

## Promoting Good Breastfeeding Practices among Childbearing Age Women and Their Partners

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### Abstract

New-borns have been breastfed from time immemorial. Breastfeeding has been seen as the first step of ensuring a good life and proper growth for babies. With increasing number of mothers and childbearing age women engaging in roles or activities that limit their continued intimacy with their babies, it is obvious breastfeeding patterns will be altered; this contribute to the increase in number of children who are malnourished leading to stunted growths both physically and mentally. It is imperative for all stakeholders to fashion a way of arresting the decreasing number of breastfed children, thus, safeguarding the future of our next generation.

### Introduction

Breastfeeding refers to feeding a baby with human milk either directly through the breast or pumped into a container prior to feeding. Breast milk is very important for the development of a child because it is highly nutritious and natural. According to the World Health Organisation (WHO) (2014), it is recommended

that a baby should be breastfed exclusively in the first six months of life. Exclusive breastfeeding means that no food, water or formula milk should be given to a baby in the first six months of life. Breastfeeding should still continue along with other complementary foods up to two years or beyond (WHO, 2018).

According to WHO, the death of 820 000 children can be averted annually if all children between 5 and 23 months were optimally breastfed (WHO, 2018). In one of the Lancet breastfeeding series, it was reported that breastfeeding improves IQ, thus, promotion of good breastfeeding practices will improve the health of children and give them a better growth or development pattern [1].

In Namibia, mothers are encouraged to breastfeed their babies exclusively in the first six months, health education are being given to all pregnant mothers during antenatal care visits and post natal care visits. Available data showed a 94% prevalence of new-borns being breastfed at some point in their lives, while this number reduces over the breastfeeding days of the life of child [2]. Encouragement of mothers to practice exclusive breastfeeding for their babies in the first 6 weeks of life was a strategy put in place in 2015 by the government of Namibia in collaboration with UNICEF. The goal of the strategy was to reduce the prevalence of child malnutrition, stunting in growth and survival of the children during a vulnerable stage of their lives [3].

## **Determinants of Breastfeeding Practices**

There are various factors that affect or contribute to the health of an individual. Some of these may be within the control of an individual such as the community to live in, lifestyle or choices, however, sex and heredity are out of the control of anyone. Social and environmental factors such as flooding affect our lives and health in particular but only concerted efforts by government assist in alleviating the impact of such occurrences. Whitehead and Dahlgren (1991) [4], described 5-level determinants of health, this emphasised the scope of control of individuals and the responsibilities of authorities within which individuals live. It showed the interaction between different levels of society.

Proper and successful breastfeeding involves the initiation of breastfeeding within the first hour of birth, exclusive breastfeeding in the first six months as well as continuation of breastfeeding which is supplemented with nutritious food up until two years of age (WHO, 2014). It is essential to understand the determinants of breastfeeding for proper breastfeeding practices to take place. Understanding these determinants will ensure that the WHO goal is met, which is to achieve a 50% universal exclusive breastfeeding rate that will significantly reduce maternal, neonatal, infant and childhood mortality by the year 2025 (WHO, 2018). The determinants of health that are related to breastfeeding practices are as follows:

### **Education**

Lack of knowledge regarding the health benefits of breastfeeding and the proper way of breastfeeding among women, their partners and their families contributes to the prevalence of breastfeeding among mothers and malnutrition in children [5].

Women with higher level of education find it difficult to practice exclusive breastfeeding because of their career. Exclusive breastfeeding is highly practiced among unemployed women [6].

### **Living and Working Conditions**

Working mothers avoid breastfeeding their babies or practice mixed feeding because they need to work, the time spent during maternity leave is too short for exclusive breastfeeding to be practiced. Some women find it difficult to breastfeed their babies in public places, this occurs mostly among teenage mothers [7].

### **Social and Community Networks**

Some cultures believe that breastfeeding need to be substituted with water or formula milk for a baby to be healthy. This in turn, prevents the nursing mother from practicing exclusive breastfeeding [5].

### **Health Care Services**

Some healthcare facilities are neither supporting nor encouraging exclusive breastfeeding because there are no adequate support policies. Some facilities are having shortage of staffs which prevent the healthcare workers from giving adequate health information regarding breastfeeding during antenatal care and postnatal care. There is inadequate teaching, support and guidance from healthcare providers, thus, hampering the achievement of the breastfeeding goal [8].

### **Work Environment**

It may have negative impact on breastfeeding because there may not be any provision made for breastfeeding mothers at work for their babies, this makes the breastfeeding mothers to rely on breast milk substitutes which is formula milk [7].

### **Health Conditions**

Insufficient breast milk and health problem of both mother and child could also affect adequate and exclusive breastfeeding [6].

### **Age, Sex and Hereditary Factors**

Teenage mothers find it difficult to breastfeed their babies because of discrimination among their peers and some of the teenage mothers are school goer. Mutorwa (2018) [6], found out that mothers aged 20 - 34 are more likely to practice exclusive breastfeeding compared to other age groups.

## **Promotion of Good Breastfeeding Practices among Mothers in Namibia**

Behaviour change models is one of the ways that good breastfeeding practices can be promoted among mothers. The models focus on an individual's ability to make decisions on improving their health. The health

promotion approach places the health responsibility of an individual into his/her hands; it seems not to put more emphasis on the community or environmental influences on the health of individual but believes that the choices we make, such as smoking or drinking alcohol, is an individual choice. Our behaviours impact health status according to the behavioural change model [9].

Social cognitive theory [10] as one of the behavioural change models, focuses on how learning by observing can form a good strategy for improving breastfeeding practices among the young mothers. Young girls who are teens can be trained in the community and school through different media such television, emphasising the need for breastfeeding and how best to breastfeed a newborn. Learning by observing will strengthen the resolve of the young girls to have good breastfeeding practices when they eventually become mothers. To achieve improved breastfeeding practices, breastfeeding and other maternal and child health programs can be developed within the community by the healthcare promoter using media such as pre-recorded programs or role plays.

### **Inter-Sectoral Collaboration**

Inter-sectoral collaboration [11], involves the collective actions of different agencies or organisations to achieve a set goal. In order to achieve improved breastfeeding practices among childbearing age women, different governmental and non-governmental organisations need to work hand in hand. These include

Ministry of Gender Equality and Child Welfare - The Ministry is involved in early childhood development, as one of its mandates. They will develop a platform for advocacy among the women, especially the childbearing age women.

Ministry of Health and Social Services - MoHSS provides healthcare services to the Namibian population. These are promotive, preventative and curative. The Ministry will assist in developing policies that will ensure the workability of the uptake good breastfeeding practices by both the healthcare workers and the intended population i.e. childbearing age women.

Ministry of Education - The Ministry will work with the other stakeholders to develop curriculum for good breastfeeding practices that will be incorporated into the existing Life Skills Studies. The new inclusion will be taught from Grade 4.

United Nations Children's Fund (UNICEF) - The contents for the advocacy program will be the duty of both Ministry of Gender Equality and UNICEF; this is because of the expertise of UNICEF in the early childhood development area.

World Health Organisation (WHO) - WHO will assist the MoHSS in its activities aimed at coming up with policies necessary for promotion of good breastfeeding practices.

Community Based Organisations - CBOs such as the Red Cross will assist in mobilising the childbearing age women within their communities to embrace the initiatives the governments and development partners are coming up with.

### **Advantages of Intersectoral Collaboration**

Different organisations that perform similar functions or carrying out similar projects within the community can achieve much if they join hands. Ideas for improvement of a system can be generated when different organisations brainstorm and forge a common front on issues that affect to the entire community.

### **Disadvantages of Inter-Sectoral Collaboration**

Disagreements can lead to breakdown in communications, leading to a stall in the project the group was put together for. Some educated organisations may not take the ideas of the so-called illiterate groups as important, thus, depriving communities of innovative and workable traditional ideas.

### **Community Participation**

Community participation involves the people in a particular setting taking an initiative to solve their problems. Having in mind that community consists of individuals who have a role to play in building such communities, thus, the need to get involved in developmental activities that will enhance the lives of its members (Europa, 2019).

Stakeholders that could be involved in breastfeeding issues include

Village head - He/she will be able to advocate and bring the community members together, in meetings or other avenues for information sharing sessions due to his/her position in the community.

Women leaders - These have inherent roles of developing the younger generations. they teach the young childbearing age women the need to start breastfeeding their new-borns at birth, and continue exclusive breastfeeding for 6 months and up to 2 years while introducing solid food gradually.

Youth leaders - It will be easier for peers to convince each other, with the aim of achieving a common goal. It is necessary to engage the men and women within the youth organisations in the process of developing advocacy programs for good breastfeeding practices. If men are involved from the start of such initiative, they will be in a position to encourage their partners when the time comes for breastfeeding the new-borns in their midst/care.

Nurses - The nurse is regarded as a role model within the community, these can amplify whatever decisions or activities has been made by the community leaders.

### **Advantages of Community Participation**

Community participation involves a collective effort of local community in achieving a common goal. It puts the responsibility of community development in the hands of the primary actors.

### **Disadvantages of Community Participation**

Community participation can be time consuming due to the need for lengthy meetings, both in time used

in attending and need for scheduled meetings. It is possible that necessary activities/decisions may be neglected due to diverse interests and goals of the individuals within the group [12].

## Settings Approach to Public Health

i. This approach is holistic, involving a multidisciplinary method in dealing health issues. It integrates actions and risk factors, thus, able to achieve better results. It is embedded in the Ottawa Charter for Health Promotion [13]. This approach will not only look at the current situation of breastfeeding in a community, but will also determine the root causes of behaviours enhancing bad breastfeeding practices and the drivers of such behaviours.

ii. Baby Friendly Health Initiative is one of the settings approaches used in Ireland to promote good breastfeeding practices. This has been introduced into countries like Botswana in Africa (Becker, 2019) [14-18].

## Conclusion

Breastfeeding of new-borns is vital to growth cognitively, physically and mentally, thus, it is encouraged that women of childbearing age and their partners ensure the proper growth of their children bearing in mind the benefits and nutrients contained in breastmilk.

Governments and other stakeholders have critical roles to play in making the goals of breastfeeding as outlined by WHO to come to realisation.

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