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Exclusive Breastfeeding of Children under 6 Months with Special Needs: Challenges Faced By Nursing Mothers in Sub Sahara Africa

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

It is commonly known that a substantial percentage of children born in Sub-Saharan Africa have specific needs or disabilities. It is widely acknowledged that this can have an impact on a mother's ability to exclusively breastfeed her kid. The World Health Organization (WHO) highly recommends breastfeeding throughout the first six months of a child's life without supplementing. Using previously published literature on exclusive breastfeeding, children born with special needs in Sub-Saharan Africa, and the difficulties mothers face when breastfeeding children with disabilities, the current study employed the systematic review method, and more specifically the rapid review method. The study's findings indicate that mothers of children with special needs experience several hardships, including emotional distress, obstacles in their pursuit of higher education and professional advancement, social isolation, and prejudice. Families of women who are caring for impaired children feel pressure from society to ensure the child's continued viability and good health. Despite all of these difficulties that mothers go through, the World Health Organization (WHO) and the countries in these sub-Saharan African countries have taken steps to eliminate the social stigma and spiritual beliefs that are associated with children who are born with disabilities or special needs. This paper concluded that there should be extensive teaching on exclusive breastfeeding and how vital it is to newly born babies, regardless of whether or not the infants have special needs. In addition, the Sunni Saharan community should be educated on the fact that children born with special needs are not caused by any spiritual doings and that these children can sometimes be cured if they are given the appropriate care. This information should be disseminated to the community through education.

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1. INTRODUCTION

Exclusive breastfeeding of newly born child is very important but when the child is with a special need or a disability the mother faces numerous challenges. In Sub Saharan Africa, this challenge is very prevalent. The WHO strongly suggests that all newborns exclusively breastfeed during the first six months of life. After that, they can try other foods, but they should still be breastfed until they are at least two years old. Exclusive Breastfeeding is the best way for new-borns and babies to get food. Also, how long it lasts is very important for the child's health and development [1]. According to the World Health Organization, "exclusive breastfeeding" is defined as "feeding a new-born exclusively breast milk (including milk expressed or from a wet nurse) for the first six months of life, with the exception of oral rehydration solutions (ORS), drops, and syrups (Vitamins, minerals, and medicines)" [2]. New born babies in actual fact needs breastmilk only. It is safe for children since it is bacterium- and virusac-free, in view of the fact that it contains antibodies that can protect against many paediatric illnesses. For the first six to eight months of life, breast milk provides all of the calories and nutrients a new-born needs, and for the first year of life, it provides half or more of what a kid needs. Breastfeeding mothers also have a reduced risk of getting ovarian and breast cancers [3]. Breastmilk protects infants from potentially fatal gastrointestinal illnesses. Furthermore, it fosters connection between mother and child and provides energy and minerals vital to the baby's healthy development. Infants who are breastfed have a lower risk of becoming overweight or obese later in life and have higher IQs. It is indeed recommended that mothers breastfeed their infants for at least six months. Mothers can reap the benefits of earlier uterine involution and a lower risk of developing ovarian and breast cancer. Breastfeeding exclusively during the first six months has been proven to reduce the likelihood of having more children [4].

Despite all these numerous benefits of exclusive breastfeeding to both the mother and the child, exclusive breastfeeding becomes a challenge to the mother when the child is born with a special need or a disability. An individual is considered disabled if they have a physical, sensory, or cognitive disability that significantly limits their daily activities for an extended period of time. WHO reports that, being disabled is integral to the nature of humanity. Various personal and environmental variables combine with medical diseases including dementia, blindness, and spinal cord injuries to produce this effect. Currently, about one-fifth of the world's population, or 1.3 billion individuals, have some form of serious handicap. The rise in this figure is due to the prevalence of chronic illnesses and the lengthening of life expectancy. Disabled people come in many shapes, sizes, ages, sexual orientations, socioeconomic backgrounds, and religious affiliations. Disabled people have a higher mortality rate, worse quality of life, and greater difficulty in carrying out daily activities compared to the general population [5].

Physical, mental, and emotional health, as well as social and occupational opportunities, can all be adversely affected by a child's disability. When it comes to health and education, children who are disabled may have unique requirements, and they may also face substantial social and environmental hurdles that prevent them from fully participating in daily life. Disability in a child at birth can come in many forms; Intellectual disability is characterised by a child's slower rate of learning and possible developmental delays. Down syndrome (Trisomy 21), a prevalent genetic disorder that results in mental retardation. The physical handicap cerebral palsy makes it difficult for a youngster to regulate how their body moves. Fragile X syndrome is a hereditary disorder that causes intellectual impairment and behavioural issues [6].

About 3% of neonates born in the United States are affected with serious structural or genetic birth abnormalities; these disorders are leading causes of infant death [7,8] and have an economic impact in the billions of dollars [9]. Though most major birth defects' origins remain a mystery, rising rates of diabetes in women have been cited as one factor that might lead to an uptick in the incidence of birth malformations [10]. According to a review of the research published in the United Kingdom, the breastfeeding rates of children with Down syndrome are lower than those of typically developing children [11]. A research conducted by Puerto Ricans (Colón et al., 2009) confirmed this. Low intra-oral pressure, a larger than average tongue, and less efficient suckling were found to have a clinically significant influence on the amount of food that a newborn with Down

syndrome ate in a recent case study [12]. The high stress environment, as reported by Torowicz et al. [13], makes it harder for babies with congenital cardiac abnormalities to establish a milk supply. Breastfeeding infants with spina bifida can be challenging, however research by Rivera et al. (2008) indicated that postoperative newborn instability was not a major obstacle [14].

In Africa, different cultures have different attitudes toward children born with disabilities, with some regarding them as hopeless and helpless while others regard them as remarkable and special people deserving of respect and even affection [15]. Because Africa is such a large continent, people have many different cultural and religious perspectives on what it means to have disabled child. Some viewpoints result in contradictions that defy explanation. Some communities revere and even worship disabled people, while others blame their disabilities on witchcraft, juju, sex abnormalities, God, gods, ancestors, or other supernatural forces [16]. World Health Organization (WHO) research conducted across 29 African countries found that infectious diseases were the leading cause of disability. Malaria, polio, and leprosy were the most common, but other infectious illnesses including TB, trachoma, otitis media, meningitis, and parasitic disease were also widespread. While several of these communicable illnesses have shown dramatic declines in prevalence in wealthy nations, they continue to be major contributors to disability in LICs. Second only to old age, disability due to combat, injuries, or accidents was a big problem (primarily road accidents). Congenital or non-infectious disorders, such as epilepsy, accounted for a third of all cases of impairment [17]. Circumstances like cerebral palsy are made worse by inadequate perinatal care [18]. Malnutrition from a lack of vitamin A, iron, or iodine, as well as other chronic medical disorders such rheumatoid arthritis and diabetes, are additional causes of impairment. People living with HIV often experience a wide range of impairments and functional restrictions, which contributes to the overall incidence of disability. Cognitive and motor delay are more common in HIV-positive new-borns [19,20].

According to a research by the United Nations International Children's Emergency Fund (UNICEF) [21,22], about 150 million children throughout the world are born with some sort of disability. Sub-Saharan Africa has one of the highest rates of child impairment in the world [23], meaning that a disproportionately large percentage of its children are born impaired. Many low-income babies are disabled at birth because their mothers did not have access to adequate prenatal care and other basic necessities. Disabled people's experiences are profoundly affected by the social, political, and cultural milieu in which they reside. The rate at which moms are able to nurse their kid with special needs is affected by these factors. Mothers face several difficulties, many of which are imposed by others [24].

In most Sub Sahara African countries, there is the belief that autism, epilepsy, and physical abnormalities are the results of punishment and this is a recurring theme in accounts of life in African nations. Witchcraft, ancestor transgressions, adultery, incest, and particular acts like laughing at a disabled person or a pregnant woman's husband murdering an animal without provocation are only some of the supposed wrongdoings that might lead to such accusations Assumptions about culpability often centre on the mother or the mother's relatives [25]. Mothers face a lot of challenges in Sub Sahara African countries like decimation. According to WHO, discrimination against children born with disabilities is typically more obvious when dealing with those who have a mental or emotional handicap. There is some evidence to suggest that those who are born with physical disabilities face more prejudice than those who acquire such disabilities in other ways, including through an accident. Veterans who suffer injuries while serving may get special recognition. Disabled children and their family people who are economically deprived may be stigmatised more than their more privileged peers because of the gap in social class. Attitudes may alter and evolve with time, despite the fact that it can be challenging to overcome incorrect views and beliefs regarding disability. Certain traditional societies' more accepting views of individuals with disabilities may have been damaged by colonisation and the adoption of medical or charity ideas of disability by outside actors [26].

According to the United Nations report, discrimination and destructive behaviour that have their roots in cultural norms are never tolerated. Everyone has the inherent right to cultural opportunities, including the freedom to pursue and advance their own unique cultural life and sense of self. Cultural rights, however, have limits. When cultural traditions violate the rights

of others, the rights to those activities must be curtailed. This implies that cultural rights cannot be used as an excuse for violating or abusing human rights, such as by torturing, killing, discriminating against, or otherwise interfering with another's right to life, liberty, or property as guaranteed by international law [27].

There have been many attempts by the UN in collaboration with most Sub Sahara African countries to resolve the challenges faced by breastfeeding mothers who have children with disabilities. In Nigeria, people have been educated about disability and given information about it to get rid of false beliefs about what causes it. God's wrath, familial crimes, transgressions against local deities, ill fortune, witchcraft, wizardry, adultery, and other forms of supernatural evil [28]. While 99% of infants in Ghana are provided breast milk, only 52% are breastfed exclusively, despite this being the WHO's recommendation. Only 7% of infants receive formula, 18% receive water, 4% receive other liquids, and 19% receive either solid or mashed meals [29]. According to anecdotal data, the common belief that breast milk alone is not adequate to nourish a baby for 6 months is the major reason most women with children with impairments start EBF but cannot continue. Some women supplement their kids' diets with solid foods between the ages of 0 and 6 months, when they should be exclusively nursing, due to misunderstandings about the practise [30].

The health and quality of life of children are threatened by a variety of behavioural, cultural, and socioeconomic issues. Because they have to face the challenges of childhood in a world that may or may not be accommodating to their individual requirements, children with disabilities are particularly vulnerable to this threat. It seems to reason that kids who have a lot of requirements would need a lot of services. If children with disabilities don't obtain the entire range of care they need to enable typical growth, it might compromise their health and quality of life. Medical and nursing care, as well as speech and occupational therapy, special education, counselling, and other social help, are often required for children in this circumstance. Additionally, the child's family may need ongoing psychosocial help.

The focus of this research is on the difficulties that come up during exclusive breastfeeding for mothers who have a child or children with a disability or special needs. This information will be useful for health authorities and governments in Sub-Saharan African nations as they work to find solutions to the problems faced by these women.

2. METHODS

The health and quality of life of children are threatened by a variety of behavioural, cultural, and socioeconomic issues. Because they have to face the challenges of childhood in a world that may or may not be accommodating to their individual requirements, children with disabilities are particularly vulnerable to this threat. It seems to reason that kids who have a lot of requirements would need a lot of services. If children with disabilities don't obtain the entire range of care they need to enable typical growth, it might compromise their health and quality of life. Medical and nursing care, as well as speech and occupational therapy, special education, counselling, and other social help, are often required for children in this circumstance. Additionally, the child's family may need ongoing psychosocial help.

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The study also used the Table 1 to summarised the research papers and information used to arrive at the findings of the study.

3. RESULTS AND DISCUSSION

The study came out with some results from the reviewed literature.

3.1 Factors Affecting Exclusive Breastfeeding

Researchers in Tanga, in northern Tanzania, discovered that 24.1% of mothers in the Muheza District nursed their infants exclusively. They also looked at the variables that contributed to this high prevalence of breastfeeding. The assumption that breast milk is insufficient for a child's development, the child's thirst, and the need to administer herbal treatment for cultural purposes were all significant causes of early mixed feeding. Among the important predictors of exclusive breastfeeding [31-33] were maternal knowledge on the advantages and duration of EBF (OR 2.2; 95% CI 1.2-3.8) and advanced maternal age (OR 2.6; 95% CI 1.18-5.59).

Table 1. List of reviewed article

No	Topic	Author(s)	Location	Method	Results
1	*"Common breastfeeding problems experienced by lactating mothers during the first six months in Kinshasa"*	*"Pe´lagie Babakazol, Marc Bosonkie, Eric Mafuta, Nono Mvuamal, MalaAli Mapatano".* 2022	Congo	From October 2012 to July 2013, Kinshasa conducted a cohort study. 422 mother-infant pairs were monitored for six months after leaving 12 Kinshasa maternity clinics. In the first week after birth and monthly for six months, mothers were interviewed at home. Data covered mother's sociodemographic, breastfeeding issues, and infant feeding. Incidences and confidence intervals of breastfeeding difficulties were estimated.	Cracked or painful nipples, poor milk supply, and breast engorgement are common lactation issues. The first week (17.1%; CI95% 13.7–21.1) and first month (16.2%; CI95% 12.8–20.3) were the worst.
2	*"The Challenges of Breastfeeding in a Complex World".*	*"G. MacKean & W. Spragins".*	Worldwide	Priority was given to reviews and individual qualitative studies, although mixed-method research was also evaluated if it featured a substantial qualitative component (e.g., through the use of focus groups, interviews, or open-ended surveys).	Breastfeeding's difficulties in today's modern society have emerged as a prominent overarching subject in the research. This was a universal experience shared by women of all ages, races, and socioeconomic backgrounds.
3	*"Challenges of exclusive breastfeeding among working class mothers in AWKA SOUTH L.G.A".*	*"Nnaemezie, Nkiru Onyinyechukwu, Onyebuchi Ogechi Stella, , Machie Kenechukwu Uchenna and , Ifediora, Uchenna Loveth".*	Nigeria	The research method used in this study was a descriptive survey. The 205 mothers who participated in the study ranged from traders to teachers to bankers to unskilled labourers. The questionnaire used to gather information is titled "Challenges of Exclusive Feeding among Working Class Mothers Questionnaire," and it was prepared by the researchers conducting this study.	The survey found that insufficient self-assurance, a lack of fundamental skills, a short maternity leave, and problems at work during breastfeeding were among the most significant obstacles.
4	*"Quality of Life Among Children with Physical Disabilities".*	*"Sharron E. Guillett".* 1992	USA	Quality of life (QOL), health status, and physical impairment in children aged 8 to 15 were investigated using a triangulated descriptive study approach.	This research also shows that young people can accurately report on their quality of life and health, making them valuable resources during the health care planning process. Consequences for teaching, clinical work, and public policy are examined, and ethical issues were raised.

No	Topic	Author(s)	Location	Method	Results
5	*"Children with Special Needs and the Effect on the Family"*	*"Taylor N. Downey"* 2016	USA	In this study, the researcher took a qualitative strategy. Individuals were interviewed by the researcher based on a convenience sample.	This study's findings revealed that, while every family has a unique relationship with their kid, such experiences share certain commonalities in terms of emotions, feelings, and traits depending on the diagnosis of the child.
6	*"Challenges and predictors of exclusive breastfeeding among mothers attending the child welfare clinic at a regional hospital in Ghana: a descriptive cross-sectional study".*	*"Abigail Kusi-Amponsah Diji, Victoria Bam, Ernest Asante, Alberta Yemotsoo Lomotey, Samuel Yeboah and Haim Acquah Owusu".* 2017	Ghana	Cross-sectional descriptive research	Mothers' beliefs that breast milk alone is insufficient to meet their babies' nutritional needs (mean: 3.43, SD: 1.35), a lack of time off work to care for their infants (mean: 3.41, SD: 1.29), and cultural pressure to introduce water and artificial feeds were the top three obstacles to exclusive breastfeeding (3.39, SD 1.28). Independent predictors of exclusive breastfeeding were infant age (Adjusted Odds Ratio [AOR] 0.82; 95% CI [95% CI] 0.71, 0.95) and self-employment (AOR 2.67; 95% CI [95% CI] 1.11, 6.41).
7	*"Maternal challenges of exclusive breastfeeding and complementary feeding in Ghana"*	*"Anthony Mwinilanaa Tampah-NaahI, Akwasi Kumi-Kyereme, Joshua Amo-Adjei".*	Ghana	To evaluate and present data, thematic content analysis techniques were utilised.	Key themes related to home tasks, job schedules, family influence, low breast milk supply, swollen breasts or painful nipples, availability to food items, and the preparation or providing of meals were discovered.
8	*"Factors associated with breastfeeding in disabled and phenotipically normal children"*	*"Fabíola Diogo de Siqueira Frota, Maria Beatriz Duarte Gavião,* *Sandra Maria Herondina Coelho Ávila de Aguiar".* *2015*	Brazil	99 phenotypically normal and disabled 1-4-year-olds, both genders, were assisted and enrolled at the Center for Dental Care to People with Disabilities and Association of Parents and Friends of Disability in Araçatuba, So Paulo, Brazil, and at Baby Clinic at Faculty of Dentistry from Araçatuba at UNESP – UnivEstadualPaulista. Their mothers/carers completed a study-specific questionnaire. Six-	The survey found that cerebral palsy was the most common disability. Phenotypically normal male children tended to nurse for a longer amount of time, as did maternal education level and the presence of difficulties after delivery.

No	Topic	Author(s)	Location	Method	Results
				month exclusive breastfeeding was the dependent variable. Chi-square or Fisher exact and linear regression models were used at 5% significance.	
9	*"The challenges of medically complex breastfed children and their families: A systematic review"*	*"Lyndsey Hookway, Jan Lewis , Amy Brown"* *2021*	UK	A systematic review	The results validate the need for more targeted study on the absence of consistent high-quality treatment for breastfeeding support in paediatric settings.
10	*"The effect of breast milk insufficiency perception on exclusive breastfeeding among nursing mothers at Ketu South Municipal Hospital"*	*"Vivian Afi Nutassey"* 2019	Ghana	The research was quantitative in nature, employing a structured questionnaire to collect data in a cross-sectional design from within the facilities themselves.	The study found that women of children 6-12 months old who visited the CWC at Ketu South Municipal Hospital had a high percentage of EBF practise, however this was far lower than the WHO's goal of 80%.
11	*"Exclusive breastfeeding and family influences in rural Ghana: A qualitative study"*	*"Iddrisu Seidu"* 2013	Ghana	A total of fourteen participants, including nursing mothers and their families, from Moglaa in the Savelugu/Nanton Municipality in Ghana, took part in this study, which used a qualitative approach using unstructured interviews as its primary means of collecting data.	The findings demonstrate nursing mothers who are devoted to learning about and using exclusive breastfeeding practises.
12	*"Determinants of early initiation of breastfeeding among parturients within the first hour after deliveryin health facilities in the Ashanti Mampong Municipality"*	*"Rebecca Ometse Churchill"* 2016	Ghana	To find out the factors that affect parturients' early commencement of breastfeeding, the study used a hospital-based cross-sectional methodology.	The logistic regression analysis showed that parturients' knowledge of colostrum feeding (p 0.001), time of breastfeeding initiation (p 0.007), parity, early contact between the mother and her child on the delivery table within 30 minutes of delivery (p 0.000), sex of the baby delivered (p 0.004), and time of initiation were statistically significant to early breastfeeding initiation at 1%. The length of labour (p=0.052) and ward practises (p=0.023) negatively affected early breastfeeding by 5%.

The percentage of moms who exclusively nursed their kids was highest among those between the ages of 35 and 49, and among women with a high degree of education or training in the topic, according to research conducted in Ibadan, Nigeria. In addition, the women surveyed in this study were adamant that their infants need supplementary feedings after the first six months of life [34]. Furthermore, Shirima, Greiner, Kylberg, and Gebre-Medhin (2001) discovered that mothers who were better informed on the advantages and suggested length of EBF were more likely to breastfeed their kids exclusively for the first six months [35].

Pérez-Escamilla and Bermdez (2012) performed a study across three Latin American countries and found that EBF was positively associated with planning on EBF length, mother unemployment, and hospital delivery facilities with breastfeeding promotion services [36]. A similar research was undertaken by Aidam, Perez-Escamilla, Lartey, and Aidam (2005) to examine the variables related to EBF in Accra, Ghana. They discovered that giving birth in a hospital or polyclinic, having the aim to breastfeed from the start, having a higher level of education, being middle class, and having a favourable attitude toward EBF were the most important support variables for EBF [37].

The exclusive use of breast milk has been supported by several long-held beliefs and practises. However, EBF education might be used to modify and/or restrict practises like giving infants herbal teas and ceremonial combinations, which are still practised by certain people due to cultural and religious beliefs. Many cultures have the belief that if a kid under the age of seven gets a drop of breast milk on his or her penis, he or she will be unable to have sexual contact with anybody [38].

In recent decades, EBF has been widely hailed as the optimal feeding method for newborns. This was prompted by the growing body of evidence demonstrating that breastfeeding reduces infant mortality and morbidity [39]. It has not been simple to spread awareness about EBF and rescue millions of children throughout the world. From 2008 to 2011, EBF rates in Ghana fell from 63.7% to 46.0%, and from 2011. to 2017., they dropped to 40%[40]. Some of the factors that lead to low EBF are covered in Section 2.5. In a 2009 study, Otoo et al. looked at the incentives and hurdles that peri-urban Ghanaian women see when it comes to exclusive breast feeding. They came to the conclusion that insufficient milk, family pressure, problems with the breast and nipple, and mother's employment were all barriers to EBF [41]. Some research has looked at how a mother's impression of insufficient breast milk affects exclusive breastfeeding, although this issue has received less attention than others [42]. Anecdotal evidence suggests that such beliefs significantly impact EBF. A lack of sufficient breast milk is a common reason why new mothers discontinue breastfeeding, as noted by Gatti. About one-third of those who wean too soon give inadequate breast milk as the primary reason [43]. A study by Schluter, Carter, and Percival indicated that 30% of women who weaned their children early reported that their breastmilk was insufficient [44].

3.2 Exclusive Breastfeeding Challenges on Mothers with Children with Disability or Special Need

Impact on quality of life of mothers: Quality of life has been called the defining concept of the 1990s by Renwick, Brown, and Raphael [45], Goode [46], Schlalock [47], and Phillips [48]. According to Gioiella [49], "quality of life is becoming the priority of health care for the 21st century." According to the US Department of Health and Human Services, it is a top priority for the country. There have been over 14,000 works published since 1990 addressing issues related to quality of life, and over 500 works published since 2013 addressing the measurement of QOL, illustrating the subject's rising importance. Schlalock [50] referred to the current emphasis on quality as a "quality revolution." While it's every parent's goal to provide their kid with the finest start in life possible, children born with special needs sometimes have a more limited range of options available to them than do children born without any special requirements.

Impact on education and work on mothers: It has been recognised that mothers of children with special needs who want to breastfeed exclusively may have to alter their career and school goals as a result. The children of these mothers who were not breastfed exclusively were more likely to experience postnatal problems and require placement in an incubator or the Intensive Care Unit, as reported by the mothers themselves (ICU). Findings from this study suggest that the similar prevalence of EFB between groups may be attributable to the fact that mothers of phenotypically normal children

had a higher educational level than those of the group with disabilities; however, these mothers had to go back to work at an earlier stage, ending the practise of EFB. Based on the results of another study, the percentage of newborns that got EBF varied from 39.6% on the first day of life to 12.4% at 120 days. At the 4-month mark, this proportion was 22.7%. EBF was more common among moms with higher levels of education and income who did not return to work after giving birth and who breastfed their kids exclusively from the time they got home from the hospital. Shorter breastfeeding durations were seen among women who returned to work within a year after giving birth, had lower levels of education, and had never breastfed previously [51].

Impact on mothers' emotions and feelings: Tense feelings and sleepless nights are common in the months following a baby's delivery. Parents everywhere are suffering from increased feelings of isolation and anxiety about their own and their children's futures [52]. Families that are parenting a handicapped kid benefit from developing healthy coping mechanisms to deal with the stresses they face. Concern, shock, sorrow, fury, and confusion are some of the emotions experienced by parents who receive a prenatal diagnosis. Despite the odds, some parents are optimistic. It encourages parental re-centering on the child. The parents' generation is reportedly optimistic and empathetic. The gifts that children with special needs provide are love, care, compassion, and value. They give their child's disability the credit for their development [53]. Siblings go through a wide range of feelings when a child with special needs joins the household. Over the years, siblings learn to be more understanding and compassionate toward one another. Young children may express empathy toward their siblings. They put a higher premium on physical and mental well-being. Family resilience is exhibited by siblings. In such a setting, siblings have the ability to adapt to a shifting family dynamic and endure adversity. Some adults assumed that their other children were ashamed of their sibling's actions. Some parents have reported that their offspring have taken on more responsibilities with the arrival of their disabled sibling. These feelings may improve when a child with special needs is born into a large household [54].

Impact on mother's family: The birth of a child who requires special care transforms a family forever. Everyone you care about, from family to offspring to friends, is included. There are good and negative outcomes for the family unit. Positive outcomes include individual and community character development, better resilience, tighter group cohesion, and deeper neighbourhood links. Researchers also noticed the negative effects on a family as a whole. Disagreements at home can be caused by a number of factors, including but not limited to [55]: financial concerns, stress on the family as a whole, difficulty adapting children, and a failure to focus on the [55]. Having a kid who requires more attention and care than usual may put a strain on any couple's relationship, but it's especially common for parents to feel this way. Depending on the parents, their availability may decrease after the birth of a kid. "Family members who are fatigued, upset, or in need of health care often may compromise their own health and well-being to fulfil the particular care demands of their child" [56].

4. CONCLUSION

Disability or special need, needs strict care and attention and mother who give birth to children with disability go through numerous challenges in order to exclusive breastfeed their child. The World Health Organization and many national governments stress the significance of breastfeeding exclusively. The number of infants born in Sun Sahara African nations with special needs and impairments is infamously high, but the WHO is working to change that. According to the results of this research, fulfilling the World Health Organization's recommendation of exclusive breastfeeding might be difficult for moms of disabled children. These women face discrimination, emotional distress, rejection, workplace truancy and educational challenges. Though these women face challenges, much can be done to reduce their burden. There should be intense education on exclusive breastfeeding and how its important to new born babies whether they have a special need or not. Also, the Sun Saharan community should also be educated that children born with special needs is not linked to any spiritual doings and it can sometimes be cured when proper care is given to these children.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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