

BREAST FEEDING PROBLEM AS IT AFFECTS MOTHER AND INFANT'S HEALTH. (A STUDY OF KANO METROPOLIS, KANO STATE, NIGERIA)

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Abstract

This study examined breast feeding problem as it affects mother and infant's health. (A study of kano metropolis in kano state, Nigeria).The study was guided by four research questions, Samples of 45 nursing mothers' with breast feeding problems were randomly selected for the study, Data was collected through questionnaire and analyzed using percentiles and mean scores. The findings revealed that infant's health is affected by unsatisfied feeding and crying then later emaciating and slow growth, while mother's health is affected by frequent fever, severe breast engorgement, and even mastitis, possible solutions to problems are by frequent and slow nursing, taking advice from expert or breast feeding units in hospitals and so on .To reduce these problems, imperative programs by government, non governmental and individuals should be organized

Introduction

Baby is the seed that propagate human generation that need irrigation with free, Sterilized and balanced breast milk for proper yield, prevention of diseases and infections. The gift of breast milk feeding provides emotional bond between mother and baby continuously unless for medical reasons, unfortunately, sometimes, some identified and concealed correlated problems may arise from mother or baby which may consequently impede successful breastfeeding or even stop it, the effects are vice-versa, apart from emotional disturb the problems affects their physical well being and most importantly result to nutritional problems among infants. National Health Service

u k, (2013) stated that sometimes it can be difficult and even downright painful need to learn how to breastfeed but tackling breastfeeding problems quickly will give more time to enjoy babies early days. In many cases, the solution is as simple as changing baby's position or more often breastfeeding positioning and attachment, but stopping breastfeeding makes the symptoms worse, so asking for help and support as early causes are fear, anxiety, hurried and illness. Llewellyn-jones (1999) described that breast feeding techniques should be comfortable to nuzzle the nipple and areola inside and squeeze the milk from sinus or reservoir provided there is a quality diet for mother, fractious baby is by wrongly sucked way. National Health Service u. k (2013) described signs of well breast feeding as when baby has mouthful of breast, chin is touching the breast, baby's cheeks stay rounded during sucking or takes rhythmic long sucks and swallows and is normal for them to pause sometimes and finally comes off the breast on their own. According to healthychildren.org (2015) breast feeding problems start when a baby is always finding something to suck usually their fingers after feeding or take very short or extremely long nursing sessions baby still seems hungry after feeding, by two weeks of age the baby is under birth weight or hasn't started gaining weight, fewer wet diapers stools per day, others include dark yellow urine or specked with red, or stools still dark rather than yellow and loose, milk hasn't come in or breasts don't feel as though they're filling with milk, severe breast engorgement, the fullness and hardness of breasts don't decrease by the end of a feeding or severe pain interferes with breastfeeding

According to National Health Service U.K (2013) Sore breasts, blocked ducts, and mastitis cracked nipples, slow let down and forceful letdown, engorgement, nipple confusion cracked or sore nipples, inverted nipples etc. are causes of breast feeding problems from mothers side while

Bear, Mayer, Ryan and Uphoff (2015) mentioned lack of support, visitation, travelling, tight schedules make mother to delay nursing time, stuff nose, tongue tie, lip tie, or improper positioning resulted to in ability to suck effectively. Finello (2015) listed thrush, tongue-tie, unsettle baby and reflux and Bonyata (2011) stated thrush, stuffy nose, teething, reflux and tongue-tie can affect feeding by making it hard for baby to attach effectively. Bear, Mayer, Ryan and Uphoff (2015) mentioned poor positioning; insufficient milk resulted to damaged nipple, or disorganized the breast, fussiness at the breast accompanied by fever, lethargy, cough, stunted growth and dehydration. According to Pettinillo (2015) frequent nursing, hands-on pumping during the day helps to increase milk supply. healthychildren.org (2015) suggested drinking plenty of water, ensure baby latches well and that both breasts are emptied at each feeding, use a breast pump between feedings to stimulate production, nurse at night when prolactin hormone that stimulates milk production are the highest and ask lactation consultant about certain foods, such as oatmeal in specific quantities that may improve milk production. Bear et al (2015) observed solutions to breastfeeding problems should include frequent nursing within 24 hours and responding to the needs of the baby.

Research methodology

Research Design: the study employed the survey type of the descriptive research, it is made to study breast feeding problems presently in kano metropolis.

Objectives of the study

The main purpose of this study is to survey on breast feeding problems among lactating mothers in kano metropolis

The specific objectives are to:-

- 1 Spot the causes of breast feeding problems during nursing in kano metropolis.
- 2 Identify the effects of breast feeding problems on infant's health.
- 3 Identify the effects of breast feeding problems on mother's health.
- 4 highlight the possible solutions to the common breast feeding problems

Research Questions The following research questions were formulated to guide the study

- 1 What causes breast feeding problems in kano metropolis?
- 2 To what extent breast feeding problems affects mother's health in kano metropolis ?
- 3 To what extent does breast feeding problems affects the health of an infant in kano metropolis?
- 4 What are the possible solutions to common breast feeding problems in kano metropolis?

Area of the study: - five areas were randomly selected from kano metropolis for the study they include: - kabara sheka, kawo, dala, and fagge quarters.

The population and sample: - the population of the study consisted all nursing mothers presently encountering breast feeding problems from June 15 to July 15 2015, fifty seven (57) cases of breast feeding problems were either reported or observed, forty five (45) respondents were selected out of the total population using random sample of nine (9) respondents in each of the selected area.

Instrument for Data Collection: - The instrument used to generate data for the study was a researcher developed questionnaire titled “Investigation into breast feeding problems (IBFP), the instrument was structured in five sections, section A for bi-data and the remaining for each research questions on 4-point Likert scale for each of the statements.

Method of Data Collection The researcher distributed the questionnaire with the assistance of four research assistants trained by explaining the location of the sample and formats for responding to the items, bio-data and the first three sets of questions were administered first then short lecture was delivered on the possible solutions, then the last part was administered separately a week after.

Method of Data Analysis simple percentage was used to analyzed bio-data and mean score was used to analyze the data research questions, the options were weighted on the 4-point Likert rating scale thus: The midpoint for the scale is 2.00. Therefore, only means scores above 2.00 were accepted while mean scores below 2.00 were regarded as unacceptable

Results

Findings showed that 40% of the respondents were within the age range of 26-35years and another 40% were 36-45years (table1) and 40% of the respondents received only primary education (table 2), table 3 showed respondents with 5-6 numbers of children fall in highest percentage of 35.554% and 73% of the respondent’s encountered breast feeding problems once (table 4). Table 5 showed the acceptance of many items that causes breast feeding problems like keeping baby away from mother for several hours, breast pain and insufficient breast milk with highest mean score above 2 points and others as confusion and multiple feeding as the causes of

breast feeding problem. Table 6 indicated the acceptance of baby slow growth, crying, dissatisfaction and emaciating as observed effects of breast feeding problems on babies and table 7 indicated frequent fever, breast sore and engorgement, and mastitis as effects on mother's health. Table 8 indicated that all the items were accepted solutions to breast feeding problems as frequent and slow feeding, advice by experienced experts and breast feeding support in hospitals.

Section a Bio data

Table 1: Age range of the respondents

Age range	frequency	percentage
15-25 years	3	6.6667
26-35years	18	40
36-45 years	18	40
Above 45 years	6	13.3332
N= 45		100%

Source: field work

Table 2: educational qualification of the respondents

educ. level	frequency	percentage
Non formal education	12	26.64
Primary education	18	40
Secondary education	7	15.54
Tertiary education	5	11.111111
Graduated	3	6.6667
n=45		45 100%

Source: field work

Table 3: respondent's number of children

Number of children	frequency	percentage
1 and 2	10	22.222
3 and 4	9	19
5 and 6	16	35.554
7 and 8	10	22.222
Above 9	0	0
n=45		45% 100%

Source: field work

Table 4: Number of encountered breast feeding problems

Time	frequency	percentage
1 time	33	73.33326
2 times	8	17.77776
3 times	3	6.66667
4 times and more	1	2.2222
n=45		100%

Source: field work

Section B

Research question 1 what are the causes of breast feeding problems

Table 5: respondent's observation on the causes of the problems

S/N	What contributed to the feeding problems	Response category				Mean	Remark
		SA	A	D	SD		

1	baby is away from the mother for several hours during the day.	18	3	15	9	2.6667	Accepted
2	Breast pain, engorgement, sore nipples etc. disturb the mother	33	3	3	6	3.4	Accepted
3	Baby always sleep and don't care about feeding	3	3	27	12	1.9333	Rejected
4	Breast milk is not sufficient	37	3	2	3	3.6444	Accepted
5	Baby is unable to suck well	24	6	9	6	3.0667	Accepted
6	Baby have cold, stuffy nose and other related cases	35	6	1	3	3.6222	Accepted
7	Mother is pregnant	3	3	27	12	1.8	Rejected
8	Baby mouth is not normal	1	3	21	20	1.6667	Rejected
9	Mother is confused and unable to detect the problem	18	12	9	6	2.9333	Accepted
10	Breast Feeding multiple babies	6	-	33	6	2.1333	Accepted

Source: field work

Research question 2: effects of breast feeding problems on infants.

Table 6: respondent's observations on effects of breast feeding problems on infants.

Response category

S/N	Effects of breast feeding problems on children	SA	A	D	SD	Mean	Remarks
11	Baby slow growth	18	15	6	6	2.9778	Accepted
12	Baby crying and unsatisfied	33	12	-	-	3.7333	Accepted
13	Diarrhea, abnormal stooling and less excreta by the baby	3	3	24	15	1.86667	Rejected
14	Baby is emaciating	30	3	6	6	3.2667	Accepted

Source: field work

Research question 3, effects of breast feeding problems on mothers

Table 7, mother's explanation on the effects of breast feeding problems on their health

S/N	Effects of breast feeding problems on mothers	Responses category				Mean	Remarks
		SA	A	D	SD		
15	Frequent fever	15	12	9	9	2.7333	Accepted
16	Breast sores, engorgement, and others.	15	9	15	6	2.7333	Accepted
17	Damaged nipples and disorganized breast	0	0	30	15	1.6667	Rejected
18	Fussiness of the breast	3	2	24	16	1.7556	Rejected
19	Mastitis	9	6	15	15	2.2	Accepted

Source: Field work

Research question 4, mother's observations on solution to common breast feeding problems

Table 8, the best solution to breast feeding problems

Response category

S/N	Solutions to common breast feeding problems	SA	A	D	SD	Mean	Remarks
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20	Frequent feeding	24	12	3	6	3.2	Accepted
21	Slow nursing till baby is satisfied	27	12	3	3	3.4	Accepted
22	Traditional treatment	6	5	30	4	2.2889	Accepted
23	Mixed feeding	5	3	31	6	2.1556	Accepted
24	Breastfeeding help and support in hospital	3	12	27	3	2.3333	Accepted
25	Advice by experienced people	32	6	4	3	3.4889	Accepted

Source: Field work

Discussion

The finding of the study revealed that breastfeeding problems affect women of different age groups since respondents' within the age range of 26-35years and 36-45years are women of reproductive years and have highest percentages, that means, there is no specific age range that mostly affected by breast feeding problems.(table1). The study also revealed that highest percentage of respondents have not received formal education, the correlation between education and breast feeding problems is associated to the believed of insufficient milk (table5) and un nutritive breast milk (nono ba maiko) as a cultural believes among Hausa people of the study area since Llewellyn-jones (1999) stated that provided there is good diet breast milk is qualitative and sufficient. Table 3 indicated that breast feeding problems can affects women of any age .table 4 showed that breast feeding problem do not affect every nursing time expect few women with the possibility of further illness that encountered the problems more than once. The study also revealed that so many problems from both mother and the baby caused breast feeding problems (table 5) as breast engorgement, Sore breasts, blocked ducts, cracked nipples, slow let down and forceful letdown as stated by National Health Service U.K 2013, baby's un able to suck well etc. some causes are unidentified that is why the respondents were confused have high mean score. Table 6 indicated the effects of breast feeding problems on babies as crying and unsatisfied babies which further leads to emaciating and slow growth which has been stated by

National Health Service U.K (2013). Mothers were affected with breast feeding problems because table 7 revealed the mean score of above average on frequent fever, breast engorgement and mastitis as encountered problems by mothers and this indicated the problems is on baby side as is unable to suck well thus resulted to mothers problems. Finally, as stated by Pettinillo (2015) the solution to breast feeding problems should be by frequent and slow feeding. advise given by hospitals and experienced people because the last part of questionnaire were administered a week after the administration of the first part, by considering the educational level of majority of the respondents, traditional treatment and mixed feeding were accepted since their mean scores were above average and thus accepted.

Conclusion

Breastfeeding problems usually start from minor problems, improper handling leads to more complicated issues, infant's position as future educators, executives and nation builders, their health is of paramount importance therefore, their feeding system should be considered as some breast feeding problems affect child future.

Recommendations

Based on the findings of the study on breast feeding problems and the effects on mothers and infant's health, the following recommendations were made:-

- Government should minimize this problem by organizing seminars extension services and workshops to enlighten women on breast feeding problems and solutions.



- Non governmental organization should join hand to address this issue at its early stage.
- Mass media should intensify their efforts by including more programs on breast feeding problems and solutions.
- Hospitals antenatal and post natal care units and immunization sections should educate women on the signs of breast feeding problems especially at early detection.
- Nursing mothers should keep eye on their babies and report any small changes on themselves or their babies.
- Experienced women and health workers should be observing nursing mothers and their babies at every gathering and ready to offer advice in order to address the issues effectively.

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