

## *Letter to Editor*

# Breastfeeding: Benefits and Challenges

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## **INTRODUCTION**

Human milk is uniquely superior for infant feeding and represents the perfect example of individualization in paediatrics (Anatolitu, 2012). Globally, breastfeeding prevents infant morbidity and mortality (Dieterich et al., 2013). Infants who are breastfed experience nutritional and developmental advantages that enhance their health throughout their lives (Clark and Bungum, 2003). Breastfeeding protects against several infectious, atopic and cardiovascular diseases as well as for leukemia, necrotizing enterocolitis, celiac disease and inflammatory disease; it also has a positive impact on neurodevelopment, improving intelligence quotient, reducing the risk of attention deficit disorder and generalized developmental and behavioural disorders (Brahm and Valdes, 2017).

Breastfeeding is hygienic and it promotes bonding between the mother and the infant but it is time consuming and can be inconvenient for the mother especially when she has to do it in public. In addition, breastfeeding is not expensive but it can place a financial burden on the mother, as she has to increase the quantity and quality of her diet and also wear special breastfeeding underwear. It is known that breast milk contains a high percentage of water, this will help gastrointestinal system however, and the baby will get hungry within a short while therefore, will need to be fed frequently. This can also be somewhat exhaustive and frustrating.

Below is an acronym that summarizes the benefits of breastfeeding:

B- Breast for baby  
R- Reduces allergies  
E- Economical  
A – Antibodies  
S- Stool inoffensive  
T- Temperature always ideal  
F- Fresh milk never goes off  
E- Emotional bonding  
E- Ecologically sound  
D- Digested easily  
I – Immediately available  
N- Nutritionally optimal  
G- Gastroenteritis greatly reduced

## **MAIN PROBLEMS**

Even after a decision to breastfeed, many mothers fail to reach their own breastfeeding goals because many factors discourage them. They include:

- (i) Personal factors
- (ii) Cultural factors
- (iii) Social factors
- (iv) Environmental factors

## **PERSONAL FACTORS**

Personal factors are inherent in the mother (internal). These include the knowledge and attitude of women towards breastfeeding. Some women believe that breastfeeding is inconvenient and causes fatigue (Kong and Lee 2004). Maternal health problems such as sore or inverted nipples, breast engorgement, illness, parenting experience, birth experience, and pain during breastfeeding, time and skills also affect a woman's decision to breastfeed. Nutritional counseling has proven effective in solving knowledge deficit of mothers on breastfeeding. Health care services are available to treat health problems influencing breastfeeding.

## **CULTURAL FACTORS**

Some cultures are opposed to breastfeeding an infant with colostrum because it is believed to be dirty. Pressure from older people, belief that breast milk is not healthy, belief that all family members should benefit from family farm produce and taboo of prohibiting sexual contact during breastfeeding are cultural factors influencing breastfeeding (Kakute et al., 2005). Health education can be given through health talks and campaigns using information, education and communication (IEC) materials such as posters, banners, tape recorders, podcasts. This will correct myths and misconceptions about breastfeeding. The benefit of colostrum in removing meconium should be emphasized during the health talks.

## **SOCIAL FACTORS**

Social factors influencing breastfeeding comprises the role of women in society, including how working outside the home is valued; the extent to which men's social role includes support for breastfeeding mothers; the extent to which exposing breasts for feeding is complicated by cultural norms regarding sexuality; and the economic importance of products such as breastmilk substitutes and complementary foods in the food system. Education and socio-economic status influence a woman's decision to breastfeed (Colodro-Conde et al., 2011).

Family health specialists should educate family members, especially fathers about the benefits of breastfeeding. Radio jingles and television adverts to create awareness for and support breastfeeding initiatives. Government can give incentives to mothers who breastfeed exclusively and up till their children attain two years of age.

In addition, policies on breast milk substitutes, which would be favourable to breastfeeding should be formulated and executed. An example of such is the Code of Marketing Breastmilk Substitutes.

## **ENVIRONMENTAL FACTORS**

Environmental factors such as the living arrangement, spousal and other household support, food security (Home/family environment); work flexibility and duration of work hours (work environment); and social networks and support (community environment) (Kimani-Murage et al, 2015) are barriers that may prevent a mother from breastfeeding. Introduction of work policies that support breastfeeding such as increased maternity leave, introduction of paternity leave, break between work hours will be effective in addressing these factors.

## **FINDINGS**

Breastfeeding is a form of health promotion. Various factors militating against breastfeeding of infants have been identified, such as personal, cultural, social and environmental factors; the most important of these are the personal factors. The basis for this claim is Lalonde's Health Field Model which stated that four factors affect health (Genetics, Health service, Environment and Lifestyle). Genetics was identified to be the most important because other factors can be easily modified to achieve a healthy status. Personal factors that influence breastfeeding can therefore be linked to genetics and lifestyle.

## **CONCLUSION**

Lactation raises nutrient needs, mainly because of the loss of nutrients, first through colostrum and then through breastmilk. The recommended energy intake during the first six months of lactation is an additional 500Kcal (equivalent to an extra meal) (Wilson and Pugh, 2005). I agree with this recommendation because approximately 700 Kcal is required to produce one litre of milk, more energy intake will therefore lead to production of more milk. Vitamin D intake during lactation should not be increased, as it could be gotten through food or exposure to sun light. Many studies have validated the benefits and problems associated with breastfeeding however, much are yet to be known about the specific effects of breastfeeding on intelligence quotient. In addition, there are concerns as to the acceptable standard interval between the feeds, duration of each feed and the amount of milk a baby ingests per feed (since breastfeeding is almost like a blind procedure; the milk cannot be measured) Overall, only a few mothers will breastfeed their infants in the future if the limiting factors discussed in this article are not identified in each society and tactically addressed. It is therefore recommended that research be conducted among nursing mothers to identify the barriers to breastfeeding and hence, provide solutions to the problems.

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