

**The Challenges and benefits of practicing
exclusive breastfeeding (EBF) in Africa**

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**Presented at the 4th Annual
International Conference of Kabarak
University Nakuru, Kenya.**

Background information on EBF

- according to the WHO, “Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.”(Bomer–Norton , 2014)
- Globally, <40% of infants <6 months are exclusively breastfed (Magawa , 2012)
- 38% of infants enjoyed exclusivity in developing world

Background contd.

- EBF prevalence in Africa : 20%-33%
- EBF prevalence in SSA increased from 29.3% in 2000 to 35.4% in 2010(World Bank , 2010)
- 90% EBF practice estimated to prevent 1.3-1.45million child death annually(Seid et al., 2013)
- increased EBF prevalence between 1990-2010 has reduced premature mortality & disability in Ghana(80%), Malawi(76%), Srilanka(83%) & Cape-Verde(85%) (Fullman , 2014)
- African countries present prevalence :Kenya(32%) Zimbabwe(7%), Ethiopia (52%),Ghana (51.6%) ,Nigeria (27%), Tanzania (58%) & Egypt (9.7)

Benefits of exclusive breastfeeding to infants & mothers

infants

- Reduce infant risk of infection & diarrhea
- prevention of obesity&T1D
- Prevention of SIDs& Childhood leukemia
- Reduce IMR &PEM
- Reduce pneumonia & asthma(Nabulsi et al., 2014)

Mothers

- Decrease maternal obesity& T2D
- Prevent breast & ovarian cancers
- Reduce postpartum depression
- Improved bone remineralisation
- suppressing ovulation

Challenges of EBF in Africa

- Bureaucratic bottleneck in implementing WHO/UNICEF agreement on IYCF
- Lack of political will to implement UN resolution on maternal & child health policies.
- Inadequate EBF communication by the health workers
- Cultural practices & African belief systems
- Poor counseling skills and lack of support by the doctors & nurses
- Maternal under nutrition and inadequate health facilities(Magawa, 2012)

WHO AND UNICEF RECOMENDATIONS

- To enable mothers to establish and sustain exclusive breastfeeding for six months, the WHO and the United Nations Children's Fund (UNICEF) recommend:
- “Initiation of breastfeeding within the first hour of life;
- Exclusive breastfeeding – the infant only receives breast milk without any additional food or drink, not even water;
- Breastfeeding on demand – as often as the child wants, day and night;
- No use of bottles, teats or pacifiers.”(UNICEF , 2012)

Parties who determine EBF practice

- **Mother and infants**
- **Other siblings**
- **Father**
- **Paternal & maternal relations**
- **Community leaders**
- **Local & national governments**
- **Doctors ,nurses & other health workers**
- **International agencies & infant formula manufactures(Kent , 2006)**

How to enhance EBF practice

- The following support will enhance EBF practice in Africa
- Emotional support-caring& concern
- Esteem support-positive regard
- Instrumental support-assistance on knowhow
- Informational support-be well informed
- Network support- sharing interest & social activities

Table 1- reasons for Non-EBF practice among urban women in southern Nigeria (Joseph et al., 2013)

Reasons for not practicing exclusive breastfeeding	N = 255	Percent
Stressful	67	26.2
Mother's refusal	60	23.5
Not necessary	46	18.1
Have no time	35	13.7
Not culturally acceptable	28	11.0
Not aware of it	15	5.9
Husband's refusal	3	1.2
Doctors' advice	1	0.4

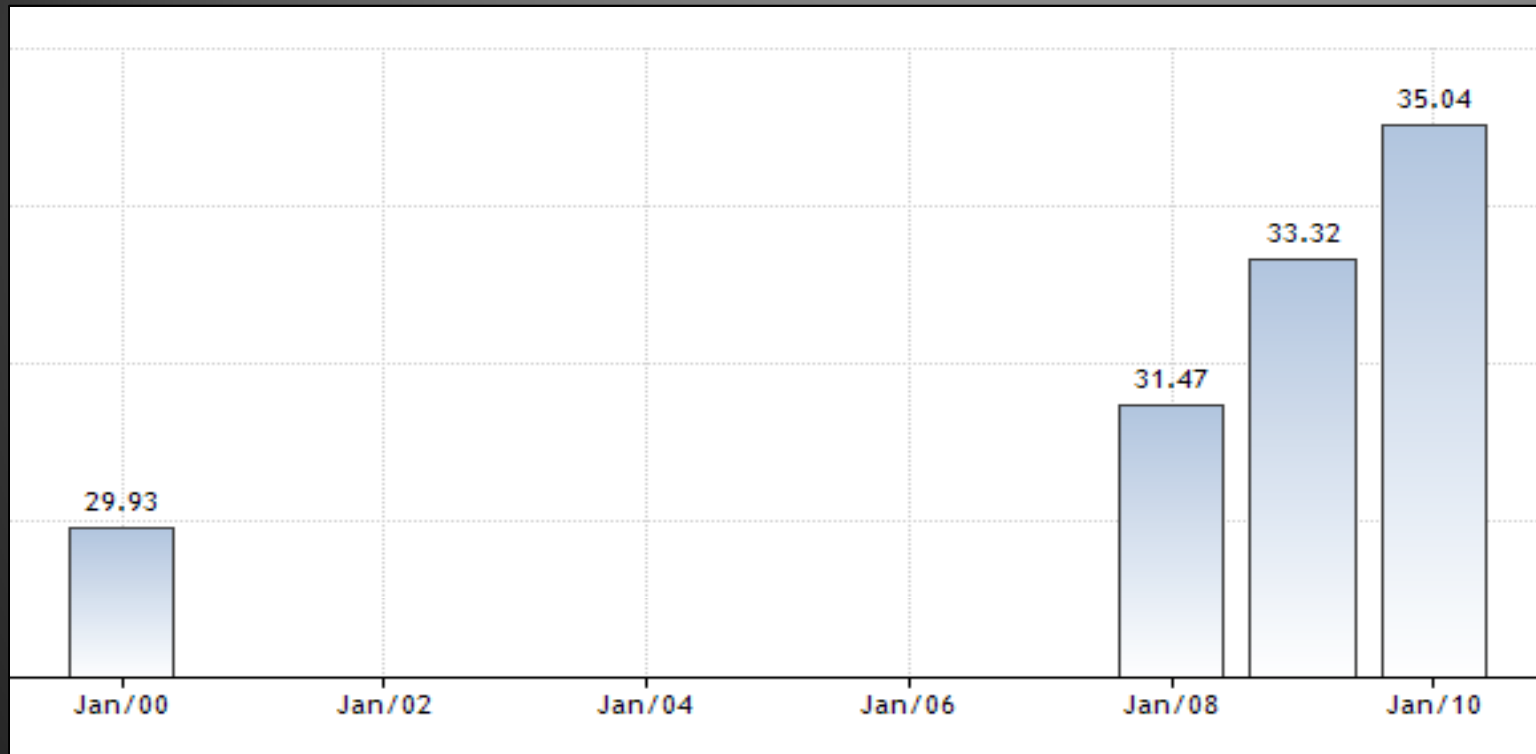


Fig. 1 EBF Prevalence in sub Sahara Africa(SSA)
(2000-2010) >>

Source – World bank (2010)

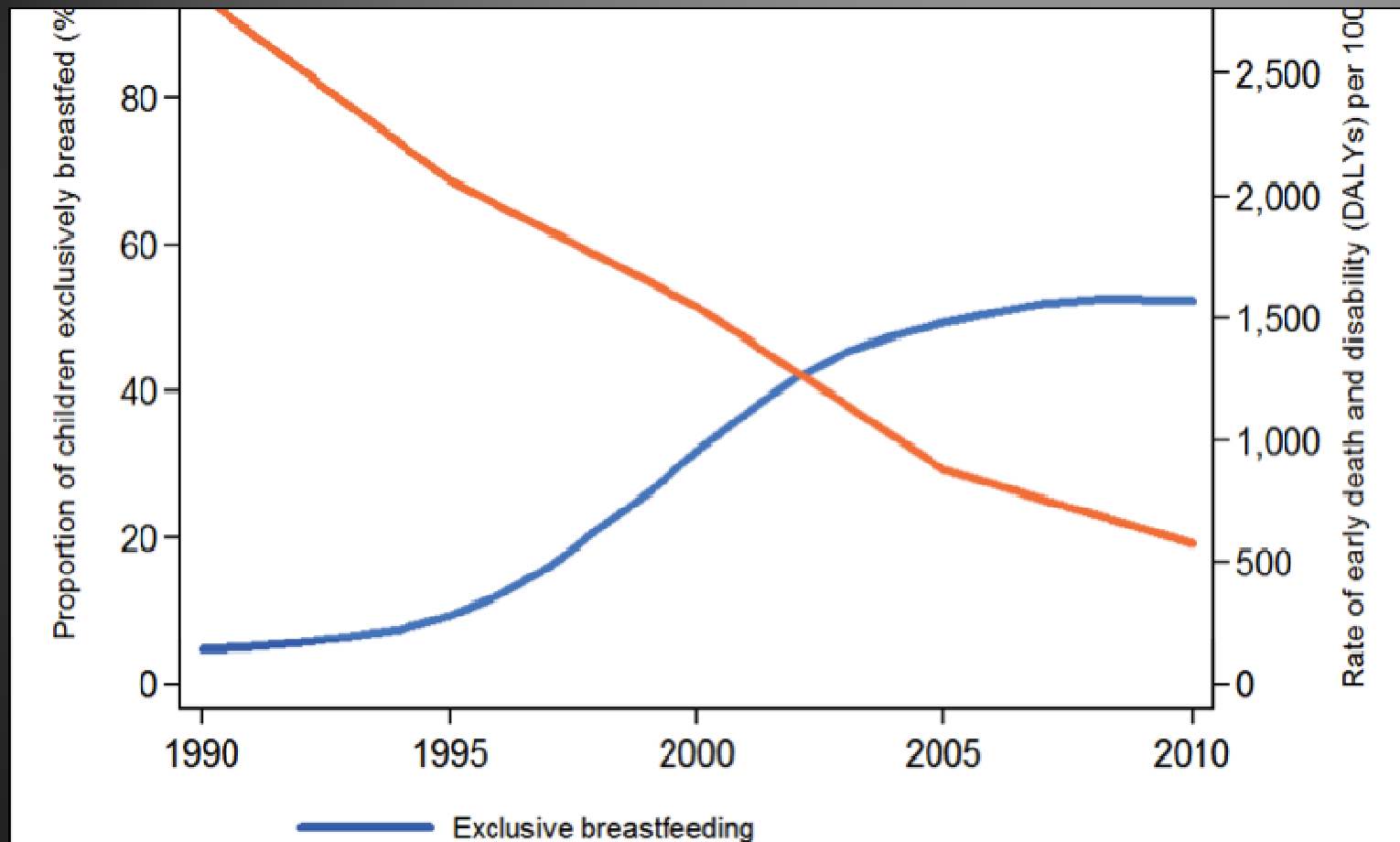


Fig.2 Global burden of diseases rate and EBF prevalence in Ghana (1990-2010)

Source –Solution Journalism Network (2014)

7/31/2014



Fig. 3 proper breast attachment for
breastfeeding

Source –breast feeding promotion network
India (BPNI/IBFAN ,2010)





Fig. 4 poor breast attachment for breastfeeding



Source –breast feeding promotion network India
(BPNI/IBFAN ,2010)



Fig. 5 wrong baby positioning for proper
breastfeeding

Source –breast feeding promotion
network India (BPNI/IBFAN ,2010)





Fig. 6 A relax mood for proper breastfeeding >>

Source –breast feeding promotion network India
(BPNI/IBFAN ,2010)



Fig. 7 One of the challenges of EBF >>

Source –breast feeding promotion network India
(BPNI/IBFAN ,2010)



Fig. 8 Emotional support for EBF practice >>

Source –breast feeding promotion network India
(BPNI/IBFAN ,2010)

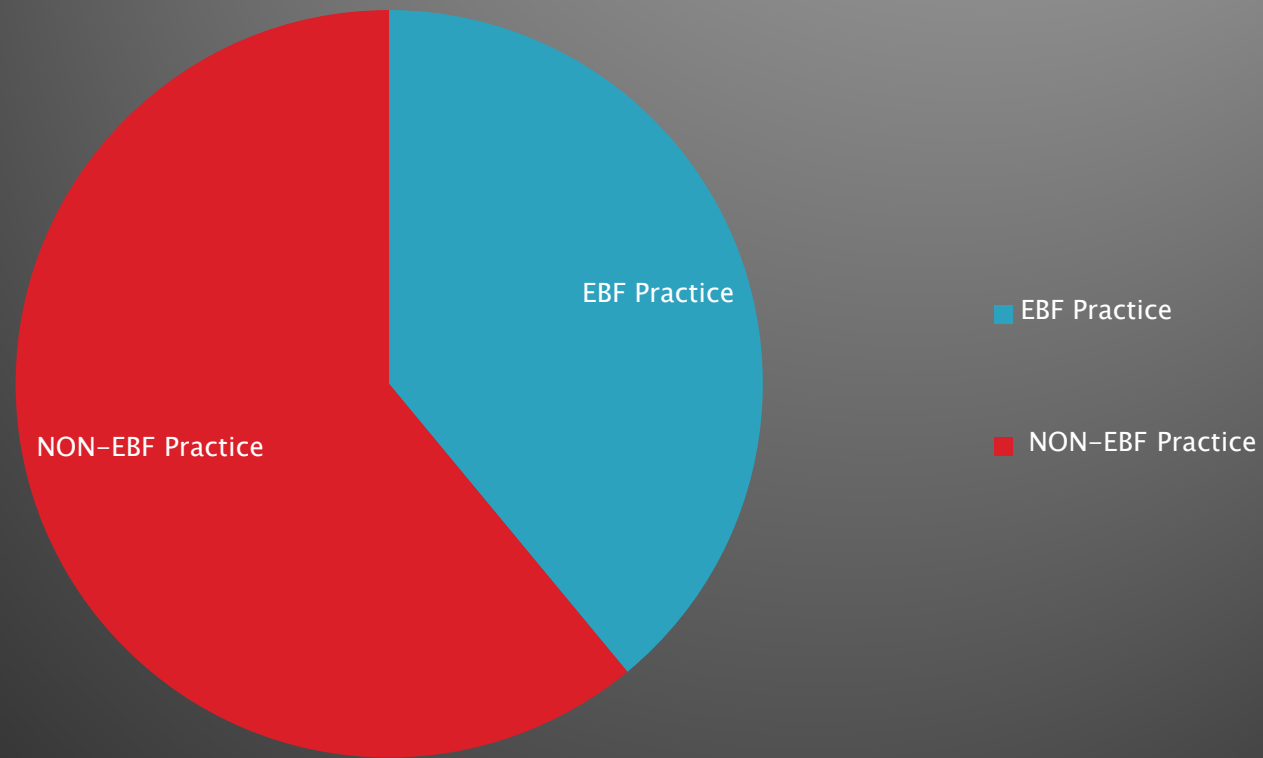


Fig. 9 Global prevalence of EBF >>>

Source- (Nkala & Msuya ,2011)

Mother's Age and EBF Practice in Nigeria and Ethiopia

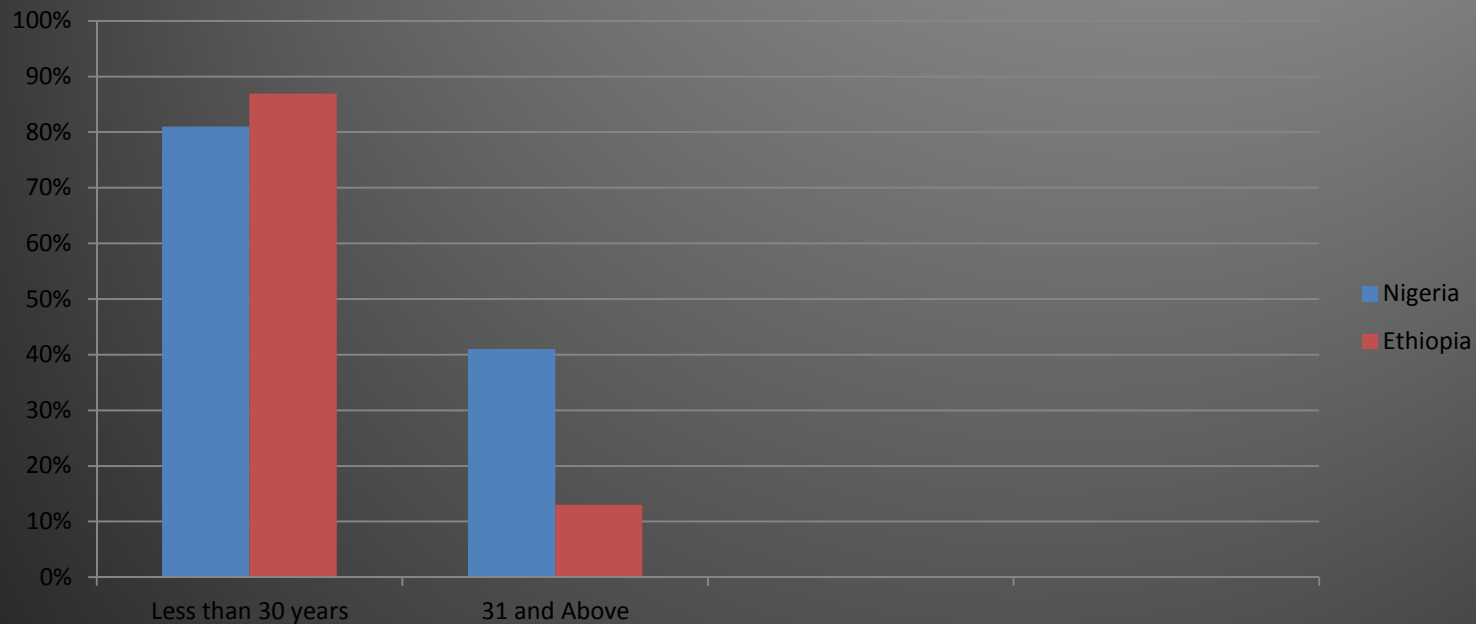


Fig. 10 Comparism of mothers' age and EBF practice of Nigeria and Ethiopia



Source – (Onah et al., 2014 & Egata et al., 2013)

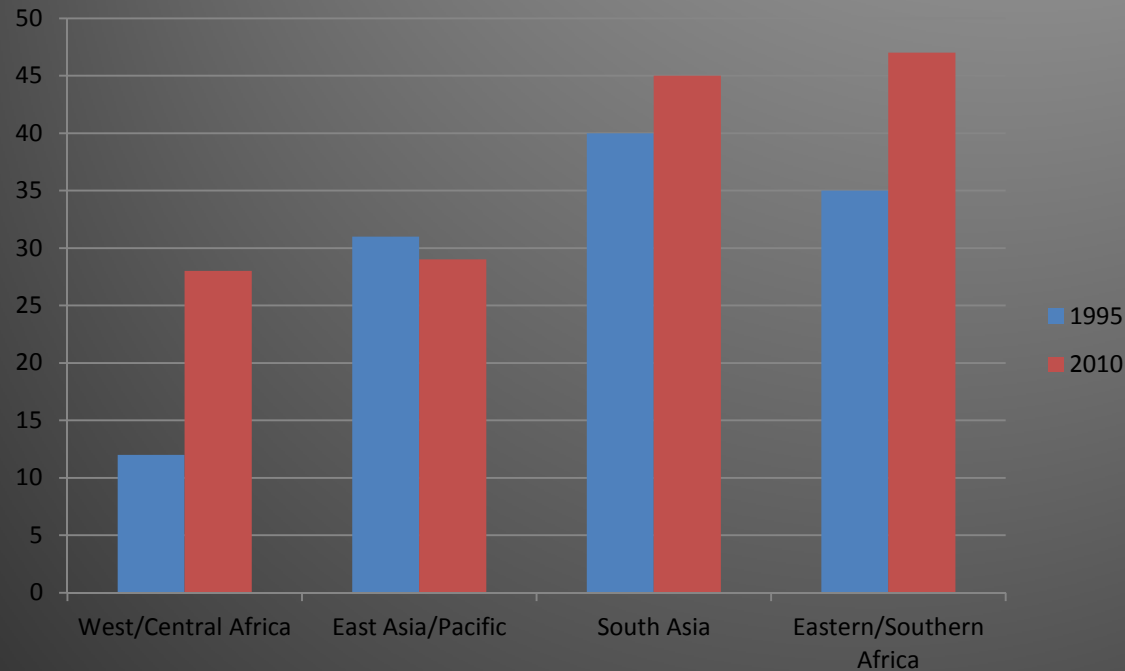


Fig. 11 Trends of EBF of infants < 6months in developing world (1995-2010) >>>

Source – NHS, DHS, MICS & UNICEF

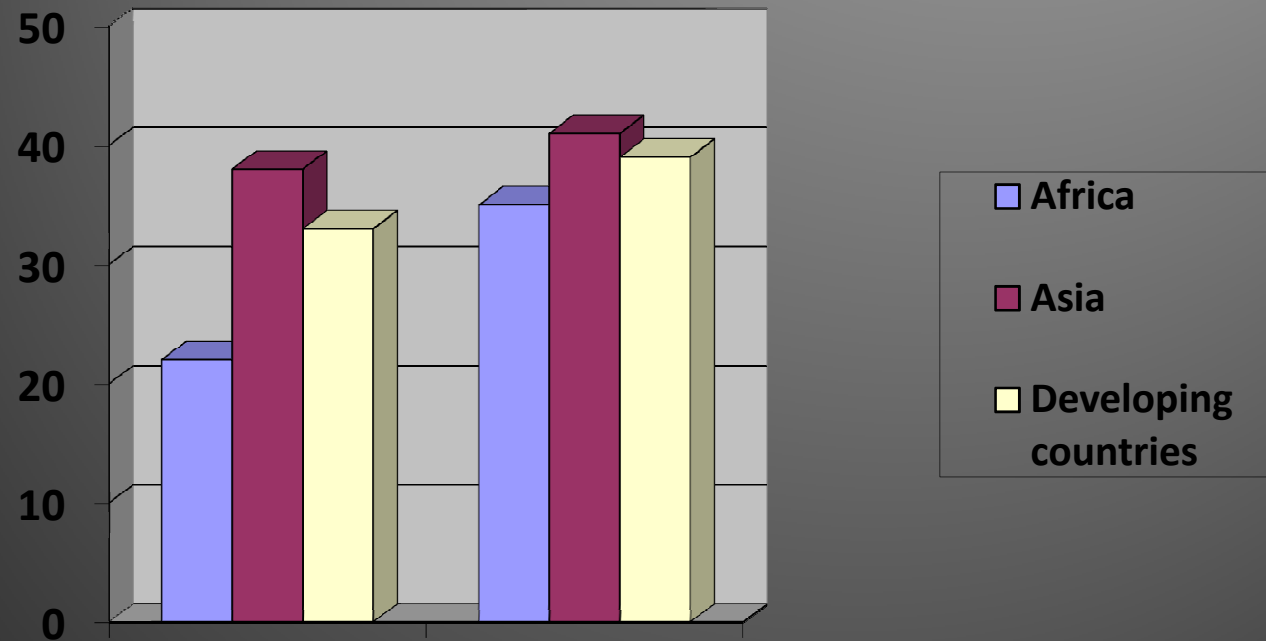


Fig. 12 Trends of EBF of infants < 6 months in Africa , Asia and other developing countries (74%) excluding China(1995-2010) >>>

Source – NHS, DHS, MICS & UNICEF (2010)

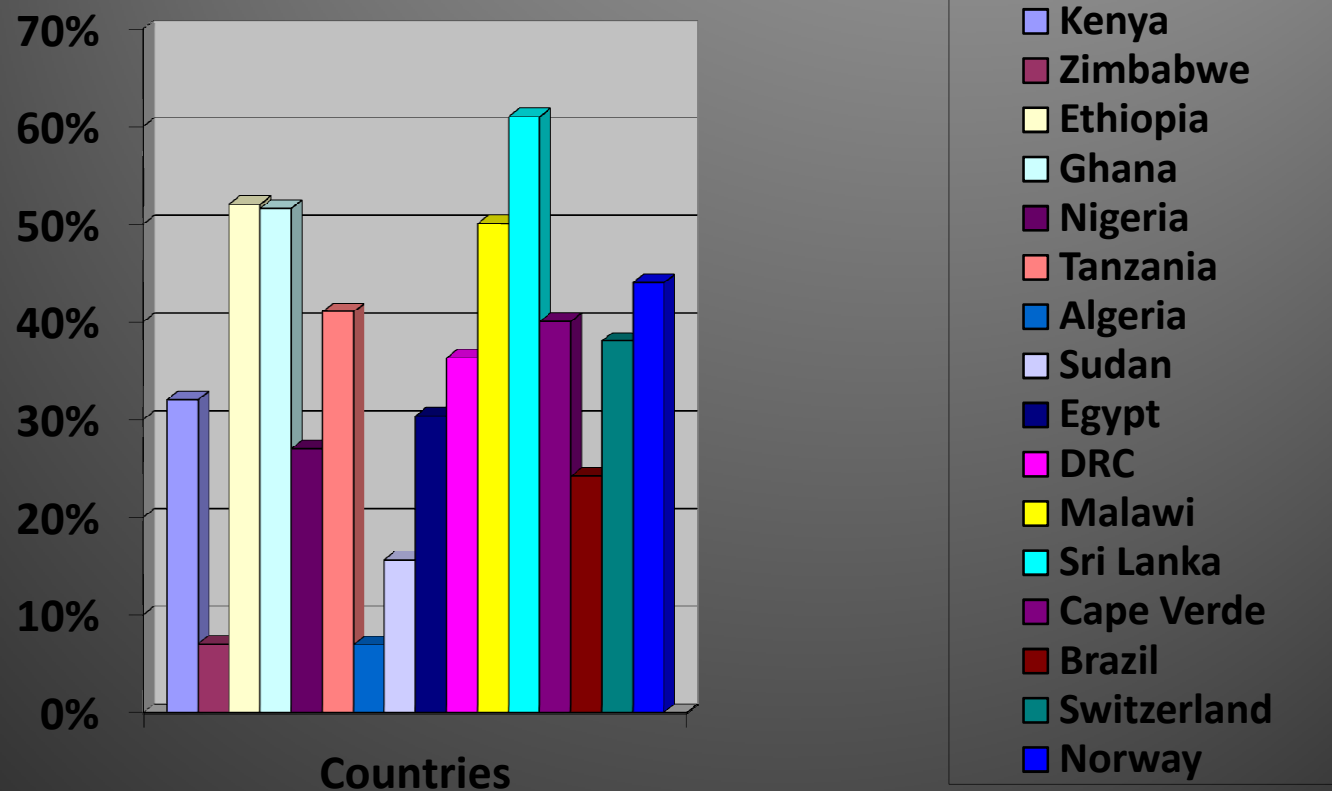


Fig. 13 Prevalence of EBF in some African countries and other developing countries from NDS >>>

Sources –(Juaid et al., 2014;Seid et al., 2013;GOK ,2011 & Nkala & Msuya ,2011)

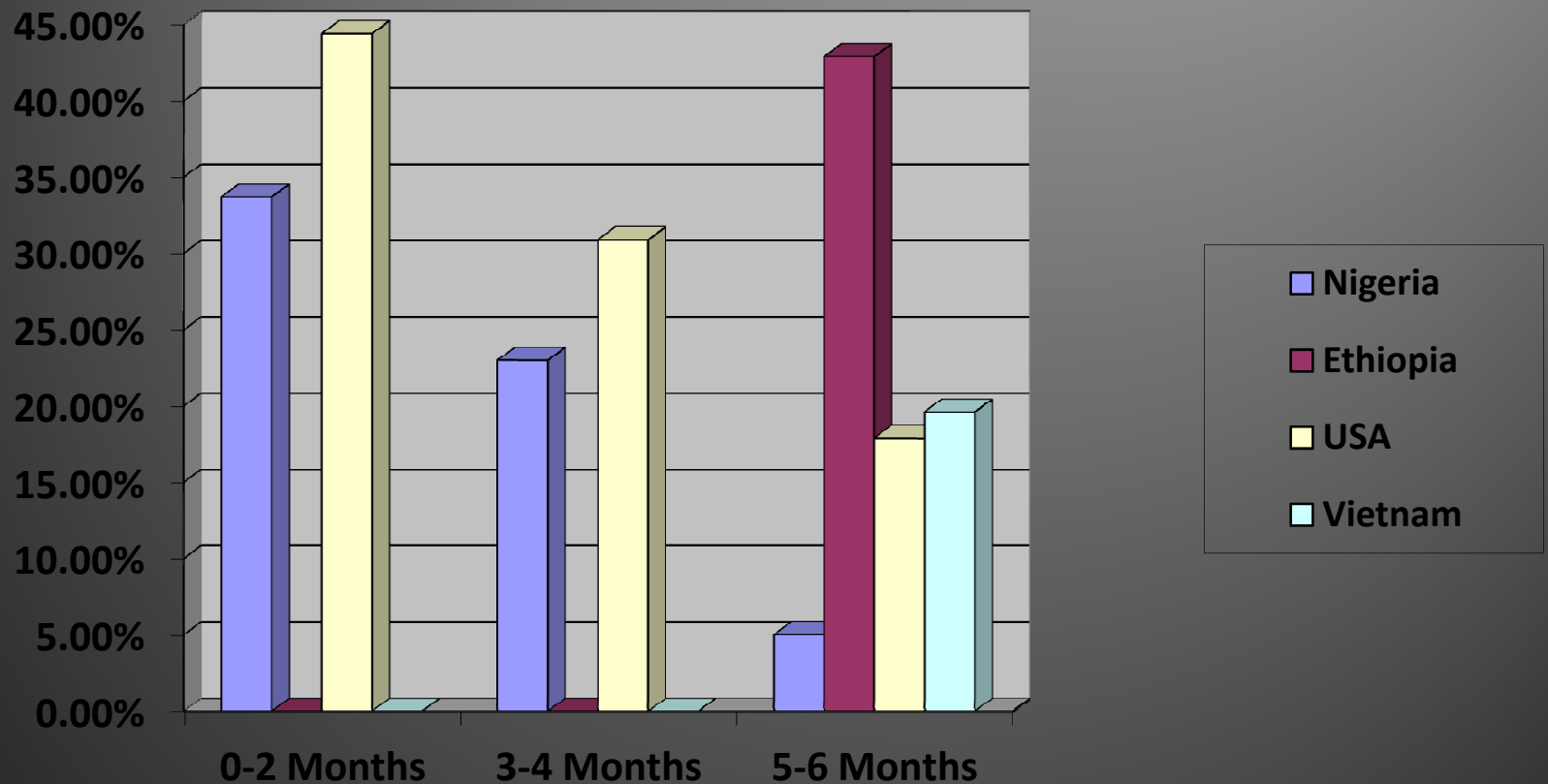


Fig. 14 EBF prevalence by months of some countries from birth to 6 months sources –(Onah et al., 2014; Yeneabat, 2014; Joshi et al., 2014 ; Nguyen , 2013)

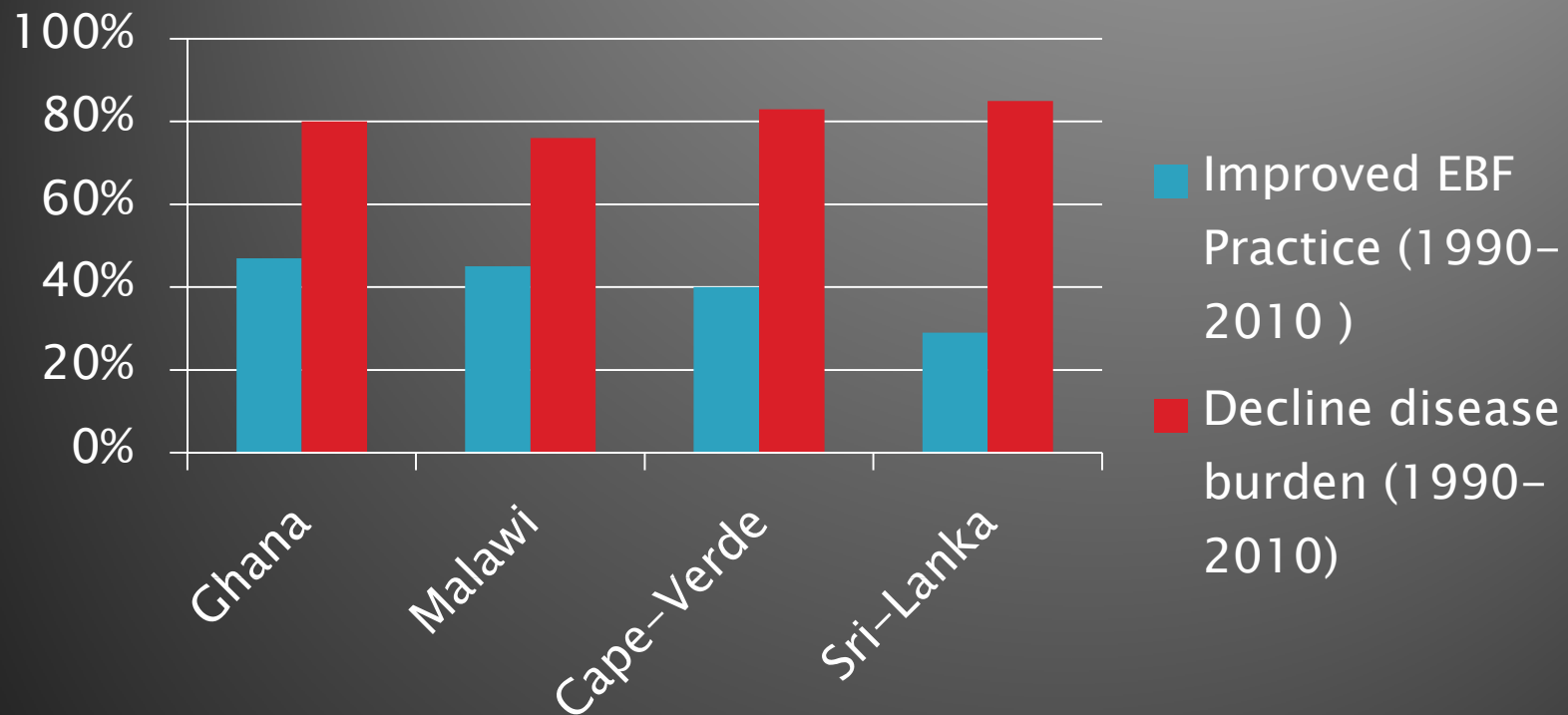


Fig. 15 Relationship between improved EBF practice and premature mortality and disability (Global disease burden) (1990-2010) »»

Source- Solutions Journalism Network(2014)

Something to think about

“if a tiny and tender plant at the nursery is supplied all the essential nutrients at the optimal level during its critical period ,it grows to become a mighty tree that can be carved into furniture with aesthetic appeal and become expensive, therefore African society should invest in maternal and child nutrition by promoting and encouraging exclusive breastfeeding of all African children and the turnover will be unimaginable”

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**I sincerely appreciate your audience
thank you**