

The exclusive breastfeeding in tanzania

[Literature](#), [Russian Literature](#)



The Need to Protect Exclusive Breastfeeding

Child malnutrition has become a global embarrassment; particularly in developing world where malnutrition is the attributable cause of more than half of all child deaths. In West and Central Africa – a region with some of the highest child malnutrition and mortality rates worldwide – 56 percent child deaths could be averted if children were not malnourished. The protection, promotion and support of exclusive breastfeeding in the first six months of life is acknowledged as the single most critical strategy to achieve the Millennium Development Goal for the reduction of child mortality. (Sokol, Aguayo, Clark, & Dora, 2015)

Despite the many benefits of EBF, sound breastfeeding practices are not the norm in many countries, and large differences exist in the EBF rates between regions and among countries. The promotion, support and protection of optimum breastfeeding take a different type of engagement from the health system, because breastfeeding is a social behaviour and not a medical practice. It is not a typical intervention, because there is no pharmaceutical product to be purchased or distributed and the practice is not dependent on a facility or health provider. These factors pose particular challenges, which have been addressed with varying degrees of success by breastfeeding programmes. (UNICEF, 2010)

Statistics

Globally, only 38% of infants 0 to 6 months old are exclusively (WHO & UNICEF, 2017). Trend data suggest the prevalence of exclusive breastfeeding among infants younger than six months in developing

countries increased from 33% in 1995 to 39% in 2010. The prevalence increased in almost all regions in the developing world, with the biggest improvement seen in West and Central Africa where the prevalence of exclusive breastfeeding more than doubled from 12% in 1995 to 28% in 2010. Eastern and Southern Africa also realized improvements with an increase from 35% in 1995 to 47% in 2010. More modest improvements were observed in South Asia (40% in 1995; 45% in 2010). (Cai, Wardlaw, & Brown, 2012)

Breastfeeding in Tanzania

The majority of Tanzanian babies are breastfed, for a median duration of 21 months. Fifty-four percent (54%) are breastfed up to two years. However, initiation of breastfeeding within one hour of birth is only 59% and the exclusive breastfeeding rate (0-5 months of age) is estimated to be 41%. Early complementary feeding is common with 39% of infants below 3 months already introduced to complementary foods. Optimal breastfeeding can reduce under-five mortality by up to 13%. (MoHSW, 2015)

Data from Tanzania Demographic Health Survey (2015-16), indicated that exclusive breastfeeding among children under age 6 months has been steadily increasing, from 26% in 1991-92, to 41% in 2004-05, to 50% in 2010 and 59% in 2015-16.

Fifty-nine percent of infants under 6 months are exclusively breastfed in Tanzania. Exclusive breastfeeding declines rapidly with age; only 27% of infants age 4-5 months are exclusively breastfed compared with 84% of infants age 0-1 month and 59% of infants age 2-3 months.

Contrary to recommendations, some infants under age 6 months consume other liquids in addition to breast milk, which may be plain water (11%) and other milk (4%). More than one-fifth of infants under age 6 months are fed complementary foods (22%) in addition to breast milk. Fortunately, only 3% are fed using a bottle with a nipple (United Republic of Tanzania Ministry of Health, Community Development, Gender, 2016)

A Cohort Study of Infant Feeding Practices was done in Kilimanjaro- Moshi urban Area, shows that the prevalence of EBF at 1, 3 and up to 6 months was 48. 8%, 22. 0% and 0. 2% respectively.

Two percent of the infants were given semi-solids at 1 month, 35% at 3 months and 95% at 5 months. Water and cow's milk were the most common liquids introduced to infants by one month, while porridge, cow's milk and mtori were commonly introduced at 3 months. EBF up to 6 month is very rare in Kilimanjaro (Hussein et al., 2015). These results are similar with findings, of Researchers in Morogoro-Tanzania observed that the average duration of EBF was 9 days and 23 days in rural and urban Morogoro, which shows that EBF is not widely practiced (Shirima R, Greiner T, 2001). Also these result correlate at some point with another study which was conducted in Micheweni, Chake-Chake and North ' A' districts, Zanzibar where study shows that the prevalence of EBF in Zanzibar was 20. 8%, which is low compared to other reported prevalence in developing countries,(Ahmed Gharib Khamis, Ali Mohammed Omar, 2017) whereas it is consistent with the previously reported national prevalence in 2014 (19. 7%) in Zanzibar(TFNC, 2014), as well as it correlate with another study conducted on in Muheza

District Tanga Northeastern Tanzania which show The prevalence of EBF was 24. 1 %. (Aubrey R. Maonga, Michael J. Mahande, Damian J. Damian, 2015) and Data from Tanzania National Nutrition Survey 2014 Final Report, indicated that exclusive breastfeeding among children under age 6 months in central zone of Tanzania was 36. 5% in Dodoma, 54. 9% in Singida and 44. 7% in Singida. Generally most of previous studies indicate that still there is problem of unsuccessful EBF evidenced by low prevalence of the study.

EBF practices among HIV positive mothers is high from birth to 2 months (80. 1%), decreasing rapidly at age 3 to 4 months 34% and lowest among infants of six months 13. 3%. (Sera L Young, Kiersten A et al, 2010). HIV positive women came for follow up more, and had higher EBF prevalence at 3 months after birth compared to HIV negative women, may be due to the fact that In Tanzania, HIV positive mothers and their infants are followed very closely and frequently at CTC clinics, with intense counseling on EBF to reduce breastfeeding HIV transmission (Hussein et al., 2015) by recommending that Women living with HIV should breastfeed exclusively for the first six months of life and then introduce complementary foods while continuing to breastfeed to 12 months of age (child should be receiving ARV prophylaxis). (The united republic of Tanzania MoHSW, 2012)

Conclusion

Community expected to practice EBF more since its cheap and most effective method of infant feeding. Despite EBF being cheap it seems the mothers were not able to practice EBF. There is an urgent need to strengthen community and health facility based on EBF innovative,

affordable and acceptable interventions so as to reach the 90% recommended coverage by the WHO. This will help in improving child survival and in attaining the Millennium Development Goal 4 (Hussein et al., 2015) .

Therefore there is the need for more research on breastfeeding and complementary feeding practices in Tanzania among all child bearing women and the community as whole.