

RELATIONSHIP OF EXCLUSIVE BREAST-FEEDING TO INFECTIONS AMONG SAUDI CHILDREN

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ABSTRACT

Background: Infectious disease is a leading cause of morbidity and hospitalization for infants and children. During infancy, breast-feeding protects against infectious diseases, particularly respiratory infections, gastrointestinal infections, and otitis media. **Objectives:** The study was designed to explore the effect of exclusive breast feeding (EBF) on reducing the risk of gastroenteritis and respiratory infections in comparison to artificial feeding among infants and children in Jeddah – KSA **Setting:** Well baby clinics and Pediatric clinics in the Primary

Health Care Centers and Hospitals in Jeddah.

KEYWORDS: Out of 500 mothers of infants and preschool children studied.

PATIENTS AND METHODS

3000 Mothers of infants and preschool children aged between 15 to 45 years who attended Primary Health Care (PHC) Centers for child immunization surveyed during the period from February 2017 to April 2017. All mothers were subjected to questionnaire. Questionnaire included Questions related to date of birth, gender, birth order, consanguinity, socio-economic conditions, age of mother, level of education of mother, occupation, formula feeding or breast feeding, details of breast feeding (duration of exclusive breastfeeding weaning time), times of previous hospitalizations, incident of diarrhea and respiratory infections and frequency of antibiotic used. statistical methods were performed for statistical analysis using SPSS to examine associations of initiation, duration, exclusivity of breastfeeding, timing of supplementing breastfeeding with formula, and breast milk intensity with of infection (cold/upper respiratory tract, ear, throat, sinus, pneumonia/lung or gastroenteritis) and previous sick visits. The data were entered into a computer and processed

using the Statistical Packages for Social Sciences (SPSS) version 18. The Student -t test, Chisquare and Fisher exact test were performed appropriately. The level $p < 0.05$ was considered as the cutoff value for significance.

RESULT

Out of 500 mothers of infants and preschool children studied, (55 %) were exclusively breast fed, while (45%) artificially feed.

Out of Breast Exclusive Breast Feed Infant no (30.71%) had episodes of diarrhea and no (25.71 %) had attacks of respiratory infections. The risk of gastroenteritis and respiratory infections was statistically significant higher when the mother had a high level of education ($p < 0.077$). The diarrheal infection (72.50%) and respiratory infections (73.03%) were statistically significant higher among infants and children who were formula fed when compared to those who were exclusively breast fed, ($p < 0.001$).

CONCLUSION

This study demonstrates that breastfeeding protect against respiratory and gastrointestinal infections during infancy as well as early childhood.

REFERENCES

1. World Health Organization: WHO Collaborative study team on the role of breastfeeding on the prevention of infant mortality effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: A pooled analysis. *Lancet*, 2000; 355(9202): 451-455. *View Article Google Scholar*.
2. World Health Organization: Infant and young child nutrition: Global strategy for infant and young child feeding, 2001.
[http://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf].
3. UNICEF. Progress for children: A report card on Nutrition, 2006; 4.
[http://www.unicef.org/progressforchildren/2006n4/index_breastfeeding.html#13].
4. World Health Organization: Indicators for Accessing Breastfeeding Practices. WHO/CDD/SER/91.1 Geneva: World Health Organization *Google Scholar*, 1991.
5. World Health Organization: The State of Breastfeeding in 33 Countries, 2010.
[<http://www.worldbreastfeedingtrends.org/>]*Google Scholar*.

6. National Population Commission (NPC) and ICF Macro: Nigeria Demographic and Health Survey 2008, Calverton, Maryland, USA: NPC and ICF Macro *Google Scholar*, 2009.
7. Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, Bellagio Child Survival Study Group: How many child deaths can prevent this year?. *Lancet*, 2003; 362: 65-71. 10.1016/S0140-6736(03)13811-1. *View Article Pub Med Google Scholar*.
8. Gabriele A, Schettino F: Child malnutrition and mortality in developing countries: Evidence from a cross-country analysis. *Analyses of Social Issues and Public Policy*, 2008; 8(1): 53-81. 10.1111/j.1530-2415.2008.00157.x. *View Article Google Scholar*.