
Maintaining milk supply through removal	-.366	3.631	-.008	-.101	.920
Feeding frequency	-.663	3.787	-.014	-.175	.861
Cue based feeding	-.974	1.855	-.041	-.525	.600
Hand expression	.901	3.726	.018	.242	.809
Signs of effective breastfeeding	-3.608	2.729	-.094	-1.322	.188
Breastfeeding concerns and solutions	-1.067	1.740	-.046	-.613	.541
Breastfeeding and peer support in community	6.112	3.195	.147	1.913	.058
Partner support	-6.812	2.960	-.168	-2.302	.023
Women's right to breastfeed	2.154	2.769	.058	.778	.438

a. Dependent Variable: Breastfeeding Competency

The stepwise regression model demonstrates that women's age, family's socioeconomic status, breastfeeding knowledge about the importance to mothers and babies, and partner's support statistically positively predict more their breastfeeding competency (p-value = .000, .001, .013, .023) respectively.

The stepwise regression model demonstrated that women's age statistically positively predicts more their breastfeeding competency. This finding implies that the older the woman, the better the breastfeeding competency she exhibits. This finding could be explained as women get older, they are anticipated to attained higher level of education the matter which acquire them more information about breastfeeding either through curricula or extracurricular scientific inquiry. (Table 3) This finding is supported by that of Yu and colleagues who concluded that older women

enjoy better breastfeeding competency (146.184 ± 16.775 for those who age 35-year or older vs 137.70 ± 21.176 for those who are younger than 35-year). In the same context, Britten and colleagues found that maternal age had a significant influence on the duration of breastfeeding, with younger mothers experiencing adverse effects on both breastfeeding intention and duration.

The stepwise regression model displayed that family's socioeconomic status statistically positively predicts more their breastfeeding competency. This finding implies that the better the socioeconomic status the family has, the better the breastfeeding competency the woman mirrors. This finding could be explained as family's socioeconomic status would be good, the woman is anticipated to adhere to healthy lifestyle including balanced diet and healthy dietary patterns that matter that makes her perceive she needs to reflect the extract of these healthy efforts on her baby through following Chapter Four: Discussion of Study Results 75 breastfeeding. (Table 3) Ajami and colleagues (197) concluded that the duration of breastfeeding was found to be significantly linked to socioeconomic status (SES), with individuals falling into the middle SES category demonstrating a notably longer period of breastfeeding in comparison to those in the low and high SES groups (19.5 ± 7.3 months

versus 18.0 ± 8.0 months for low SES and 17.5 ± 7.9 months for high SES).The stepwise regression model revealed that the importance of breastfeeding to mothers and babies statistically positively predicts more their breastfeeding competency. This finding implies the more perceived valuable breastfeeding to mothers and babies, the better the breastfeeding competency the woman reflects. This finding could be explained as when women believe that breastfeeding would be more valuable both for them and their babies, they would be more motivated to adhere to it and breastfeed their babies as competent as possible. (Table 3) The stepwise regression model demonstrated that partner's support statistically positively predicts more their breastfeeding competency. This finding implies that the greater the support the partner provides, the better the breastfeeding competency the woman reflects. (Table 3) The study results displayed that there was a statistically significant difference in breastfeeding competency among wife's level of education groups. The Kruskal-Wallis test displayed that women who hold bachelor's degree displayed greater breastfeeding competency.

4. Conclusion

- The older the woman, the better the breastfeeding competency she exhibits.

- The better the socioeconomic status the family has, the better the breastfeeding competency the woman mirrors.

- The more perceived valuable breastfeeding to mothers and babies, the better the breastfeeding competency the woman reflects.

- The greater the support the partner provides, the better the breastfeeding competency the woman reflects.

- Women who hold bachelor's degree displayed greater breastfeeding competency.

- Women whose husbands hold bachelor's degree demonstrated better breastfeeding competency.

Recommendations

The student researcher recommends the following:

- There is a need for community health nurses to design health promotion activities that seek to raise women's health awareness of the value of breastfeeding, particularly young woman and those with lower level of education which in turn can better the breastfeeding competence.

- There is need for community health nurses to collaborate with health officials in primary healthcare centers with the goal of initiating health promotion activities that seek to better women\s breastfeeding competence, particularly women who are of poor socioeconomic status.

- The is need for community health nurses to launch home visits for expectant women and enhance partners' support for breastfeeding.

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Conflict of interest

The study does not have any conflicts of interest.

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