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Tociocultural Factors that Affect Kuwaiti Mothers' Decision to Stop Breastfeeding

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ABSTRACT

The major aim of this study is to investigate the knowledge of Kuwaiti women about the impact of BF on both mothers' and infants' health conditions and to describe the beliefs of Kuwaiti women about factors that cause insufficient breast milk. It also attempts to examine the influence of sociocultural factors that affect Kuwaiti mothers' decision to stop BF. A sample of 870 Kuwaiti mothers coming from six Kuwaiti governorates were selected. The questionnaire that was used consisted of six sections, containing closed-ended questions to measure the identified variables (sociocultural information, knowledge of the impact of exclusive BF on infants' health condition, knowledge of the impact of exclusive BF on mothers' health condition, and factors that caused cessation of exclusive BF). The study reveals that the majority of Kuwaiti mothers combine BF and formula feeding and that few practiced exclusive BF. Moreover, findings show a significant association between knowledge about the benefits of BF for infants' health and some of the mothers' sociocultural variables, such as residential area. Kuwaiti mothers' employment status also has a significant impact on their knowledge of the benefits of BF for infants' health, with employed mothers having a better knowledge than unemployed ones. The main causes of stopping BF among Kuwaiti mothers were dry breast milk and non-flow from the breasts. BF is optimal for infants' and mothers' physiological and psychological well-being. The present study demonstrates that only few Kuwaiti mothers practiced exclusive BF and that the majority practiced combined BF and formula feeding.

Keywords: sociocultural, *factors, Kuwaiti, mothers, breastfeeding*

Introduction

Universally, breastfeeding (BF) is considered the optimal food source for a newborn's development and healthy growth for the first years of an infant's life. Based on the American Academy of Pediatrics[1] and the World Health Organization [2], BF provides numerous physiological and psychological advantages for infants, mothers, and families. For infants, BF is considered an important health factor in the first two years of their lives, because during these years, their bodies build a strong immunological protection from maternal antibodies through BF[1,2]. Moreover, BF has many significant positive outcomes on infants' health and well-being, such as a reduction in the incidences of chronic and infectious diseases[3,4, 5, 6 , 7]. Furthermore, BF has significant benefits for infants' social and cognitive development, such as increased intelligence and accomplishment of higher education at adulthood[8,9].

In addition, BF has a positive impact on maternal physiological and psychological health conditions, including an improvement of maternal mood due to a high secretion rate of serotonin, a reduced flow of postpartum bleeding, a reduced incidence of breast and ovarian cancers, ovulation delay, and fast uterine involution[10,11,12,13]. Furthermore, BF is essential for both maternal and infant emotional and cognitive bonding. Through BF, maternal feelings become stronger, as revealed by a prolonged duration spent on infant nursing and care[14]. For families, there are many useful advantages of BF for their economical and psychological situation, such as a reduced incidence of childhood disease, food availability for the infant, and more opportunities for saving money[2;13].

Exclusively define BF as giving newborn babies solely breast milk as the main source of nutrition, with only vitamins, minerals, and medicine drops permitted to be given during this life stage[15]. Based on this definition, no additional drinks, including water or food, can be given for the first six months of an infant's life. According to the recommendations of the WHO and the United Nations Children's Fund (UNICEF), the first six months of life are crucial for an infant's physiological and sensibility development, with exclusively giving BF encouraged up to two years of age or beyond[8,16,17.]

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Cross-Cultural Literature Review of BF Studies

Several cross-cultural studies have been conducted to explore the sociocultural and economic aspects that impact women's decision to choose BF as the main method of infant feeding[18,19,20, 21,22]. These previous studies aimed to examine factors that negatively impact young mothers' decisions to practice BF in public, such as individuals' negative perception and attitudes toward the practice of BF, anxiety and embarrassment to breastfeed in front of people, poor social support and encouragement from family to breastfeed, and being emotionally unprepared to breastfeed in public. For example, a conducted study among 221 mothers in Al Ain, the United Arab Emirates, to examine factors that influence the initiation and patterns of BF and to describe supplemental feeding patterns in a multiculturally diverse population[23]. The findings of the study reveal that half (51%) of the mothers reported that they start BF on the first day of birth. The mothers' age, complicated delivery, low birth weight, and unawareness of colostrum advantages were the main factors that were associated with the delayed initiation of BF beyond the first day of birth. A study performed among Canadian mothers to assess factors that influence the prevalence and duration of BF [11]. The study results reveal that the following factors significantly affect the maternal decision to breastfeed: age, ethnic background, religious belief, educational levels, socioeconomic status, and family support.

A performed study among 400 Saudi women in Jeddah to describe the practice of BF in Jeddah during the first year of an infant's life and to detect BF cessation risk factors[24]. The findings of the study illustrate that the majority (94.0%) of women reported that they initially breastfed their infants and that 40.0% of those women said that they maintained breastfeeding their infants for the first year postpartum. In addition, the study findings demonstrate that factors such as cesarean section delivery and intake of oral contraceptives were significantly associated with a duration of BF shorter than 12 months postpartum. A performed study that aimed to detect the association between sociodemographic and economic factors and the initiation, duration, and cessation of BF among 830 Lebanese mothers at health centers in Lebanon[25]. The findings of the study reveal that the initiation of BF within half an hour after birth was reported by 18.3% of the mothers, and factors that affect the timing of BF initiation were type of delivery (vaginal or cesarean section) and hospital-related conditions such as the frequency of mother–infant interactions, whether night BF is encouraged, and facilities for rooming-in. Furthermore, the findings show that "mothers' thoughts of insufficient breast milk" was the main reason for BF cessation, which was reported by 26.2% of the mothers, followed by "child was old enough" for BF (20.9%) and baby refused BF (10.8%)[25]. A conducted study among 142 Turkish mothers in Diyarbakir, Turkey, to examine BF practices and maternal beliefs of BF[26]. The findings of the study reveal that only a few (9.9%) mothers started BF within the first hour of birth and that none of the mothers practiced exclusive BF because they believed that water is indispensable for the infant's health. Moreover, the study found that cultural beliefs have a significant impact on BF practices. For example, milk color, unpleasant look and taste of the milk, type of delivery, the harmful impact of the milk on older infants' health, and ignorance of BF benefits were the main factors that caused mothers to not breastfeed their newborn within the first hour of birth. Furthermore, the study findings reveal that there is a significant association between mothers' education and giving colostrum to the newborn. Mothers with a high level of education believed that colostrum is beneficial for the infant's health and that it should be administered to the infant within the first hour of birth. Conversely, mothers with a low level of education believed that working in the sun will negatively affect the quality of breast milk and that colostrum had a negative impact on the newborn's health. A performed study among 110 Kenyan individuals in Korogocho and Viwandani slums, Nairobi, to describes sociocultural beliefs and practices that influence BF[27]. The findings of the study demonstrate the significant negative impact of cultural beliefs on BF practices, such as considering colostrum "clotted milk" or "unclean," which caused suboptimal BF practices. Moreover, these cultural beliefs about BF included that changes in the mother's breast make it sag and that practicing BF in public will contribute to reduced breast milk flow because of the evil eye caused by a witchcraft curse.

BF Studies in Kuwait

In Kuwait, since oil excavation began more than six decades ago, several changes have occurred in the socioeconomic aspects of Kuwaitis' life. These changes are accompanied by a transformation in Kuwaitis' lifestyle behaviors, cultural beliefs and values, infants' feeding practice, and maternal behavioral. Few studies[28,29] have been performed on BF practices since the late 1980s. The current study aims to investigate the influence of sociocultural factors on BF practices among Kuwaiti mothers from a medical anthropology perspective.

A performed study among 1553 Kuwaiti married women to examine factors that influence the incidence and duration of BF[28]. The findings of the study reveal that Kuwaiti women reported a moderate incidence and duration of BF, as in most other Middle Eastern countries. Moreover, the findings show that the mother's age at the time of birth and child parity were significantly associated with the duration of BF. The combination of older mothers and younger children results in a longer period of BF than the combination of younger mothers and older children. On the other hand, the following maternal sociodemographic factors were negatively associated with BF: age at marriage, education, occupational status, and family income. A conducted large cross-sectional survey among Kuwaiti mothers to measure the prevalence of BF practices[29]. The study findings reveal that the initiation rate of BF was 86% and that 60.6% of the mothers reported exclusive BF. A performed study among 2,291 Kuwaiti preschool children to examine the association between BF and its duration and the development of overweight or obesity[30]. The findings of this study show that BF or its duration was not associated with the development of overweight or obesity among preschool children. A per-

formed study among 373 mothers who recently gave birth in four hospitals in Kuwait to examine the prevalence of BF and the reasons associated with the initiation of BF[31]. The findings of the study reveal that the majority (92.5%) of the mothers initiated BF shortly after delivery, that the percentage of the mothers who exclusively breastfeed dropped to half (55%) after they were discharged from hospital, and that only one third (30%) of the mothers reported practicing exclusive BF. Furthermore, the majority (81.8%) of the mothers claimed that prelacteal feeding was the norm, 18.2% of the mothers said that they feed colostrum to their babies as their first food, and only 10.5% of the babies had been exclusively breastfed since birth.

In addition, the findings demonstrate the significant positive influence of paternal support for BF after discharge from hospital and the negative impact of cesarean section delivery, the infant's health condition postdelivery, and whether the infant needs special care in a special care nursery[31].

A performed study among 234 mothers in Kuwait to investigate factors that determine the duration and cession of BF[32]. The findings of the study show that around one fourth (26.5%) of the mothers breastfeed their baby up to six months or longer. Moreover, the study's findings reveal that the following factors were the main reasons for early cessation of BF as reported by the mothers: high maternal age, insufficient knowledge of BF information given after delivery, separate housing from their family, late initiation of BF, inconvenient environment at work, and maternal and infant illness. However, the father's encouragement was a significant factor that supports BF practice. A conducted study among 712 Kuwaiti mothers in Kuwait to investigate the influence of demographic, social, and psychological factors on BF practice and duration[33]. The study's results demonstrate that maternal age, ethnic background, and type of marriage have a significant impact on the initiation and duration of BF. Mothers with a Bedouin ethnic background and with a nonconsanguineous marriage type reported a lower mean duration of BF than those with an urban ethnic background and with a consanguineous marriage.

Moreover, the findings of the study reveal that older mothers tend to breastfeed their babies for a longer duration than younger mothers and that the fourth child was breastfed longer than the first and the second child. Furthermore, the study findings show that the duration of BF was negatively correlated with the following sociodemographic variables: maternal age at marriage, duration of the marriage, maternal and paternal level of education, and maternal occupational status.

A performed study among 1484 new mothers at immunization clinics across Kuwait to describe BF practice and factors that are associated with it[34]. The findings of the study demonstrate that there is a significant association between BF initiation and duration and the following factors: newborn sex, time of discharge from the hospital, maternal employment condition, type of delivery, and BF-related information given by nurses. Moreover, the study shows that there is a high percentage (98.1%) of BF initiation among mothers while they are in the hospital and that this percentage drops to 36.5% once they are discharged from hospital. Also, the study's outcome reveals that exclusive formula-feeding practice was reported by one fourth (26.5%) of mothers, compared with 37.0% of mothers who said they were engaged in partial BF[34]. The findings of the study also illustrated the significant impact of medical staff, especially nurses, on mothers' use of decoction in practicing BF. Mothers who got information about BF practice from nurses at the hospital were two times more likely to continue BF after they were discharged from hospital. In addition, the study's results demonstrate that the duration of artificial feeding was positively associated with maternal socioeconomic status, maternal employment, family stability, and duration of the marriage[33]. On the other hand, maternal religiosity level, number of abortions, and maternal age were negatively correlated with artificial feeding duration.

Significance of the Study and Objectives

Mothers' milk is regarded worldwide as the most appropriate food source for newborn babies; however, there are numerous factors that cause mothers to stop BF [9,35,36]. Cross-culturally, there are several factors that impact the initiation, duration, and cessation of BF practice, such as maternal sociodemographic characteristics, biomedical aspects, health-care systems, psychosocial condition, social support, community perspective, and public policy factors[16].

The major aim of this study is to investigate the knowledge of Kuwaiti women about the impact of BF on both mothers' and infants' health conditions and to describe the beliefs of Kuwaiti women about factors that cause insufficient breast milk. This study also aims to examine the influence of sociocultural factors that affect Kuwaiti mothers' decision to stop BF.

This paper will try to answer the following questions:

Research Question 1: Is there a significant relationship between Kuwaiti maternal sociocultural variables (age, educational level, marital status, religious affiliation, social sector, Kuwaiti governorates, and occupational status) and knowledge of the impact of BF on infants' health condition?

Research Question 2: Is there a significant relationship between Kuwaiti maternal sociocultural variables (age, educational level, marital status, religious affiliation, social sector, Kuwaiti governorates, and occupational status) and knowledge of the impact of BF on mothers' health condition?

Research Question 3: Is there a significant relationship between Kuwaiti maternal sociocultural variables (age, educational level, marital status, religious affiliation, social sector, Kuwaiti governorates, and occupational status) and factors that influence Kuwaiti mothers' decision to stop BF?

Method

Study Design and Population

The current study is a cross-sectional medical anthropology study that was conducted among 870 Kuwaiti mothers from December 2018 to August 2019. The mean age of the participants was 36.30 years (SD = 10.48). The sampling method is convenience and nonprobability sampling, with participants selected from six Kuwaiti gover-

norates. A self-administered questionnaire was handed to women who agreed to participate in the study; the questionnaire was completed anonymously and collected after completion. Confidentiality was assured, and a written informed consent document was handed to all the study participants after they were completely informed about the study objectives and procedures and of their right to withdraw from the study at any time. The data collection processes followed the Kuwait University research method procedures and regulations. To assure the validity of the questionnaire, five faculty members from Kuwait University who are specialists in the field of medical anthropology, public health, and sociology evaluated the translated instrument.

Study Instrument and Data Collection

The questionnaire consisted of six sections, containing closed-ended questions to measure the identified variables (sociocultural information, knowledge of the impact of exclusive BF on infants' health condition, knowledge of the impact of exclusive BF on mothers' health condition, and factors that caused cessation of exclusive BF). The first part of the structured questionnaire consists of maternal sociocultural characteristics (e.g., age, marital status, educational level, ethnic background, religious affiliation, occupational condition, residential area, and monthly income). The second part of the questionnaire consists of questions about maternal reproductive health and information about BF practice, such as "How was your labor?" (*natural* = 0, *cesarean section* = 1), "Do you practice BF?" (*yes* = 1, *no* = 0), "What type of BF do you practice?" (*exclusive BF* = 0, *partial BF* = 1), "Should the mother wash her breast before BF?" (*yes* = 1, *no* or *don't know* = 0), "Have you made the decision to breastfeed your baby before giving birth?" (*yes* = 1, *no* = 0), and "Have you received information about BF during your pregnancy?" (*yes* = 1, *no* = 0).

The third part of the questionnaire consists of a question about mothers' belief of factors that cause insufficient breast milk, with participants able to choose one or more of the following factors: illness of mother, delayed BF of child, short periods between BF, BF in the wrong place or situation, the mother suffers from malnutrition, envy, genetics, I don't know, and other. The second and third sections of the questionnaire were modified from a previous questionnaire developed by [31,33].

The fourth part of the questionnaire consists of questions about mothers' knowledge of the benefits of BF for infants' health and well-being, such as "Does BF make infants less prone to diarrhea and vomiting?," "Does BF make infants less prone to colds?," "Does BF make infants smarter?," and "Does BF increase infants' immunity" (for all questions, *yes* = 1, *no* = 0). The fourth section of the questionnaire was modified from a previous questionnaire[37]. The fifth part of the questionnaire contains questions about mothers' knowledge of the benefits of BF for their health and well-being, such as "Does BF help lower the weight of the mother and reach the body weight before gestation?," "Does BF make it less likely to develop ovarian cancer and breast cancer?," and "Does BF help reduce the size of the uterus to its prepregnancy status?" (for all questions, *yes* = 1, *no* = 0). The sixth part of the questionnaire contains questions about the reasons that prevented participants from continuing to breastfeed, such as "Did you stop BF because of dry milk and nonflow of breast milk?," "Did you stop BF because of swelling of the breasts and a feeling of pain during BF?," and "Did you stop BF because you wanted to go back to work?" (for all questions, *yes* = 1, *no* = 0). This part of the questionnaire was modified from a previous questionnaire [25].

To ensure the contents' accuracy and meaning of the questions, the questionnaire was pretested with 40 individuals for design, content, question clarity, and recognition. Cronbach's alpha was calculated to determine the internal consistency and reliability of the scales. Cronbach's alpha was 0.84 for mothers' knowledge of the benefits of BF for infants' health and well-being, 0.69 for mothers' knowledge of the benefits of BF for their health and well-being, and 0.87 for factors that prevented mothers from continuing to breastfeed.

Statistical Analysis

SPSS (version 24.0) was used for data analysis. To detect differences in the degree of association between the participants' sociocultural variables, the factors that caused cessation of BF, the participants' knowledge of the benefits of BF for infants' health and well-being, and the participants' knowledge of the benefits of BF for their health conditions. Several statistical tests were performed, such as a *t* test and an ANOVA.

We calculated the frequencies and percentages of mothers citing each of the 22 reasons as important in their decision to stop BF when they had reached their desired duration of BF. Finally, linear regression analysis was used to examine the association between participants' knowledge about the impact of BF on both infants' health and their health conditions and factors that caused them to stop BF practice. For all the analyses, values were two-tailed, and $p < 0.05$ was considered statistically significant.

Ethical Review

The current study is a noninvasive study; none of the mothers were at risk of being harmed in any way. The names and personal information of the participants were treated in strict confidence, and informed consent forms from the mothers were used.

Results

Description of the Population

As Table 1 reveals, more than half of the participants (n = 458, 53.1%) are between 31 and 50 years old, nearly one third of the participants (n = 205, 23.6%) live in the Al-Asimah district, and almost all the participants are married (n = 800, 92.0%). Most of the participants (n =

TABLE 1.

DISTRIBUTION OF PARTICIPANTS' SOCIODEMOGRAPHIC VARIABLES OF THE SAMPLE (N = 870).

Characteristics	*N* (%)	Characteristics	*N* (%)
Age category, years		*Income K.D*	
< 30	299 (34.7)	< 500	153 (17.5)
31-50	58 (53.1)	501-800	181 (20.7)
>50	105 (12.2)	801-1110	244 (27.9)
		1101-1400	131 (15.0)
Occupational status		1401-1700	49(5.6)
Student	112 (12.9)	1701-2000	38 (4.4)
Student & employed	46 (5.3)	2001-2300	32 (3.7)
Employed	510 (58.6)	>2301	45 (5.2)
Retired	81 (9.3)		
Private business	16 (1.8)	*Kuwait governorates*	
Housewife	104 (12.0)	AlAsimah	205 (23.6)
		Hawalli	147 (16.9)
Religious affiliation		Mubarak Al-kabeer	59 (6.8)
Sunni	699 (80.3)	ALFarwayniyah	134 (15.4)
Shiite	171 (19.7)	ALJahra	62 (22.5)
		ALAhmadi	78 (9.0)
Marital status			
Married	800 (92.0)	*Delivery Method*	
Divorced	800 (92.0)	Normal	650 (74.17)
Widow	52 (6.0)	C-Section	206 (23.7)
	18 (2.1)		
Ethnicity background			
Urban	426 (49.0)		
Bedouin	444 (51.0)		
Educational level			
< Middle school	41 (4.7)		
High school & Diploma			
University	135 (15.5)		
Postgraduate	634 (72.9)		
	60 (6.9)		

699, 80.3%) are Sunni Muslim with a Bedouin ethnic background (n = 444, 51.0%). Almost three fourths (n = 634, 72.9%) of the participants hold a university degree, and 58.6% of the participants are retired (n = 510) (Table 1). Moreover, Table 1 shows that nearly one third of the participants (n = 244, 27.9%) reported a monthly income of 801-1110 KD.

Furthermore, Table 2 reveals that the majority (n = 781; 89.8%) of the participants practiced BF, and only few (n = 167; 19.2%) of the participants practiced exclusive BF. Regarding participants' knowledge of giving colostrum, the majority of the participants (n = 737, 84.7%) said that it is beneficial for the infants' health and immunity. Concerning participants' beliefs about factors that cause insufficient BF milk, malnourishment of the mother was reported by 45.7% (n = 399) of the participants as the first cause, followed by gene inheritance, which was reported by one third of the participants (n = 266, 30.5%), and mothers' illness, which was reported by 24.3% (n = 212) of the participants. With respect to participants' knowledge of BF duration, more than half of the participants (n = 452, 52.0%) said that the best BF duration is nine months and more, and almost half of the participants (n = 402, 46.2%) believed that breast milk is insufficient for an infant.

Participants' Knowledge of the Impact of BF on Infants' Health

Table 3 addresses participants' knowledge of the benefits of BF for infants' health. The majority (90.5%) of the participants said that BF aids bonding between mother and child, followed by 768 (88.0%) of the participants who said that BF increases infants' immunity and 763 (87.4%) of the participants who said that BF makes babies healthier. On the other hand, the positive effects of BF on a baby's intelligence and on a baby's mood were identified as the least beneficial by the participants, with 58.1% (n = 507) and 48.2% (n = 421), respectively.

TABLE 2

CHARACTERISTICS OF 870 WOMEN ACCORDING TO THEIR KNOWLEDGE AND PRACTICES OF BREASTFEEDING (BF)

Characteristics	*N* (%)	Characteristics	*N* (%)
Did you practice BF?		*Breast milk is insufficient for baby*	
Yes	781 (89.8)	True	402 (46.2)
No	88 (10.2)	Not true	346 (39.8)
Feeding pattern		Don't know	121 (13.9)
Exclusive BF	167 (19.2)	*Causes of insufficient milk*	
Infant formula	88 (10.2)	Ill mother	212 (24.3)
Both	614 (70.6)	Delay in starting BF	195 (22.3)
Should the mother wash her breast before breastfeeding?		Short duration of BF	140 (16.0)
Yes	639 (73.4)	Wrong positioning	125 (14.3)
No	130 (14.9)	Malnourished mother	399 (45.7)
Don't' know	101 (11.6)	Envy	37 (4.2)
Giving colostrum		Genetic	266 (30.5)
Good	737 (84.7)	Don't know	137 (15.7)
Not good	16 (1.8)	Other	125 (14.3)
Don't' know	117 (13.4)		
Knowledge of BF duration (months)			
0-3	137 (15.7)		
4-6	135 (15.5)		
6.1-9	146 (16.8)		
More than 9.1	452 (52.0)		

TABLE 3

BENEFITS OF EXCLUSIVE BREASTFEEDING TO THE BABY

Advantage to baby	Yes N (%)	No N (%)	I don't know N (%)
Less prone to diarrhea	629 (72.1)	82 (9.4)	162 (18.6)
Less likely to have constipation	665 (76.2)	76 (8.7)	132 (15.1)
Less prone to colds	612 (70.1)	100 (11.5)	161 (18.4)
Less susceptible to food and air allergies	573 (65.6)	108 (12.4)	192 (22.0)
Makes baby intelligent	507 (58.1)	117 (13.4)	252 (28.9)
Help baby to be in quit mood	421 (48.2)	174 (19.9)	278 (31.8)
Makes baby healthy	763 (87.4)	36 (4.1)	74 (8.5)
Increase child immunity	768 (88.0)	44 (5.0)	61 (7.0)
Aids bonding between mother and child	790 (90.5)	31 (3.6)	52 (6.0)
keeps baby's teeth healthy	658 (75.4)	42 (4.8)	173 (19.8)

TABLE 4

BENEFITS OF EXCLUSIVE BREASTFEEDING TO MOTHER

Advantage to mother	Yes N (%)	No N (%)	I don't know N (%)
Helps to lower the weight of the mother	689 (78.9)	87 (10.0)	97 (11.1)
Helps in child spacing	570 (65.3)	166 (19.0)	137 (15.7)
The mother get the desired breast shape	300 (34.4)	326 (37.3)	247 (28.3)
Reduce risk of breast and ovaries cancer	624 (71.5)	33 (3.8)	216 (24.7)
Aids uterine contraction	675 (77.3)	55 (6.3)	143 (16.4)
Makes mother healthy	720 (82.5)	39 (4.5)	114 (13.1)

Table 6 reveals that Kuwaiti women who are 50 years old or older reported more knowledge about the benefits of BF on infants' health ($M = 8.22$, $SD = 2.02$) than younger women (31 to 50 years) ($M = 7.40$, $SD = 2.70$) ($p < 0.000$). In addition, Kuwaiti women who live in Mubarak Al-Kabeer ($M = 7.79$, $SD = 2.70$) and who live in the Hawalli governorate ($M = 7.78$, $SD = 2.69$) reported more correct information about the benefits of BF on infants' health than participants who live in other governorates ($p < 0.24$). Moreover, retired participants ($M = 8.08$, $SD = 2.22$) and employed participants ($M = 7.38$, $SD = 2.69$) reported more knowledge about the benefits of BF on infants' health than participants who are housewives ($M = 6.87$, $SD = 2.85$) ($p < 0.002$). Kuwaiti women who are Muslim Sunni ($M = 7.37$, $SD = 2.63$) had more information about the advantages of BF for infants' heath than Kuwaiti women who are Muslim Shiite ($M = 7.07$, $SD = 3.04$) ($p = 0.038$) (Table 7).

Participants' Knowledge of the Impact of BF on Mothers' Health

As Table 4 reveals, the most identified advantage of BF for mothers' health that was selected by the participants was improving mothers' health ($n = 720$; 82.5%), followed by lowering the weight of the mother ($n = 689$; 78.9%) and aiding uterine contraction ($n = 675$; 77.3%). Furthermore, Table 4 shows that a mother getting the desired breast shape was the least selected response as an advantage of BF for mothers' health ($n = 300$; 34.4%).

Table 8 shows that Kuwaiti women who are 51 years old or older reported more knowledge about the benefits of BF for mothers' health ($M = 4.31$, $SD = 1.58$) than younger women who are between 31 and 50 years old ($M = 4.18$, $SD = 1.59$) and women who are 30 years old or younger ($M = 3.88$, $SD = 1.72$) ($p < 0.018$). In addition, Kuwaiti women who are retired give more correct information about the benefits of BF for mothers' health ($M = 4.25$, $SD = 1.70$) than participants who are employed ($M = 4.17$, $SD = 1.59$) and housewives ($M = 3.85$, $SD = 1.73$) ($p < 0.036$). Moreover, divorced women ($M = 4.26$, $SD = 1.76$) and married women ($M = 4.11$ $SD = 1.62$) reported more knowledge about the benefits of BF for mothers' health than widowed women ($M = 4.09$, $SD = 1.65$) ($p < 0.001$).

Sociocultural Factors that Caused Cessation of BF

As can be seen in Table 5, the most reported factors that caused cessation of BF according to the Kuwaiti participants is dry mother's milk and nonflow from the breasts ($n = 559$; 64.0%), followed by using the bottle to breastfeed the baby is more comfortable than BF ($n = 534$; 59.9%) and the mother's feelings of tiredness and stress ($n = 512$; 58.6%). Moreover, Table 5 shows that the least selected factors that caused mothers to stop BF are an infection of the mother ($n = 125$; 14.3%), followed by the grandmother influencing the mother to stop BF ($n = 95$; 10.9%) and mothers thinking that their milk is harmful to their baby because it can cause colic ($n = 84$; 9.6%). Furthermore, Kuwaiti women who are Muslim Sunni ($M = 8.47$, $SD = 5.43$) reported more factors that caused cessation of BF than Kuwaiti women who are Muslim Shiite ($M = 6.24$, $SD = 4.60$) ($p = 0.038$) (Table 9).

In addition, a statistically significant association was found between participants' age and factors that caused cessation of BF. Participants who are 30 years old or younger ($M = 8.65$, $SD = 5.69$) reported more factors that caused them to stop BF compared with participants who are between 31 and 50 years old ($M = 7.93$, $SD = 5.27$) and participants who are 51 years or older ($M = 6.61$, $SD = 4.14$) ($p = 0.003$) (Table 10).

Factors that Caused Cessation of BF and Method of Delivery

Participants' method of delivery has a statistically significant association with the cessation of BF. Participants who had a natural method of delivery ($M = 8.38$, $SD = 5.41$) reported more factors that caused them to stop BF

TABLE 5

REASONS FOR NOT BREASTFEEDING EXCLUSIVELY

Reasons	Yes N (%)	No N (%)
Dry milk and non-flow of breast	559 (64.0)	314 (36.0)
Preferences for the infant to drink milk from the glass bottle	463 (53.0)	410 (47.0)
Swelling of the breast and feeling of pain during breastfeeding	456 (52.2)	417 (47.8)
Do not prefer pumping milk	220 (25.2)	653 (74.8)
The baby has a condition that is difficult to breastfeed normally	182 (20.8)	691 (79.2)
Not convenient because of my job	493 (56.5)	380 (43.5)
Use the pediatric intensive care unit in the hospital glass bottle to breastfeed the baby	334 (38.3)	539 (61.7)
I had an infection	125 (14.3)	748 (85.7)
Use the bottle to breastfeed the baby more comfortably	534 (59.9)	350 (40.1)
Sense of tiredness and stress	512 (58.6)	361 (41.4)
Had a medical treatment	177 (20.3)	696 (79.7)
Adhere to and commitment to the baby and stay away from social activities	392 (44.9)	481 (55.1)
Maintain the beauty of my body	227 (26.0)	646 (74.0)
Advice from the doctor not to breastfeed the baby	174 (19.9)	699 (80.1)
Insufficient time to breastfeed	174 (19.9)	503 (57.6)
Lack of a place for breastfeeding in a workplace	399 (45.7)	474 (54.3)
I feel embarrassed when I breastfeed my baby	224 (25.7)	649 (74.3)
Need more sleep	439 (51.0)	422 (49.0)
I think continuing breastfeeding is unnecessary	165 (18.9)	708 (81.1)
I think my milk is harmful because it causes colic to my baby	84 (9.6)	788 (90.4)
Engaging in more important things than breastfeeding	180 (20.6)	693 (79.4)
The influence of friends to stop breastfeeding	108 (12.4)	764 (87.6)
The influence of husband to stop breastfeeding	131 (15.0)	742 (85.0)
The influence of grandmother to stop breastfeeding	95 (10.9)	778 (89.1)

than participants who had a cesarean method of delivery ($M = 6.84$, $SD = 4.92$) ($p = 0.000$) (Table 9).

In addition, a statistically significant association was found between participants' ethnic background and cessation of BF. Participants with a Bedouin ethnic background ($M = 9.47$, $SD = 5.42$) reported more factors that caused them to stop BF than participants with an urban ethnic background ($M = 6.54$, $SD = 4.84$) ($p = 0.000$).

Linear regression analysis was used to test whether knowledge about the impact of BF on infants' and mothers' health conditions (independent variable) was related to factors that contributed to BF cessation (dependent variable). The analysis revealed one predictor of having knowledge about the beneficial effects of BF on a child's health and reported factors that cause BF cessation ($\beta = -0.080$, $p < 0.05$), and a negative predictor of having knowledge about the beneficial effects of BF on mothers' health and reported factors that cause BF cessation ($\beta = -0.084$, $p < 0.05$) (Table 11).

Discussion

The current study reveals that the majority of Kuwaiti mothers combine BF and formula feeding and that few practiced exclusive BF. The most reported reasons that caused cessation of BF according to the Kuwaiti mothers are dry mother's milk and nonflow from the breasts, bottle feeding the baby is more comfortable than engaging in BF, and the mother's feelings of tiredness and stress. These findings are comparable to those of the study among Saudi mothers in the Al Kharj Health Centre, showing that more than half of the Saudi mothers said that they practiced partial BF and that one fourth of the mothers said they engage in exclusive BF[38]. However, the current findings are inconsistent with the findings of the cross-cultural studies [39,40,41] which show the influence of cultural beliefs on mothers' decisions to practice exclusive BF. These previous studies reveal that mothers believed that water and other fluids are a requirement for the infant within the first hour of birth until the mature breast milk begins to flow. Due to these cultural beliefs, none of the previous studies reported exclusive BF practice among their participants. The previous studies illustrated cultural variations in BF practice and demonstrated the influence of several factors, such as cultural beliefs, education, socioeconomic status, and government health policy, that influence mothers' decision to practice exclusive BF.

Moreover, the current study's findings show a significant association between knowledge about the benefits of BF for infants' health and some of the mothers' sociocultural variables, such as the mothers' residential area. Kuwaiti women who live in Mubarak Al-Kabeer and the Hawalli governorate reported more often accurate information about the benefits of BF for infants' health compared with mothers who live in other governorates. According to the 2019 report of the Kuwaiti Public Authority for Civil Information [42], the Kuwaitis who live in Mubarak Al-Kabeer and the Hawalli governorate are young, with an age be-

TABLE 6

ONE-WAY MEASURE ANOVA IN TERMS OF WOMEN'S KNOWLEDGE OF BF ADVANTAGE ON INFANTS' HEALTH

P	F	df	Mean Square	Source	SD	M	BF advantage
				Age			
.000	11.447	2	82.859	Between groups	2.86	6.81	30 years or below
		859	7.238	Within groups	2.70	7.40	31-50 years
					2.04	8.22	51 years & above
		861	6383.578	total	2.72	7.30	Total
				Kuwait governorates			
.024	2.600	5	19.090	Between groups	2.75	7.10	Al Asimah
		864	7.341	Within groups	2.69	7.78	Hawalli
					2.87	6.77	ALFarwayniyah
					2.57	7.35	ALAhmadi
					2.73	7.37	ALJahra
					2.70	7.79	Mubarak Al-kabeer
		861	6383.578	total	2.72	7.31	Total
				Occupational status			
.002	6.462	2	46.942	Between groups	2.69	7.38	Employed
		866	7.264	Within groups	2.85	6.87	Housewife
					2.22	8.08	Retired
		868	6384.488	total	2.71	7.32	Total

TABLE 7

BF ADVANTAGE ON INFANT'S HEALTH AND RELIGIOUS AFFILIATION

Religious affiliation	BF advantage on infants' health		
	M	SD	t-value
Sunni	7.37	2.63	
Shiite	7.07	3.04	1.319*

TABLE 8

ONE-WAY MEASURE ANOVA IN TERMS OF WOMEN'S KNOWLEDGE OF BF ADVANTAGE ON MOTHERS' HEALTH

P	F	df	Mean square	Source	SD	M	BF advantage
				Age			
.018	4.013	2	10.826	Between groups	1.72	3.88	30 years or below
		859	2.698	Within groups	1.59	4.18	31-50 years
					1.58	4.31	51 years & above
		861	6383.578	total	1.64	4.09	Total
				Occupational status			
.036	3.326	2	8.957	Between groups	1.59	4.17	Employed
		866	2.693	Within groups	1.73	3.85	Housewife
					1.70	4.25	Retired
		868	2349.885	total	1.64	4.10	Total
				Marital status			
.001	6.677	2	17.949	Between groups	1.62	4.11	Married
			2.688	Within groups	1.76	4.26	Divorcee
					1.74	2.72	Widow
		869	2366.695	total	1.65	4.09	Total

TABLE 9

FACTORS THAT CAUSED CESSATION OF BF

Variables	M	SD	t value
Religious affiliation			
Sunni	8.47	5.43	
Shiite	6.24	4.60	4.954*
Ethnicity background			
Urban	6.54	4.84	
Bedouin	9.47	5.42	8.381***
Method of delivery			
Natural	8.38	5.41	
Caesarean	6.84	4.92	3.624***
Whether receiving info			
Yes	8.26	5.46	
No	7.49	5.02	1.934*

* P<0.05, *** P<0.0001

TABLE 10

ONE-WAY MEASURE ANOVA IN TERMS OF FACTORS THAT CAUSED CESSATION OF BF

P	F	df	Mean square	Source	SD	M	Age
.003	5.851	2	164.636	Between groups	5.69	8.65	30 years or below
		859	28.138	Within groups	5.27	7.93	31–50 years
					4.14	6.61	51 years & above
		861	24499.624	total	5.33	8.02	Total

TABLE 11

LINEAR REGRESSION ANALYSES FOR VARIABLES PREDICTING FACTORS THAT CAUSE BF CESSATION

Source	B	ß	t	p
Knowledge about BF impact on infants' health	.259	.080	2.037	.042*
Knowledge about BF impact on mothers' health	–.166	–.084	–2.144	.032*
R2 .007				
F= 2.904*				

* P < 0.05

tween 30 and 39 years, hold a high degree, and are at childbearing age, which can explain their better knowledge about the benefits of BF for infants' health compared with mothers who live in other residential areas. These findings are in agreement with the findings of the studies among Bahraini mothers[43] and among American mothers[44], which show the influence of residential area on mothers' behavior pattern of BF. Bahraini mothers who live in an urban area and American mothers who live in rural Minnesota tend to breastfeed their newborns for a shorter period of time than mothers who live in a rural area[43,44]. This association between BF duration and mothers' residential area might be due to mothers' socioeconomic status, employment conditions, and age.

Kuwaiti mothers' employment status also has a significant impact on their knowledge of the benefits of BF for infants' health, with mothers who are employed having a better knowledge than mothers who are housewives. This finding is not necessarily contradictory to that study in western Saudi Arabia, which revealed that mothers' employment status was one of the main causes of BF cessation[45]. The findings of the present study can be attributed to the Kuwaiti service civil law, granting Kuwaiti employees maternity leave with half a salary for four months postdelivery. This policy encourages Kuwaiti mothers who are employees to continue with exclusive BF, because it allows them to stay longer with their newborn.

Additionally, the findings of the current study show that the majority of Kuwaiti mothers believed that BF strengthens the bonding between mother and newborn and that this attachment encourages them to continue BF. These findings are similar to those findings[46, 47], which show the importance of the bonding relationship between mother and infant for BF initiation and duration. Further-

more, the current study shows that Kuwaiti mothers hold positive beliefs about the effects of BF on an infant's cognitive and physical development and growth, beliefs that are comparable to those found among Iranian women in Tehran [48] and those reported by Kenyan mothers[27]. These previous studies reveal that mothers hold positive sociocultural beliefs about the benefits of BF for infants' mental and biological well-being. Kenyan and Iranian mothers believed that breast milk has a positive influence on infants' intellectual growth and that infants who are breastfed have a better health condition than infants who are not. In addition, this study finds that the majority of Kuwaiti mothers acknowledge the benefits of colostrum for newborns' health and immunity, a finding that is inconsistent with the findings of a study which reveal that Turkish mothers in Diyarbakir believed that colostrum is dirty, has an unpleasant taste, and can have harmful impacts on a newborn's health, such as stomach ache[26]. Furthermore, findings of previous studies show cultural differences among mothers that do not give colostrum to their newborns, which varied from 15 to 65% [49,50,51]. This cultural diversity in maternal acknowledgment of the benefits of colostrum for newborns' health and well-being stresses the need for governments and health policy makers to provide expectant mothers with educational material and infant-feeding classes that cover the principle medical information on the benefits of exclusive BF for newborns' health and well-being.

Furthermore, this study found that the main causes of stopping BF among Kuwaiti mothers were dry breast milk and nonflow from the breasts. This finding is similar to the findings reported among Lebanese women[25] and among Iranian mothers[48], which reveal that insufficient breast milk was the main cause of BF cessation. In contrast, a study among American women in the United States shows that the most common causes of BF cessation were newborns having difficulty in sucking and latching on, insufficient breast milk for the needs of newborns, and mothers thinking that they did not have enough milk[52]. The findings of the previous studies demonstrate the influence of cultural norms on mothers' decision to stop BF based on their beliefs of milk insufficiency, which encourage them to add supplementary formula, water, or sugar water during the first one to six months of a baby's life. These cultural viewpoints should be corrected by planning a health-related campaign to enlighten the public about the essential impact of exclusive BF on infants during the first six months of their lives, as well as by educating mothers or women at childbearing age about the biological process of breast milk production in. Furthermore, the present study reveals that the main positive effects of BF on mothers' health, as reported by the Kuwaiti participants, are improving mothers' health, helping mothers to lose weight faster, helping uterine contraction, and returning back in the shape and size before labor. These findings are different from the study's outcomes among Mexican-American, African-American, and Caucasian adolescent mothers in the United States[53]. These outcomes demonstrate that the main advantage of BF for mothers' health was helping mothers to lose weight, which was reported most frequently by the Caucasian adolescent mothers, followed by the African-American mothers, and least frequently by the Mexican-American adolescent mothers. In contrast, a study among Italian mothers shows that less than half of the participants reported that BF has benefits for mothers' health because it prevents them from getting breast cancer and that about one third of the participants said that BF protects mothers against chronic diseases such as obesity, diabetes, and osteoporosis[17]. The previous cross-cultural findings of the beneficial effects of BF on mothers' health reveal differences among mothers in their knowledge about the positive impact of BF on their health, highlighting the need to create health-related school curricula that inform about the significant mental and physical benefits of BF for both mother and infant. Finally, the present study finds that Kuwaiti maternal knowledge about the benefits of BF for a child's health is a predictor for the reported factors that contribute to BF cessation. This finding is similar to the findings [54,55,56] which demonstrate a significant relationship between mothers' positive attitude toward BF and the level of information they hold about the advantages of BF for infants' health.

Conclusion

In conclusion, exclusive BF is optimal for infants' and mothers' physiological and psychological well-being. The present study demonstrates that only few Kuwaiti mothers practiced exclusive BF and that the majority practiced combined BF and formula feeding. Furthermore, this study showed that mothers thinking they had insufficient milk flow was the main reason that caused them to stop BF. Continued efforts to increase the knowledge and awareness of the health outcome benefits of BF for both infants and mothers are needed through intensive educational health-related programs. Community intervention programs should always address and incorporate traditional beliefs and medical information about BF practices. Campaigns for the community on the basic information about initiation and duration of BF should be held by professional experts in medical and nutritional fields. Future medical anthropology research on sociocultural factors that influence BF behavior is required with particular emphasis on the determinants that influence mothers' knowledge and attitudes about exclusive BF. Moreover, further research on the level of a women's social support system, including husbands, families, physicians, and health practitioners, and on the decisions regarding BF behaviors is needed.

Limitations and Strengths

The present study is one of the few studies in Kuwait that examine mothers' knowledge about the impact of BF on both mothers' and infants' health from the medical anthropology perspective. However, since we used a cross-sectional study design, the method did not enable the de-

termination of the long-term impact of other factors that could potentially confound women's decision to engage in BF, such as mothers' health condition, contraceptive use, genetic factors, and dietary intake. Therefore, longitudinal medical anthropology studies are needed to assess other sociocultural and health factors that affect mothers' decision to practice BF. Finally, a qualitative study on the determinants associated with the initiation and duration of exclusive BF is needed to cover the complete maternal behavior of engaging in BF.

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SOCIOKULTURNI ČIMBENICI KOJI UTJEČU NA ODLUKU KUVAJTSKIH MAJKI DA PRESTANU DOJITI

S A Ž E T A K

Glavni cilj ove studije je istražiti znanje žena u Kuvajtu o utjecaju prestanka dojenja na zdravstveno stanje majke i dojenčadi te njihova vjerovanja o čimbenicima koji uzrokuju nedovoljnu proizvodnju majčinog mlijeka. Također, rad nastoji ispitati utjecaj sociokulturnih čimbenika na prestanak dojenja. Odabran je uzorak od 870 majki iz šest kuvajtskih pokrajina. Upitnik se sastojao od šest odjeljaka i sadržavao je zatvorena pitanja za mjerenje identificiranih varijabli (sociokulturne informacije, poznavanje utjecaja ekskluzivnog dojenja na zdravstveno stanje dojenčadi, znanje o utjecaju ekskluzivnog dojenja na zdravstveno stanje majke, i čimbenici koji su uzrokovali prestanak ekskluzivnog dojenja). Istraživanje otkriva da većina kuvajtskih majki kombinira dojenje i dohranu mliječnim formulama i da malo njih isključivo doji. Štoviše, nalazi pokazuju značajnu povezanost između znanja o dobrobiti dojenja za zdravlje dojenčadi i nekih sociokulturnih varijabli majki, poput mjesta stanovanja majki. Status zaposlenosti majki u Kuvajtu također ima značajan utjecaj na njihovo znanje o koristima dojenja za zdravlje dojenčadi, jer zaposlene majke imaju bolje znanje o tome nego nezaposlene. Glavni uzroci prestanka dojenja kuvajtskih majki bili su presušivanje majčinog mlijeka i zastoj mlijeka u dojkama. Dojenje je optimalno za fiziološku i psihičku dobrobit dojenčadi i majke. Ova studija pokazuje da malobrojne majke u Kuvajtu isključivo doji bez dohrane te da većina njih prakticira kombiniciju dojenja i dohranu.