



Infant and Young Child Feeding in Children under-5 Years in Ghana: Key Strategy to Childhood Development

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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ABSTRACT

Aim: To explore the challenges mothers encounter during infant and young child feeding in children under-5 years and to make recommendations to overcome these challenges. This is paramount as feeding practices in children under- 5 years is essential for optimal infant and young child development.

Methodology: A literature review of selected papers from PubMed, Google scholar, Embase and Medline were used. Also, relevant hand searched books, policy documents, reports and case studies were used in the analysis.

Results: Traditional practices, family pressure, problems with nipples/breasts, sagging of breast, cost of feeds and lack of knowledge were major factors that hindered the recommended practice of infant and young child feeding in children under-5 years in Ghana. However, attending antenatal care services, delivery at a health facility and family support were factors that enhanced its practice.

Conclusion: Educate communities in Ghana especially pregnant women and mothers on the benefits of exclusive breastfeeding and complementary feeding in children under-5 years. Pregnant women should be encouraged to attend antenatal care services and deliver at a health facility. Families should also be encouraged to support pregnant women and mothers.

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1. INTRODUCTION

Appropriate infant and young child feeding among children under-5 years in Ghana is crucial as this stage of their growth is critical for childhood survival and development. The Ghana national policy on infant and young child feeding is to provide children with six months of exclusive breastfeeding followed by introduction nutrient dense complementary foods until the child is two years and beyond [1]. The existing policy is mainly implemented at healthcare facilities where mothers/caregivers of children under-5 years are encouraged to practice exclusive breastfeeding and complementary feeding and their growth monitored until the child is five (5) years old [1,2]. It has been argued that mothers who practice this policy are less likely to have their children suffer neonatal and infant morbidity and mortality as well as malnutrition [1]. Research has shown that two-thirds of under-5 mortality in Ghana occur within the first year of life and about 40% of these deaths are due to malnutrition which can be averted by recommended exclusive breastfeeding and complementary feeding practices [2]. Additionally, the Ghana Demographic and Health Survey observed that stunting after the age of 2 years cannot be corrected and can result in poor performance in schools, reduced productivity, and impaired intellectual and social development [2]. Breastfeeding at this period of a child's age has also been found to reduce infant and young child morbidity and mortality by providing them with immunity against severe infections [3]. Infants who are appropriately breastfed tend to grow very well and often do not fall sick or die as compared to infants who are introduced to complementary feeds early in their life [4,5,6,7]. However, after six months of the child's age, complementary feeds should be introduced as breast milk alone becomes inadequate at that period [8]. The decision to review infant and young child feeding among children under-5 years in Ghana is of utmost importance as it will reveal the challenges that Ghanaian mothers/caregivers encounter during exclusive breastfeeding and complementary breastfeeding practices. This therefore will inform policy and decision making and will help in the development of strategies for the successful implementation of the national policy on infant and young child feeding in Ghana.

2. REVIEW APPROACH

The articles were sourced from PubMed, Google scholar, Embase and Medline using search terms such as exclusive breastfeeding, complementary feeding, malnutrition, infant, young child feeding and under-5 years in Ghana. Also, relevant hand searched books, policy documents, reports and case studies were used in the analysis. The inclusion criteria were studies that focussed on infant and young child feeding in children under-5 years in Ghana. Studies that were conducted in English from 1998 up to date were included in the review. Studies that did not meet the inclusion criteria were excluded. The search terms yielded a total of 80 papers after a thorough database search was done. The papers retrieved were further scrutinized by going through their titles, abstracts and full text of the papers in which sixteen (16) were included in the review. Also, five (5) relevant references obtained from citation tracking as well as one (1) report were included in the final review. This summed up to a total twenty two (22) papers for the review.

3. OUTCOME AND ANALYSIS

The review revealed two themes which are; exclusive breastfeeding and complementary feeding in children under-5 years. It was reported that exclusive breastfeeding for six months followed by an appropriate introduction of well balanced complementary feeds were necessary for the healthier growth and development of the infant and young child. However, infant and young child feeding practices are confronted with numerous challenges during exclusive breastfeeding and complementary feeding. This has resulted into low exclusive breastfeeding practice in Ghana as well as mothers who do not know how to practice the accepted complementary feeding [9].

3.1 Exclusive Breastfeeding

With regard to exclusive breastfeeding, most women attempted to exclusively breastfeed their newborn infants, however, some women introduced traditional practices such as giving the newborn water, local herbs or water mixed with guinea corn flour before the initiation of breastfeeding [10,11]. Also, it was observed that major barriers to the initiation of breastfeeding

include the perception about lack of breast milk, post birth activities such as bathing the child and the baby unable to cry for breast milk at birth have largely been blamed for low breastfeeding initiation in Ghana [12]. However, it was reported that even for mothers who were successful in initiating breastfeeding, some of them could not practice exclusive breastfeeding for six months because they did not want their breast to sag making it unattractive to their partners [13]. Some mothers noted that they were pressured by their families to introduce other meals during the period of exclusive breastfeeding whilst other mothers argued that they introduced complementary feeds because they believe breast milk was inadequate for a child below six months [14]. This agrees with the perception of mothers in many other studies that breast milk is unbalanced and insufficient for the infant and young child to grow well in the first six months of life [15]. Some mothers revealed that they were prepared to practice exclusive breastfeeding for six months, however, the development of cracked nipples or engorged breast during breastfeeding prevented them from continuing its practice [14].

Although challenges with exclusive breastfeeding among mothers have made the practice low in Ghana, other factors have been observed to promote exclusive breastfeeding practice in Ghana. Mothers who attended antenatal care services were more likely to practice exclusive breastfeeding than their counterparts who did not [16]. This is because at antenatal care services, it was observed that appropriate key messages are delivered concerning breastfeeding making them more likely to practice exclusive breastfeeding for six months. It was also revealed that mothers who delivered at a health facility were more likely to practice exclusive breastfeeding for six months as they benefited from lactation counselling [10,14,17]. During lactation counselling mothers are taught how to position the baby properly at the breast to initiate breastfeeding as well as practice exclusive breastfeeding for six months [17]. Additionally, a study reported that family support for mothers towards exclusive breastfeeding has positively influenced the promotion of exclusive breastfeeding practice [14].

3.2 Complementary Feeding

Complementary feeding becomes necessary when a child is six months old and beyond. Research has shown that at that age, providing

only breast milk to the child becomes inadequate for the child's growth and development [18]. It was reported that some mothers were too quick to wrongly introduce complementary feeds when their child was less than six months old [19]. Interestingly, when it was now the right time for a child to be given complementary foods, most mothers could not provide the recommended complementary foods [20]. Some mothers did not know how often a child should be breastfed as well as giving complementary foods [21]. Some mothers were not aware that complementary foods should be introduced slowly and patiently as the child is not familiar with such feeds [21]. Additionally, some mothers were also not aware that during complementary feeding children should be given fruits as part of their meal/diet [18]. However, some mothers reported that they were aware of the appropriate complementary foods that needs to be provided for the young child at six months and beyond but the cost of buying and preparing such feeds made it difficult for them to adopt the recommended complementary feeding practice [22]. In view of this report, it was found that issues of convenience, accessibility of food, health beliefs and other nurturing-related values were major determinants in the choice of meals for complementary feeding in infants and young children in Ghana [22]. The Researchers therefore recommended that promotion of complementary feeding among mothers/caregivers should address the balance between food cost, time and beliefs to enable the infant and young child get the appropriate meal/food.

4. CONCLUSION

It is unarguable that exclusive breastfeeding practice for six months followed by introduction of nutrient dense complementary feeds until a child is two years and beyond is fundamental for infant and young childhood development. It is therefore important for the Government of Ghana to revisit the implementation of the national policy on infant and young child feeding in children under-5years. Nutrition education on the benefits of exclusive breastfeeding and complementary feeding practices should be integrated into maternal and child health programmes that are delivered during community mobilization. Key messages to communities especially mothers should include: All pregnant women should be encouraged to attend antenatal care services as well as deliver at a health facility; Families should support pregnant women and mothers; They should also encourage mothers/caregivers to

send infants and young children under-5years to healthcare facilities for regular growth monitoring so that children who are sick or failing to thrive can be detected and treated early. Further research is needed to explore the benefits of exclusive breastfeeding and complementary feeding practices in Ghana. Research should also focus on the in-depth reasons that prevent mothers / caregivers from practicing exclusive breastfeeding and complementary feeding.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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