

Low Utilization of Online Breastfeeding Support Groups in Nigeria: A Commentary

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Exclusive breastfeeding contributes enormously to optimal health in new born infants. The World Health Organization (WHO) recommends that infants should receive breast milk exclusively for six months (1). Thereafter, suitable complementary food should be introduced up to the age two years and beyond. This approach provides adequate nourishment for infants, fortifies their immune systems, and reduces their risks of fatal diseases. An additional benefit is that mothers who adopt the practice of exclusive breastfeeding have a lower risk of type 2 diabetes and breast and ovarian cancers. Finally, breastfeeding is environmentally sustainable and a huge investment in global economy, as it requires almost no resources or packaging and produces no waste. The worldwide cost of not breastfeeding an infant is at least 340 billion US dollars (2).

However, despite these benefits, many nursing mothers quit the practice no sooner than they begin. One of the reported barriers to exclusive breastfeeding practice in Nigeria is inadequate support for nursing mothers who are barely able to access and utilize any responsive support system in their quest to exclusively breastfeed their infants (3). Although several research studies have shown the effectiveness of online breastfeeding groups in providing adequate support for nursing mothers (4), its use is still low in Nigeria. Therefore, this article shall discuss the factors contributing to low

usage of online breastfeeding support groups, despite the rising number of smart mobile devices and internet connectivity, and provide possible solutions. Such an analysis will help for policy makers to design appropriate interventions for tackling this problem and may eventually reverse the low rate of exclusive breastfeeding in Nigeria.

In fact, online support for nursing mothers is a viable way to address some of the problems Nigerian women face if they want to exclusively breastfeed their infants. Because doctors, nurses, and other health care workers continue to travel out of the country for better opportunities (5), the health system has been overwhelmed and struggles to cope with the shortage of health care professionals. However, even when health care professionals travel out of the country, they can still offer their professional support online. An online breastfeeding support group can conveniently provide the necessary guidance and emotional support to nursing mothers, who can in turn share experiences with and support one another. Nigeria has an internet penetration rate of 51% with about 109 million internet users (6). The literacy rate of female youth (15–24 years) is 68.8%, and 86 and 34% of Nigerian women own a mobile device and have some internet connection, respectively (7-8). Surely, this indicates that nursing mothers can access the internet for this crucial service.

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Nonetheless, there are still many factors in Nigeria that contribute to low use of online breastfeeding support. The first is a culture-induced mindset that breast milk does not adequately nourish infants and the prime reason that nursing mothers do not seek breastfeeding support. Unfortunately, many mothers believe, incorrectly, that colostrum is harmful and therefore express and discard it. This mistaken perception thrives among women. Couple with low milk supply, a commonly reported breastfeeding problem, this situation precludes nursing mothers from seeking the help that would enable them to breastfeed exclusively.

A second and equally important factor is poor housing and/or lack of safe and convenient spaces for breastfeeding. Nursing mothers living in displaced persons' camps with overcrowded conditions as well as lack of privacy and basic amenities, such as potable water essential for personal hygiene, do not have the means or community encouragement to reach out for the support that enables a successful breastfeeding experience (9).

A third reason is lack of knowledge about the existence of online breastfeeding support groups. In Nigeria, mobile phones have become valuable tools for personal communication or business. Phones are used to receive news updates, to chat with friends and family members, and to socialize on various platforms. However, many users, especially young women, are not aware of that it is possible to use the phone to access support for mothers who wish to exclusively breastfeed their infants. Additionally, the unwillingness of many female social media groups to re-post or encourage discussions and promotional contents for the benefit of online breastfeeding support groups seriously hinders awareness among women who wish to breastfeed exclusively. Social media groups can be not only platforms for exchange of information and latest trends but also useful tools for promoting the well-being of all nursing mothers who wish to exclusively breastfeed their infants. Many more women would be able to take advantage of online breastfeeding support groups if only they knew of their existence and could obtain the information that would allow them navigate common breastfeeding problems.

Finally, the irregular network signals and high cost of data discourage many nursing mothers from accessing online support. Those residing in rural areas may not even enjoy the luxury of switching from one service provider to another whenever network signals become unstable or may not be able to upload required pictures and videos needed for proper assessment of their conditions and needs. Although some social media platforms have launched basic programs that allow free use of their platforms, they have limitations on pictures and videos. Moreover, the unreadiness of the government to establish and maintain official online breastfeeding support groups contributes to the low rate of exclusive breastfeeding in Nigeria.

There are, however, solutions. First, the government could establish official sites with verified information for nursing mothers and the general public to access accurate information about breastfeeding. Such sites could also serve as standards or yardsticks for individuals or groups wishing to provide similar support services in Nigeria. Consequently, complaints about the judgmental approach and unprofessional responses to users' queries will become minimal.

Second, financial support could be solicited from the government, charitable and religious organizations, and wives of politicians in order to allow websites to provide fresh and timely content. Financial assistance from the government and non-governmental organizations could allow many online breastfeeding support groups to maintain their pages and respond promptly to users' queries (10). It would also allow breastfeeding support groups to pay lactation consultants and other health care professional to update their sites and provide expert and timely counseling services to nursing mothers who wish to exclusively breastfeed.

Third, charitable and religious organizations could be encouraged to partner with the government in order to fully implement its Infant and Young Child Feeding Policy. This program aims, among other goals, to promote and strengthen community-based breastfeeding support groups. By establishing and maintaining online breastfeeding support groups, these private organizations could contribute greatly to

the efforts of nursing mothers. Support from wives of government officials who often launch projects for improving the welfare of women, children, and the less privileged could make it feasible for online groups to recruit suitable professionals who understand the unique needs of nursing mothers.

In conclusion, cultural practices, inadequate safe spaces, lack of knowledge about the existence of online breastfeeding support groups, irregular network signals, and the unwillingness of the government to establish official online breastfeeding support groups are factors contributing to the low rate of exclusive breastfeeding in Nigeria. However, solutions are possible and for the sake of the children of Nigeria, should be examined.

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Use of Artificial Intelligence

Limited to use of search engines and databases to locate relevant papers for evidence.

Ethical considerations

N/A.

Code of ethics

N/A.

Authors' contribution

ATJ conceptualized and wrote the manuscript.

References

1. Saha K, Frongillo E, Alam D, Arifen S, Person S, Rasmussen K. Appropriate Infant Feeding Practices Result in Better Growth of Infants and Young Children in Rural Bangladesh. *American Journal of Clinical Nutrition*. 2008; 87(6): 1852–1859.
2. Walters D, Phan L, Mathisen R. The Cost of not Breastfeeding: Global Results from a New Tool. *Health Policy & Planning*. 2019; 34(16): 407–417.
3. Alabi TJ, Elefane KA. Barriers to Exclusive Breastfeeding Practice among Rural and Urban Mothers in Nigeria: A Systematic Review. *International Journal of Medical Reviews* [Internet]. 2021; 8(3): 108–115. Available from: http://www.ijmedrev.com/article_138472.html
4. Morse H, Brown A. The benefits, challenges and impact of accessing social media group support for breastfeeding: a systematic review. *Maternal & Child Nutrition*. 2022; 18(4): e13399.
5. Ezeamalu B. Nigeria: Medical Doctors in a Hurry to Leave Their Country. *The Africa Report* [Internet]. 2023 May 1 [cited 2023 Jul 16];1. Available from: <https://www.theafricareport.com/297795/nigeria-medical-doctors-in-a-hurry-to-leave-their-country>
6. Dokua D. Internet usage in Nigeria- Statistics & facts [Internet]. Statista. 2023 [cited 2024 Jan 9]. p. 1. Available from: <https://www.statista.com/topics/7199/internet-usage-in-nigeria>
7. World Bank. Literacy rate, youth female(% of females ages 15 - 24) - Nigeria [Internet]. 2018 [cited 2024 Jan 9]. Available from: <https://data.worldbank.org/indicator/SE.ADT.1524.LT.FE.ZS?end=2018&locations=NG&start=2018view=map>
8. Omoruyi O. Nigeria's mobile gender gap; 27% of females smartphone owners do not use the internet [Internet]. [cited 2024 Jan 9]. Available from: <https://technext24.com/2023/06/08/mobile-gender-gap-in-nigeria-2023>
9. Hwang C, Iellamo A, Ververs M. Barriers and Challenges of Infant Feeding in Disasters in Middle-and High-income Countries. *International Breastfeeding Journal*. 2021; 16(62): 1-13.
10. Brown A. Breastfeeding Support Cuts Are Leaving Unpaid Volunteers to Fill the Role of Public Health. *The Conversation* [Internet]. 2019 Jul; Available from: <https://theconversation.com/breastfeeding-support-cuts-are-leaving-unpaid-volunteers-to-fill-the-role-of-public-health-117607>