

IMPACT OF IMPROPER AND NON-BREASTFEEDING TO BOTH CHILD AND THE MOTHER

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ABSTRACT

Breastfeeding is significant to both child and the mother. It serves as the natural immunization to the child as well as prevent the mother from diseases related to breast cancer. This paper focuses on the benefits of breastfeeding to children as well as negative effects to both the child and the mother as a result of improper or lack of breastfeeding. The objectives of the research include identifying common diseases that can affect the child as a result of improper or non-breastfeeding, identifying causes of non-breastfeeding by the nursing mothers, determining the effects of non-breastfeeding to both the child and the mother. The research is a survey research and uses secondary source of data. The data were collected from the reports of World Health Organization (WHO) and UNICEF. The results show that improper or non-breastfeeding to children can lead to occurrence of diseases such as respiratory track infection, diarrhea, leukemia, malnutrition and infant mortality. It also shows that nursing mothers may have cases that will lead them not to breastfeed their children such as medically indicated cases related to infant conditions or maternal conditions. The paper finally recommends that mothers should initiate breastfeeding to the newly born babies at the first hours of delivery, there should also be an exclusively breastfeeding to the child for at least six months, government and non-governmental organizations should provide awareness and sensitization to healthcare workers in providing knowledge on breastfeeding to the nursing mothers.

Keywords: *Breastfeeding, Colostrum, Infant Mortality, WHO, UNICEF*

I.INTRODUCTION

Breastfeeding or nursing is the feeding of babies and young children with milk from a woman's breast. Health professionals recommend that breastfeeding begin within the first hour of a baby's life and continue as often as the baby want till 24 to 26 months^[1]. During the first few weeks of life, babies may nurse roughly every two to three hours and the duration of feeding is usually ten to fifteen minutes on each breast.

According to World Health Organization (WHO), breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed provided

they have accurate information and the support of their family, the healthcare system and society at large^[2]. Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusively breastfeeding is recommended up to 6month of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. Breastfeeding is one of the most effective ways to ensure child health and survival.

Breastfeeding Provide superior nutrition for optimum growth to the child as well as provision of adequate water for hydration. It protects the child against infection and allergies and also promotes bonding and development. Mothers are expected to initiate breastfeeding for the normal new born babies. They should increase the duration of breastfeeding and allow skin to skin contact for warmth and colonization of baby with maternal organisms. Early breastfeeding provides colostrum to babies as first immunization. It takes advantage of the first hour of alertness and make babies to learn how to suck more effectively as well as improve their developmental outcomes.

Early and exclusive breastfeeding supports healthy brain development for children, improves cognitive performance and is associated with better educational achievement at the age of five (5). However, some nursing mothers don't usually breastfeed their babies appropriately while some resort to complementary foods in place of breastfeed or milk.

Therefore, this research aimed at assessing the impacts of breastfeeding to both mother and the child. This can be achieved with the following objectives:

- i. To identify the common disease cause as a result of improper breastfeeding
- ii. To identify the causes of non-breast feeding by nursing mothers
- iii. To determine the effects of non-breastfeeding to the nursing mother
- iv. To determine the effects of non-breastfeeding to the child

II.LITERATURE REVIEW

Breastfeeding contributes to natural birth spacing providing 30% more protection against pregnancy than all the organized family planning programmes in developing world. Exclusively breastfed infants have fewer illness episodes than infants fed with breast-milk substitutes.

Among children under one year, those who are not breastfed have likelihood of dying of respiratory infection than those who are exclusively breastfed. About 2 million children deaths could be prevented every year through optimal breastfeeding. Optimal breastfeeding of infants under two (2) years of age has the greatest potential impact on child survival of all preventive interventions with the potential to prevent over 800,000 deaths in the children under five years of age in the developing world. This is equivalent to 13% of the all the deaths^[3].

Exclusively breastfed child is 14 times less likely to die in the first six months than non-breastfed child, and drastically reduces deaths from acute respiratory infection and diarrhea (i.e. the two major child killers) ^[3].

The impact of optimal breastfeeding practices is important in developing country's situation with a high burden of disease and low access to clean water and sanitations. But the non-breastfed children in industrialized countries are also at greater risk of dying. A recent study of post-neonatal mortality in the united states found a 25% increase in mortality among non-breastfed infant. In the UK Millennium Cohort Survey, six months of exclusive breast feeding was associated with a 53% decrease in hospital admissions for diarrhea and a 27% decrease in respiratory tract infections^[3].

Non-breastfeed children sometimes develop problems of malnutrition. The peak period of malnutrition ranges between 6 and 28 months of age. Malnutrition contributes to about half of under-five mortality and a third of this is due to faulty feeding practices. Apart from being beneficial to children, breastfeeding is equally important and beneficial to the mother. Some of its benefit include better uterus shrinkage, less postpartum depression, delay in the returns of menstruation and fertility and decreases the risks of acquiring diseases such as breast cancer, cardiovascular disease and rheumatoid arthritis.

III.METHODOLOGY

This paper is a survey research that uses secondary data. The data were collected from the reports of World Health Organization (WHO) and UNICEF. The results are presented in a tabular form.

IV.RESULTS

This section presents the results of the findings obtained from WHO and UNICEF reports based on the objectives of the research. The results are present below:

Table 1: Diseases cause as a result of improper or non-breastfeeding

Improper or non-breastfeeding to child can lead to the following diseases:

- i. Respiratory tract infection and diarrhea
- ii. Food allergies
- iii. Asthma
- iv. Type 1 and Type 2 diabetes
- v. Leukemia
- vi. Malnutrition
- vii. Obesity and metabolic disease
- viii. Neurodevelopment
- ix. Infant mortality
- x. Gastrointestinal infection
- xi. Infectious morbidity

Source: WHO ^[3]

Table 2: Reasons why nursing mother don't breastfeed

Medically Indicated: There are incidences whereby infants may require other fluids or food in addition to or in place of breast milk. This has to be determined by qualified health professionals on individual basis. Some of these medical reasons include infant or maternal conditions.
Infant Condition: there are medical cases that sometimes make infants not to accept breast milk of their mother as a result of some diseases. These may include classic galactosemia, maple syrup urine disease, and phenylketonuria.
Maternal Conditions: These are the health issues related to the nursing mothers that will make them prevent the child from breastfeeding. This may include HIV infection, chemotherapy, those on maternal medications like sedating psychotherapeutic drugs etc, severe illness that will prevent mother from caring her child.

Source: WHO ^[2]

Table 3: Effects of non-breastfeeding to nursing mother

Nursing mothers are likely to have some diseases as a result of non-breastfeeding of their children. These may include: i. Premenopausal Breast Cancer: This usually occur as a result of non-breastfeeding by nursing mother. If the child is not sucking the breast milk, it means the ovaries will release less estrogen than normal which in-turn will affect the breast tissue. Thereafter, the breast will begin to develop lump and will also result to changes in the breast shape. ii. Ovarian Cancer: Non-breastfeeding also lead to a cancer that affects ovaries. This will result to abnormal cells that have the ability to invade or spread to other parts of the body. iii. Retained Gestational Weight: Non-breastfeeding by nursing mothers lead to retention of the weight accumulated during pregnancy and after delivery. Usually if the child is sucking the breast milk, the weight will reverse back to its normal form. But where the child is not sucking, the body of the nursing mother will remain as it is or even increase.
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Source: UNICEF ^[4]

Table 4: Effects of non-breastfeeding to the child

Children who receive less or non-breastfeeding and even artificial feeding are likely to be associated with the following risks: i. Respiratory infections ii. Persistence and more diarrhea iii. Malnutrition such as deficiencies in vitamins iv. Interferes with bonding
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- v. Allergy and milk intolerance
- vi. Increased risk of some chronic diseases
- vii. Overweight due to artificial or complementary food

Source: UNICEF ^[4]

V.CONCLUSION AND RECOMMENDATIONS

Breastfeeding is important to children and usually helps in protecting them from various kind of illness. Nursing mothers are expected to breastfeed their children from the first hour to 24 or 26 months. This research exposes some of the common diseases associated to improper and lack of breastfeeding to children by the nursing mothers. The paper makes the following recommendations:

- i. Nursing mothers should initiate breastfeeding within the first hour of the birth.
- ii. Children should have exclusive breastfeeding for the first six months of age (i.e. 180 days).
- iii. Nursing mothers should introduce nutritionally adequate and safe complementary foods to the child after six months of exclusively breastfeeding.
- iv. The child should continue breastfeeding for up to two years of age in addition to the complementary foods.
- v. Government should provide written policies on breastfeeding that will be routinely communicated to all healthcare centers for proper implementation.
- vi. Government and non-governmental organizations should provide training and sensitization to healthcare staff on skills necessary to implement the breastfeeding policies.
- vii. There should be awareness to all pregnant women about the benefits of breastfeeding especially during antenatal visit to the healthcare centers.

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