

Factors associated with the effectiveness of breastfeeding protection, promotion and prevalence of breastfeeding

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Introduction

Breastfeeding initiated within the **first hour of birth** is one of the most powerful practices for promoting child survival and wellbeing in Laos. Even the early initiation **breastfeeding** within one hour after birth: 39% in LSIS 2012 to 50% in LSIS 2017. **Exclusive breastfeeding** from birth up to 6 months of age: 44% LSIS 2012 to 45% LSIS 2017). The rate of bottle feeding (from 17% LSIS 2012 to 34% LSIS 2017). **The COVID 19** crisis has brought new and unique set of challenges, disrupted access to health services including the **Antenatal care (ANC)** and interpersonal counseling on **Infant and Young Child Feeding (IYCF)** Breastfeeding continued to be one priority of specific nutrition interventions in the National Plan of Action for Nutrition (NPAN) 2021-2025.

GOAL

What factors are most associated with sustained breastfeeding practice.

Methods

This Survey was approved by the **Instructional Review Broad (IRB), number 10/NECHR**, than we starting conducted in partner hospitals located in Vientiane province.

Data collection method: Face-to-face interviews with a structured questionnaire. The questionnaire was written by experts in the field of breastfeeding in Laos.

3 Health care providers per hospital (4 hospitals) and around 25 mothers will be samples per hospital. For a total of around 100 mothers.

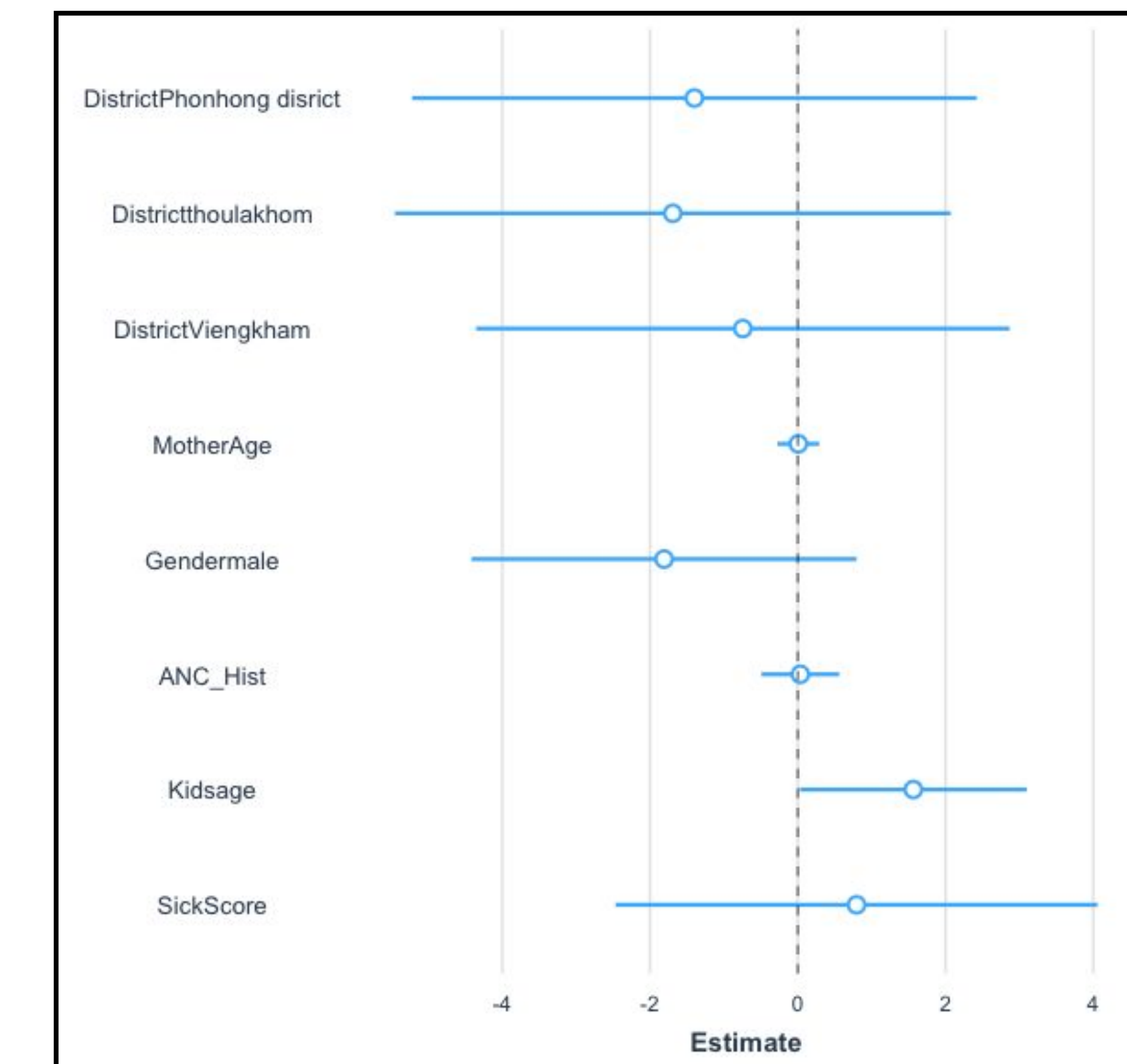
Every woman was assigned a unique identifier with data reporting and data cleaning was done by a data quality check team to reduce data entry errors.

Data and Results

A) Marginal analysis or unadjusted

Variable	N	Keooudom, N = 25 ¹	Phonhong dt, N = 24 ¹	Viengkham dt, N = 26 ¹	Thoulakhom dt, N = 25 ¹	p-value ²
Mother	100	31.9 (29.7, 35.2)	30.4 (29.0, 33.9)	32.4 (28.1, 34.8)	29.6 (25.0, 33.7)	0.3
Age						
Kids Age	100	1.24 (0.57, 1.92)	0.70 (0.37, 1.12)	1.44 (0.89, 1.90)	0.54 (0.18, 1.31)	0.015
ANC_Hist	100	9.00 (6.00, 12.00)	7.00 (6.00, 8.00)	8.00 (8.00, 9.00)	9.00 (7.00, 11.00)	0.034
Gender	100					>0.9
Female		11 (44%)	12 (50%)	12 (46%)	12 (48%)	
Male		14 (56%)	12 (50%)	14 (54%)	13 (52%)	
Sick Score	100	0.17 (0.08, 1.00)	0.63 (0.15, 1.00)	0.21 (0.17, 1.00)	1.00 (0.25, 1.00)	0.3
BFLength	100	6 (3, 13)	6 (3, 7)	5 (3, 8)	5 (1, 7)	0.7
¹ Median (IQR); n (%)						
² Kruskal-Wallis rank sum test; Pearson's Chi-squared test						

B) Coefficients plots - Adjusted analysis (linear model)



Conclusion

We found that only kid age is significant (barely) in the model (0.1 significant level). As next steps, we plan to consider more sophisticated model (variable selection based approaches) and also include variable related to COVID19.

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References

1. Bureau, L. S., & UNICEF. (2018). Lao social indicator survey II 2017, survey findings report. *Vientiane, Lao PDR*, 68-70.
2. Isabel Rodríguez-Gallego 2022 (Isabel Rodríguez-Gallego, Helen Strivens-Vilchez, Irene Agea-Cano, Carmen Marín-Sánchez, María Dolores Sevillano-Giraldo, Concepción Gamundi-Fernández, Concepción Berná-Guisado & Fatima Leon-Larios Breastfeeding experiences during the COVID-19 pandemic in Spain:a qualitative study,22 February 2022.
3. (Kim SK, Park S, Oh J, Kim J, Ahn S. Interventions promoting exclusive breastfeeding up to six months after birth: A systematic review and meta-analysis of randomized controlled trials. *Int J Nurs Stud*. 2018;80:94-105.)