Cultural assessment (m4c)



What are the key distinctions between breastfeeding practices of Australian and Iranian women? What factors account for these differences? (Your analysis should consider cultural factors and the potential influence of such on the decision to breastfeed/not breastfeed.) While breastfeeding is being widely promoted as the healthiest way of feeding infants until the age of 6 months, there is a considerable degree of variation in breastfeeding practices between different countries. In the present study, which analyzed the breastfeeding practices in Australia and Iran, the duration and exclusive breastfeeding rate varied between the two countries. Despite the high initiation rate for breastfeeding in Australia, the breastfeeding duration and the exclusive breastfeeding rates at 3 and 6 months of age was found to be lower compared to those in Iran. While 87% of mothers initiated breastfeeding in Australia, the Iranian data shows that 98% of women initiated breastfeeding and the mothers exclusively breastfed their infants at 3 and 6 months of age were 67. 1% and 56% respectively. In contrast, only 54% of Australian mothers exclusively breastfed their infants at 3 months of age while none of them exclusively breastfed their infants at 6 months. Several factors have been identified that promoted the higher rate of breastfeeding among Iranian mothers and they include adopting the WHO's International Code of Marketing of Breast milk Substitutes as a national law and implementation of all aspects of the code, the Baby Friendly Hospital Initiative has been adopted in all the hospitals in Iran which mandates that the steps for successful breastfeeding be followed, mothers in Iran are granted 4 months of paid maternity and hourly paid maternity leave for another 2 years which is also viewed as a method to encourage breastfeeding of the infants, additionally cultural factors such as religion

favors breastfeeding and hence Iranian women have better access to knowledge and peer support for breastfeeding. In addition, media and television in Iran promote the beneficial effects of breastfeeding thereby providing greater visibility and leaving a positive impact on breastfeeding practices. Another factor is the lesser rate of cigarette smoking among breastfeeding Iranian women compared to their Australian counterparts as smokers tend to wean their children earlier than non-smokers (Zareai, O'Brien & Fallon, 2007). How might breastfeeding initiation and duration rates be improved within each of these countries? Be sure to consider each country separately. In Iran several factors have favored breastfeeding practices such as government-sponsored initiatives, employment benefits, media and television promotions and cultural influences (Zareai, O'Brien & Fallon, 2007). Additionally another study carried out with Iranian breastfeeding women have shown that exclusive breastfeeding rate also depended on the number and durations of breastfeeding's per day without the use of any bottle feeding, number of delivery and birth weight. A more frequent and unrestricted breastfeeding practice increased the continuation of exclusive breastfeeding for infants. Another factor that could influence breastfeeding is socioeconomic status which includes household income. educational level of the women and their occupation. However, the study found that the rate of initiation and duration of breastfeeding and exclusive breastfeeding were found to be higher than the national goal set for breastfeeding (Koosha, Hashemifesharaki, & Mousavinasab, 2008). In case of Australia, the government should be the required measures to promote breastfeeding thereby helping to improve the overall health of the infant and the mother and also reduce hospital costs associated with infant weaning.

National policies on breastfeeding adopted in Iran could be implemented in Australia along with promoting the values and positive effects of breastfeeding practices among pregnant women. Hospitals could be encouraged to include the baby friendly hospital initiatives and also constantly encourage and educate mothers about breastfeeding information. Utilize the popularity of television and mass media to create a better awareness about breastfeeding and provision of adequate maternity leave and other provisions that support breastfeeding of infants (Zareai, O'Brien & Fallon, 2007). What, if any, are the implications of this study's findings for increasing breastfeeding initiation and duration among women in the U. S.? The findings of this study definitely have positive implications for increasing breastfeeding initiation and duration rates in the US. Studies have shown that education on breastfeeding has increased the initiation and exclusive breastfeeding rate. Hospitals in the US which had adopted the baby friendly hospital initiatives have shown elevated rate of breastfeeding initiation and exclusivity rates (Merewood et al, 2005). Hence further promotion of such initiatives, policies and education programs could result in healthy breastfeeding practices. References 1. Zareai, M., O'Brien, M. L., & Fallon, A. B. (2007). Creating a Breastfeeding culture: A comparison of breastfeeding practices in Australia and Iran. Breastfeeding Review, 15 (2): 15-20. 2. Koosha, A., Hashemifesharaki, R., & Mousavinasab, N. (2008). Breast-feeding patterns and factors determining exclusive breast-feeding. Singapore Medical Journal, 49(12): 1002-1006. Retrieved 27 January, 2011, from http://smj. sma. org. sg/4912/4912a7. pdf 3. Merewood, A., Mehta, S. D., Chamberlain, L. B., Philipp, B. L., & Bauchner, H. (2005). Breastfeeding rates in US Baby-Friendly hospitals: results of a national survey. Pediatrics, 116(3):

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