

Research



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Received: 14 Sep 2020 - **Accepted:** 27 Sep 2020 - **Published:** 16 Oct 2020

Keywords: Qualitative study, reasons, prelacteal feeding, Mettu district

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Cite this article: Tarekegn Fekede et al. Reasons why mothers practice pre-lacteal feeding in Mettu district kebeles' southwest, Ethiopia: qualitative study. PAMJ - One Health. 2020;7(7). 10.11604/pamj-oh.2020.3.7.26064

Available online at: <https://www.one-health.panafrican-med-journal.com/content/article/3/7/full>

Reasons why mothers practice pre-lacteal feeding in Mettu district kebeles' southwest, Ethiopia: qualitative study

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Abstract

Introduction: nearly two out of five breastfed newborns receive foods or liquids other than breastmilk in the earliest days of life, when their bodies are most vulnerable. Evidence suggests that pre-lacteal feeding-giving foods or fluids to newborn before breast milk "coming in" is a major contributor of suboptimal breast feeding patterns which in turn has been leads to negative neonatal health outcomes. Despite its negative effects, in-depth information on reasons why pre-lacteal feeding remains scarce in Ethiopia. **Objective:** To document the main reasons why mothers practice pre-lacteal feeding at Mettu district kebeles,

*Oromia, Southwest Ethiopia. **Methods:** qualitative study was conducted among 21 key informants' and 5 focus group discussions in 10 kebeles' of the district. Data were collected by in-depth interview of purposively selected key informants using semi-structured interview guide and Five Focused Group Discussions. The data were entered into Nvivo software version 11 for facilitate data management and analyzed by thematic content analysis. **Results:** the main reasons why of giving prelacteals were to prevent dehydration, and perceived breast milk insufficiency, abdominal cleaner, soothe throat and prevent from sudden death. In addition, our data suggest traditional practice includes giving pre-lacteal feeds like Fresh butter, boiled Animal milk, sugar solution, and traditionally known mixed food called "Sunko/Habish" solution. **Conclusion:** the main reasons of pre-lacteal feeding practice were to prevent dehydration and perceived breastmilk insufficiency still found to be high so that future intervention focus on social and behavioral change communication has paramount importance to avert this problem.*

Introduction

Adequate nutrition during infancy and early childhood is an essential for growth, health and development. Moreover, WHO/UNICEF guideline for infant feeding recommend exclusive breastfeeding for the first six months, followed by safe & nutritionally adequate complementary feeding with continued breastfeeding upto two years of age or beyond [1]. Devotion to this guideline varies widely across the globe starting from early breast milk initiation. Even though early initiation of breastfeeding has utmost importance to decrease infant mortality and morbidity, only about 45% of newborns were put to breast in the first one hour of life [2]. Despite enormous factors hinders early breastfeeding initiation, pre-lacteal feeding: giving liquids or foods other than breast milk prior to establishment of regular breast feeding is the major factor which comprises about 43%, 32% globally and Sub-Saharan Africa respectively[1,3]. About one out of four (27%) newborn baby in Ethiopia fed pre-lacteal feeding

[4]. It deprives the child valuable nutrition, avoids colostrum [5] and exposes the child to the risk of infections; acute respiratory [6] and diarrhea [7], early cessation of full breastfeeding [8], delayed coming in breastmilk [9], delay initiation of breastfeeding [10]. However, putative multifactorial contributing to pre-lacteal feeding practice and common reasons were family tradition and religious credence [8,11], Moreover, grandmother's/mother in law's advice and breast milk insufficiency [2,8], home delivery& caesarean section delivery [9], traditional/Culture [2,3,10-18]. And the most common pre-lacteal foods were mixed solution "sunko/habish", sugar solution, plain water and gripe water [3,11,14]. Nonetheless, literatures' showing reasons why pre-lacteal feeding in Ethiopia Particularly, southwestern is limited. Therefore, this study aims to identify the main reasons why the mothers practices pre-lacteal feeding in Mettu District, southwestern Ethiopia.

Methods

The community based qualitative cross-sectional study was conducted at Mettu district, Oromia, southwest Ethiopia. In-depth interview of the key informants by using interview guide and 5FGDs of which each group consists of 6 individuals were used to explore the reasons for pre-lactal feeding.

Population and sampling: convenience sampling of 21 community key informants were selected from the opinion leaders, grandmothers and health extension workers (health professionals who give care at home to home based) and 30 women's with newborn infants (defined as a woman who had delivered an infant more than 4 weeks) and grandmothers (were defined as any woman who had atleast one grandchild born within the previous year) in five groups were used for focus group discussion.

Data collection: the data were collected, in-depth interview (IDI) was one-on-one interview by relying on semi-structured interview guide to keep the consistency of the data throughout the data

collection and discussions were used. Additionally, Focus group discussions were conducted with participants typically gathered semi-circle around the interviewer. Questions were posed to the group, and the interviewer took response from each participants. FDGs typically lasted 60-90minutes and all focus groups discussions were audio recorded, conducted in local language, and transcribed into English as described above. All transcribed data were read and reviewed for completeness and clarity.

Data analysis: audiotapes of the interviews were transcribed and commented in Afan Oromo the native language of the area and translated back into English by fluent bilingual expert. Transcripts were checked against the audio recordings for accuracy and remove identifying information. Codes for the analysis were developed after an initial reading of all transcripts and field notes as well as on main interview guide components and emergent concepts from the current data. Those drafted codes were discussed and clarified, and an initial codebook agreed upon. All interviews were entered into Nvivo software to facilitate data management and subsequent analysis. A thematic analysis was conducted in which individual codes were read in aggregate and in a written summary of codes indifferent colors were created. Twelve codes were identified and merged into four themes. The Analysis attempted to achieve fair representatives of opinions and perceptions of study participants. Quotes were selected to illustrate results and participants' colloquial language was retained.

Results

Participants' characteristics: a total of 51 individuals from Mettu district were participated either in in-depth interviews or focus group discussion from June12-30, 2019. In-depth interviews were conducted among 10 women's with newborn infant, 5 selected opinion leaders, 3 traditional birth attendants and 3 health extension workers. In addition, focused group discussion

conducted with 20 mothers of new born infant, & 10 were grandmothers (Figure 1).

Themes: four salient themes were emerged: definition; types; purpose; and the influence of pre-lacteal feeding.

What is pre-lacteal feeding? all the participants clearly define the meaning pre-lacteal feeding and time when they practice it. *'Pre-lacteal feeding/'makemasha' Afankaa'uu' is introduction of semisolid/liquid substance to newborn before initiation of breast milk '(IDI, A 27yrsold, woman). "I was practicing pre-lacteal feeding for all my children. It is our tradition to give semisolid/food before initiation of breastmilk '(FGD; Grandmother). "Giving fluid/semisolid to the newborn is common as we are inherited from our parents' (IDI, TBA). In contrast to the above idea, 21 yrs old health extension worker said that "as far as my knowledge pre-lacteal feeding practice was more prevent when I was child. Nowadays, people have relatively good awareness yet I couldn't say it is entire community were aware"(IDI, participant).*

What type of pre-lacteal food you use? every study participants know almost all locally used pre-lacteal foods. The community members (participants) reported that there are practical difficulties in exclusive breastfeeding as *some women gave local concoction to drink or eat their newborn baby (FGD, woman). Other women gave different pre-lacteal foods for instance 'pre-lacteal foods are commonly known as 'mekemasha'(local name of pre-lacteal foods) those are fresh butter, boiled animal milk, sugar solution '(IDI, Opinion leader). Moreover, A 35 years old woman gradients, "Fresh butter, boiled Animal milk, sugar solution, "Sunko" solution /"Habish/' (IDI, Woman). Furthermore, A local TBA adds". I personally gave "sunko"/habish commonly but some women gave sugar solution, "sunko"/habish solution and raw butter '(IDI, TBA).*

Why you gave pre-lacteal feeding? data suggests that the purpose of giving pre-lacteal feeding for newborn infant was varies in spite it is not

scientifically proved. According to this finding the main purpose of giving prelacteals were to prevent dehydration, and perceived breast milk insufficiency. Moreover, some mothers also gave pre-lacteal feeding in line for abdominal cleaner; soothe throat and very few mothers to prevent sudden death. The study participants validate as follows as per their own words. *“My breast has no enough milk for child”* (IDI, 27 yrs- old, woman, 21 yrs-old, HEW). Moreover, most participants give pre-lacteal feeding to prevent dehydration. *“ to clean abdomen and to prevent dehydration before initiation ”* (FGD, Grandmother) and other participant adds *‘No! No! It helps to prevent sudden death from evil spirit ’* (IDI, Opinion leader).

What factors influences/pressures/ driving you to practice pre-lacteal feeding? data suggests that there are several cultural traditions and practices linked with pre-lacteal feeding practice in this region of southwestern Ethiopia. Traditionally, some mothers were gave pre-lacteal feeding to their newborn as they were learnt from their grandparents and elders, and others were gave pre-lacteal feeding due to their grandparents and other influential community members influence/pressure/. All participants points that tradition/culture/ and advice from their parents leads them to practice pre-lacteal feeding as evidenced by their own words. *“As I learned from my family it is not new thing”* (IDI, TBA), *“ as we were inherited from our parents* (IDI, 26yrs-old, woman). In some family, Even the newborns mother did not introduce pre-lacteal foods by themselves, but, their elders gave prelacteals to their newborn baby. For instance, *‘...I didn’t give anything to my child, but my mother gave “sunko”/ “habish” and boiled animal milk to the baby before I was started breastfeeding because I was in prolonged labor (exhausted) ’* (IDI, 25yrs old, mother of newborn infants). In addition, *‘This is not new thing we were inherited from our parents and practicing as a culture’* (FDG, Grandmother).

Discussion

This qualitative study among the community key informants in mettu district, south western Ethiopia suggests that cultural-traditional practices had strong relation with pre-lacteal feeding. Such traditional practices like introducing Sunko/habish(mixed local solution), fresh butter, boiled/raw animal milk, sugar solution and holy water. This finding is similar with existing literature that suggests introduction of foods other than breast milk in the 1st 3days of life is common practices in sub Saharan Africa including Ethiopia [3,19]. In this district of Ethiopia, there are a significant cultural traditions associated with pre-lacteal feeding and the most commonly used prelacteals were sunko’/habish, raw butter, sugar solution, and animal milk. In addition to this study, in northern Ghana cultural traditions practices were associated with pre-lacteal feeding [2]. Concurrently study in India by Parashar A *et al.* traditional belief and practices were the main reason why women introduce pre-lacteal feeding and honey and animal milk were found to be the most commonly used pre-lacteal foods [16].

In addition to this, study in south Asia regions reveal that, the practice of pre-lacteal feeding is a majorly cultural practice still today in spite diverse reasons why the introduce prelacteals and main reasons is clearing throat/stomach [17,18]. In contrast, study in north eastern Ethiopia the main reason to give pre-lacteal feeding is to prevent “evil eye” or illness and to clean the baby stomach [13]. This discrepancy may be attributed due to the community or maternal belief of purpose of pre-lacteal feeds and socio cultural variance of the community. In current study data suggests that pre-lacteal feeding practice in the study area is not traditionally viewed as gender role despite to this study in northern Ghana pre-lacteal feeding is traditionally viewed as gender role [2]. This discrepancy can be attributed due to sociocultural and social value b/n the two genders. Despite its strength, this relies upon self-reported data and doesn’t include, for example, independent assessment (observation) of neonatal feeding practices. Nonetheless, the consistency of the

finding and the wide variety of respondents who reported similar occurrences suggests that self reported data in this case is valid.

Conclusion

Pre-lacteal feeding practice was still found to be high in this area which is more related to prevention of dehydration, perceived breast milk insufficiency, abdominal cleaner, soothe throat and prevent from sudden death which were rooted in traditional practices. Given community hierarchy, such a tradition is found to be challenging for young mother with newborn to overcome. Changing such community-rooted traditions will require the engagement of community hierarchy in social and behavioral change and communication plays upmost importance in avoiding pre-lacteal feeding campaign.

What is known about this topic

- *Pre-lacteal feeding is common problem in the world, especially in Asian and African country which contravenes with World health organization recommendation;*
- *Many researches were conducted on the topic identifying the type of prelacteals.*

What this study adds

- *Even though many researches were conducted on this topic, they couldn't identify the reason why the mother practices prelacteal feeding in specific community;*
- *This research identifies the main reason why mothers practice prelacteal feeding in multicultural setting.*

Competing interests

The authors declare no competing interests.

Authors' contributions

TF and EN conceived the study, participated in its design, data acquisition and analysis and helped in

drafting the final manuscript. The two authors read and approved the final manuscript.

Acknowledgments

The authors would like to recognize the support of Mettu University. Our appreciation also goes to the chief and peoples of Mettu district for their support and co-operation to us for successful study.

Figure

Figure 1: study participant profile

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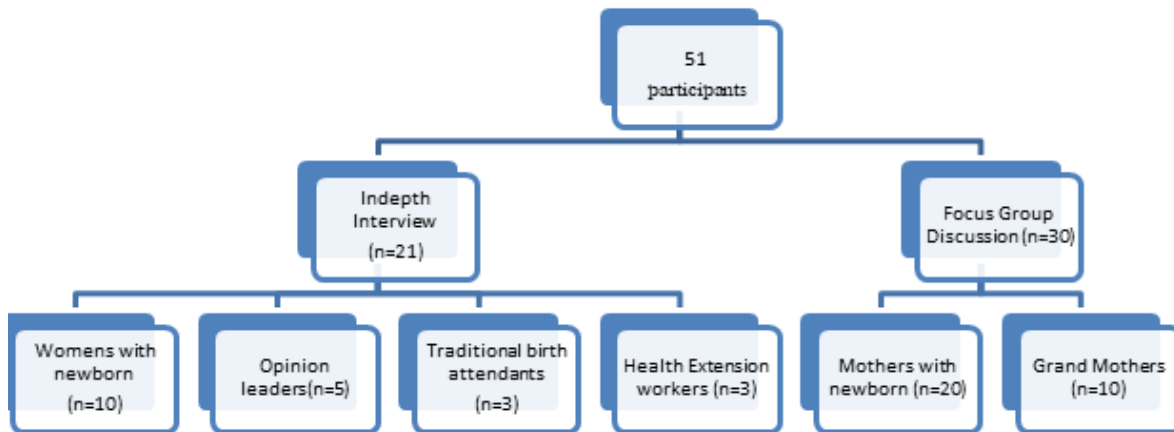


Figure 1: study participant profile