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Breastfeeding Attitude and Weaning Practices of Mothers in the Okola Health District, Cameroon

Patrice Djiele Ngameni, Estelle Sajo Nana and Honorine Rikong Adie
Centre for Food and Nutrition Research/IMPM, P.O. Box 6163, Yaounde, Cameroon

Abstract: Patterns of infant feeding based on knowledge, attitude regarding breastfeeding and weaning practices were conducted in three rural communities in the Okola health district. The study was investigated using structured questionnaires which were administered to 57 mothers. At birth, 74% of mothers fed their children solely with breast milk but 26% gave them honey, sweetened water or artificial milk the 1st 2 days. The period of exclusive breastfeeding varied from 2 weeks to 7 months. Most women (63%) who were interviewed practised mixed breastfeeding before the age of 3 months. In these localities, the complementary food that mothers gave to their infants during weaning was pap generally made up of maize, soya beans, groundnuts or rice. These mothers had very limited information on food enrichment.

Key words: Infants, breastfeeding attitude, weaning practices, honey, Okala, Cameroon

INTRODUCTION

Mal-nutrition is a public health problem in developing countries where micro-nutrients deficiencies are frequent. Sub-Saharan Africa is particularly hit due to poverty, wars, infectious and endemic diseases (World Bank, 1998). The most exposed groups are pregnant women and nursing mothers as well as young children (Daelmans and Saadeh, 2003; Prentice, 1993). Under-nutrition in children is responsible for an increased risk of illness and death from many infectious diseases.

The prevalence of mal-nutrition and infectious diseases among the young has important implications for the health and well-being of the population. In Cameroon, 32% of children <5 years suffer from growth retardation 5% from emaciation and 18% are obese. Also, vitamin A deficiency affects 39% of children <5. However, breast feeding has been shown to be beneficial for child health, mainly for the prevention of infection diseases and the reduction of mortality and morbidity. Therefore, WHO (2001) and WHO and UNICEF (1989) now recommend that every infant should be exclusively breastfed for the 1st 6 months of life with continued breastfeeding for up to 2 years or longer.

In Cameroon, 28% of mothers living in rural area and 37% of mothers in urban area feed their children with breast milk at birth. Only 24% of children are exclusive breast feed until the age of 6 months. In this study, the researchers have made an inquiry into the breastfeeding and weaning practices in the localities of Okola precisely in the health centres of Ebougsi, Leboth and Lobo. The aim was to envisage effective food complements made from local food products so as to ensure the nutritional well-being of weaning children.

MATERIALS AND METHODS

The study was carried out in three health centres in the locality of Okola-Cameroon from June-July, 2006. A total number of 57 lactating mothers were recruited during the vaccination sessions. The study was approved by the Cameroon Ethics Committee. Mothers were interviewed by researchers from the Centre for Food and Nutrition Research Cameroon using a structured questionnaire covering socio-demographic information, breastfeeding knowledge and weaning practices. Statistical analyses were performed using SPSS 10.1 software. Independent sample Student's t-test was used as appropriate.

RESULTS AND DISCUSSION

Socio-demographic characteristics: The study took place in three health centres of the Okola health district (Ebougsi, Leboth and Lobo). These villages are situated at 10 km from Okola. There were 20 participants in Ebougsi, 17 in Leboth and 20 in Lobo giving a total number of 57 people. The average age was 25 (range 16-43). Their socio-economic characteristics are shown in

Corresponding Author: Patrice Djiele Ngameni, Centre for Food and Nutrition Research/IMPM, P.O. Box 6163, Yaounde, Cameroon

Table 1: Socio-economic data of the mothers interviewed (n = 57) in Okola, Cameroon

Socio-economic charateristics	Mothers
Age (median)	25 (16-43)
Education level (%)	
High school	48.21
Secondary school	51.79
Occupation (%)	
Farmer	68.42
Trader	22.80
Hair-dresser	5.26
Nurse	1.75
Teacher	1.75
No. of children born	1-7
Matrimonial status (%)	
Single	14.03
Concubine	64.91
Married	21.06

Table 2: Breastfeeding attitude in the locality of Okola begining of mixed breastfeeding

Age (months)	Percentage
≤1	28.07
2	19.29
[2,3]	17.54
[3,4]	7.01
[4,5]	5.26
≥6	22.80

Table 1. Table 2 show that the average age of the participants was 25 years and they are all of catholic faith. All of them were from the centre province, moreover while 9 of the participants have been living in the village since their birth, 17 others have spent not >1 year in the village. The study showed that women from Lobo village were more educated (secondary education being the average level) than those from Leboth and Ebougsi (primary education being their average level of instruction). Of the 57 participants, 12 were married, 8 were single and 37 live in concubines. Their main occupations were farming, trading and hair dressing. However at Ebougsi, 1 participant was a primary school teacher and another a nurse.

Breastfeeding knowledge and attitude: At birth, most of the mothers (74%) fed their children solely with breast milk but some (26%) gave them honey, sweetened water or artificial milk for the 1st 2 days. Out of a total of 57 women, only 6 (10.5%) practised exclusive breastfeeding while 51 women (89.5%) practised mixed breastfeeding. The period of exclusive breastfeeding varied from 2 weeks to 7 months. Most women (63%) practised mixed breastfeeding before the age of 3 months.

Weaning practices and stages: In the localities under study, complementary food that was given to infants during weaning was pap made from maize flour either soya beans, groundnuts, rice or fermented maize paste. The number of meals was ranged from 1-3 meals day^{-1} and this differed from one child to the other. Breastfeeding presents clear benefits for child health. Low income countries reported a reduce risk of mortality from infectious diseases among breast fed infant (WHO, 2001). This research studied breastfeeding knowledge, attitude and weaning practices in three rural communities of Okola in Cameroon.

Table 3: Mothers knowledge about breastfeeding before delivery

Level of information	Percentage
Very informed	3.50
Somewhat informed	17.54
Poorly informed	70.17
Not informed	8.70

Most of interviewed mothers were concubines; they are farmers or traders and had received a primary or secondary education. The time for the 1st breastfeeding varied from 2-4 days. This is similar to the experience of mothers living in other rural communities in sub-Saharan Africa (Kumar *et al*., 1989; Okolo *et al*., 1999). This practice was due to the fact that these mothers did not know that the prompt intake of colostrums could protect their children against some diseases (Lawrence, 1994) (Table 3).

Most of these women obtained information and advices on breastfeeding mainly in the health centre. However, socio-cultural factors and community members influence their attitude toward breastfeeding. This can explain the low rate of exclusive breastfeeding in Africa (Mcintyre *et al*., 2001).

The study reveals that 63% of women practise mixed breastfeeding before the age of 3 months. This was similar to other studies (Vaahtera *et al*., 2001). The reason most frequently given was that breast milk alone cannot satisfy the nutritional need of the child. It was hypothesized that many mother do not provide sufficient breast milk to feed their infant adequately (Reilly and Wells, 2005). Moreover, the nutrition of most of these lactating mothers during the nursing period is also inadequate. The poor quality of their diet contributes to the widespread energy and micro-nutrients deficiencies (Prentice *et al*., 1983; Lartey, 2008).

Generally, when mothers introduce pap in their baby's diet, the baby progressively moves on to eat other food-stuff eaten by the family. Thus, certain food-stuff like maize, irish potatoes, sweet potatoes, groundnuts, fruits, vegetables, tomatoes and palm oil are reserved for the nutrition of the baby because according to them, these food-stuffs enhance infant growth. The indigenous and traditional dishes available in these communities could improve the quality of complementary foods through dietary diversification. Also, the lack of information on the nutritional composition of local indigenous and traditional foods found in sub-Saharan Africa limits their use (Smith *et al*., 2006).

CONCLUSION

In this study, however the mothers do not have sufficient information on infant nutrition. The promotion of exclusive breastfeeding and advice on ways of enriching baby pap will greatly contribute in reducing the level of mal-nutrition among children.

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