

# Prevalence and factors influencing the practice of breastfeeding in Morocco and abroad

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**Abstract**—Following the decline in breastfeeding practice in Morocco, we conducted a literature review on the prevalence and factors influencing the practice of breastfeeding in Morocco and abroad. In national surveys from 1992 to 1997, the rate of exclusive AM went from 62% to 46%. The average duration of the breastfeeding has also fallen during the same period from 15.5 months at 14 months. [1] [2]. A recent survey on Population and Family Health (EPSF) [3] revealed further decline in breastfeeding exclusive for 6 months which arrived at 31% in 2003-2004. Milky deficiency is the main reason for early weaning in Morocco. The prevalence and duration of breastfeeding is higher in housewives, educated, of average socio-economic level, having given birth in a hospital, not being separated from their newborns after delivery, the latter having not received a complementary bottle in the maternity ward, lactating on demand, not using a pacifier, and whose entourage is favorable opinion on the issue. In conclusion, many shortcomings remain to be filled in terms of the promotion of Breastfeeding is a resource of invaluable health value.

**Keywords**— breastfeeding , factors influencing ,prevalence,practice.

## 1 INTRODUCTION

Breastfeeding (BF) is the best way to more natural and the most suitable for feeding a child. Despite its indisputable benefits both for the child than for his mother, his practice remains insufficient in Morocco. Indeed, in national surveys from 1992 to 1997, the rate of exclusive BF went from 62% to 46%. The average duration of the AM has also fallen during the same period from 15.5 months at 14 months. [1] [2]. A recent survey on Population and Family Health (EPSF) [3] revealed further decline in breastfeeding exclusive for 6 months which arrived at 31% in 2003-2004. The purpose of our work is to conduct a literature review of the prevalence of breastfeeding in Morocco and abroad , its duration, take stock of the reasons for the choice or not breastfeeding, the influence of some factors about its prevalence, from the moment and reasons for weaning.

## 2 PATIENTS AND METHODS

Bibliographic research was conducted on Pub Med and Science Direct. The criteria for selecting publications were: recent studies in countries identifying prevalence and factors related to BF practice. The study was supplemented by a manual search for articles and reports available on the subject. Articles were selected on the basis of their summary, if they had factors associated with exclusive or partial breastfeeding.

## 3 PREVALENCE OF BREASTFEEDING

Before the 1980s, the BF was of little concern to health professionals in Morocco, its practice was universal. By the end of the 1980s, there was already a decline for breastfeeding. Thus, from 1979-80, the average duration of breastfeeding was 17.5 months and from 1992 to 1997, the exclusive breastfeeding rate increased from 62% to 46%. The average duration of the breastfeeding has also fallen over the same period from 15.5 months to 14 months. A 2003-2004 Population and Family Health Survey (EPSF) further revealed the decline in exclusive breastfeeding for 6 months to 31% [1,2,3]. At present, the abandonment of breastfeeding is a public health problem in Morocco. In fact, despite the information and education efforts, the situation is deteriorating as evidenced by the data from the national population and health surveys (1987, 1992, 1995, 1997, 2003 and 2011). The table below illustrates the evolution of the practice of breastfeeding in Morocco (Table I).

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**TABLE 1**  
COMPARATIVE TABLE OF THE RESULTS OF THE 4 STUDIES CARRIED OUT BY THE MINISTRY OF HEALTH IN THE CONTEXT OF THE EVOLUTION OF THE BREASTFEEDING SITUATION IN MOROCCO [1,2,3]

	ENPS 1992 National %	EPPS 1995 National %	PAPCHILD 1997 National %	EPSF 2003- 2004 National %	EPSF 2011 National %
Taux de mise au sein précoce	49,3	41	42	52	30,3
Taux d'allaitement maternel exclusif durant 6 mois	62		43,6	31	27,8
Durée moyenne d'allaitement maternel en mois	15,5	14,7	14	14,2	16,2
Taux d'introduction du biberon à l'âge de 2 mois	23	35	47	48	38,5
Durée moyenne de l'allaitement maternel exclusif en mois	3,8	2,2	3		

Indeed, we are currently witnessing a tendency to regress this practice into with progress in manufacturing, marketing of industrial milks and the lack of information and awareness mothers. When the misdeeds of the poorly controlled marketing of substitutes breast milk have been recognized, the Code international marketing of these substitutes was adopted in 1981 [4], it provided inter alia, to prohibit all advertising, visible disguised, in favor of milk powders, especially in health care facilities.

As for the developing countries, In Uganda, the prevalence of breastfeeding is 98% in 2001 and 2 in 3 children under the age of 6months are breastfed [7]. In Burkina Faso this prevalence is estimated at 88.6%, that of mixed breastfeeding at 8.8% and artificial feeding at 0.2% [8]. In study carried out in Agadir in 1996 [9], the breastfeeding prevalence was 83.7% of which 17.7% partial breastfeeding in a study in Marrakech prevalence is 70.5% of which 44% partial breastfeeding.

On the contrary, the prevalence of breastfeeding at birth is very high in northern Europe.

Epidemiological data show large differences between European countries regarding breastfeeding rates. Although overall trends show improvement in all countries since the 1980s , maternal exit rates vary, for example, from 98% in Sweden to 53% in France and partial breastfeeding rates at six months from 80% in Norway to 10% in Belgium [5.6] . Breastfeeding rates at 6 months (including breastfeeding) (Fig 1) have been reported. In the United States, in 1998, the rate of breastfeeding at birth was 64%, 29% between 5 and 6 months and 16% at 1 year. In Canada, in 1996, 34% of 4-month-old babies were exclusively breastfed, 13% breastfed between 6 and 9 months of age, and 4% had breastfed at 1 year of age [16].

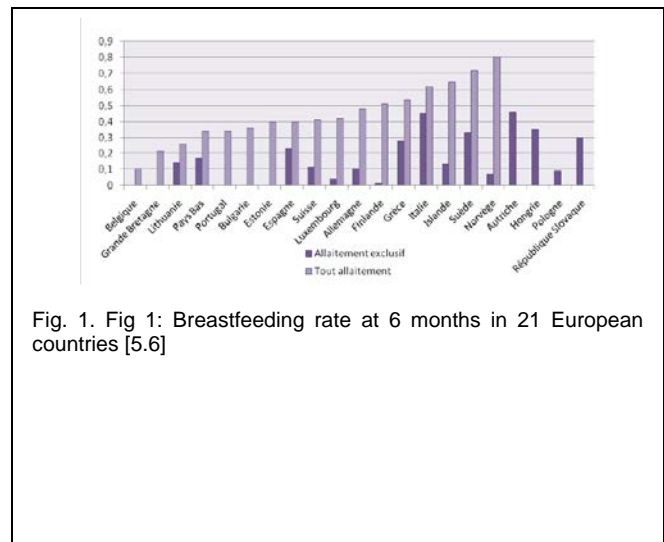


Fig. 1. Fig 1: Breastfeeding rate at 6 months in 21 European countries [5.6]

#### 4 FACTORS INFLUENCING BREASTFEEDING

Follow-up pregnancy, a privileged moment to inform and advise mothers on breastfeeding, would be associated at a higher rate of breastfeeding [5.6].

Maternal age high would also be associated with a increased intention to breastfeed and to late weaning [5,6,11]. Indeed, the study BELLATI-SAADi and al. (9) found that the prevalence of breastfeeding was even higher the mother is older (73% in mothers under 20 years and 88% among mothers of over 30 years). In a study done in Marrakesh, a higher percentage of early weaning before six months with low exclusive breastfeeding prevalence was observed in the youngest (p> 0.05).

Several studies report on the impact negative of primiparity on the success of breastfeeding [5,6,12]. In a study made in Marrakesh that breastfeeding prevalence is higher in multiparous against its duration is higher among primiparous (p> 0.05). This difference would be explained by skill and ease acquired from multiparity to breastfeeding.

The higher education level influence significantly the prevalence and duration of the breastfeeding, as we have seen in the literature [9,12,13], these are higher among the unschooled (p <0.05).

As to socio-economic level, a decline in the tied breastfeeding to increase the standard of living is noted in developing countries, and it is relative depending on the country. This is confirmed by the Meziane study which showed that 76.6% poor women were breastfeeding against 38.4% of affluent women [14]. Conversely, in industrialized countries, there is a positive correlation between high level and early start rate of the breastfeeding as well as its duration [5]. In a study done in Marrakech, the breastfeeding prevalence is significantly higher in women of the middle class (p <0.05).

The mothers work adversely affects the breastfeeding, it seems, because of the difficulty in reconcile work and breastfeeding. [5,9,13], this also spring in a study in Marrakech since women in the household have a significant prevalence higher AM and breastfeed longer than those who work outside the

home ( $p < 0.05$ ).

It has been found that the separation of new born of his mother after childbirth accompanied by a decrease in prevalence and duration of the breastfeeding in a very significant ( $p < 0.05$ ) [13].

The bottle was administered in addition to maternity in 20.4% of cases. This comes with a risk higher early weaning [8]. Traore et al. [8] revealed in study of 1999 that in 52.2% of cases, health staff advised the administration of sugar water to the newborn on first day and 2.2% advised artificial milk. Hence the need to improve the practices of breastfeeding in maternity and train professionals which play an important role in the success of the breastfeeding. This is how the Organization World Health Organization (WHO) and UNICEF have launched in 1992 the "Hospital Friendly babies" inspired by the 10 conditions for success of the breastfeeding [15].

## 5 CONCLUSION

The prevalence and duration of breastfeeding is higher in housewives, educated, of average socio-economic level, having given birth in a public supervised environment, not being separated from their newborns after delivery, the latter having not received a complementary bottle in the maternity ward, lactating on demand, not using a pacifier, and whose entourage is favorable opinion on the issue.

## CONFLICTS OF INTEREST

None identified.

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