Original Article

Barriers To Exclusive Breastfeeding Among Mothers With Children Aged 6-9 Months In Mogadishu City, Somalia

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Abstract

Exclusive breastfeeding (EBF) in the first six months of life is the most effective way to satisfy a baby's nutritional and psychological needs. It is a simple intervention to improve a child's health and development. Despite its advantages, there is a low global rate of exclusive breastfeeding (EBF), and in Mogadishu, Somalia, EBF is rarely practised. This research identified social and cultural factors that might influence the practice of exclusive breastfeeding among mothers with babies aged between 6-9 months in Mogadishu, to inform and support redress.

Methods

A community-based cross-sectional study was conducted among mothers of 280 infants aged six months to 9 months. Mothers were recruited using a consecutive sampling method. Data were collected using questionnaires, and the analysis was done using SPSS version 23. Logistic regression was used to determine the factors associated with exclusive breastfeeding, and statistical significance was determined at a 5% significance level.

Results

Two hundred eighty mothers participated in the study. The mothers' average age was 27.8 (±4.12) years, while the babies were, on average aged 7.6(±1.2) months. About 63% of the mothers were married, and 67% had 2 to 5 children. The level of exclusively breastfeeding was at 30% (95%CI: 25.2-36.03). Being married/cohabiting (OR=2.877, 95%CI: 1.21-6.90), acquiring up to secondary/tertiary education level (OR=4.282, 95%CI: 1.78-10.30), is not advised to give their children food/drinks with the first six (OR=0.04; 95%CI (12.94 – 51.19); P<0.001).

CONCLUSION AND RECOMMENDATION

The percentage of exclusive breastfeeding in Somalia is below the level recommended by WHO and National Infant and Young Child feeding practices (IYCF). Interventions from the Somali government regarding policies, guidelines and protocols are highly needed.

Keywords: Barriers, exclusive breastfeeding, community

INTRODUCTION

Exclusive breastfeeding only provides breast milk to a baby for the first six months without introducing water or other feeds (Bhanderi, Pandya et al. 2019). Its practice should be initiated an hour after birth, and children exclusively breastfeed for six months. The introduction of supplementary feeds before six months of age must be avoided as it is associated with increased neonatal and infant morbidity and mortality. Exclusive breastfeeding is a cornerstone of care for childhood development (Samburu, Kimiywe et al. 2021). Its practice in the first six months of life builds the child's immunity, protects them from diarrheal and respiratory diseases, and improves their response to vaccination. Breast milk has been described as the Gold Standard of infant feeding. It provides complete nutrients for infant and childhood development (Samburu, Kimiywe et al. 2021) .

WHO recommends early initiation of breastfeeding, exclusive breastfeeding (EBF), and timely introduction of complementary feeding and continued breastfeeding for up to two years or beyond (Coomson and Aryeetey 2018). Although breastfeeding is a natural process, it is reported to be influenced by different socio-cultural factors, habits, standards, and behaviours. The harmful cultural traits reported to affect optimal breastfeeding practices include: giving prelacteal feeds, discarding colostrum and avoiding breastfeeding after quarrelling out of 'fear of bad blood entering the milk which later may affect the child.' These beliefs and practices are reported to lead to early cessation of EBF (Mgongo, Hussein et al. 2019).

On the other hand, lack of support from family members or health care professionals, peer pressure, mothers' body image, the role of women in the reproduction process, and pressure to use artificial feeding has led to the early cessation of exclusive breastfeeding.

The communities have cultural beliefs regarding traditional medicine administered to babies. Communities believe that these traditional medicines avert the death caused by the condition culminates in subsiding the fontanel in babies due to severe dehydration (Okafor, Agwu et al. 2018). Other practices are also standard, where infants are given various herbs to treat Ndebele's condition. Traditionally, this condition is attributed to evil spells. Some mothers are reported not practising EBF to their babies by administering different foods and medicines such as barks, juices, roots, herbs, cooking oil, and wild (Al-Mujtaba, Sam-Agudu et al. 2016). Once more, such a traditional practice militates against the core tenets of exclusive breastfeeding, prohibiting any solids' intake, let alone medicine, unless prescribed by a qualified medical practitioner.

High socioeconomic status has been significantly related to a low exclusive breastfeeding rate and a short duration of overall breastfeeding. This is not unconnected to women's employment status with high economic status, which hurts breastfeeding (Rahman, Nomani et al. 2020). Women with high-income status were associated with a high breastfeeding rate. Identified low economic status as one of the most critical determinants of suboptimal breastfeeding (non-exclusive and short duration) and concluded that significant improvement in women's socioeconomic status could reduce childhood malnutrition (Lesorogol, Bond et al. 2018).

Many barriers to successful exclusive breastfeeding among employed mothers have been identified. Aspects of the work environment contribute to a mother's overall perception of workplace breastfeeding support. Employers, especially the private sector, usually became uncertain about breastfeeding support policies. A strong correlation between part-time employment and increased breastfeeding initiation and duration (El-Houfey, Saad et al. 2017).

METHODOLOGY

This descriptive cross-sectional study employed the quantitative technique of data collection. The cross-sectional survey was chosen because it is both time and cost-effective and because the study entails many participants. The descriptive research detailed community barriers to practising exclusive breastfeeding among mothers with children aged 6-9 months in Mogadishu.

A consecutive sampling method was used; every eligible mother willing and consented to participate in the study was enrolled. Data were collected using Semi-structured interviewer-administered questionnaires. . Data was gathered quantitatively, with variables being measured in terms of numbers. Data was gathered from 280 mothers with children aged 6-9 months in Mogadishu. All mothers were chosen using the Kish Leslie (1965) sample size determination. Descriptive statistics for continuous variables were presented in terms of mean, median, interquartile range, and standard deviation. Categorical variables were presented in terms of frequencies and proportions. A series of analyses were performed at bivariate and multivariate levels using logistic regression.

FINDINGS

Mothers were categorized into two groups those who have exclusively breastfed their children for six months: if the infant was fed on breast milk only for the first six months of life, and those who did not breastfeed their children exclusively for six months: if the mother gave infant breast milk and other foods/liquids before the sixth months.

Data shows that only 85(30%) mothers breastfed their children exclusively for six months; the rest, 195 (70%), did not exclusively breastfeed their children for six months.

Demographic characteristics of the participants

The mothers' average age was 27.8 (±4.12) years ranging from 19 to 39 years; most mothers (59%) were aged between 25 to 30 years. Most mothers (63%) were married, 49% had no occupation, and 67% had between 2 to 5 children. The average age for the children was 7.6(±1.22) months, ranging from 6 months to 9 months. Most (72%) were aged above six months.

Table 1: Demographic characteristics of the participants

Variables	Exclusive Breastfeeding		Crude OR(95%C.I)	P-value
	No=195(f, %)	Yes=85(f,%)		
Age				
<25	39(20)	17(20)	1	
25-30	108(55)	57(67)	1.21(0.62-2.33)	0.556
>30	48(25)	11(13)	0.52(0.22-1.25)	0.147
Marital Status				
Married/Cohabiting	114(58)	67(79)	2.64(1.46-479)	**0.001**
Divorced/Widowed	81(42)	18(21)	1	
Education level				
Non-informal/primary	121(62)	19(23)	1	
secondary/tertiary	74(38)	66(77)	5.59(3.10-10.06)	**<0.001**
Occupation				
Employed	108(55)	35(41)	1.77(1.06-2.97)	**0.030**
Un Employed	87(45)	50(59)	1	
Number of children				
One child	8(4)	17(20)	1	
2-5 Children	130(67)	57(67)	0.21(0.08-0.51)	**0.001**
6-11 Children	57(29)	11(13)	0.09(0.03-0.26)	**<0.001**

Exclusive breastfeeding Levels.

Figure1: Exclusive breastfeeding category

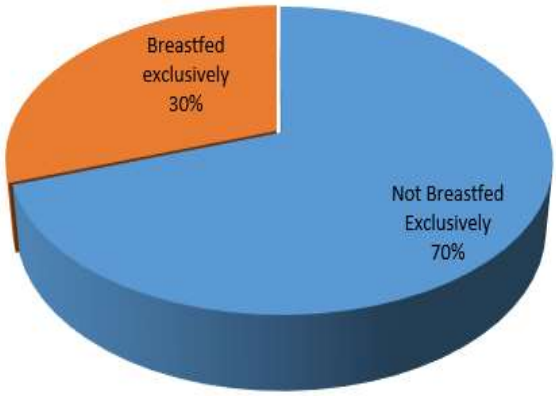

Table 1: Community factors associated with EBF

Variables	Frequency (N=280)	Percentage (%)
Did anyone advise you to give the child food/ drinks within six months?		
Yes	202	73
No	76	27
Who advised you to give your child food /drinks within the first Six months?		
Neighbour	81	36
Relatives	127	57
Friends	16	7
Showed how to attach a baby to the breast		
Yes	260	93
No	19	7
Who showed you how to attach a baby to the breast?		
Health worker	128	49
Relative/friend	125	48
Others	7	3

Community factors associated with exclusive breastfeeding

Among the community factors associated with exclusive breastfeeding, giving a child food/drinks within the first six months was associated with exclusive breastfeeding.

Mothers who were not advised to give their children food/drinks within the first six months were 25.7 times more likely to exclusively breastfeed their babies as compared to those who were advised to give the children food/drinks within the first six months (OR=0.04; 95%CI (12.94 – 51.19); P<0.001).

Table 3: Bivariate Analysis of Community Factors Associated with Exclusive Breastfeeding

Variables	Exclusive Breastfeeding		OR(95%C.I	P-value
	No=195(f, %)	Yes=85(f,%)		
Did anyone advise you to give the child food/ drinks within six months?				
Yes	178(91)	24(29)	1	
No	17(9)	61(71)	25.74(12.94-51.19)	**<0.001**
Who advised you to give your child? Food /drinks within the first Six months?				
Neighbour	67(37)	6(26)	0.79(0.28-2.21)	0.655
Relatives	106(59)	12(52)	1	
Friends	6(3)	5(22)	7.36(1.95-27.79)	**0.003**
Showed how to attach a baby to the breast				
Yes	180(93)	80(94)	1.24(0.43-3.57)	0.684
No	14(7)	5(6)	1	
Who showed you how to attach a baby To the breast?				
Health worker	66(37)	62(77)	2.35(0.44,12.55)	0.318
Relative / friend	109(60)	16(20)	0.37(0.07,2.05)	0.254
Others	5(3)	2(3)	1	

DISCUSSION

This study revealed that married mothers practised exclusive breastfeeding more than their divorced counterparts. Married women were three times more likely to practice exclusive breastfeeding than single, divorced, and widowed mothers. This may be attributed to the social and financial support that married women get from their husbands (Tilahun Tewabe1* 2016). Women who do not have partners are likely to spend more time working to provide for the family and may fail to get enough time to breastfeed their children. This finding is congruent with the results of another study in Kenya which reported that marital status was independently associated with exclusive breastfeeding (Nyanga, Musita et al. 2012).

In this study, mothers who had acquired secondary education or higher education were more likely to exclusively breastfeed their infants than those who had primary or no formal education. This study's results have shown that the mothers who were not advised to give their children food/drinks were more likely to breastfeed than those who were advised exclusively. The mothers who were advised to give semi-solid foods to their children were mainly found not to possess enough breast milk for their children (Ndakwe and Tari 2019). At birth, the newborn is given dates mixed with water, which is the first step contrary to EBF. This agrees with the UNICEF report, which indicated that only three in ten mothers in Somalia exclusively breastfed their infants for the first six months (UNICEF 2017).

The same mothers also believed infants 3 - 4 months need extra energy. Accordingly, they must be fed complementary foods with porridge, potatoes, rice, water, and orange juice. This may lead the infants to suffer from abdominal colic, which forces mothers to give the infants non-prescribed medication such as water gripe and traditional medicine. This is mainly attributed to the community's belief that only breast milk is not enough for the infant, giving them semi-solid foods. This confirms the early studies' findings in South Africa by Nor et al.; which indicated that premature introduction of semi-solids appears to be strongly supported by the perception of the inadequacy of breast milk as judged by a crying infant who does not sleep through the night (Nor, Ahlberg et al. 2012).

CONCLUSION

The percentage of exclusive breastfeeding in Somalia is below the level recommended by WHO and National Infant and Young Child feeding practices (IYCF). Interventions from the Somali government regarding policies, guidelines and protocols are highly needed.

REFERENCES

1. Al-Mujtaba, M., et al. (2016). "Barriers to the practice of exclusive breastfeeding among HIV-positive mothers in sub-Saharan Africa: A scoping review of counselling, socioeconomic and cultural factors." Journal of AIDS and HIV Research **8**(6): 70-79.
2. Bhanderi, D. J., et al. (2019). "Barriers to exclusive breastfeeding in rural community of central Gujarat, India." Journal of family medicine and primary care **8**(1): 54.
3. Coomson, J. B. and R. Aryeetey (2018). "Perception and practice of breastfeeding in public in an urban community in Accra, Ghana." International breastfeeding journal **13**(1): 1-10.
4. El-Houfey, A. A., et al. (2017). "Factors that influence exclusive breastfeeding: A literature review." International Journal of Nursing Didactics **7**(11): 24-31.
5. Lesorogol, C., et al. (2018). "Economic determinants of breastfeeding in Haiti: the effects of poverty, food insecurity, and employment on exclusive breastfeeding in an urban population." Maternal & Child Nutrition **14**(2): e12524.
6. Mgongo, M., et al. (2019). "Facilitators and barriers to breastfeeding and exclusive breastfeeding in Kilimanjaro region, Tanzania: a qualitative study." International journal of pediatrics **2019**.
7. Ndakwe, R. and A. Tari (2019). "Barriers to exclusive breastfeeding among children in Gedo region, Somalia."
8. Nor, B., et al. (2012). "PROMISE-EBF Study Group: Mother's perceptions and experiences of infant feeding within a community-based peer counselling intervention in South Africa." Matern Child Nutr **8**(4): 448-458.
9. Nyanga, N. M., et al. (2012). "Factors influencing knowledge and practice of exclusive breastfeeding in Nyando district, Kenya." African journal of food, agriculture, nutrition and development **12**(6).
10. Okafor, A., et al. (2018). "Factors associated with exclusive breastfeeding practice among nursing mothers in rural areas of Enugu state and its implications for social work practice in Nigeria." Social work in public health **33**(2): 140-148.
11. Rahman, A., et al. (2020). "Trends and determinants of EBF among adolescent children born to adolescent mothers in rural Bangladesh." International Journal of Environmental Research and Public Health **17**(24): 9315.
12. Samburu, B. M., et al. (2021). "Realities and challenges of breastfeeding policy in the context of HIV: a qualitative study on community perspectives on facilitators and barriers related to breastfeeding among HIV positive mothers in Baringo County, Kenya." International breastfeeding journal **16**(1): 1-13.
13. Tilahun Tewabe1*, A. M., Tenaw Gualu3, Girma Alem3, Getnet Mekuria3and Haymanot Zeleke3 (2016). "Exclusive breastfeeding practice andassociated factors among mothers in Mottatown, East Gojjam zone, Amhara RegionalState, Ethiopia." International Breastfeeding Journal.
14. UNICEF (2017). "Infant and young child nutrition practices, barriers, and facilitators."