Common Breastfeeding Myths in Derna City in the North-Eastern Part of Libya

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ABSTRACT

Background: Breastfeeding's advantages are well-known, yet the percentage of women who choose to breastfeed has been stagnant for decades. Providing neonates with the nutrition they need to grow and develop normally requires breastfeeding.

Aim and objectives; to know how common breastfeeding myths among women in the child-bearing age in Derna City are.

Subjects and methods: This cross-sectional study was conducted in Derna City in the north-eastern part of Libya, the objective was to know how common breastfeeding myths among women are in the child-bearing age in this city. The participants in this study comprised 1000 women in childbearing age.

Result: 72.8% of the participants had information about breastfeeding and the most frequent source of information was family (64.7%). Meanwhile, 87% of the participants had children.

Conclusion: Women in Derna City in the north-eastern part of Libya have many breastfeeding myths, which can lead to discontinuation of breastfeeding. Our study emphasizes the importance of supporting and educating family members and society as a whole, rather than simply mothers, because everyone, whether directly or indirectly, influences a mother's decision to breastfeed.

Keywords: breastfeeding, myths, Libya.

INTRODUCTION

Despite the widespread acceptance of breastfeeding's advantages, the prevalence of the practice has remained stagnant for decades. In order to provide a good start in life for a child, breast milk is the most common method of nutrition delivery. Infants and early children are fed milk from a woman's breast through breastfeeding, also known as nursing ⁽¹⁾.

UNICEF and WHO recommend exclusive breastfeeding for the 1st six months of life, beginning in the 1st hour of a baby's life and continue for at least the next two years, even after the introduction of nutritionally appropriate and safe supplementary meals (solids). WHO recommends breastfeeding on demands that is as often as the child wants, day and night^(2,3).

There are many breastfeeding myths (misconceptions) in Libya and worldwide andthey are responsible for discontinuation of breast-feeding. These myths are deeply rooted and have an origin related to people habits, social environment and traditional cultural practices and beliefs ⁽¹⁾.

Aim of the Work was to know how common breastfeeding myths among women in child-bearing age in Derna City.

MATERIAL AND METHODOLOGY

A cross sectional study was carried in Derna City in the north-eastern part of Libya. Predesigned, closed-ended questions questionnaire (26 questions) was prepared and a thousand women in childbearing age contributed in the study who were selected randomly. With inclusion criteria as childbearing age women

Questionnaire about breastfeeding 1. How old are you?

- \circ below 20 years
- \circ 20-30 years
- 20-30 years
 30-40 years
- 30-40 years
 40-50 years
- Over 50 years

2. What is your educational level?

- Not educated.
- Primary school.
- Middle school.
- Secondary school.
- University or higher institute.
- Postgraduate degree.
- **3.** Do you think you have enough information about breastfeeding?
 - Yes
 - o No
- 4. If you have information about breastfeeding, what is its source?
 - \circ The family
 - Doctor
 - The school
 - Leaflets & Books
 - Internet & social media & Radio & TV
- 5. Do you Have Children?
 - o Yes
 - o No
- 6. Have you ever breastfed your baby?
 - Yes
 - o No

7. How long did you breastfeed him or her?

- \circ Less than 6 months
- Between 6-12 months
- More than 12 months

- 8. Do you wish to know about the misconceptions about breastfeeding?
 - o Yes
 - o No
- 9. Is breastfeeding painful?
 - Yes
 - o No

10. Do you think that the presence of congenital anomalies of the breast & nipple may affect breastfeeding?

- o Yes
- o No

11. Do you think that the insufficient breast milk is one of the reasons for stopping breastfeeding?

- o Yes
- o No
- 12. Do you think that mothers should eat or drink more when breastfeeding?
 - o Yes
 - o No
- 13. Do you think that a diabetic mother can breastfeed her baby?
 - o Yes
 - o No
- 14. Do you think that a mother with symptoms of anxiety or depression can breastfeed her baby?
 - o Yes
 - o No
- 15. Do you think that breastfeeding causes a nursing mother to gain weight?
 - Yes
 - o No
- 16. Do you think that a nursing mother cannot take any kind of medicine?
 - o Yes
 - o No

17. Do you think that if a mother suffers from a respiratory tract infection or a flu, she cannot breastfeed her baby?

o Yes

o No

18. Do you think that if a mother suffers from anemia, she cannot breastfeed herbaby?

- o Yes
- o No

19. Do you think that a mother after stopping breastfeeding her baby for a few days she cannot breastfeed her baby again?

• Yes

o No

20. Do you think that a mother who has given birth to twins can breastfeed them exclusively?

- o Yes
- o No

- 21. How often a mother should breastfeed her baby per day?
 - Every hour or less.
 - Every two hours.
 - \circ Every 2-3 hours.
 - Every 6 hours.
 - On demand.

22. Does breastfeeding increase baby weight?

- o Yes
- o No

23. Do you think that the baby needs to drink water with breastfeeding before the age of 4-6 months?

o Yes

o No

- 24. Do babies get enough calcium from breastmilk?
 - o Yes
 - o No

25. Do you think that breastfeeding should be stopped if the child suffers from diarrhea or vomiting?

- Yes
- o No
- 26. Do you think that a baby who suffers from jaundice is allowed to be breastfed?
 - o Yes
 - o No

Ethical approval:

The study was approved by the Ethics Board of University of Derna and an informed written consent was taken from each participant in the study. This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans.

Data management and Statistical Analysis:

The data were entered into SPSS (Statistical Package for the Social Sciences) version 26.0, and were then statistically evaluated. Data are presented as frequency and percentage.

RESULTS

Regarding age, most of the participants were between 30 - 40 years (39.6%) followed by participants > 40 years (30.1%) while for education levels, most of the participants finished university or higher institute (61.6%) and only 2 participants were not educated (**Table 1**).

Table (1) Demographic characteristics of the	
participants	

Data	-	The participants (N=1000)	
Age			
< 20 years	36	3.6	
20 – 30 years	267	26.7	
30-40 years	396	39.6	
>40 years	301	30.1	
Residence			
Rural	462	46.2	
Urban	538	53.8	
Educational level			
Not educated	2	0.2	
Primary school	19	1.9	
Middle school	63	6.3	
Secondary school	148	14.8	
University or higher	616	61.6	
institute			
Postgraduate degree	131	13.1	
Did not answer	21	2.1	

Data are presented as frequency and percentage 72.8% of the participants had information about breastfeeding and the most frequent source was family (64.7%). Meanwhile, 87% of the participants had children (**Table 2**).

 Table (2) Social characteristics of the participants

Data	The participants (N=1000)	
Having information about breastfeeding		
Yes	728	72.8
No	254	25.4
Did not answer	18	1.8
What the source of the information		
Family	647	64.7
Doctor	164	16.4
School	67	6.7
Books	98	9.8
Social media	175	17.5
Having children		
Yes	870	87
No	127	12.7
Did not answer	3	0.3

Data are presented as frequency and percentage

84.9% of the participants breastfed their babies with the most frequent length of more than 12 months (38.8%). 86.5% of the participants had desire to learn about the misconceptions about breastfeeding while 35% of the participants suffered from painful breastfeeding (**Table 3**)

Table (3) Breastfeeding characteristics of the	
participants	

participants			
Data	The participants		
	(N=1000)		
Have you ever breastfed your baby?			
No	133	13.3	
Yes	849	84.9	
Did not answer	18	1.8	
How long did you breastfeed?			
Less than 6 months	197	19.7	
Between 6 – 12 months	294	29.4	
More than 12 months	388	38.8	
Did not answer	121	12.1	
Have a desire to learn about the misconceptions			
about breastfeeding?			
No	117	11.7	
Yes	865	86.5	
Did not answer	18	1.8	
Breastfeeding painful			
No	599	59.9	
Yes	350	35	
Did not answer	51	5.1	

Data are presented as frequency and percentage

52% of the participants thought that presence of congenital anomalies in the breast or nipple prevents breastfeeding while 57% thought that the insufficient mother's milk for the baby is one of the reasons for stopping breastfeeding. Moreover, 67% think that the mother should eat or drink more than usual while breastfeeding and 71.2% think that a mother with diabetes can breastfeed her baby.

50.5% of the participants think that a mother can't breastfeed her baby if she is in a state of sadness, anxiety, or stress and 34.4% think that breastfeeding causes a nursing mother to gain weight while 59.5% think that a nursing mother cannot take any kind of medicine, and only 30.7% think that if the mother suffers from a respiratory tract infection or flu, she cannot breastfeed her baby. 34.5% of the participants think that if the mother suffers from anemia, she cannot breastfeed her baby and 53% think that after stopping the mother from breastfeeding her baby for several days she cannot breastfeed her baby again while 85.6% think that a mother who has given birth to twins can breastfeed both of them. Moreover, about half of the participants (51.6%) think that the baby needs to be breastfed every 2 hours per day.

90.1% of the participants think that the baby's weight increases well with breastfeeding and 30.1% think that the baby needs water with breastfeeding before the age of 4-6 months while 84.5% think that the baby gets enoughcalcium from breastfeeding and 84.4% think that breastfeeding should not be stopped if the child suffers from diarrhea or vomiting. Moreover, 76.9% think that a baby whosuffers from jaundice is allowed to be breastfeed (**Table 4**)

https://ejhm.journals.ekb.eg/

Data	The participa	nts- (N=1000)
		nipple prevents breastfeeding?
No	460	46
Yes	520	52
Did not answer	20	2
Thinking that the insufficient mother's milk for t		e reasons for stopping
breastfeeding	·	
No	416	41.6
Yes	570	57
Did not answer	14	1.4
Do you think the mother should eat or drink more th		feeding?
No	329	32.9
Yes	669	66.9
Did not answer	2	0.2
Do you think that a mother with diabetes can breast	feed her baby?	
No	261	26.1
Yes	712	71.2
Did not answer	27	2.7
Do you think that a mother can breastfeed her ba		
No	505	50.5
Yes	491	49.1
Did not answer	4	0.4
Do you think that breastfeeding causes a nursing mo	ther to gain weight?	
No	648	64.8
Yes	344	34.4
Did not answer	8	0.8
Do you think that a nursing mother cannot take any	kind of medicine?	
No	391	39.1
Yes	595	49.5
Did not answer	14	1.4
Do you think that if the mother suffers from a re-	espiratory infection of	r the flu, she cannot breastfeed
her baby?		
No	677	67.7
Yes	307	30.7
Did not answer	16	1.6
Do you think that if the mother suffers from anemia,	, she cannot breastfeed	l her baby?
No	644	64.4
110	044	
	345	34.5
Yes		34.5 1.1
Yes Did not answer	345 11	1.1
Yes Did not answer Do you think that after stopping the mother from	345 11	1.1
Yes Did not answer Do you think that after stopping the mother from breastfeed her baby again?	345 11	1.1
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Yes Did not answer Do you think that after stopping the mother from breastfeed her baby again? No Yes Did not answer Do you think that a mother who has given birth to t No Yes Did not answer Do you think how many times a baby needs to be br Every hour or less Every two hours Every 2-3 hours	345 11 breastfeeding her ba 451 530 19 wins can breastfeed ba 134 856 10 eastfed per day? 122 516 38	1.1 by for several days she cannot 45.1 53 1.9 oth of them? 13.4 85.6 1 12.2 51.6 3.8
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Data	The participants-	· (N=1000)	
Yes	901	90.1	
Did not answer	2	0.2	
Do you think that the baby needs water with breastfeeding before the age of 4 months?			
No	699	69.9	
Yes	301	30.1	
Do you think that the baby gets enough calcium when brea	stfeeding?		
No	145	14.5	
Yes	845	84.5	
Did not answer	10	1	
Do you think that breastfeeding should be stopped if the child suffers from diarrhea or vomiting?			
No	844	84.4	
Yes	152	15.2	
Did not answer	4	.4	
Do you think that a baby who suffers from jaundice is allowed to be breastfed?			
No	224	22.4	
Yes	769	76.9	
Did not answer	7	0.7	

Data are presented as frequency and percentage

DISCUSSION

This cross-sectional study was conducted in Derna City in the north-eastern part of Libya, the objective was to know how common breastfeeding myths among women are in the child-bearing age in this city.

The participants in this study comprised 1000 women in childbearing age. Regarding age, most of the participants were between 30 - 40 years (39.6%) followed by participants >40 years (30.1%) while as for education levels, most of the participants finished university or higher institute (61.6%) and only 2 participants were not educated.

In the present study, 72.8% of the participants had information about breastfeeding and the most frequent source was family (64.7%). Meanwhile, 87% of the participants had children. Similarly, although health professionals play a crucial role in the early stimulation breastfeeding, family and friends may have a greater influence according to our study ⁽⁴⁾. This is in contrast to **Kamath** *et al.* ⁽⁵⁾ study, which concluded that as many as 79.7 percent of mothers had been taught about the significance of breastfeeding by their doctors/nurses during prenatal visits (40 percent) and by their mothers (46.7 percent).

In the current study, 84.9% of the participants breastfed their babies with the most frequent length of more than 12 months (38.8%). These results overlapped with **Kamath** *et al.* ⁽⁵⁾ study results, which reported that of the 100 multiparous mothers, 51% and 35% of them had breastfed their previous child for 9–16 months and 17–24 months, respectively.

An interesting result of this study was that 86.5% of the participants had the desire to learn about the misconceptions about breastfeeding. Agreeing with these results, **Brown**⁽⁶⁾ study findings showed that breastfeeding information was important to women, but believed that changes needed to be made to current messages. More than simply health advantages were being emphasized; instead of focusing solely on six months of exclusive breastfeeding, a new emphasis has been placed on the importance of all of a baby's feedings. All members of society, not just mothers, need to be promoted and educated about the benefits of breastfeeding, because everyone has an effect on a mother's decision and capacity to do so. Mothers submitted ideas for promotional campaigns or how specific groups, or methods may be used to increase support, such as child education, television commercials, and using well-known online breastfeeding resources

In this study, 35% of the participants suffered from painful breastfeeding. In another study **Johansson** *et al.*⁽⁷⁾ found that 19.5% of mothers had pain when breastfeeding during their postpartum stay in the hospital. The rate was 8.8% at discharge, and 17.5% during the follow-up hospital visit 2 to 3 days after birth. By day 7, 9.6% of women were experiencing nipple soreness in **Puapornpong** *et al.*⁽⁸⁾ study.

In agreement with our study, one of the reasons for consultation was nipple pain in 36% of the participants in **Kent** *et al.* ⁽⁹⁾ study. Similarly, in **Gianni** *et al.* ⁽¹⁰⁾ study, 31.2% of the cases suffered from pain not associated with cracked nipples according to mothers' experience of breastfeeding difficulties arisen at any time point of the study.

This study revealed that 57% of the participants thought that the insufficient mother's milk for the baby is one of the reasons for stopping breastfeeding. Similarly, the beliefs that breast milk alone is not enough to support optimal growth and that some mothers naturally do not produce enough milk, were major reasons for not exclusively nursing and introducing other foods before six months in **Wanjohi** *et al.* ⁽¹¹⁾ study. Mothers who thought their milk supply was insufficient were more likely to quit nursing their babies before the two-year mark. In **Safon** *et al.* ⁽¹²⁾ study, perceived insufficient milk (PIM) emerged as a critical factor of suboptimal baby feeding behaviors, including the termination of exclusive breastfeeding often during the first month postpartum, as 76.2% (16/21 participants) of the study group reported experiencing it.

However, **Karcz** *et al.* ⁽¹³⁾ study concluded that the "lactating mother's diet" is still a controversial topic around the world, since traditional views about breastfeeding women's nutrition, its impact on baby health, and the necessity for dietary restrictions all influence the practice of breastfeeding. This appears to be supported by the survey's findings: about 30% of mothers were encouraged to begin dietary restrictions, not just for medical reasons, resulting in over 16% of them discontinuing breastfeeding.

In the present study, 50.5% of the participants thought that a mother can't breastfeed her baby if she is in a state of sadness, anxiety, or stress. Maternal factors such as stress, anxiety, and smoking can decrease milk production ⁽¹⁴⁾. It's important to pay more attention to puerperal women's mental health, especially as those with low levels of anxiety had higher levels of self-efficacy, which could lead to longer exclusive breastfeeding ⁽¹⁵⁾.

In the current study, 34.4% of the participants thought that breastfeeding causes a nursing mother to gain weight. Women who exclusively breastfeed their infants for the first twelve months of their lives are more likely to lose postpartum weight than those who don't, according to **Rabi** *et al.* ⁽¹⁶⁾ study findings. Findings from **Tahir** *et al.* ⁽¹⁷⁾ study depending on previous investigations showed that longer full breastfeeding duration can be accompanied by decreased maternal postpartum. However, **Jarlenski** *et al.* ⁽¹⁸⁾ findings showed that exclusively breastfeeding for at least three months had a minor impact on postpartum weight loss in women in the United States.

This study revealed that 59.5% of the participants thought that a nursing mother cannot take any kind of medicine, and only 30.7% thought that if the mother suffers from a respiratory tract infection or flu, she cannot breastfeed her baby. According to European Summaries of Product Characteristics, 90 percent of medications are limited during pregnancy and breastfeeding despite the absence of evidence to support such indications ⁽¹⁹⁾.

Pandolfi *et al.* ⁽²⁰⁾ concluded that breastfeeding continues to have an increasingly main significance in the prevention of a wide range of ailments. But due to the closeness of breastfeeding, mothers who are infected with a respiratory tract infection, it may cause the spread of the disease to their infants.

The results of this study showed that 84.4% of the participants thought that breastfeeding should not be stopped if the child suffers from diarrhea or vomiting. Similarly, in Kamath et al.⁽⁵⁾ study, 82% and 74% continued breastfeeding practices in special circumstances (diarrheavomiting), respectively. Shahid et al. (21) study findings imply that infants with diarrhea who were not breastfed as newborns are more likely to suffer from mild to severe dehydration. Hanieh et al. (22) concluded that early infancy should be breastfed exclusively to prevent the risk of severe diarrhea and probable pneumonia and exclusive breast feeding barriers should be addressed in public health programs in rural Vietnam to lessen the burden of inpatient admission from diarrheal and respiratory illness.

Asl *et al.* ⁽²³⁾ study reported that breastfeeding should be continued in babies with jaundice because of its benefits. All mothers, especially those with premature newborns, should receive adequate lactation/breastfeeding support. Although some breast milk components may cause jaundice, there is an undeniable spectrum of benefits that breastfeeding provides. Because breastfed neonates have fewer infections, improved organ and physiological barrier maturation, and the potential for genetic alteration of some disorders, these beneficial effects might also minimize the chances of early jaundice and associated problems for the breastfed infants ⁽²⁴⁾.

CONCLUSION

In this study, it was concluded that women in Derna City in the north-eastern part of Libya experienced many breastfeeding myths (misconceptions), which lead to discontinuation of breastfeeding. These beliefs are deeply established, and their origins can be traced back to ethnicity, socioeconomic factors, and the cultural and educational backgrounds of the parents, all of which have an impact on breastfeeding. Therefore, our study emphasizes the importance of supporting and educating family members and society as a whole, to provide a better means of providing information and enhancing support of the mother, because everyone, whether directly or indirectly, influences a mother's decision to breastfeed. Continued professional support remains imperative once the mother initiates breastfeeding to maintain breastmilk as the primary source of nutrition for the infant.

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