

Drivers and Challenges of Exclusive Breastfeeding in West Africa

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ABSTRACT

Globally, breast milk has been described as the gold standard of infant feeding. It provides complete nutrients for infant and childhood development. In 2002, the United Nations Children's Fund and the World health organization jointly came up with a global policy for infant and young child feeding. This policy emphasized breastfeeding as an irreplaceable practice of providing infants with the ideal nutrients for optimal growth and development. This study therefore looked into the motivating factors as well as challenges of exclusive breastfeeding. The paper identified the benefits to the child, mother and community, and further highlighted the challenges of exclusive breastfeeding. The study concluded that a lot more needs to be done to scale up exclusive breastfeeding among mothers as they are challenged with numerous problems. It recommended among others, the need for exclusive breastfeeding programme interventions to be directed at increasing uptake with emphasis on the benefits of exclusive breastfeeding as well as correct misconceptions about the practice. Also, dissemination programme interventions on the awareness and benefits of exclusive breastfeeding among mothers at the community level should involve important key players such as community leaders, husbands, mother in-laws and grandmothers as they often influence in the decision of a mother to exclusively breastfeed.

Keywords: Exclusive breastfeeding, Mothers, Infant, Challenges, Mobilization

INTRODUCTION

Exclusive breastfeeding is a cornerstone of care for childhood development, as its practice in the first six months of life builds the child immunity, protects the child from diarrhoeal and respiratory diseases and improves the child response to vaccination [1]. Exclusive breastfeeding is the provision of only breast milk to a baby for the first six months without the introduction of water or other feeds [2]. Its practice should be initiated within an hour after birth and children exclusively breastfeed for six months [1]. The introduction of supplementary feeds before six months of age must be avoided as it is associated with increased incidence of neonatal and infant morbidity and mortality. Globally, breast milk has been described as the Gold Standard of infant feeding. It provides complete nutrients for infant and childhood development [3]. In 2002, the United Nations Children's Fund and the World health organization jointly came up with a global policy for infant and young child feeding. [4] This policy emphasized breastfeeding as an irreplaceable practice of providing infants with the ideal nutrients for optimal growth and development. The policy is built upon the Innocenti Declaration (1990) and the Baby-Friendly Hospital Initiative (1991) which were programmes that sought to address the problems of infants born to HIV mothers, infants of low birth weight and infants in critical situations. It focused on breastfeeding as an important practice in such circumstances to protect them from the adverse effects of poor nutrition and low immune response to enable them grow to their full potentials. The American Academy of Paediatrics [5] strongly endorsed exclusive breastfeeding in a historic policy statement. This recommended breastfeeding as an important practice and the various roles pediatricians can help promote the practice. Similarly, in Africa, six months of exclusive breastfeeding has been emphasised, which should be followed by an introduction of nutrient dense complementary feeds till the child is two years old or more [4]. In Africa, one out of three children have been exclusively breastfed [6]. [4] Observed that the situation is even worse in West Africa, where 6.1% of babies six months old or younger are exclusively breastfed. [4] noted that it is surprising despite the high awareness of exclusive breastfeeding in West Africa, its practice remains low. There is the likelihood that although most people were aware of exclusively

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breastfeeding, they are not well informed about the benefits of exclusively breastfeeding. Hence, this review sought to explore the motivating factors as well as the obstacles to exclusive breastfeeding in West Africa.

Benefits of exclusive breastfeeding

A lot studies have revealed that exclusive breastfeeding for six months is the standard for optimal growth and development of the infant and young child. The benefits of exclusive breastfeeding can be categorised into benefits to the child, mother and community.

Benefits to the Child

Exclusive breastfeeding has been found to reduce the risk of respiratory tract infections such as pneumonia in children [4]. It has also been observed by [7-8] to reduce the risk of gastrointestinal infections such as gastroenteritis and acute watery diarrhoea. This reduction in the risk of acquiring infections is because breast milk strengthens the immune system of the child against various forms of infections. [4] revealed that because exclusive breastfeeding builds up the immune system of the child, it lowers the risk of the child getting non-communicable diseases like diabetes and hypertension later in life. It also reduces the likelihood of ear infections as well as prevent recurrence of ear infections [9]. Protection from allergies has been observed as another benefit of exclusive breastfeeding. Other studies have stressed that exclusive breastfeeding promotes cognitive development of children [4]. The researchers argue that exclusive breastfeeding promotes brain and intellectual development. Also, breast milk is readily available and sterile than formula feeds. [10] argue that this makes breast milk more beneficial as it's less expensive and healthier than formula feeds. Additionally, studies have observed that exclusive breastfeeding has been positively associated with a reduction in infant and child morbidity and mortality.

Benefits to the Mother

Exclusive breastfeeding mothers are more likely to lose their weight and regain their pre-pregnancy weight if they exclusively breastfeed their children [11]. Similarly, the uterus also returns to normal size in mothers who exclusively breastfeed their children. Additionally, exclusive breastfeeding can delay menses of women therefore preventing them from becoming pregnant. Thus, breastfeeding mothers are able to space their children birth if they exclusively breastfeed. Exclusively breastfeeding has also been reported to promote psychosocial bonding between the mother and the child [12]. Also, a reduction in the risk of type 2 diabetes as well as breast, ovarian and endometrial cancers have also been reported with women who exclusively breastfeed their children [11]. Similarly, a reduction in the risk of women to osteoporosis has been observed in the postmenopausal periods of mothers who exclusively breastfed [11].

Benefits to the Community

The community derives its benefits from children and mothers being healthy. Communities with higher exclusive breastfeeding rates tend to have lower neonatal and infant mortality rates with most mothers being healthier [4, 10, 9]. Also, communities in which a good number of mothers practice exclusive breastfeeding, tends to motivate other mothers to do same [10, 9]. This often results in increment in exclusive breastfeeding rates with corresponding healthier communities for children and mothers alike.

Drivers of Exclusive Breastfeeding

Despite the enormous benefits of exclusive breastfeeding, many breastfeeding mothers practice exclusive breastfeeding for various reasons. In Southwest Nigeria, [13] found that some mothers practice exclusive breastfeeding because they are aware it helps newborns to grow very well. This finding is consistent with studies by [14] who observed that mothers tend to exclusively breastfeed for six month because they are aware that breast milk contains all nutrients including water that enables the newborn to grow well. The socio-economic status of mothers has also been found to influence the decision of mothers to exclusively breastfeed. Agho and his colleagues found that mothers from socio-economically privileged groups were more likely to exclusively breastfeed than their counterparts in the lower socioeconomic status [9]. They argue that mothers with higher socioeconomic status tend to have high education and are more likely to be better informed about the practice of exclusive breastfeeding than mothers with lower socio-economic status who are more likely to have lower education. Additionally, [9] found that mothers who accessed antenatal care services during pregnancy were more likely to practice exclusive breastfeeding as appropriate key messages were usually delivered during antenatal care services. This finding is in line with studies by [14]. Lactation counselling is another service that influences exclusive breastfeeding positively. Existing evidence in Nigeria and Ghana revealed that lactation counselling has significantly been associated with increase in rates of exclusive breastfeeding. The studies found that if pregnant women or mothers are counselled properly on the benefits of exclusive breastfeeding, they are more likely to exclusively breastfeed than their peers who are not counselled. Also, the place/location in which a pregnant women delivers also has an influence on the decision of a mother to exclusively breastfeed. [4] observed that women who delivered at a health facility, for example in a hospital, were more likely to practice exclusive breastfeeding than mothers who delivered at home. [4]

and [2] explained that mothers who deliver at health facilities are more likely to be counselled on exclusive breastfeeding and therefore tend to practice exclusive breastfeeding than mothers who delivered at home. Furthermore, [13] observed that a previous bad experience with mothers who did not exclusively breastfeed their children could increase exclusive breastfeeding rates. For example, [13] found that a mother was advocating for all mothers not to give water during the first six months of exclusive breastfeeding because she did that and got her elder child falling sick often, and this motivated her not to provide water but only breast milk when she had her second child. Additionally, some mothers tend to exclusively breastfeed their children as breast milk is readily available, easy to give and provides them with time to carry out other activities as they do not have to think about preparing separate food for the child [13]. Also, the expensive nature of formula feeds than breast milk has also been found to motivate mothers, making them more likely to exclusively breastfeed [4, 13]. [4] and [13] reported that the higher the awareness and knowledge of exclusive breastfeeding by mothers, the more likely they are to practice it.

Challenges of Exclusive Breastfeeding

Although exclusive breastfeeding is overwhelmed with numerous benefits which are enough motivation for mothers to practice it, many mothers are reluctant or refuse to exclusively breastfeed their children on different reasons. In Nigeria, it has been observed that although the initiation of exclusive breastfeeding is on the increase, the duration of the practice for six months continues to decline. [15] in Nigeria found that some mothers believed that their breast will sag when they exclusively breastfeed and therefore makes them unattractive to their partners. This was consistent with studies by [4] where younger mothers were found not practicing exclusive breastfeeding as they do not want to lose the shape of their breast. Socio-cultural beliefs and practices have been noted as another major barrier to exclusive breastfeeding. For example, in rural Cameroon, [16] observed that mothers from some cultures introduce either water or food prior to six months of age, with almost 40% introducing water to children in the first four weeks of life with the belief that breast milk is an unbalanced diet that does not increase the child's weight. This finding agrees with many other studies that perceive exclusive breastfeeding as insufficient, unbalanced and makes the child not to grow well. Also, traditional practices which include testing the breast milk for bitterness before giving it to the child tends to make mothers not to practice exclusively breastfeeding [4]. Documented studies show that when a baby is born, black ants are put into the breast milk of the mother and if these ants survive by crawling out, then the breast milk is wholesome and can be given to the newborn. However, if the ants die, it means the breast milk is toxic and poisonous and must not be given to the child until the woman undergoes some ritual before the breast milk can be purified and given to the newborn [4]. Thus, during such instances water and other feeds are given to the newborn until the ritual is completed. Additionally, the traditional practice of giving water to babies delivered to quench their thirst has prevented mothers from practicing exclusive breastfeeding [17]. The author observes that newborns were given water and other concoctions as a sign of quenching their thirst or a sign of welcoming them into the world. Similarly, [18] noted that newborns were given water at birth with the notion that the child is born into a hot environment. Pressures from families on breastfeeding mothers have also been reported to have a negative influence on exclusive breastfeeding practice [16] reported that mothers practiced mix-feeding due to cultural beliefs and pressures from families. For example, [19] in rural Cameroon observed that mothers were pressured by family to feed their newborns with food because they viewed it as a taboo not to give newborns with food grown by the family. Also, the educational level of mothers has been reported to have an influence on the decision of mothers to exclusively breastfeed [18, 2]. Mothers who had no formal education were more unlikely to practice exclusive breastfeeding than their peers with higher education as mothers with no education tend not to be well informed about the benefits of exclusive breastfeeding as compared to their counterparts with higher education [20]. Other studies have observed that some mothers do not practice exclusive breastfeeding because they have cracked nipples or engorged breast that causes them pain during breastfeeding.

CONCLUSION

In conclusion, although this study have revealed some motivating factors for exclusive breastfeeding, a lot more needs to be done to scale up exclusive breastfeeding among mothers as they are challenged with numerous problems. Scaling up exclusive breastfeeding should involve policy and programme interventions at regional and community levels of various countries within the sub-region. Exclusive breastfeeding programme interventions should be aimed at increasing uptake with emphasis on the benefits of exclusive breastfeeding as well as correct misconceptions about exclusive breastfeeding practice. Dissemination programme interventions on the awareness and benefits of exclusive breastfeeding among mothers at the community level should involve important key players such as community leaders, husbands, mother in-laws and grandmothers as they often influence in the decision of a mother to exclusively breastfeed. Mothers should also be encouraged to attend antenatal care services as well as deliver at a health facility.

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