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Need for baby friendly community initiative to improve the low exclusive breastfeeding rates in Nigeria

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The benefits of Exclusive Breastfeeding (EBF) are no longer debatable. The Baby Friendly Hospital Initiative (BFHI) was launched in 1991 to encourage EBF for the first six months of life and continued breastfeeding for at least one year of life.¹ The initiative has been launched in at least 152 countries worldwide and in several parts of Nigeria.^{1,2} However studies from different parts of the country have continued to show very low rates of EBF despite this initiative.³⁻⁵ Agu and Agu³ reported only 63% rate of initiation of EBF at birth among 254 women in south-eastern Nigeria despite 87.0% of the woman being aware of EBF. The rate had declined to 30.5% by 4-6months. In a rather more robust study in rural western Nigeria among 410 mothers, 95.1% had heard about EBF, 65% knew that EBF should be initiated from birth and 21.5% knew of the benefits of EBF yet only 10.2% were practicing EBF at the time of the study.⁴ Agho et al⁵ examining data from several parts of the country, have reported Nigeria to have the poorest rate of EBF in the world despite good levels of awareness.

It would appear therefore that the reasons for poor EBF rates in Nigeria go beyond lack of awareness. In addition, it is obvious that the BFHI is not able to maintain influence on mothers after discharge from hospital, thus the rapid declines in EBF rates soon after birth.³⁻⁵ To improve the EBF rates in the country we need a model that would address the identified impediments to EBF at the community level which include firmly held opinions on infant feeding and poor motivation.³⁻⁵ Very importantly, lack of ownership by the community is an obvious limitation to continuation of EBF after hospital discharge.⁶

In view of this we propose that the Baby Friendly Community Initiative, (BFCI) would be an effective complement to the BFHI in Nigeria, and provide continuity to

the later. The BFCI was developed by the United Nations and UNICEF to expand on the BFHI, and aims at sustaining breastfeeding after mothers leave the hospital.⁶ The initiative emphasises as community involvement, formation and training of mother support groups at the village level, close link to the health facility and training messages derived from the community through interviews with community members.⁶ This initiative has proven effective in many developing and developed countries including Kenya with an EBF rate of 97%, Gambia, Cambodia,⁶ New Zealand⁷ and Italy⁸ The initiative has the advantages of linkages between health facilities and communities, including men as important players, mobilizing resources from the whole community while providing governments with an entry point for other community health and development programs, and continuity/sustainability, among others.⁶ In Nigeria the traditionally strong community institutions such as traditional rulers, women groups and women leaders and NGOs could be mobilized as fulcrum for such initiative. This would fit well into the community model of solving health problems in our environment⁹ and the Adopt-a-Health-Centre Initiative of the Paediatric Association of Nigeria. Communities could be incentivized by issuance of certificates and other benefits for meeting laid down criteria.

Some aspects of this community involvement have already been demonstrated to positively influence EBF in Sokoto, Nigeria where the use of community volunteers to counsel women on the benefits and need for EBF significantly increased the percentage of mothers with intention to exclusive breastfeeding and their knowledge of the benefits of EBF.¹¹ In South South Nigeria where Shell Nigeria has adopted some community facilities and introduced community health insurance schemes in collaboration with the communities and government, high rates of acceptance and compliance with public health initiatives have been observed due to the large numbers visiting such facilities and receiving awareness education, and community participation.¹²

Conclusion

Knowledge of EBF is widespread in Nigeria yet practice rates are abysmally low. It is obvious that the BFHI is not able to sustain EBF rates in the community. Deeply

held opinions about infant feeding in the communities play a major role in the declining rates. The BFCI is a viable addition to the BFHI in Nigeria to improve EBF rates and meet our obligations to the Innocenti Declara-

tion of 2005 on Infant and Young Child Feeding¹⁰. We please invite opinions on the subject.

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