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AN EXAMINATION OF AGE AND EDUCATIONAL STATUS AS DETERMINANTS OF POOR INFANT FEEDING PRACTICES AMONG BREASTFEEDING MOTHERS AT PLATEAU STATE SPECIALIST HOSPITAL, JOS

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Abstract

Adequate and accurate breastfeeding of infant children is very important for their growth and total wellbeing. International health organizations have done a lot to set procedures that would help mothers to improve their breastfeeding practices. There are several types of breastfeeding; however, exclusive breastfeeding is the recommended method of breastfeeding infant children. Age and educational status of the mothers have serves as determinant of poor infant feeding practice. Adolescents and non-educated mothers face several challenges regarding the breastfeeding of their infant children. This work is aimed at examining age and educational status as determinant of poor infant feeding practices among breast feeding mothers in Plateau State Specialist Hospital. Adolescent and non-educated mothers lack the emotionally and psychological maturity needed for optimal infant care. They lack experience and knowledge about breast feeding which may lead to delays in initiation and early cessation. With the persistent and consistent aid by governmental and health-based organizations, these challenges can be overcome and there could be a positive change in the health condition of infant children. Adolescent and non-educated mothers are encouraged to attend maternity meetings in the hospital and any other medical inclined training or seminars for breastfeeding mothers provided by governmental and non-governmental organizations.

Key words: Age, Educational Status, Infant Feeding, Exclusive Breastfeeding, Mothers.

1. Introduction

One of the global and generally acceptable infants feeding practices is breastfeeding. There are numerous benefits that breastfeeding does to the infant child. These benefits have been revealed by international health organizations like WHO, UNICEF, etc. These organizations have documented the suggested global strategy for infant and young child feeding practices. Breastfeeding is very important because the breast milk of the mother contains several nutrients that could help the holistic growth and development of a child. The fact that breastfeeding is important for an infant does not mean that the mother can feed the infant child with breast milk anytime and anyhow. There are laid down procedures that guide the mother and care takers on the accurate way and time of feeding infant child for proper growth and development. A new born baby is to be fed with breast milk after one hour of birth (UNICEF, 2021).

There are many children that are experiencing abnormal growth and they are exposed to a lot of sickness and infection. Certain factors are responsible such as age and educational status of the breastfeeding mother. Most uneducated mothers in maternal issues find it difficult to wean their infant according to the stipulated guideline of global health organizations. They feed their infant the way they think and the way they feel it's right there by exposing their infants to dangers. Age on the other hand also contributes to poor infant feeding practices. Most adolescent mothers have little or no experience or maturity to handle the techniques of good infant breast feeding on their own (Amadi, 2022). This paper uses a descriptive method to examine how age and educational status serves as a determinant of poor infant feeding practices among breastfeeding mothers. Governmental organizations and medical health centers should come up with policies and conferences that would assist and educate breastfeeding mothers on effective ways of infant breast feeding for healthy growth and development of the infant children.

2. Infant Feeding Practices

There are five infant feeding practices that are recognized by the international organization in charge of children's feeding and health. They are bottle feeding, breast feeding, exclusive breast feeding, predominant breast feeding and complementary feeding. The ability of a child to be able to grow and enhance good health holistically is determined by the quality feeding of the child. Children under the age of five react positively or negatively to the quality of food they consume. This is because a balanced nutritional feeding would lead to good and improved health of the infant child and lack of nutritious feeding could lead to decline in the health of the children and this opens the door for sickness and diseases on the child. The most important thing in life of an infant is good feeding. The two most important feeding practices complementary feeding and exclusive feeding are discussed below (Amadi, 17).

Complementary Feeding

Once a child is six months, there are other nutritious meals that are needed for the growth and development of a child apart from breast milk. In order for the child to grow strong and healthy, complementary feeding becomes imperative for the child after six months. When solid or semi-solid foods are added with breast milk feeding of a child after six months for proper growth and development, this is known to be complementary feeding. The feeding of a child is

meant to improve after six months by introducing solid or semi solid foods and various kinds of nutritious meals with breast feeding as the child gradually grows (WHO, 2015). The act and process whereby solid foods are gradually included in the feeding of a child in addition to breast milk is also known as weaning process. This is the period when a child begins to take semi-solid and solid foods until when the breastfeeding period is completed. The processes and procedures of the weaning period need to be duly followed so that the growth and development of a child would be steady and effective. A child is exposed to several diseases and infections such as diarrhoea when the weaning practices are not duly followed (Olise, 2019).

Exclusive Breast Feeding

Exclusive breast feeding is a practice that permits the infant child to take only breast milk for six months. During this period, water, solid and semi-solid foods are not allowed to be taken by the infant. After 6 months, complementary foods are introduced with breast milk for a period of two or three years (Amadi, 2022). Every nutrient needed for the adequate growth and development of the infant is contained in the breast milk. These nutrients are minerals and vitamins, fatty acids, protein and carbohydrates are all present in the breast milk of a mother. A digestible and easily absorbable protein known as lactalbum in which is not the same as cow milk is present in the breast milk. Lactose is needed for the growing of the brain of the child can be found in the carbohydrate. The fat that is found in the breast milk is also easily absorbable when compared to the cow milk. The fatty acids-linolenic and alpha linoleum acid which are very necessary for neural growth and advancement of an infant and also serves as protective agent of the child are found in the fact of the breast milk (Park, 2021). One hour after birth is the suggested time for breastfeeding the infant. The use of other feeding help materials should be avoided such as pacifiers, teats and bottles should be avoided (Parry, 2014). Bottle feeding tends to expose the infant child to infection (such as diarrhoea) when it is not well washed. The bottle are easily affected by germs whereby causing infection when given to infant child.

3. Underlying Factors that Affect Childhood Nutrition

Some of the underlying factors that affect childhood nutrition are household environment, food insecurity, and climatic change.

Household Environment

Neat and sound environment with clean water are needs that are very important for good health. Unclean water, a polluted environment and inadequate health maintenance practices could lead to the escalation of harmful diseases which brings down the nutritional strength of the infant (UNICEF, 2015). The World Health Organization affirms that about 1.8 million children below five years have been greatly affected with diarrhea which is due to lack of availability of clean water and neat environment. Good hygiene, neat environment and clean water are all necessary as indicated by Kyoto whom also encouraged the government in 2018 to find solution to those who do not have toilets, reducing their numbers to half of the population affected by 2021 (FAIM-Fr, 2017). The researcher affirms that hygiene is a set of practices that are

necessary to prevent the spread of diseases and preserve health. Good hygiene is when people maintain the practice of cleanliness of their bodies and the environment they live in. Good hygiene practices reduce the spread of infections such as washing your hands frequently, getting the appropriate vaccine, practicing physical distance from members outside your household for instance, staying more than 2 meters (6 feet) apart and staying home if you are sick in order not to infect other people. In the case of breastfeeding an infant, you have to maintain proper hand washing with soap and water in order to prevent infection such as diarrhoea to the infant. Hygiene refers to behaviour that can improve cleanliness and lead to good health. For instance, hygiene can include how you care for your body, how you care from your baby, how you care for your home environment to stay fresh and clean.

Food Insecurity

The inability to have sufficient food could lead to household scarcity. The availability of clean, abundant and food rich with all necessary nutrients that makes a person always strong and healthy is known as food security according to World Food Summit in 1996 (Klieman and WHO 2016). Availability, accessibility, utilization and stability are the four conditions to be met before food security is obtained (WHO, 2016). Availability of food connotes the accessibility of well-produced food that can be stored and purchased by the masses with a reasonable price. When food is produced and can be bought with a good price either with cash or electronically, food is said to be accessible. The sharing of food within a household is known as utilization and when food is always available, it is known as stability (WHO, 2016). The unavailability of food can negatively affect the mother that is breastfeeding the infant child. A breastfeeding mother that is not well fed cannot breastfeed her child adequately. The mother will lack the strength and the required nutrient that will help the infant child to grow effectively.

Climatic Change

Food production is greatly affected when natural disasters such as flood or drought occur as a result of climatic change. This leads to the high increase in the production of food which makes food to be very difficult to access resulting to food insecurity and malnutrition among children (UNICEF, 2016). The limited availability of water during drought affects individuals and food hygiene which could lead to the spread of diseases that are water borne. The unstable temperature and inconsistent rainfall could lead to the spread of sickness and diseases through insects and pest such as Lassa fever, malaria and others (Bains et al., 2013, p. 32). The above information reveals that unfavourable climatic change can lead to flood, insufficient food production, poor rainfall and spread of diseases.

4. Age and Educational Status as a Determinant of Poor Infant Feeding Practices among Breast Feeding Mothers

Age Status as Determinant of Poor Infant Feeding Practices among Breast Feeding Mothers

The researcher writes from many years of experience as a health worker that maternal age plays a crucial role in influencing breastfeeding behavior with both very young and old mothers facing unique challenges that can contribute to poor breastfeeding practices. On one end, young mothers particularly adolescents (14-24 years) often lack the emotionally and psychological maturity needed for optimal infant care. They lack experience and knowledge about breast feeding which may lead to delays in initiation and early cessation. Many young mothers may feel embarrassed to breastfeed especially in the public due to social stigma and lack of support from peers and family. In addition, young mothers are less likely to receive adequate prenatal care or breastfeeding, counselling which are essential for building confidence and awareness of breastfeeding benefits.

In the same vein, older mothers, (35 years and above) may encounter different but equally significant barriers. They are more prone to pregnancy and delivery- related complications such as cesarean section or gestational diabetes which can hinder early breastfeeding initiation. Many older mothers are also more likely to be employed in demanding careers (acada) making them more susceptible to early weaning or mixed feeding due to work obligations. Furthermore, old mothers might face fatigue or health issues that reduce their ability to maintain exclusive breastfeeding, for instance breastfeeding mothers with Human Immuno-Virus (HIV) infection. Despite the differences in life stage and economic circumstances, both younger and older mothers may demonstrate poor breastfeeding practices. Younger mothers due to lack of knowledge and support and older mothers due to medical, occupational or life challenges highlight the need for age-sensitive breastfeeding interventions that provides modified support education and resources to mothers across age range (Amadi, 2022).

Maternal Education Status as a Determinant of Poor Infant Feeding Practices among Breast Feeding Mothers

The extent of education of mothers pertaining to the weaning of children has a lot to do with the malnutrition of infant. It is the most important factor and determinant of poor infant feeding among breastfeeding mothers (Emina, 2016). The level of education of the mother goes a long way in determining how a child would be weaned. The kind of quality of care given to an infant by a care giver determines the speed of growth and development of the child (Girma, 2016). Women who are well knowable and schooled know how to make use of nutritional resources for the improvement of the child's nutrition (Chama, Chitah, Jonsson Masiye 2016; Girma 2016).

The importance of infant qualitative feeding, acceptable hygiene and immunization are not hidden from learned mothers (Makoka, 2016). Some scholars who embarked on research at Cameroon discovered that infants who were well cared for had educated mothers (Kanasop, 2017). Another cross-sectional study research from some prominent scholars was that maternal education was the most implicated determinant factor (Destriatania, 2016).

Maternal education is a crucial determinant of breastfeeding behavior with both low and high levels of education influencing practices in complex and sometimes contradictory ways. While education is often assumed to enhance health knowledge and promote positive behaviors, mothers with low educational attainment often face significant barriers to practicing exclusive breast feeding. Limited formal education can result in poor health literacy reducing awareness of the benefits of breast feeding and proper infant feeding techniques. These mothers may also be influenced by cultural misconception or traditional practices such as discarding colostrum or introducing water and herbal mixture prematurely due to lack of access to accurate health information. In some cases, women with little or no education may lack decision making autonomy, depending on older female relatives or community norms that do not prioritize exclusive breastfeeding. Kanasop (2017) emphasize that the education of nursing mothers enhances the way they nurture their infant child**.**

On the other hand, mothers with higher levels of education particularly tertiary education may also demonstrate poor breastfeeding practices. Educated mothers are more likely to be employed in formal sectors with demanding work schedules which can limit the time and physical capacity to breast feed exclusively for the recommended six (6) months. Many return to work early resorting to formulae feeding or mixed feeding as a more convenient alternative. Additionally, highly educated mothers may be over reliant on modern infant care products and may perceive breastfeeding as physical burdensome or less compatible with their life style and career aspirations. Thus, while less educated mothers may struggle due to limited access to health knowledge, and harmful traditional beliefs, more educated mothers may face challenges stemming from professional demands, time constraints and life style preferences. Both groups are vulnerable to poor breastfeeding outcomes although through different pathways. Destriatania (2016) confirms that research has shown that mothers who are well educated feed their infant child well.

Conclusion

This work has examined how age and education status serves as a determinant of poor infant feeding practices among breastfeeding mothers in Plateau State Specialist Hospital. The types of feeding practices are bottle feeding, breast feeding, exclusive breast feeding, predominant breast feeding and complementary feeding are approved by WHO and UNICEF. Climatic change, food security and household environment are the underlying factor that affects childhood nutrition. Many adolescent mothers face challenges with feeding their infant. Non educated women might not be able to comprehend the suggested procedures of infant feeding

unless they are well guided. Educated mother's attention might be on their work and they may not be comfortable to breastfeed their infant in public places.

Recommendation

Both young and aging women should seek the required maternal knowledge that would help them discharge their responsibilities in nurturing and weaning infant children. Government should make available free and educating maternal seminars and conferences for mothers in order to enhance the knowledge and enable them to be excellent mothers. Hospitals and other medical organizations should continue to educate all nursing mothers. This will reduce the risk of sickness and death of infant children. Government policy makers should make policies that would be beneficial to mothers at all levels. They should make maternal education mandatory, educative and exciting for all mothers.

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