ABSTRACT

Background: Breastfeeding is nearly universal in Namibia, with 94% of children being breastfeed in their life time. The national policy on Infant and Young Child Feeding (2003), include recommendations of optimal breastfeeding practices such as breastfeeding within the first hour after birth and recommendations against giving infants any other fluids before breastmilk (pre-lacteal feeds). The latest Namibia Demographic and Health Survey (2013) reported early initiation of breastfeeding within one hour after birth at 71% and the use of pre-lacteal feeds as high as 19% in some regions of the country. This showed that early breastfeeding practices were not optimal in the country

Objectives: Starting breastfeeding within an hour of birth, also known as early initiation of breastfeeding, and avoiding the introduction of pre-lacteal feeds is known to reduce newborn mortality and is recommended by the World Health Organization. The aims of this study were to describe characteristics of mothers who ever breastfed their infants, and to determine factors associated with early initiation of breastfeeding and the use of pre-lacteal feeds among newborn's in Namibia. The study also described the type of pre-lacteal feeds used to determine specific bottlenecks to optimal infant and young child feeding. The findings are meant to inform programmes in the country that protect and promote breastfeeding, providing needed information for targeted interventions and design of appropriate communication materials.

Methodology: The study was a secondary analysis of data from the Formative Assessment on Infant and Young Child Feeding Practices and Care in Namibia; which was a cross-sectional, nationally-representative household survey carried out in 2014. STATA ® 13 was used for data analysis. Sample weights were used for all analysis and all statistical tests used complex sample analysis to account for the cluster survey design. Bivariate analysis was carried out with simple logistic regression and multivariate logistic regression was used to quantify associations while controlling for other factors.

Results: There were 884 mothers with children from birth to 23 months in the study sample. The majority of mothers in the sample (58%) were from rural areas, and 77% of mothers delivered in a hospital setting. 90% of mothers had ever breastfed their child, and among children who received pre-lacteal feeds, the main types of pre-lacteal feeds given were water (46%) and breastmilk substitutes (39%). Early initiation of breastfeeding within one hour (EIBF) after birth was low (49%) and the use of pre-lacteals was high (36%). The factors associated with the practice of EIBF were living in Zone 3 (Kunene, Otjozondjupa, Omaheke Regions) (AOR = 2.2; 95% CI: 1.38, 3.51); delivering in a hospital (AOR = 2.9; 95% CI: 2.02, 4.26); secondary level of education (AOR = 0.63; 95% CI 0.43, 0.93; ≥ four ante-natal care visits (AOR = 1.35; 95% CI 0.81, 2.26). Factors associated with the non-use of pre-lacteal feeds were delivering in a hospital (AOR = 3.6; 95% CI: 2.01, 633), ≥ four ante-natal care visits (AOR = 1.35; 95% CI 0.81, 2.26) and mothers who were from zone 4 (Erongo, Khomas, Hardap and //Kharas) (AOR = 1.97; 95% CI 0.93.4.13).

Conclusions: Considering the low EIBF rates and the high use of pre-lacteal feeds, strategic interventions need to be implemented to improve these practices. Efforts to reduce pre-lacteal feeding must focus on stopping the use of water and breastmilk substitutes. While delivery in a hospital was positively associated with the recommended feeding practices of early initiation and avoiding the use of pre-lacteal feeds, there remained a large percentage of women who delivered in a hospital and did not follow the recommended practices — illustrated by the gap between the 77% of mothers who deliver in a hospital and the 49% of mothers practicing early initiation. As hospital delivery becomes universal, the study findings suggest the need to improve breastfeeding practices (EIBF and the non-use of pre-lacteal feeds) through improved implementation of the Baby-Friendly Hospital Initiative, increased skills and knowledge of health and community health workers to counsel mothers and the development of a comprehensive communication strategy that could benefit both health workers and mothers.