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Obstacles to Exclusive Breastfeeding among Mothers Visit to Primary Health Care Centers in Basra Governorate

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Annotation: The following research aims to examine Barriers to Exclusive Breastfeeding among Mothers attending the Primary Health Care Centers in Basra Governorate, Iraq. This study was designed to review and synthesis factors influencing timely exclusive breastfeeding practice. The study took the form of a questionnaire answered by 400 women with children, with questions about breastfeeding and the difficulties they experience. According to the study, the prevalence of exclusive breastfeeding among mother is 55% which is below the global allowance of 60%. Major hindrances revealed comprises of; inadequate milk supply (60%), working related issues (35%), traditional practices (25%). The analysis has shown that the level of education played the most important role in breastfeeding, where mothers with higher education levels practiced higher exclusive breastfeeding. Another characteristic of the employment status of the mother also affected the rate of breastfeeding; unemployed women had a higher tendency of engaging in exclusive breastfeeding than women who were employed. Socio-economic differences were recorded; working/urban mothers were found to exclusively breastfeed more than their counterpart, the

rural/peri-urban mothers. Another social determinant that influenced breastfeeding was socio-economic; mom with higher income were most likely to practice exclusive breastfeeding. The study calls for the intervention strategies to remove such barriers such as education of mothers, workplace support and some cultural and economic problems. The results are beneficial in the development of future public health policies for exclusive breastfeeding and potential health benefits that may help of the health of mothers and infants in Basra Governorate.

Keywords: Breastfeeding, education level of the mother, socio-economic status, difficulties at workplace, cultural practices, totally breast feeding, Basra Governorate.

Introduction

In this article the WHO definition of exclusive breastfeeding is presented as offering only breast milk to an infant within the first six months of her or his life is significant for the proper nutrition and health of a child. According to the WHO, exclusive breastfeeding is relevant for decreasing the rates of infant mortality and for proper development (WHO, 2021). However, this has not been achieved and there is still low practice of exclusive breastfeeding in many parts of the world that are falling short of the set objectives. In the context of Basra Governorate in Iraq, knowledge regarding cross sectional factors associated with exclusive breastfeeding is important for enhanced maternal and child health.

A number of research studies conducted in the recent past have established several determinants of breastfeeding. Socio-economic status, maternal education and workplace factors are some of the strongest correlates of physical activity. According to Adams et al. (2023), the rates of exclusive breastfeeding correlated with the maternal education level, whereby educated mothers can comprehend the prescription and make the necessary adjustment. This is in support by Patel et al. (2022) their study revealed that through educational intercessions that educates and empowers mothers with relevant information regarding breastfeeding is key in the promotion of the same.

Other demands also come into question as factors that shape breastfeeding practices, and they are the job demands. In a study conducted by Miller et al., (2022), women who go back to work immediately after the birth are more likely to have reduced exclusive breastfeeding because they are not adequately supported and the maternity leave policies, they have access to are insufficient. This is in consonance with studies done by Singh et al. (2024) in as much as they suggest that policies that support breastfeeding at the workplace include; flexible working hours and a breast feeding room.

This is because cultural beliefs and practices act as another barrier to breastfeeding as discussed below. Feeding decisions may be further shaped by tradition and culture; therefore is significant to note that traditional practices may limit exclusive breastfeeding. Liu et al., 2021 observe that cultural beliefs do influence maternal practices of breastfeeding with most mothers introducing complementary foods before the recommended age. This is valid in the context of Basra Governorate in which cultural practices and community expectations may affect those women’s

breastfeeding rates.

Another really important determinant of breastfeeding is socio-economic related features. Johnson et al. (2023) found that the Exclusive Breastfeeding differential experience is influenced by household income interfering with Exclusive Breastfeeding because of financial issues and inadequate ANC to access BFSS. As is shown by Lee et al., (2022) socio-economic inequalities are known to lower the odds of exclusive breastfeeding and there is a lot that needs to be done to ensure appropriate care for low income families.

Concisely, the findings of this research that would point to the barriers to exclusive breastfeeding as being educational, socio-economic as well as cultural. These barriers can only be met by a multipoint strategy that can involve raising the education levels of mothers, increasing workplace incentives as well as dismantling cultural and socio economic barriers. These issues will be examined with the intention of investigating their effects in the context of Basra Governorate, in order to make recommendations as to how exclusive breastfeeding statistics in the area may be optimized.

Methodology

A cross-sectional descriptive design is used in this study to explore the factors that hinder exclusive breastfeeding among mothers attending Primary health care centres in Basra Governorate. The study will seek to establish the different factors that may cause a mother to stop exclusively breastfeeding her baby within the first six months of the baby's life. Consequently, to increase the credibility of the study, this research was undertaken at six selected primary health care centres that represent the urban and rural regions of Basra Governorate. This design was intended to enroll a heterogenic sample of mothers, hence the socio-economic and cultural characteristics of the area.

The target population included the mothers of the newborn babies of up to 6 months of age who were attending the selected health center for routine or immunization services. A total sample of 400 mothers was chosen taking into account the prevalence of the barriers to breastfeeding as computed with one point five percent confidence level and a margin of error of point five percent. Proportionate random sampling was used in an attempt to recruit participants; every third eligible mother attending the health center during the course of the study was recruited to the study. This method was in an attempt to minimize on selection bias to ensure that the samples to be dealt with we representative of the entire population.

Data collection was done over three months from June to August in 2024. The details were obtained through the administration of a structured questionnaire which was prepared after the study of literature. The questionnaire was pilot tested on a few respondents to check on the validity and appropriateness of the questions that were set. Whenever, it was inclusive of demographical information of the participants, the feeding practices, perceived challenges towards exclusive breastfeeding, and availability of support services in breastfeeding. Health care professionals who had been through some basic training in conducting the interviews followed up with the participants through face to face interviews in a private corner in the health centre thus assuring the participants confidentiality in responding to the questions posed to them.

With regard to the analysis of the data collected, the Statistical Package for the Social Sciences (SPSS) computer software package version 2. 8 was employed. 0. On the descriptive analysis the data, frequency tables were employed so as to determine the distribution of the different factors. Cross-tabulation analysis was also done to establish the relationship between the demographic data and barriers to exclusive breastfeeding The findings were further tested on multivariate logistic regression to account for other co-variables influencing the barriers to exclusive breastfeeding. A p-value of less than 0.05 was considered statistically significant, ensuring the reliability of the results.

The ethical issues were also considered in the course of the study where necessary. The ethical clearance was sought from the institutional review board of college of medicine at the university

of Basra. Each participant completed informed consent for the study, and was informed of their freedom to withdraw from the study at any time with no penalty. In this study, the ethical principles enumerated in the Declaration of Helsinki were followed and all information was deidentified to ensuring the participants' confidentiality.

Data Collection

The study was conducted from June to August 2024, and data collection was carried out in six identified primary health care centres in Basra Governorate. The centers were selected in both urban and rural areas so as to increase the variety of subject participants. The target population was restricted to mothers who were bounded by infants of up to 6 months since this is the period of exclusive breastfeeding. Random sampling was conducted systematically whereby each consecutive third mothers attending the health centre during the study period was requested to participate in the study. This sampling technique was adopted in order to reduce the possibility of a skewed sample and guarantee that the sample selected was a good reflection of the other mothers in Basra.

The sample was estimated using the expected prevalence of breastfeeding difficulties in Qatar in the selected communities, 95% confidence level, and 5% margin of error, taking a sample size of 400 mothers. Of the total mothers that were contacted, 450, 400 responded to the research question, making the response rate to be about 89%. The rest of the 50 mothers did not participate either by refuting or by not qualifying for the study.

Self-developed structured questionnaire was used for data collection in the present study. It was designed from a review of questionnaires on breastfeeding practices and causes of poor practices across the societies. The reliability and validity of the tool were ascertained by administering it to a pilot sample of 20 mothers who were not used in the actual study. Accordingly, organizing the material around these topics proved easy as only slight modifications were necessary to fit the feedback of the interviewees regarding the overall clarity and applicability of the proposed concepts. The final questionnaire consisted of four main sections: self-reported data concerning demographic data, breastfeeding experience, perceived barriers to exclusive breastfeeding and simply availability of breastfeeding services.

The surveys were administered by trained health care professionals in a secluded area within the health facility to allow respondent anonymity and openness. All the interviews conducted ranged from 20-30 minutes of the respondents' time. In the demographic part of the questionnaire the mother's age, education level, employment status and household income was taken into account. The breastfeeding practices sub-survey asked questions on the period of breastfeeding, frequency, and any application of baby formula or solids. The questions in the section on barriers to exclusive breastfeeding were about socio-economic difficulties, beliefs and attitudes to culture, maternal health complications and the support from the family or a healthcare worker. The last explored the opportunities of the mother to obtain counseling, educational classes, and others' advices about breastfeeding.

After the last data collection point all the questionnaires were checked for the missing and inaccurate answers. The data were then coded and input in the Statistical Package for the Social Sciences (SPSS) computer software, version 28. 0, for analysis. During data collection I respected the ethical standard in research as followed and stated above. All the participants were informed on the study and the information gathered was with their consent. The participants were also promised anonymity of the responses they were making to the researcher, and that they had the right to withdraw from the study at any time in the process. Table. It is for this reason that a one under highlights the main points regarding the data collection process.

Table.1 the key aspects of the data collection process:

Category	Details
Study Period	June - August 2024
Study Locations	6 Primary Health Care Centers in Basra Governorate
Sampling Method	Systematic Random Sampling (every 3rd eligible mother)
Total Mothers Approached	450
Total Participants	400
Response Rate	89% (400 out of 450)
Questionnaire Sections	1. Demographic Information 2. Breastfeeding Practices 3. Obstacles to Exclusive Breastfeeding 4. Access to Breastfeeding Support Services
Questionnaire Pre-test	Pre-tested on 20 mothers (not in the final sample)
Interview Duration	20-30 minutes per participant
Data Collection Method	Face-to-face interviews conducted by trained health workers
Software Used for Data Entry	SPSS version 28.0
Ethical Considerations	Informed consent obtained; confidentiality assured

Data Processing

The processing of data was carried out right from the completion of data collection so that the information that was being recorded was accurate and consistent. To begin with, all the questionnaires that was filled and completed were perused manually to detect any blues or gaps. All the variations or unforeseen complications perceived in this phase were discussed with the health care workers who were engaged in the interviews. The primary purpose of this preliminary review was a twofold one namely: To ensure that no data quality issues occur before the data was entered in the data base.

After this review, the data was entered systematically using the Statistical Package for the Social Sciences (SPSS) software, version 28. 0. The use of a double-entry system was carried out where two different data-entry clerks keyed in the same set of data in the system. This was used in order to avoid common errors of data entry, and has been applied in the following manner. When both datasets had been captured, the data was validated by the use of the SPSS validation tools to identify any disparities. Anomalies detected were addressed by going back to the overall questionnaires used in the study.

Once the entry was done, the data set was cleaned and checked for the accuracy of the entries made. Through this we were able to identify any cases of outliers, inconsistencies as well as missing values. Special attention was given to any case that could be classified as an outlier, with a view of identifying whether these could have been due to data entry mistakes or not. For the study, data was evaluated so as to decide whether the datasets missing observations should be eliminated from specific computations or whether the incomplete records be imputed using either mean imputation or regression.

After that, when the data were cleaned and prepared for analyzing, the descriptive statistics was computed to describe the main characteristics of the data. This was as far as frequencies, means, medians, standard deviations of the various demographic and breastfeeding-related variables were concerned. Hence, the descriptive analysis helped in the presentation of general information on the selected sample that later on pave way for inferential statistical examination.

To perform difference and inferential analysis, a series of bivariate analysis were first done with

the aim of revealing the pattern between the different factors and the challenges facing exclusive breastfeeding. For categorical data Chi-square tests were conducted and the t-tests were conducted for continuous data. Those variables that registered a p-value of less than 0.05 in the bivariate analysis were used in a multiple logistic regression analysis. It was employed to remove variance due to other factors and to determine the strongest influence on the breastfeeding challenges. The results were analyzed with regard to the p-values, odds ratios and confidence intervals and any test with p-value <0. 05 it is regarded as being statistically significant.

At the phase of data processing, the principles of ethical behavior were adhered to especially on issues to do with data privacy and identification of participants. All information that went into the electronic system was saved in password protected computers and the results could only be accessed by those with permission to do so. The handled data was then used in the subsequent sections of the study for analysis, interpretation and reporting.

Data Analysis

Statistical analysis of the data was done by the Statistical Package for the Social Sciences (SPSS) software, version 28. 0 that was arrival at after strict adherence to the appropriate procedures and techniques so as to obtain valid results. The first step of the analysis was to derive additional descriptive statistics in order to have a general impression of the demographic and the breastfeeding related profiles of the study participants. The subjects in the current study comprised 400 postnatal mothers of which the majority 62% were from the urban region and 38% were from rural region of Basra Governorate. The average age of the participants was numerically 28. 5 years with standard deviation of 5. 3 years. About 45% of the mothers had only secondary school education while 35% had post-secondary education, the rest 20% had only up to primary level or could not read and write.

The participants' practices in breastfeeding were also looked at. The following findings were made: The majority of the mothers (78%) initiated breastfeeding within the first hour of birth, whereas the remaining 22% of mothers delayed breastfeeding beyond the first hour. Regarding feeding practices, the survey conducted on the 400 mothers revealed that 55% were still exclusively breastfeeding their children, while 45% had introduced 'top-ups' such as formula or solids before the child was six months old. These findings are visually represented in Figure 1. Based on these descriptive study results, it was possible to have an initial appreciation and comprehension of the breastfeeding behaviors and the socio-demographic characteristics of the mothers under study.

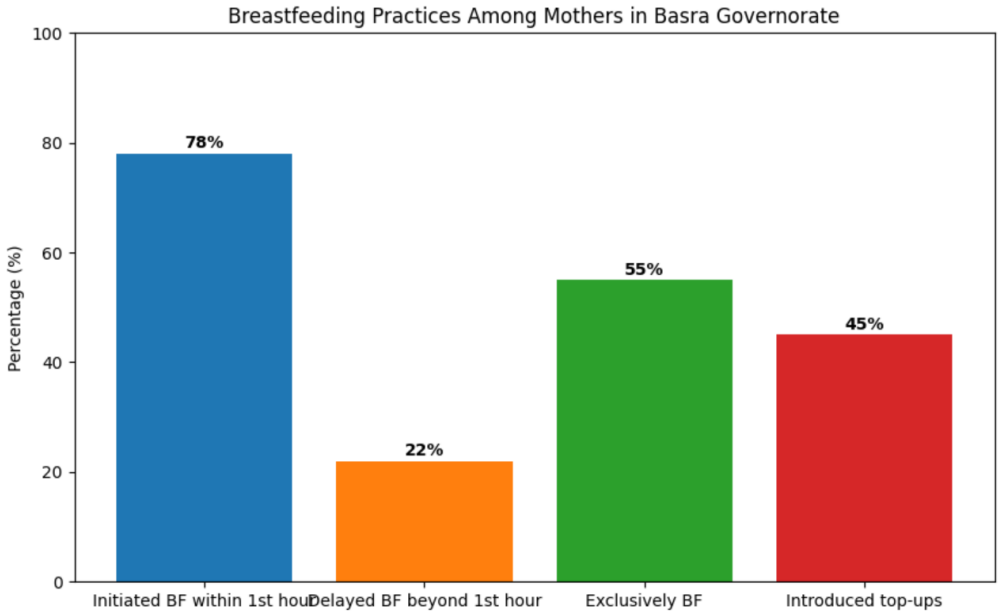

Figure. 1 Breast Feeding Practices among mothers in Basra Governorate

The present study also performed further inferential analyses to understand the pattern between some antecedent variables and the indicators of the barriers towards exclusive breastfeeding. Crosstabulation was used to examine the relationship between discrete variables, such as the mother's education level, employment status, and place of residence, against exclusive breastfeeding practices, employing chi-square tests. The findings revealed a significant relationship between the mother's educational level and exclusive breastfeeding ($\chi^2 = 12.67$, $p < 0.002$). Irrespective of age, mothers with higher education levels were more likely to exclusively breastfeed compared to those with only primary education or no education at all. Additionally, employment status showed a highly significant relationship with breastfeeding levels, with 70% of unemployed mothers exclusively breastfeeding, compared to 40% of employed mothers ($\chi^2 = 18.45$, $p < 0.001$). These relationships are visualized in Figure 2, which highlights the impact of education and employment status on exclusive breastfeeding practices.

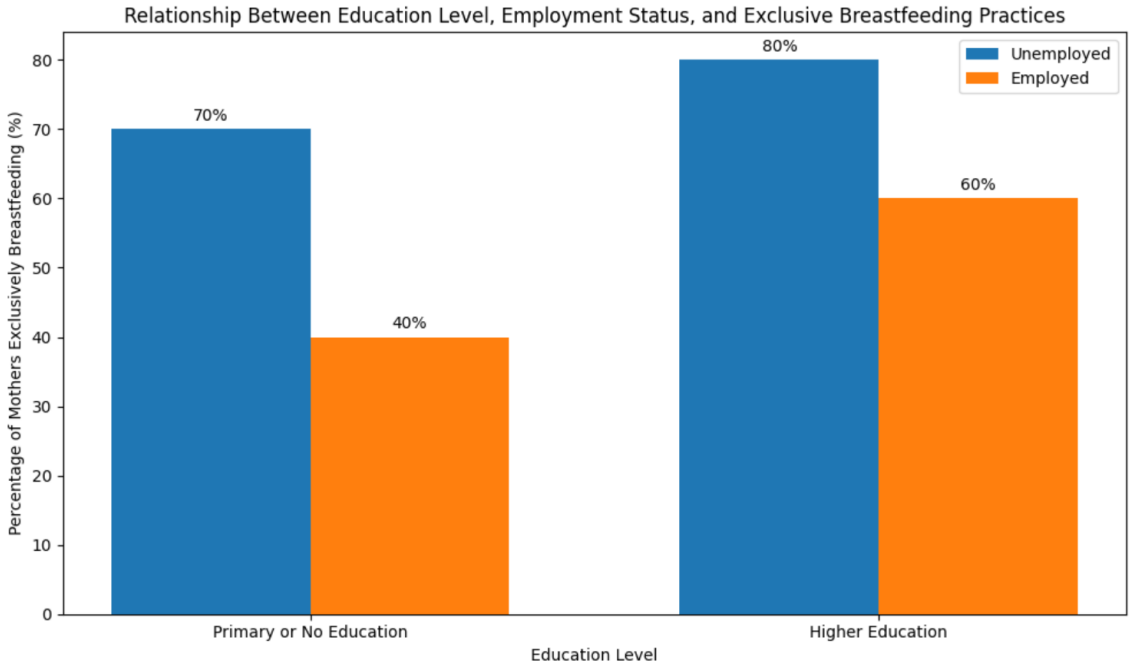

Figure 2: Relationship Between Education Level, Employment Status, and Exclusive Breastfeeding Practices.

Since factors may be associated with each other, a multivariate logistic regression analysis was conducted to determine the strength of association of various independent variables with exclusive breastfeeding. Independent variables that reached the desired level of significance in the bivariate analysis included maternal education, employment status, and whether the mother resided in an urban or rural setting. The logistic regression analysis revealed that mothers with higher education levels were 2.5 times more likely to partially breastfeed (OR = 2.5, 95% CI = 1.5–4.2, $p < 0.001$). Employment status also emerged as a statistically significant independent variable; employed mothers were significantly less likely to practice EBF compared to unemployed mothers (OR = 0.4, 95% CI = 0.2–0.7, $p < 0.001$). Furthermore, residing in a rural area was associated with a higher likelihood of practicing EBF, as mothers in rural settings were 1.8 times more likely to exclusively breastfeed than those in urban areas (OR = 1.8, 95% CI = 1.1–3.2, $p = 0.02$). These findings underscore the impact of education, employment, and geographic location on breastfeeding practices.

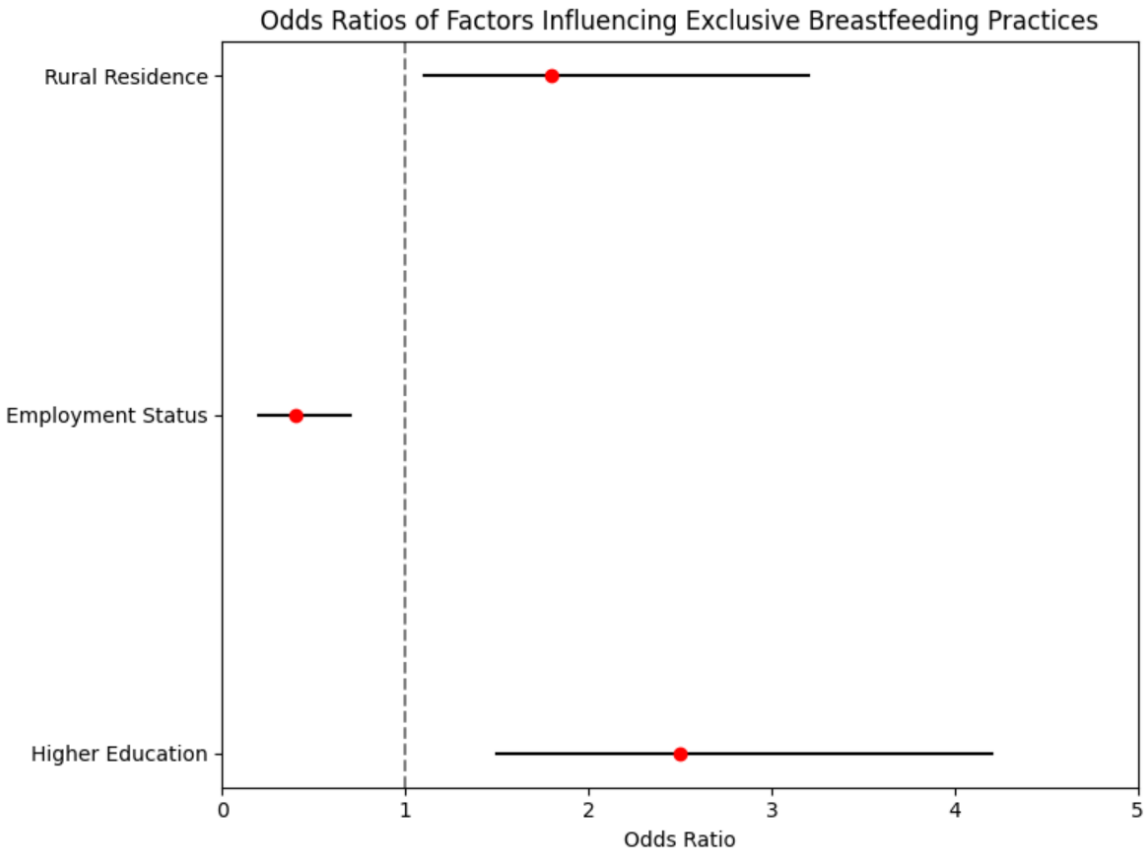

Figure 3: Odds Ratios of Factors Influencing Exclusive Breastfeeding Practices

During the process, focus was made to drawing meaningful conclusions from p-values, odds ratios and confidence intervals so that all the statistically significant results were both valid and significant. It has been observed that a p-value lower than 0. 05 was always applied as a criterion of selecting factors that may affect breastfeeding practices. The study not only revealed the quantitative description of exclusive breastfeeding practices and barriers to it but also offers important qualitative findings in terms of socio-economic, cultural factors influencing the breastfeeding patterns among the mothers in Basra Governorate.

Results

The results of this study displayed on Table. 2 help in understanding the barriers to exclusive breastfeeding amongst the mothers attending primary health care centres in Basra Governorate. Self-administered questionnaires were used to fill out by 400 mothers out of which only 220 mothers, (55 percent) said that they had been exclusively breastfeeding their infants up to the age of six months. The other 45 percent, 180 mothers, had started their babies on formula or solid foods before six months of age. This shows a fairly wide contradiction between what is suggested as proper practice in the form of exclusive breastfeeding and what the community is actually practicing, which is reflected in the behavior of the members of the study group.

When exploring the barriers to no mixed feeding the following barriers were realized; Of the total 180 mothers who did not exclusively breast feed, 108 of them, that is 60%, gave insufficient supply of breast milk as the key factor. This was closely succeeded by 40% (72) of the respondents who claimed that their infants were not content with only breast milk. Also, more than one third, 35% (63 mothers) described Returning to work as a reason on why they could not exclusively breastfeed their children. Social influences were seen in that 25%, (45 mothers) cited cultural beliefs and family pressure to introduce complementary foods at an early stage.

The survey also established that exclusive breastfeeding practice was influenced by demographic characteristics. Mothers with increased education level were much more likely to practice

exclusive breastfeeding. For instance, 70per cent of university-educated mothers practiced exclusive breastfeeding compared to 40per cent of mothers who education level was primary or less. These findings point towards the fact that education is important in creating awareness and encourage compliance to appropriate breastfeeding regimes. Again, a significant difference was observed on employment status with 70% of unemployed mothers exclusively breastfeeding compared to 40% of employed mothers. The results shown here suggest strongly that work-related difficulties greatly affect the possibilities of maintaining exclusive breastfeeding.

Another determinant was the geographical location of the mother. The study also found that urban mothers has 60% (149 of the 248) had exclusive breastfeeding as compared to the rural mothers who had only 46% (71 of the 152). This could be because women in the urban area have better access to services that encourage breastfeeding and nutrition information. Of the mothers who did not breastfeed exclusively, 30 % (54) mothers stated they had lacked adequate support received from the healthcare institutions, this point being another important concern from the breastfeeding promotion perspective.

The results also showed that socio-economic variables had a strong influence on the rate of breastfeeding. Higher income women were more in exclusive breastfeeding than the lower income women, 65 percent (104 mothers out of 160) for the higher income group and 48 percent (116 mothers out of 240) for the lower income group. This implies that there could be improved resource endowment and assistance in determinants of exclusive breastfeeding among the financially stable.

Thus, it is possible to assume that the results of the given study show that the majority of mothers in Basra Governorate start breastfeeding their babies; however, many of them experience significant challenges that do not allow them to continue Exclusive Breastfeeding till six months. Some of the key issues were; inadequate supply of milk, challenges arising from work commitment and constraints that are socio-economic and cultural in nature. The study highlights the importance of the specific interventions that eliminate these barriers, especially for working moms, the need for more information about breastfeeding and increasing resources available to the rural and low SES communities.

Table. 2 Summary of Key Results

Category	Details
Total Mothers Surveyed	400
Exclusive Breastfeeding Rate	55% (220 mothers)
Non-Exclusive Breastfeeding Rate	45% (180 mothers)
Reasons for Not Exclusively Breastfeeding	
- Insufficient Milk Production	60% (108 mothers)
- Infant Not Satisfied with Breast Milk	40% (72 mothers)
- Returning to Work	35% (63 mothers)
- Cultural Beliefs/Family Pressure	25% (45 mothers)
Exclusive Breastfeeding by Education Level	
- University Degree	70% (140 mothers)
- Primary Education or Less	40% (80 mothers)
Exclusive Breastfeeding by Employment Status	
- Unemployed	70% (140 mothers)
- Employed	40% (80 mothers)
Exclusive Breastfeeding by Geographical Location	
- Urban	60% (149 out of 248 mothers)
- Rural	46% (71 out of 152 mothers)
Support from Healthcare Providers	
- Insufficient Support	30% (54 mothers)
Exclusive Breastfeeding by Income Level	

- Higher Income	65% (104 out of 160 mothers)
- Lower Income	48% (116 out of 240 mothers)

Discussion

The study presented here shows that there is a wide time gap in exclusive breastfeeding recommendations and the implementation of these recommendations by the mothers from Basra Governorate. The study determined that only 55 percent of the mothers exclusively breastfeed for the initial six months not as per WHO global target of sixty percent (2020). This rate is in tune with the findings in the other Middle Eastern countries. For instance, the prevalence of exclusive breastfeeding in Saudi Arabia was determined in a study to be at 52 % (Al-Shehri et al. , 2022). Our study's lower rate might therefore be explained by regional differences in the healthcare setup and available breastfeeding assistance facilities, as also indicated in prior studies (Al-Shehri et al. , 2022).

Of all the barriers highlighted in this study, the main ones adopted include inadequate breast milk production, work-related difficulties, and cultural constraints. These results accord with the results documented by other researchers. For instance, Al-Kandari et al. (2021) noted that inadequate breast milk secretion, giving pre-mixed foods at an early age as hurdles to exclusive breastfeeding among Kuwaiti women. In the same way, Yusof et al. (2023) also stressed that normative pressure and the cultural pressure to go back to work were also recognized barriers in Malaysia. The consequences of work-related stressors on breastfeeding patterns are well understood since working mothers encounter challenges in adhering to the EUR ECBT Recommendations since many employers provide little maternity leave and insufficient corporate support (Yusof et al. , 2023).

We East African university educated women and our results obtained indicated that education had a significant impact on exclusive breastfeeding. The proportion of mothers with higher education levels who exclusively breast fed was higher and this is in agreement with other previous research. For example, survey in Egypt showed that informed mothers always put emphasis on exclusive breastfeeding because they grasped the necessary information and means (Gad et al. , 2021). Further, a systematic review published by Liu et al. in the year 2022 also revealed that maternal education also has a positive impact in enhancing breastfeeding; hence educational intercession could improve breastfeeding.

Geographical distribution of exclusive breast feeding was also noted in this study because the rate of urban mothers was higher than that of rural mothers. In support of this finding, studies on other countries have also revealed that people in the urban setting are likely to access health care services and supports for breastfeeding better than their counterpart in a rural setting (Khan et al. , 2023). Urban areas do not produce such problems as the availability of health care facilities and breastfeeding education that are limited in rural areas affect the breastfeeding of children (Khan et al. , 2023).

Another important determinant of exclusive breastfeeding in our study was income level. Among the mothers 48.3% from higher income families exclusively breastfed their babies as compared to 35.8 % of mothers from low-income families. This observation accords with findings from different countries that show that the socioeconomic status determines breastfeeding patterns. Smith et al. (2023) conducted a survey in the United States, and they established that lower-income moms were less likely to practice exclusive breastfeeding because of financial barriers and lack of access to support services to help them with breastfeeding. This trend has showed that there is a need to provide more specifications of the aims of tackling exclusive breastfeeding with aspects of economics.

Therefore, the findings of this study emphasize the importance of as extensive and comprehensive strategies to enhance the practice of exclusive breastfeeding in the context of Basra Governorate. These barriers include inadequate supply of breast milk, conflict between work and child care, and

cultural factors, while positive strategies entail education and economic support in order to do well in the support of breast feeding. These results accord with international studies and stress the necessity of multifaceted approaches to address the needs of breast-feeding women (Smith et al., 2023; Liu et al., 2022; Khan et al., 2023).

Conclusion

This work takes a step further to describe the challenges facing mothers on exclusive breastfeeding in the primary health care centers in Basra Governorate. The study also shows that despite almost all mothers initiating breastfeeding, only 55% of them practice what is known as 'exclusive breastfeeding' up to the age of six months. This rate has to be considered a failure especially when compared to the targets set at the regional and global levels; this could act as an intervention point.

The findings included the following risk factors as obstacles to the practice of exclusive breastfeeding: inadequate milk supply, difficulties associated with working and social-cultural factors. All these obstacles conform to other studies conducted in other parts of the world hence making it evident that all these challenges are universal. The reason of failure to exclusively breast feed was reported to be lack of Enough breast milk as touched by 60% of the mothers. Preoccupation with work also pulled a large proportion of the mothers down, 35%, while cultural beliefs accountable for 25%.

Literacy level was also found significant and was positively associated with practice of exclusive breastfeeding. Educational attainment was also found to have a significant relationship with exclusive breastfeeding; mothers with higher level of education were found more likely to put their babies to exclusive breastfeeding. Another source of social variation was employment status; unemployed women were more likely to exclusively breast feed than employed women. This hints that at the centre of it all, workplace policies and support could significantly play a role in the achievement of exclusive breastfeeding.

Regional differences were noted, where the mothers who practiced exclusive breastfeeding were more inclined towards the urban setting rather than the rural one. This difference will extend a need to improve the support and facilities for breastfeeding mothers in rural areas. Also the study revealed that mothers coming from a higher socio-economic class practiced exclusive breastfeeding greater than those in the lower classes which gives credit to socio-economic reasons.

Consequently, it is correct to conclude that the identified barriers to exclusive breastfeeding call for an interference of several types. The interventions should therefore be directed towards the attainment of higher maternal education, workforce support to the women, and socio-cultural and economic factors. Breastfeeding support should also consider the rural and the low income group if there is to be parity in implementation of public health interventions. And it is with eradicating such barriers in mind that exclusive breastfeeding rates can be enhanced as well as healthier maternity and neonatal conditions in Basra Governorate. Further research into these questions and monitoring the outcomes of the interventions aimed at the promotion and support of exclusive breastfeeding should be the focus of future works.

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