Effect of Peer Support Group Counselling on Infant and Young Child Feeding Practices of Mothers in Two Rural Communities in Ibadan, Oyo State, Nigeria

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ABSTRACT

Background: *Poor Infant and Young Child Feeding (IYCF) practices contribute to high burden of child malnutrition in Nigeria. Mothers' support group interventions have the potential to reach and improve IYCF coverage among mothers, but their effects remain unexplored in Nigeria. This study was therefore conducted to determine the effects of peer support group counselling on infant feeding practices of mothers in selected rural communities in Ibadan, Nigeria.*

Methods: *A quasi-experimental study involving systematic sampling of 240 non-primigravid pregnant women from Ido and Oluyole Local Government Areas (LGAs) of Ibadan. Respondents (120) were assigned into Experimental Group (EG) (Ido) and Control Group (CG) (Oluyole). Baseline and endline data were collected using a semi-structured, interviewer-administered questionnaire comprising socio-demographic characteristics and a 36-point practice scale on infant feeding. A fifteen months peer support intervention was provided in the EG community. Complementary feeding practices were assessed using multiple pass 24-hour dietary recall. Data were analyzed using descriptive statistics and students' T-test at* $\alpha_{0.05}$.

Results: *Age of mothers was 28.7±5.1 years and 60.8% had secondary education. Mothers' practice of IYCF improved significantly from 16.6±2.9 at baseline to 18.1±2.8 in EG with no significant improvement among the CG (16.6±3.2 at baseline to 16.4±2.6 at end line). Early initiation (57.5%; 42.2%), exclusive breastfeeding (61.3%; 33.9%),timely introduction of complementary feeding (62.2%; 39.4%), and children that met minimum dietary diversity (64.2%; 30.6%) were higher in EG than CG respectively.*

Conclusion: *Peer support group counselling improved infant feeding practices. Efforts to improve appropriate infant feeding could incorporate the adoption of peer support groups.*

Keywords: Infant and Young Child Feeding, mothers' support groups, peer counseling

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INTRODUCTION

Suboptimum Infant and Young Child Feeding (IYCF) contributes to high burden of child malnutrition in Nigeria [1, 2, 3]. Infant and young child feeding practices are multidimensional and involve age-specific practices comprising of breastfeeding and complementary feeding,

which together rank among the most effective means to improve nutritional status and the survival of a child [4]. Based on well-established evidence, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that mothers put newborns to the breast within one hour of birth, breastfeed infants exclusively for the first six months of life and continue to breastfeed for two years and beyond, together with nutritionally adequate, safe, age-appropriate,responsive feeding of solid, semi-solid and soft foods starting in the sixth month [4, 5].

Studies by various authors have shown poor IYCF practices from some geographical regions of Nigeria [6, 7, 8]. These poor indices have been attributed, in part, to sole reliance on health facilities using the Baby Friendly Hospital Initiative to promote IYCF practices and the fact that many pregnant women in most developing countries still deliver their babies at home, or with a brief stay, if delivered in the hospital [9, 10].The community has been identified as a veritable point of intervention to promote healthy behaviour and practices by ensuring participation and mobilization that will lead to a long-term behaviour change of individuals and communities at large[11]. Furthermore, a woman is influenced by others in her environment, who have expectations or beliefs about what they think are good [11].

Previous studies have identified family and community-based counselors as strong influencers of infant feeding practices of mothers [12, 13, 14, 15, 16, 17]. To this end, community-based approaches have been deployed in IYCF promotion including use of mothers support groups/promoters, volunteers, model mothers, monthly group education and mother support clubs [18].. Community support intervention is a recognized component of the ten steps to successful breastfeeding which recommends the establishment of breastfeeding support groups and referring mothers to them on discharge [19]. Studies have identified family and community-based supports as strong influencers of IYCF practices of mothers, yet, hospital based IYCF promotion does not target these influencers [9, 12, 13]. Efforts to improve IYCF and child nutrition require a holistic approach including improved coverage of interventions. Though community-based IYCF interventions have the potential to increase coverage and reach the underserved populations, their effect on infant feeding practices in Nigeria remains unexplored. This study therefore investigated the effective role of peer-support groups in improving infant and young child feeding practices of mothers in selected rural communities in Ibadan, Oyo State, Nigeria.

METHODOLOGY

Study Design and Sampling Procedure

This study was a quasi-experimental study conducted in three phases (Baseline, Intervention and Endline phases) in the selected rural communities in Ibadan, Oyo State, Nigeria. Two rural Local Government Areas (LGAs) were purposively selected for the study following high incidence of severe acute malnutrition in these LGAs. Rural communities that were non-contiguous were selected from these LGAs and further assigned to Experimental and control groups using simple random sampling. Ido LGA and Oluyole LGA were selected as experimental and control LGAs respectively.

STUDY POPULATION

The study population consisted of pregnant mothers in their third trimester, having at least one under-five child, attending antenatal clinics within the study communities. Although this study was a community-based study, however, participating women were recruited from the health facilities.

INCLUSION AND EXCLUDING CRITERIA

The inclusion criteria included being presently pregnant (in the third trimester) and attending antenatal care services within the study communities, having a child aged not more than fifty nine months, being mentally fit for communicative interaction, healthy, not on any medical regimen and willingness to participate. All primi-gravid women were exempted from the study. The under-five children were assessed at baseline while the infants were assessed at end line after 12 months of intervention.

Instrument for Data Collection

A pre-tested, semi-structured questionnaire was used for the collection of baseline and endline data at both experimental and control communities. A food frequency questionnaire was also administered to identify the complementary foods consumed in the study areas in relation to the seven food groups (grains, legumes, dairy products, fish or meat and egg, yellow fruits and vegetables and other fruits and vegetables) recommended by WHO [4]. The data collection was conducted simultaneously at both experimental and control LGAs and was conducted by experienced and trained research assistants.

Baseline Survey

At baseline, information on mother-child characteristics and the infant feeding practices of the mothers with respect to the child before the current pregnancy (index child) were collected. The core indicators in this study relating to mothers' IYCF practices included: early initiation of breastfeeding, exclusive breastfeeding for children under six months, timely introduction of solids, semi-solids or soft foods, minimum dietary diversity and minimum meal frequency. To assess dietary diversity, information was collected on dietary intake using multiple pass 24-hour dietary recall.

Intervention Phase

The intervention comprised of three-months training of the recruited pregnant women and twelve months (12) Peer support group intervention of the same set of mothers with their infants (outcome of the pregnancy). Baseline data collection was followed by peer support group intervention at the experimental group only, and follow-up data collection at both experimental and control groups. Altogether, the duration of the intervention was 15months. The training of the recruited pregnant women at the experimental communities was conducted by the research team fortnightly for three months, based on the identified gaps from the baseline survey. Relevant, pictorial, Information, Education and Communication (IEC) materials as take home brochures were given as training packages to the mothers to complement the information they received at the training. Further to this training, the participating pregnant mothers received the conventional ante natal care and education. Pregnant mothers in the experimental LGA were grouped into peer support groups of not more than 15 members each and each group had a trained community-based leader with adequate knowledge and experience in appropriate infant feeding practices. The peer support and monitoring of the mothers were sustained after delivery until the infants were 12 months old. The experimental LGA had nine peer support groups and these support groups were motivated to meet once every month. The meeting place and meeting time varied with location and was jointly decided by the group members. The peer support IYCF Key message and counseling card booklets produced by UNICEF were adapted as the training module for IYCF support groups [11]. Action Oriented Group Discussion approach was adopted during the training. The support leaders were also trained by the researcher on interview and counseling techniques. Pictorial counseling card booklet was used by the team leaders to encourage, counsel and support team members to adopt optimal infant feeding practices. IYCF Key message and counseling card booklets produced by UNICEF were adapted as the training module for IYCF support groups leaders. The module was used to enhance the interview skills and counseling techniques of the support group leaders. Home visits were periodically conducted by the support group leaders to support the team members with the aid of a pictorial counseling card booklet and sharing of personal experiences to help them overcome barriers to adoption of optimal infant feeding practices. The control group also received the conventional ante natal care education on Infant and Young Child Feeding (IYCF) but they were not aided by the formation of IYCF support groups within their communities.

ENDLINE SURVEY

Endline survey was conducted in both experimental and control LGAs to re-assess the

infant feeding practices of the mothers with respect to the index child. The same questionnaire used for the baseline assessment was used for the endline assessment. A food frequency interview was also conducted to identify the complementary foods used in relation to the seven food groups (grains, legumes, dairy products, fish or meat and egg, yellow fruits and vegetables and other fruits and vegetables) recommended by WHO.

DATA ANALYSIS

Data were coded, entered, and analyzed using SPSS version 20.0. Descriptive statistic was computed and summarized as frequencies and percentages of key infant and young child feeding practices. Inferential statistics, specifically p-value, Chi square analysis and Student T-Test were used to determine significant variation in results between intervention and control groups.

Ethical Approval

Ethical approval to conduct the study was obtained from the University of Ibadan/University College Hospital Ethics committee (reference number UI/EC/16/0275) and the Ethical committee of the Oyo State Ministry of Health, Ibadan. Informed consent was also obtained from leaders of the communities involved and the participating mothers.

RESULTS

Socio-demographic characteristics of respondents

The age of respondents in experimental and control groups were 28.3±5.5 years and 29.0±4.7 years, respectively. Respondents aged 20-29 years constituted 53.3 % in both groups. In both groups, more of the respondents had secondary education (60.8%) including 64.2% and 57.5% in experimental and control groups, respectively. About 45 percent and 44 percent of the respondents in experimental and control groups were traders

Infant and Young Child Feeding Practices of Mothers

The feeding practices of mothers were assessed with reference to the index/previous child at baseline (pre-intervention) and the infants at endline (post intervention) as shown in Table 2.

At baseline, 93.3% of mothers in both groups reported to have ever breastfed the children given birth to prior the study. At endline, all mothers (100%) in experimental group and 99.1% of mothers in control group practiced breastfeeding. Prior to the intervention, 50.8% of mothers in the experimental group initiated breastfeeding in less than 60 minutes with their previous deliveries. This improved to 73.5% of mothers post intervention.

At baseline, majority of mothers in both experimental (85.0%) and control (82.5%) groups reported feeding their previous child with colostrum. At endline, nearly all mothers in both experimental (95.3%) and control (93.6%) groups practiced colostrum feeding after delivery. However, 31.7% of mothers in the experimental group practiced prelacteal feeding at baseline; this reduced to 17% at endline.

At baseline, 40% of mothers in the experimental group reported breastfeeding their previous child exclusively. This improved post intervention as 61.3% of mothers in experimental group breastfed their infants with breast milk only for the first six (6) months of life

In the experimental group, 59.2% of the mothers breastfed their previous child for 18-24 months duration. This improved post intervention as 76.4% of the mothers in the same group had the intention to breastfeed their infants for a duration of 18 – 24 months. The proportion of infants on continued breastfeeding for one year at endline was 97.2% and 94.5% for experimental and control groups respectively.

At baseline, 42.5% of mothers reported introducing solids, semi-solids or soft foods to their previous child at 6 months of age. This improved post intervention as 62.2% of mothers introduced complementary foods to their infants at a timely age of 6 months. There was an improvement in the consumption of most of the food groups within the experimental group post intervention. The proportion of children and infants in the experimental group who consumed Grains, Roots and Tubers improved from 98.3% to

100%; Eggs improved from 38.3% to 40.6%; Dairy products improved from 28.3% to 54.7%; Fruits and vegetables improved from 56.7% to 71.7% and Vitamin A rich foods improved from 10% to 61.3% respectively. Prior intervention, 48.3% of mothers in the experimental group met the minimum dietary diversity recommendation. This improved to 64.2% of mothers post intervention.

Food groups consumption pattern of children

At baseline, 98.3% and 85.5% children consumed grains, root and tubers experimental and control groups respectively, while at endline all children in experimental was reported to consume grains, root and tubers and 94.5% children in control group consumed similar food group. Eggs, animal protein and dairy products were consumed by 38.3%, 52.5% and 28.3% children respectively in experimental group at baseline, while 35%, 55.8% and 20.8% children respectively consumed similar food groups at baseline in control group. At endline, eggs, animal protein and dairy products were consumed by 40.6%, 33% and 54.7% children respectively in experimental group, while 38.5%, 28.4% and 47.7% children respectively consumed similar food groups in control group. Fruit and vegetable food group were consumed by 56.7% and 48.3% children in experimental and control groups respectively, few children (10% and 6.7%) consumed vitamin A rich food group in the respective groups at the baseline (Figures 1).

At endline, fruits and vegetable food group consumption were 71.7% and 45% in experimental and control groups respectively. Vitamin A rich food group consumption in experimental group was 61.3%, while consumption of similar food group in control was 13.8% at endline. At baseline 57.5% and 42.5% children in experimental and control groups consumed legumes and nuts food group respectively. At endline, in experimental group 38.7% children consumed legumes and nuts food group while 28.4% children consumed similar food group in control group (Figures 2).

Effect of peer support on the infant feeding practices of mothers

A paired sample t-test was conducted to evaluate the effect of peer support groups on the infant and young child feeding practices of the mothers studied. Within the experimental group, there was a statistically significant improvement in mothers' feeding practices after exposure to the peer support intervention (18.07±2.78) as compared to mothers' practices at baseline (16.55±2.86), (t (119) =3.94, p=0.000) (two tailed). The infant feeding practices of mothers improved by 1.52±4.22 (95% CI, 0.75 to 2.27). The control group however showed no statistically significant (p=0.530) improvement in mothers' infant feeding practices.

Categorization of infant feeding practices

On 36-point Scale, mean complementary feeding practice score at baseline was 16.6±2.9 and 16.6±3.2 in experimental and control group respectively. At endline, mean infant feeding score was 18.3±2.7 in experimental group while control group mean score was 16.4±2.6

At baseline, 19.8% and 33.0% of mothers had adequate infant feeding practices in experimental and control groups respectively. At endline, 41.7% in experimental group significantly had adequate infant feeding practice compared to 25.8% in control group

Table 1: Socio-demographic and economic characteristics of mothers and index children

Mothers characteristics				
Variables	Categories	Experimental	Control	p-value
Age (years)	≤19	3 (2.5)	2 (1.7)	0.136
	20-29	64 (53.3)	64 (53.3)	
	30-39	48 (40.0)	54 (45.0)	
	≥ 40	5 (4.2)	0 (0.0)	
	Mean± SD	28.3±5.5	29.0±4.7	
Religion	Christianity	55 (45.8)	62 (51.7)	0.424
	Islam	64 (53.3)	58 (48.3)	
	Traditional belief	1 (0.8)	0 (0.0)	
Highest level of formal education	None	6 (5.0)	1 (0.8)	0.219
	Primary	12 (10.0)	7 (5.8)	
	Secondary	77 (64.2)	69 (57.5)	
	Tertiary	25 (20.8)	43 (35.8)	
Occupation	Artisan	46 (38.3)	37 (30.8)	0.027
	Trading	54 (45.0)	53 (44.2)	
	Farming	3 (2.5)	1 (0.8)	
	Wage earners	15 (12.5)	15 (12.5)	
	Unemployed	2 (1.7)	14 (11.7)	
Parity	1-2 children	91 (75.8)	92 (76.7)	
	≥3 children	29 (24.2)	28 (23.3)	
	Mean±SD	1.9±1.1	1.8±1.0	
Total		120(100.0)	120 (100.0)	

Table 2: IYCF Practices of Mothers at Baseline and Endline

	Experimental Baseline	Endline	P value	Control Baseline	Endline	P value
Ever Breastfed and Currently Breastfeeding	93.3	100	**0.019***	93.3	99.1	**0.058**
Had early initiation of breastfeeding	38.3	57.5	**0.051**	50.8	43.1	**0.026***
Fed colostrum to index child	85.0	95.3	**0.011***	82.5	93.6	**0.011***
Practiced prelacteal feeding	31.7	17.0	**0.000***	25.8	42.2	**0.009***
Practiced exclusive breastfeeding	40.0	61.3	**0.028***	50.8	33.9	**0.002***
Continued Breastfeeding at 1year	5.0	97.2	**0.053**	1.7	94.5	**0.001***
Had timely Introduction of solids, semi-solids or soft foods	42.5	62.3	**0.000***	57.5	39.4	**0.000***
Met Minimum Dietary Diversity (MDD)	48.3	64.2	**0.021***	36.0	30.6	**0.389**

***significant**

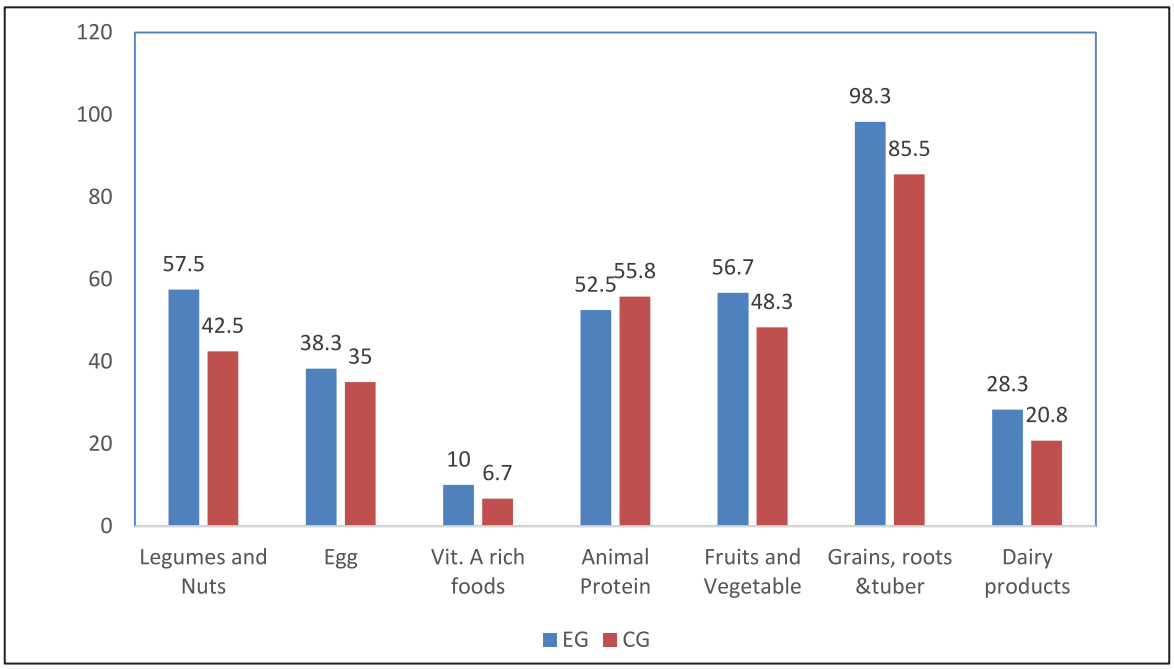

Figure 1: Food Groups Consumption Pattern at Baseline

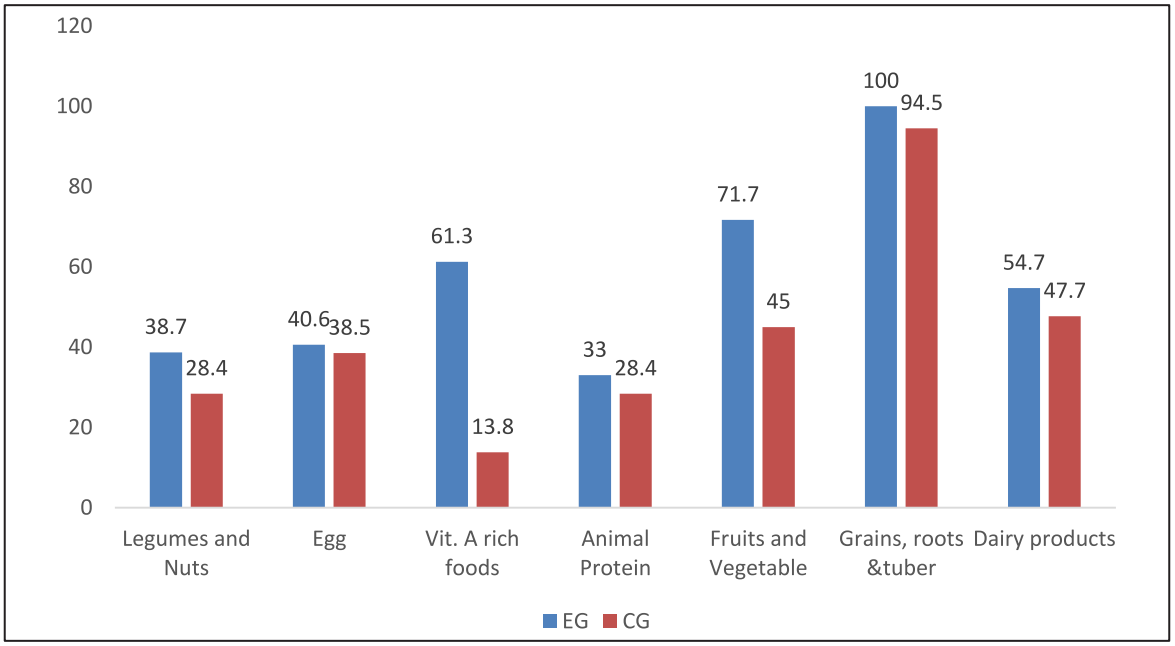

Figure 2: Food Groups Consumption Pattern at Endline

Table 3: Effect of peer support on the infant feeding practices of mothers

		Descriptive Statistics			Paired Differences				
Effect of intervention on mothers level of practice						**95% CI**			
		N	**Mean**	**SD**	**Mean±SD**	**Lower**	**Upper**	**t-value**	**P-value**
Experimental group	Infant feeding practices **(Endline)**	106	18.07	2.78					
	Infant feeding practices **(Baseline)**	120	16.55	2.86	4.22±1.52	0.754	2.28	3.94	*0.000
Control group	Infant feeding practices **(Endline)**	109	16.43	2.59	3.49±0.21	0.874	0.45	0.63	0.530
	Infant feeding practices **(Baseline)**	120	16.64	3.17					

*Significant

I Y C F PRACTICE SCORE CATEGORIES	Experimental		Control	
	Baseline (%)	Endline (%)	Baseline (%)	Endline (%)
Adequate (18-36)	19.8	41.7	33.0	25.8
Inadequate (0-17)	80.2	58.3	67.0	74.2
Mean score	16.6±2.9*	18.3±2.7*	16.6±3.2	16.4±2.6

*<60% Inadequate (0-17); >60% Adequate (18-36)
***Significant change**

DISCUSSION

This study assessed the effect of peer support group counseling on the infant feeding practices of mothers. Peer support group counseling in this study had a positive effect on infant feeding practices of mothers in the intervention group. There was a significant increase in the rate of breastfeeding initiation following the exposure to peer support intervention compared to the findings in the control group. This is consistent with a study [20] which revealed that peer counselling groups reported higher rates of early initiation of breastfeeding compared with the control and EBF 73% compared with 27%, respectively. The use of multiple peer support groups was significant in the early initiation of breastfeeding in another study where majority of the mothers initiated breastfeeding within one hour of delivery [21]. IYCF support group model has also been found to be effective in reaching the unreached populations and likely contribute to improved IYCF practices [22]. In a study carried out in Bangladesh, the early initiation of breastfeeding was noted to significantly improve in the intervention group compared to the control group [17]. Also, one-on-one breastfeeding peer support service targeted at young mothers in the antenatal and postnatal routine care was recorded to be beneficial in increasing the early initiation of breastfeeding among mothers in the United Kingdom [23] Another study with a similar outcome revealed that the initiation of breastfeeding within one hour of delivery was spurred by mothers' support group and it was noted that early initiation of breastfeeding within one hour of delivery was 11% at baseline and 71% at post-intervention [13]. Haider (2019) in his study concluded that community- based peer counsellors can help to inform, encourage and support women for optimal breastfeeding patterns as indicated in the outcome of the breastfeeding patterns of factory workers and unemployed women under his study [24].

All these findings point to the importance of peer support group intervention in improving the early initiation of breastfeeding. This increase is worthy of note as early initiation of breastfeeding has been proven to reduce the rate of neonatal mortality among infants and improves child survival.

The study also indicates an improvement in the proportion of mothers who fed their children with colostrum within the first three days of delivery. However, a higher proportion of mothers gave prelacteal foods in the control group when compared with the experimental group. This percentage rate of prelacteal feeding (17%) in the intervention group is lower than the findings of the National Demographic Health Survey [3] which revealed 39.0%, 4.0%, 4.0%, and 22.0% respectively of infants, aged one month and below, who have received water, non-milk liquids, other milk, and complementary foods, respectively. The prelacteal foods reported in this study are mainly in form of water and local concoction (*agbo*). The high proportion of mothers who introduced prelacteal foods might be suggestive of the low rate of exclusive

breastfeeding, especially among the control group.

The intervention (peer support counseling) had a positive effect on the practice of exclusive breastfeeding (EBF) among mothers. The EBF rate (61.3%) in the intervention group is higher than the 29.0% and 27.2% reported in previous studies [2-3]. The improvement in the rate of EBF strengthens the available pieces of evidence of how effective peer support intervention for mothers can be used to improve early initiation of breastfeeding and exclusive breastfeeding [13, 17, 21, 25, 26]

The percentage of infants on continued breastfeeding at 1 year revealed 97.2% and 94.5% for experimental and control groups respectively. The improvement over the proportion obtained at baseline is higher than the National Nutrition and Health Survey (2018) average percentage of 84.1%. This suggests an added improvement in the infants' nutritional benefits from breastmilk in the second year of life [27].

Also, the intention rate for the duration of breastfeeding between 18 and 24 months was higher in the experimental group. The intention rate for this duration of breastfeeding was obtained because the study ended with the mothers recruited for this study at 12 months of the children's age in both experimental and control groups.

A higher percentage in the food groups' consumption pattern was observed at the endline for the experimental group. Despite the improvement, the results revealed lower percentages in the consumption of animal protein, legumes, and nuts. A similar finding revealed that fewer than 50% of the children involved in the study consumed meat, fish, egg, and legumes [28]. Although the consumption of grains, roots and tubers, vitamin A-rich foods, and other fruits and vegetables among the intervention group was higher when compared to the control group after exposure to the intervention. The low rate of consumption of animal proteins calls for intensified nutrition education among mothers and other caregivers on the need to improve on the consumption of animal protein alongside other food groups to improve on the appropriateness of complementary feeding with a consequent positive effect on the nutritional status and survival of under-five children.

Regarding the practice of timely introduction of solids, semi-solids, or soft foods at six months, the study showed a significant improvement. This showed a high possibility of translating acquired relevant knowledge into action as seen in the timely introduction of complementary foods. This however contradicts the outcome of an earlier study [29]. They reported that improved maternal knowledge or favourable attitude towards complementary feeding were not associated with the timely introduction of complementary foods.

Furthermore, the study revealed that a higher proportion of children in the experimental group (64.2%) had the minimum dietary diversity compared to the control group (30.6%). This finding is higher than the figure (16.0%) reported in another study [30]. Though there was improvement in the practice of minimum dietary diversity among mothers in the intervention group, the percentage obtained in this study calls for increased effort to improve mothers' and caregivers' practices on improved quality of complementary foods for proper growth, development, and survival of children.

CONCLUSION

This study has proven that community-based intervention using the peer support counselling increased IYCF practices positively with a positive effect on the practice of the key IYCF indicators. These include early initiation, exclusive breastfeeding, colostrum feeding, continued breastfeeding, responsive or active feeding, introduction of semi-solid, soft food and solid food. Among other improved infant feeding practices in this study are: minimum dietary diversity, minimum meal frequency and hygiene practices.

Conflict of Interest: Authors declare they have no conflicts of interest

Ethical Approval: Study was approved by the

UI/UCH Institutional Ethical Review Board, University of Ibadan (reference number UI/EC/16/0275).

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