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Interventions to Scale Up Breast Feeding: Implications for Public Health Practice in Achieving Sustainable Development in Nigeria

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Abstract

This paper reviewed public health interventions for effective breast feeding as a strategy to improve child health and reduce morbidity/mortality among children. The importance of breast feeding is overwhelming and cuts across the mother, child, community and the nation at large. Breast milk is the first food for the start of life. The milk has all the nutrients required for growth and development, hence the child should not be denied the pleasure. The national policy on food and nutrition recommends that 50% exclusive breastfeeding rate be achieved by 2025 following the WHO 1981 Code for safe and adequate nutrition. To achieve this, every year globally, breast feeding week is celebrated and each year has its theme. The 2021 world breastfeeding week was marked in the first week of August with the theme ‘Protect Breastfeeding: A Shared Responsibility’. The 2022 world breast feeding week was held from the 1st – 7th of August with the theme “Step up for breast feeding: Educate and support”. This paper has explained some public health interventions such as health education, advocacy, focus group discussion, peer counselling, health facility and home-based activities among others for promotion and sustenance of breast feeding.

Keywords: public health, interventions, breast feeding, development

INTRODUCTION

The epistemological theory by John Locke during the 17th century, posits that a human is born with no in-built mental contents and that human knowledge comes from experience and perception (Dawes, 2017). The mind’s initial resemblance to ‘white paper’, void of all characters’ with ‘all the materials of living and knowledge’ derived from experience (Maden, 2021). This implies that since the human mind is completely empty at birth, the content of his environment and his interactions determines his behaviour and attitude. Applying this theory to child health, one can succinctly state that the human stomach is empty at birth, lacks essential nutrients for growth and development until it comes in contact with the breast milk through breast feeding at birth. As humans gain knowledge through experience, so they also gain nutrient needed for growth through breast milk during the early years of life because that is the only food that can be tolerated by the digestive system at that time.

According to Majka (2020), 820,000 deaths of children under 5 years could be avoided annually with optimal breastfeeding from 0-23 months as undernutrition is responsible for 45% of children’s deaths worldwide. WHO (2022) also observed that nearly 2 out of 3 infants are not exclusively breastfed for the recommended 6 months and there has not been any improvements in decades. Child health is very paramount that is why the millennium development goal 4 and the sustainable development goals captured child health interventions exclusively. Over time there has been various interventions, programmes and services aimed at improving child health. The child survival strategies have captured all the interventions and programmes in one acronym presented as GOBIFFETHE which stands for: G-Growth monitoring, O- Oral Rehydration therapy, B- Breast feeding, I- Immunization, F-Food fortification, F-Female education, F- Family planning, E-

Environmental sanitation, T-Treatment of common ailments, H-Health education and E-Essential drug list.

This focused of this paper is on breast feeding as one of the interventions for child survival. The importance of breast feeding is overwhelming and cuts across the mother, child, community and the nation. The national policy on food and nutrition recommends that 50% exclusive breastfeeding rate be achieved by 2025 following the WHO Code of 1981 (adopted by the World Health Assembly) to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding (WHO, 2009). To this end, breast feeding day is marked and celebrated every year globally to reinforce the importance and ensure practice.

In 2020 the theme for the breastfeeding week was “Support breastfeeding for a healthier planet” The environmental friendly impact of breast feeding such as conservation of scarce resources, prevention of pollution because it does not require packaging, shipping or waste disposal were the emphases of the week’s celebration (Federal Ministry of Health, 2020). The 2021 world breastfeeding week was marked in the first week of August with the theme ‘Protect Breastfeeding: A Shared Responsibility’. It reinforced the maintenance of breastfeeding-friendly environments for mothers and babies as a priority in all work places and institutions. As a shared responsibility, individuals, families, communities, government at all levels, groups and essential others must all strive to ensure the effectiveness of breastfeeding (Boateng & Ufere, 2021). In 2022 the theme was “Step up for breast feeding: Educate and support” and it was held from the first to seventh day in August 2022.

Problem Statement

The importance of early nutrition in childhood cannot be over emphasized. The type, quantity and quality of food a child is fed with during the formative years have direct relationship with the mental, physical and social wellbeing of the child. Child nutrition has become a global concern, not just because of maintenance of health but for the fact that if children are not given the right food to enhance their growth, the future of the country and the world at large is at stake because there will be no healthy individuals to grow the economy. This is the reason government all over the world deemed it necessary to periodically develop and review strategies to ensure healthy growth and development of children and reduce death and illnesses. One of these strategies is early initiation of breast feeding within the first hour of birth and exclusively breastfeeding for the first six (6) months of life (WHO, 2018). According to the National Demographic and Health Survey (2018), the early initiation rate of breastfeeding was 42% indicating that not up to half of the children are breastfed within one hour of birth. Also, the exclusive breastfeeding rate in Nigeria was 29% implying that only an insignificant percentage of infants aged 0-6 months are exclusively breastfed leaving as much as 71% of infant not breast-fed. It was also revealed that only 9% of organizations have a workplace breastfeeding policy.

Globally, the rate of exclusive breastfeeding for infants under six (6) months of age is 40%. In Africa, nearly 70% of countries have high rates of continued breastfeeding at one year, compared to 28.7% in Nigeria (Majka, 2020). The author also revealed that 820,000 deaths of children under 5 years could be avoided annually with optimal breastfeeding from 0-23 months as undernutrition is responsible for 45% of children’s deaths worldwide, and 3 out of 5 babies are not fed in the first hour of life, known as the “golden hour”. To this end it becomes very imperative that public health officers should embark on aggressive interventions to enhance the practice of breast-feeding among nursing mothers.

Objective of the review

The objective of this review is to explain the need for individuals, families and groups to be committed in the drive to achieving success in exclusive breast feeding and explore public health interventions to support and scale up practice of breast feeding as a means of achieving sustainable development.

Meaning of Breast Feeding

Breastfeeding is the act of feeding a baby with the natural milk that is produced from the breast. This is achieved few minutes after birth and continues exclusively for first six months up to two (2) years, in addition to complimentary household food or infant cereals/formula, according to the choice of the

mother. It is recommended that babies should be breastfed on demand. However, when signs such as lip licking or sticking out the tongue, rooting (which is moving the jaw, mouth or head to search for the breast), putting the hand or finger in the mouth, opening the mouth or sucking on things are observed, it indicates that the baby is hungry and so should be fed.

The breast milk is produced in three phases. The first phase is the production of colostrum which is rich in antibodies and also has a laxative effect that helps the child to pass out the first stool (Meconium: usually black in colour). The second phase is called transitional milk and the third phase is called mature milk. Milk produced in all three phases contains essential nutrients for child's growth. The quantity of milk produced is directly proportional to the duration and frequency of breast feeding: the more a baby is breast fed, the higher the level of milk production and vice versa. A sufficiently breast fed baby should not lose more than 7% of his birth weight in the first few days after delivery. The baby should be content for about 1-3 hours between feeds and should have at least 6 wet diapers with very pale or clear urine by the time he is 7-10 days old (American Academy of Paediatrics, 2022; Taylor, 2022; Healthline, 2020)

The breast (also referred to as the mammary gland) is the organ responsible for lactation. It develops under the influence of oestrogen and progesterone. They are two in number located in the thoracic cavity. There are compound secreting glands composed of varying proportions of fat, glandular and connective tissue arranged in lobes. The lobes are 20 in number which further divides into lobules. They are made of glandular tissues. The lobules consist of cluster of alveoli that opens into small ducts which unit to form large excretory ducts known as lactiferous ducts. The ducts converge towards the centre where they form reservoir for milk. The lactiferous sinuses open to the nipple. The nipple is covered with epithelium and contains cylindrically arranged smooth muscles and elastic fibre.

During the second trimester, the alveoli epithelial cells develop into lactocytes. They produce small quantity of secretion known as colostrum. After delivery, the level of placenta hormone (especially progesterone), falls significantly to allow the already high level of prolactin to initiate milk production. Touch stimulus causes the release of prolactin; this is made more effective as the baby's mouth touches the nipple. Oxytocin also plays a role by causing the muscle and tissues to contract to further eject the milk. The contraction and relaxation of the elastic fibres and smooth muscles in the nipple cause the milk to flow into the baby's mouth and after suckling, prevents further flow of milk. The more the baby is breast fed, the more the milk is produced. This is the principle guiding exclusive breast feeding (Tauber, 2021; Marshal & Raynor, 2014; Waugh & Grant, 2006)

The breastfeeding code

The breastfeeding code was adopted in 1981 by the World Health Assembly to promote safe and adequate nutrition for infants, by the protection and promotion of breastfeeding and by ensuring the proper use of breast-milk substitutes. One of the main principles of the Code is that health care facilities should not be used as centres for promotion of breast milk substitutes, feeding bottles, teats, or the distribution of free formula by individuals or organisations (WHO & UNICEF, 2009).

The following are the statements of the code:

1. There should be no advertising of breast-milk substitutes and other products to the public.
2. Free samples of breast milk substitutes should not be given to mothers.
3. Breast milk substitutes should not be promoted in the health facilities.
4. Supplies of breast-milk substitutes or other products should not be donated freely or subsidized in any part of the health care system.
5. No breastmilk company personnel should contact or advise mothers.
6. Health workers should not be given gifts or samples of the product.
7. No pictures of infants, other pictures or text idealizing artificial feeding should be placed on the labels of the products.
8. Only scientific and factual information should be given to health workers.
9. Information on artificial feeding should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding;
10. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

For efficient and effective implementation of the code, health workers (which according to the code includes any person working in the health care system, whether professional or non-professional, including voluntary and unpaid workers, in public or private practice) have been admonished by the World Health Assembly to make themselves familiar with their responsibilities under the Code, to be able to encourage and protect breastfeeding. This implies that everyone working in a public or private health facility, having direct or indirect contact with the mothers should understand the principles of the code and ensure full implementation.

Public health interventions to scale up breast feeding

Achieving success in breast feeding will require collaboration and understanding among individuals, family, community and institutions to implement the following:

1. Health Education: Effective health education produces behaviour and life style changes for health promotion. Green in Achalu (2019) defines health education as any combination of health education and related organisational, economic or political interventions designed to facilitate behavioural and environmental changes conducive to health. Health education for effective breast feeding involves enhancing both cognitive and motor skills. Education will border on the content and benefits of breast milk as well as techniques for breast feeding. This implies teaching nursing mothers the right positions to adopt during breast feeding, the duration for breast feeding, good nutrition to ensure production of breast milk and breast feeding hygiene, intense health education during ante-natal on breast preparation for effective breast feeding, such as rubbing and pulling the nipple, use of firm brassier, exercise of the chest muscle, proper latching and sitting position during breast feeding, good nutrition and fluid intake to enhance breast milk formation.

2. Advocacy: To advocate means to lend a voice. Advocating for promotion of breast feeding involves collection of actions to arouse the individuals, institutions and government to encourage nursing mothers. Institutions must ensure complete compliance to the breast feeding code. Managers of institutions, legislators and executives must include in their policies strategies to support nursing mothers to help them breast feed their babies sufficiently.

3. Encourage community focus group discussion: This involves creating forum for shared experiences and opinions among nursing mothers and the health care providers. This forum increases motivation and encouragement to achieve success in breast feeding.

4. Develop peer counselling programmes in health care settings and communities: Women who have succeeded in breast feeding will serve as peer educators to beginning mothers. Learning is achieved when the learner and the educator are at the same level and have the same objective.

5. Health facility-based and home interventions: These include early initiation of breast feeding (first hour after birth) for normal delivery, and when the mother regains consciousness after a caesarean section. Rooming-in with the mother 24 hours a day to facilitate bonding. Eating balanced diet and copious fluid intake. Pacifiers must be avoided. Recognising signs of hunger which is not only expressed by crying is important. These include sucking of thumb, licking of lips, turning head towards mother's chest among others. However, there are many other reasons that could make a baby cry therefore, breast feeding should be on demand: Up to 12 times in 24 hours in the first few weeks while exercising patience because breast feeding duration is dependent on baby's appetite. Baby should spend 10 to 20 minutes feeding on each breast, this is to ensure complete emptying of the breast and also help to prevent breast engorgement. (WHO, 2018; Adewuyi & Adefemi, 2016)

6. Government and employers' interventions: Employers must allow women the time and space they need to breastfeed by providing safe private rooms in the workplace and including paid longer maternity leave in the condition of service. Funding research to uncover new knowledge to promote breast feeding. Concretize global efforts on baby-friendly hospital initiative, and guidelines on breastfeeding counselling in both public and private organizations. Including breast feeding as part of family life education in the academic curriculum beginning from the primary school level.

NB: Maternity leave period for nursing mothers could be increased to 6 months and strictly observed to ensure that the 6 months exclusive breast feeding is carried out without interference or obstructions.

Implication of breast feeding to public health practice

Exclusive breastfeeding for 6 months has a lot of benefits to the mother, child, family and the nation at large. The health benefits of breast feeding to the mother will reduce the burden of health care. This is because the number and frequency of hospitalization is reduced, thus giving room and enabling the health system cater for more critically ill patients. The knowledge of this fact, therefore implies that all stakeholders in the health industry and the general public must ensure that the breast feeding policy and code are implemented at home, hospital and other work places. Health services providers who have direct contact with the nursing mother and public have no reason not to provide the right information as it pertains to breast feeding to the patient and family members who will provide support. This also means that they must be knowledgeable to be able to inform and educate. Health services are provided at all settings, such as school, home, church, community, private sectors etc. it also implies that those who are found in these areas must be informed and educated on the benefits of exclusive breast feeding. By these means larger population will receive information and education. It also means greater acceptance and practice and lesser burden of morbidity on the health system. The health care providers will also play advocacy role to intercede between the people and government and relevant agencies/individuals that can make contributions, laws and policies that would encourage successful breast feeding

Conclusion

Child health is a global interest because children are the future of the nation, so it is important to take care of their health and wellbeing. The child survival strategies represented in the acronym GOBIFFETHE is one of the programmes put in place globally to achieve child health. Breast feeding is one of the strategies. The practice of breast feeding must be exclusive for six (6) months and continues for two (2) years with complimentary feeding. Individuals, families, groups, institutions and government at all levels must encourage the practice of exclusive breast feeding because its benefits are overwhelming.

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