



BOOK NUMBER  
RJ 216.999  
Theses Room

ACCESSION NO.  
4353882



**PERCEPTION OF THE "SIGNIFICANT OTHERS"  
ON THE PRACTICE OF EXCLUSIVE BREASTFEEDING OF NURSING  
MOTHERS WITH INFANTS AGED 6-12 MONTHS IN THE  
DANGME WEST DISTRICT**

**BY**

**ABIGAIL AMA ASANTEWA GYAMFI**



**A DISSERTATION SUBMITTED TO THE UNIVERSITY  
OF GHANA, SCHOOL OF PUBLIC HEALTH, IN PARTIAL  
FULFILLMENT FOR THE AWARD OF MASTERS  
IN PUBLIC HEALTH DEGREE**

**SEPTEMBER 1998**

	Page
Dedication.....	iv
Declaration.....	v
Acknowledgement.....	vi
Abbreviation.....	vii
List of Tables.....	viii
Map of the District.....	ix
Abstract.....	x
Key Findings.....	xi
Key Recommendations.....	xii
Chapter One: Introducing the Study area, the people and the problem.....	1
1.1 Background information.....	1
1.2 Introduction .....	3
1.3 Rationale.....	8
1.4 Study Area.....	9
Chapter Two: Literature Review	
Objectives of the Study.....	11
2.1 Literature Review.....	11
2.2 Main Objective.....	19
2.3 Specific objectives.....	19
Chapter Three: Methods and Procedure.....	21
3.1 Study Type and its Justification.....	21

3.2	Study Population.....	22
3.3	Selection Procedure.....	22
3.4	Variables.....	23
3.5	Preparation towards Data Collection.....	24
3.6	Training of Research Assistants.....	24
3.7	Data Collection.....	25
3.7.1	Focus Group Discussion.....	25
3.7.2	Survey Questionnaire.....	26
3.7.3	Checklist for health Workers.....	26
3.8	Data Analysis.....	26
3.8.1	FGD Data Analysis.....	26
3.8.2	Survey Questionnaire Analysis.....	27
3.9	Limitation of the Study.....	27
Chapeter Four: Findings and Discussion.....		28
4.1	Findings from FGD's.....	28
4.2	Findings from the Health Workers.....	37
4.3	Findings from the Questionnaire Study.....	39
Chapter Five: Conclusions and Recommendations.....		47
5.1	Summary and Conclusions.....	47
5.2	Recommendations.....	49
References.....		51
6.0	Appendices.....	55
6.1	Appendix I: Indepth interview schedule for nursing mothers.....	55

6.2 Appendix II: Focus Group Discussion Guides.....61

6.3 Appendix III: Interview Guide for Health  
Personnel.....66

6.4 Appendix IV: Information on FGD Group  
members.....69



**DEDICATION**

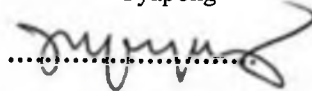
Dedicated to my loving husband Yaw and my lovely children Nelly and Doris. This is to say THANK YOU for the patience, the understanding and the support, and for enduring my long absences from home.

**DECLARATION**

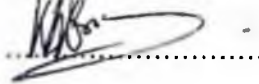
This dissertation has been submitted in partial fulfillment of the requirements for the award of the degree of Master of Public Health. This is original work based on data I collected in the field. The supervisors can neither be held responsible for the views expressed nor the factual accuracy of the contents.

Academic Supervisors:

Dr. John Gyapong

.....  


Dr. K. A. Koram

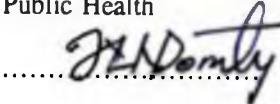
.....  


Field Supervisor

Sister Narh Dometey

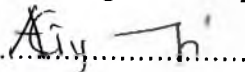
Principal Nursing Officer

Public Health

.....  


Resident:

Mrs. Abigail A.A. Gyamfi

.....  


### **ACKNOWLEDGEMENTS**

My sincere gratitude goes to Dr. Irene Agyepong, my field supervisor, Dr. Koram and Dr. Gyapong my Academic supervisors for the immense support and advice accorded me during my field residency programme. I also wish to thank the following persons who have contributed in diverse ways to assisting me throughout the course:

1. Mr. & Mrs. J. K. Agyemang and family
2. Director and Staff, School of Public Health, Legon
3. District Health Management Team Dangme West District
4. Mr. & Mrs. Kofi Wellington
5. Prof. & Mrs. S. I. K. Odoom and family
6. Registrar, Staff and Members of Pharmacy Council
7. Pastors & Congregation, Living Word Assemblies International
8. Miss Esther Binah
9. Staff of Danpong Pharmacy, Accra
10. Mr. & Mrs. E. Asiamah
11. Mr. & Mrs. Eric Nartey and family
12. Miss Lydia Kwadjo & Miss Delali Osei

Last but not the least, my gratitude goes to God Almighty, whose abundant grace saw me through the year.

**ABBREVIATIONS**

DHMT	District Health Management Team
TBA	Traditional Birth Attendant
IEC	Information Education and Communication
MCH/FP	Maternal and Child Health/Family Planning
FGD	Focus Group Discussion
MOH	Ministry of Health
GDHS	Ghana Demographic and Health Survey
BFHI	Baby Friendly Hospital Initiative
ARI	Acute Respiratory Infection
ORT	Oral Rehydration Therapy
UNICEF	United Nations Children's Fund
DDHS	District Director of Health Services
SDHMT	Sub-district Health Management Team
NM	Nursing Mother
GM	Grandmother of the infant

**LIST OF TABLES**

	TABLE	TITLE	PAGE
1.		Percentage distribution of Respondents.....	39
2.		Marital Status of Respondents.....	40
3.		Educational level of Respondents.....	41
4.		Occupation of Respondents.....	42
5.		Sources of Advice on Breast-feeding.....	42
6.		Distribution of women who have received advice on breast-feeding.....	43
7.		Proportion of women who have ever practised exclusive breast-feeding.....	44



## ABSTRACT

The general objective of the study was to describe the perceptions of the nursing mothers and of "significant others" that is the peers, husbands, grandmother of the infants, and health workers in relation to the practice of exclusive breastfeeding in the Dangme West District.

### **Specific Objectives:**

To describe the perceptions of nursing mothers with infants aged 6-12 months, and that of their husbands, peers, mothers on the practice of exclusive breastfeeding and to describe the kind of support and advice available to nursing mothers, so as to incorporate their perceptions in Health Education Programmes.

To achieve the objective of the study, the Focus Group Discussions (FGD's) were chosen as the major technique to collect qualitative data.

The FGD's were conducted in five (5) communities in the Dodowa sub-district namely, Doryemu, Ayikuma, New Town, Lower and Zongo.

A survey questionnaire was administered to 100 nursing mothers with infants aged 6-12 months. The nursing mothers were recruited from MCH clinic records and immunization returns and visiting their homes to request an interview with the mothers. These served as index cases to identify the husbands, grandmothers and peers. A checklist was used with the Health workers. The pretesting of the FGD guides and the questionnaires for both the nursing mothers were done in the Salem Community of the Dodowa Sub-district.

**Key Findings**

- The proportion of women who do not practice exclusive breastfeeding in the district is high. Out of the 100 nursing mothers interviewed, 47 did not practice exclusive breastfeeding.
- The groups know about and have a positive attitude towards exclusive breastfeeding in general.
- Nursing mothers are receiving some advice on exclusive breastfeeding. Out of the 100 mothers interviewed, 82 had received some advice on exclusive breastfeeding either from a health worker, a mother, mother-in-law, a husband or a friend (peer).
- There was a general agreement that exclusive breastfeeding is good for the baby.
- All groups agreed that they need more public education on the practice of exclusive breastfeeding.
- There are a few cultural misconceptions on the practice of exclusive breastfeeding.
- Some nursing mothers who had received advice on exclusive breastfeeding did not practice it because they were not allowed to do so by either a mother or a mother-in-law.

- Out of the 100 nursing mothers interviewed, 51 were "living together", as common law wives.

### **Key Recommendations**

It is strongly recommended that the District Health Management Team (DHMT) should:

- Organise training sessions on the terms and concepts of the practice of exclusive breastfeeding to health workers in the district.
- Strengthen and expand their Information, Education and Communication (IEC) programme to include an intensified health education campaign on the benefits of exclusive breastfeeding through methods like folk media and drama, to reduce the negative fears and rumours.

**1.0****CHAPTER ONE****INTRODUCING THE STUDY AREA, THE PEOPLE  
AND THE PROBLEM****1.1 Background Information**

Studies have been carried out in Ghana on infant feeding practices by social scientists, health professionals, scientists and students, covering areas such as:

- prevalence, duration and differential in breastfeeding
- weaning practices in Ghana<sup>1</sup>
- relationship between breastfeeding and child spacing/diarrhoea/nutritional status of the infant<sup>1</sup>.

Ninety-seven percent (97.1%) of all children born in the past three years were breastfed for some time<sup>19</sup>. Eleven percent (11.7%) of children under age 2 years within this same period were exclusively breastfed. The proportion of children exclusively breastfed is low in relation to awareness. The Baby Friendly Hospital Initiative (BFHI) has been developed to address the need for improved breastfeeding practices globally. The main causes of child deaths in the country are known to be parasitic and infectious diseases notably malaria, diarrhoea and measles which normally combine with malnutrition to become fatal.

There is the need to promote exclusive breastfeeding with the aim of reducing mortality. The essence of the study is to describe the perceptions of nursing mothers and their "significant others" to the practice of exclusive breastfeeding in a bid to promote exclusive breastfeeding in the Dangme West District.

## 1.2 Introduction

Exclusive breast-feeding is defined as feeding the baby with breast milk only, with nursing beginning within an hour of birth, feeding on demand; giving the baby colostrum, frequent feeding in 24 hours and of a duration of 4 to 6 months.<sup>14</sup>

Exclusive breast-feeding in the first 4-6 months is vital to child survival and the most effective available means of child spacing.<sup>13</sup> With the knowledge that declining breast-feeding trends can be reversed, it has become imperative to promote and support it.<sup>13</sup>

Although nearly all women breast-feed their infants, initial breast-feeding practices are far from optimal.<sup>19</sup> Only 16% of infants are put to the breast immediately after birth; over half wait 24 hours or more after birth. About 30% are put to the breast sometime within the first 24 hours.<sup>19</sup>

Both cultural practices and information provided by health workers influence the timing of the first breast-feed.<sup>19</sup>

The proportion of Ghanaian children who are not breast-fed for 24 hours after delivery and do not receive colostrum, is unacceptably high<sup>2</sup>. There is a negative attitude toward feeding colostrum to infants in Ghana especially in the north where colostrum is believed to be harmful to the baby.<sup>19</sup> Some Ghanaians believe that anyone who advises a mother to give colostrum wishes the baby ill.<sup>19</sup>

In some areas in the north, colostrum is given to a newborn only after a test is performed to show that it is not bitter and that it is healthy. In the forest and coastal regions, many mothers delay breast-feeding until their full milk flow is established, not because they are against feeding colostrum but because they do not want the child to suck air. Misinformed health workers sometimes reinforce these practices.

The proportion of children who are exclusively breast-fed is estimated to be 19% and this is very low as compared to the proportion of children ever breast-fed which is 99.8%.<sup>19, 18, 6</sup>

Exclusively breast-fed infants are protected against death from diarrhoea, acute respiratory infection and other infectious diseases.

Unfortunately, in many countries relatively few women breast-feed their babies exclusively for the first 4-6 months<sup>14</sup>. Many problems contribute to this erosion of breast-feeding practices. Breast-milk is best for babies and, it reduces the incidence of allergies eg. asthma, it is economical, there is no wastage.<sup>15</sup>

Breast milk contains antibodies and offers greater immunity against infectious diseases. It makes stool in-offensive. The temperature of the breast milk is always ideal. Breast milk is always fresh and never goes off even when exposed to micro-organisms<sup>15</sup>.

Breast-feeding enhances emotional bonding, it is ecologically sound, digested easily, within 2 or 3 hours, it is immediately available, is nutritionally optimal and gastroenteritis is greatly reduced.

Even with the most willing mother and contented baby, problems may arise during breast-feeding. It is useful to know what might happen and how to prevent or cope with problems. Cracked or sore nipples usually is the result of having the baby in a poor position for breast-feeding. It may happen when the baby does not have the areola as well as the nipple itself in the mouth, or when the baby sucks for a very long time in the same position, when the breasts are too full or when there is friction against tight and ill fitting brassieres or if the mother uses irritating soaps or other substances on the nipples.<sup>17</sup>

Breast engorgement occurs when the breasts get too full because the baby does not feed often enough or does not thoroughly empty all parts of the breasts. Engorged breasts can be quite painful and cause fever. To prevent breast engorgement, the woman should breast-feed the baby often and be sure that at each feeding, both breasts are emptied. Changing positions during breast-feeding will also help empty the breast.<sup>17</sup>

Sometimes breasts become infected and cause pain and fever. Infection usually follows breast engorgement or cracked nipples. The mother may need medical treatment but she should continue to breast-feed on both breasts.<sup>17</sup> The baby cannot catch the infection and breast feeding will help relieve the problem.

Breast abscess is an infection that forms a collection of white pus. Breast abscesses are rare but serious and will need medical attention where the abscess can be cut open and drained. The woman will have to stop breast-feeding her baby for a while. Flat or inverted nipples are “pulled out” by the sucking of the baby <sup>17</sup>.

There are not enough support systems in the country for new or young mothers. Some organizations have shown an interest in the promotion and support of Breast-feeding namely, Ministry of Social Welfare and Mobilization, National Council on Women and Development (NCWD), Ghana National Commission on Children, Ghana Infant Nutrition Action Network (GINAN), Nutrition Division and Maternal and Child Health/Family Planning Division of the Ministry of Health.

The family of new or young women play a very crucial role in the initiation of breast-feeding. The family and community support is needed and the nutrition of the mother needs to be taken care of. The roles of fathers and other family members and health workers are very important.

Other family members, including the baby’s grandparents, "aunties" and especially the father can help the woman by making sure the woman stays healthy by having a proper diet and rest; helping with work in the home and in the fields, especially work that is physically demanding or tiring; providing

emotional support and understanding and working together to talk about and solve any problems associated with breast-feeding and helping to care for and raise the children.<sup>17</sup>

To encourage fathers and other family members as well as health workers to perform these roles effectively, their perceptions on the practice of exclusive breast-feeding need to be explored and the findings incorporated in health education campaigns.

### 1.3 RATIONALE

Feeding practices of infants aged between 0-3 months indicate that breast-feeding is universal and given on demand, but exclusive breast feeding is not widely practiced. Mothers give water before and after breast-feeding due to the hot tropical climate and the belief that babies also feel thirsty.<sup>1</sup>

Most mothers give water, glucose water or infant formula before the first breast milk. Some health professionals advise that before the initiation of breast-feeding the baby is hungry and needs to drink something.<sup>2</sup>

According to Boeurna et al. (1991), 1.9% of children covered in a Demographic and Health Survey (GDHS) (1988), were exclusively breast-fed. A national study carried out by the nutrition division of the Ministry of Health (MOH) in 1989 supports the GDHS findings where almost all babies involved in the survey were given water several times a day.<sup>1</sup>

Colostrum is often discarded by mothers believing that it is not good for the baby. Only 50% of mothers fed their babies with colostrum in the 1989 survey conducted by the Nutrition Division of the MOH.<sup>2</sup>

The Greater Accra Regional launching of Exclusive breast-feeding was carried out in the Dangme West District on the 7<sup>th</sup> August 1997. Review of records in the district show that diarrhoea is quite common in children up to age one year. The essence of the study is to find out what is going on in the Dodowa sub-district since the regional launching, that is Has the launching of exclusive breast-feeding in the Dodowa sub-district done anything to promote exclusive breast-feeding? Sources of information on breast-feeding are families, Health workers, School and the media.<sup>2</sup>

The focus of this study is on the perceptions of husbands, peers, mothers and/or mothers-in-law of nursing mothers on the practice of exclusive breast-feeding in the Dodowa sub-district, the kind of support and advise they and health workers offer to these mothers.

#### **1.4 Study Area**

The Dangme West district is one of the two purely rural districts in the Greater Accra region which have not been caught up by the rapid urbanization of the peripheral areas surrounding the city of Accra.

It covers an area of about 1,700 sq. Km and has an estimated mid year population of 103,210 (1997) The district is divided into 4 sub-districts namely:

- Dodowa (Shai)
- Prampram
- Great Ningo (formerly Old Ningo)
- Osudoku

The respective population according to the 1984 Census were 25,326; 25,326; 18,379 and 34,179. The study will be conducted at Dodowa. The Dodowa Sub-district is made up of Doryemu, Ayikum, Salem, New Town, Lower and Zongo.

There are 4 health posts which are situated at Dodowa, Prampram, Osudoku and Great Ningo. There are 4 community clinics at Dawa, Lekpogunor, Ayetepa and Awhiam. There are 5 Community Clinic/Maternal and Child Health Services at Kordiabe, Duffor, Agomeda, Osuwem and Nyigbenya.

## CHAPTER TWO

### 2.0 LITERATURE REVIEW AND OBJECTIVES OF THE STUDY

#### 2.1 Literature Review

"Imagine that the world had invented a new dream product" to feed and immunize everyone born on earth. Imagine also that it was available everywhere, required no storage or delivery - and helped mothers to plan their families and reduce the risk of cancer. Then imagine that the world refused to use it. The 'dream product' is human breast-milk available to us all at birth and yet we are not using it.<sup>3</sup>

Every year over one million infants die and millions of others are impaired, because they are not adequately breastfed.<sup>4</sup> In all parts of the world babies are being born into unfriendly environments, victims of widespread poverty, rapid urbanization and relentless marketing of breast milk substitutes.<sup>4</sup>

This is happening despite over whelming scientific evidence that human breast milk is vastly superior to anything available from our most sophisticated technologies. Science is rediscovering what our great- grandparents already knew; that breast-feeding is Nature's perfect 'room service' for newborns, no matter where they are born. With rapid urbanization, in many countries, hospitals are also under increasing pressure to serve larger numbers of

poorer and less educated people who are the most vulnerable to the forces which inhibit breast-feeding.

The Baby Friendly Hospital Initiative (BFHI) has been developed to address the need for improved breast-feeding practices globally. It is in response to the “Innocenti Declaration”, the Convention on the Rights of the Child and the World Summit for Children which all called for the promotion protection and support of breast-feeding worldwide<sup>7</sup>

The 1997 State of the World’s Children report states that in Ghana between 1990 and 1996, 19% of infants aged between 0-3 months were exclusively breast-fed; 63% of infants aged between 6 - 9 months were breast-fed with complementary food and 48% of babies aged 20 - 23 months were still breast-feeding. In Uganda during the same period, 70% of infants aged 0 - 3 months were exclusively breast-fed and in Rwanda, 90% of infants aged 0 - 3 months were exclusively breast-fed.<sup>6</sup>

Most women in developing countries breast-feed their infants. However in many countries relatively few women breast-feed exclusively for the first four to six months and many do not continue breast-feeding throughout the first year of life. Child survival interventions to prevent deaths from diarrhoea and acute respiratory infections primarily have centred on the use of oral rehydration therapy (ORT) to prevent deaths due to dehydration caused by diarrhoea, treatment of acute respiratory infections (ARI) and vaccines against major childhood illnesses which

often lead to diarrhoea and ARI. While these interventions are important, breast-feeding has an equal or greater impact on infant health.

Breast-feeding currently saves over 6 million lives of infants (ages 0 -12 months) UNICEF estimates that ORT has the potential to save an additional one million childrens lives. Breast-feeding has the potential to save an additional 2 million infants lives<sup>13</sup>

The benefits of breast-feeding are so great and the act itself is so natural and well accepted that one might expect all mothers to breast- feed their babies<sup>15</sup> Ideally breast-feeding should begin within an hour after birth and all babies should have only breast-milk for the first 4 -6 months of their lives. But mothers who need to work and care for many other children often feel it is easier and more “modern” to use breast-milk substitutes<sup>4</sup>

Ideally breast-feeding should be “on demand”. But this can mean breast-feeding 12 to 14 times a day or more in the early months making it hard for a mother to leave her infant long enough to fulfill other household responsibilities. Breast-feeding should continue for a year or longer but many women perceive their milk as “insufficient” much sooner than that. Optimal breast-feeding is relatively rare.

Growing numbers of women in developing countries do not breast-feed at all or breast-feed in ways that lose some of its potential benefits.

Younger mothers and women having their first children also tend to breast-feed less due in part to a lack of confidence in their ability to breast-feed successfully and lack of support and role models at home. If these trends continue, they could lead to increased infant mortality and also have a pronounced effect on would be fertility patterns <sup>3</sup>

The percentage of women who choose not to breast-feed while small, is growing, especially in urban areas. The problem is more pronounced in the Latin America/Caribbean region and in some of the more economically advanced countries of Asia, but the trend is moving away from breast-feeding almost everywhere.

In the Philippines, for example, data from 1983 indicate that 10% of rural infants and 27% of urban infants were never breast-fed<sup>15</sup>. Many women stop breast-feeding after a month or so. Thus, while the average duration of breast-feeding in South East Asia is fourteen months, many mothers stop before then, some as early as three months. In general, urban infants are breast-fed for shorter periods than rural infants, but the drop off in the first three months is pronounced for both groups in all societies<sup>15</sup>.

In El Salvador, for example, rural women under the age of 30 are breast-feeding for only three months on average<sup>15</sup>.

Among those who do breast-feed the norm is for partial, not exclusive breast-feeding. Siblings give babies bottles while mothers are busy with other responsibilities. Relatives give babies “tastes” of food out of affection<sup>10</sup>

Mothers often add infant formula to their baby’s diet in the mistaken belief that it is a “tonic”<sup>10</sup>.

Failure to use colostrum, the first milk is a particularly serious problem. In country after country colostrum is discarded and replaced by sugared water or other prelacteal feeds <sup>15</sup>

In Cameroon, for example, virtually all mothers think colostrum is “heavy and yellow” and “bad” for the child. In Pakistan large percentages of both mothers and traditional birth attendants (TBA’s) say colostrum is “dirty” or “bad”<sup>15</sup>

In Jordan even though most mothers breast-feed, 75 % of infants are given breast-milk substitutes in their first day or two of life. Even after being exposed to educational messages at Indonesian integrated health posts, only 19% of Balinese village women agreed that colostrum should be given to a newborn. These beliefs are reinforced when doctors and nurses, trained in outmoded Western theories, offer prelacteal feeds, which inhibit initiation of breast-feeding<sup>15</sup>

Breast-milk is uniquely suited to the human infant’s immature digestive system.

No breast-milk substitute is the nutritional or immunological equivalent of human milk which alone provides all the nutrients a child needs through 4 - 6 months of age. It has over 100 known components and a singular ability to adapt overtime to match the infant's changing nutritional and immunological needs.

It is an extremely valuable food even for premature low birth weight infants because of its easy digestibility and the growth enhancing proteins it contains.<sup>15</sup>

A 10-year experiment at Kenyatta Hospital in Nairobi, Kenya on the use of human milk for low birth-weight babies, has shown that, with help from a well-trained staff and manual expression of breast-milk to maintain lactation, it is possible to feed these infants exclusively on milk from their own mothers, thus retaining breast-milks many benefits. Even after weaning foods are introduced, breast-milk continues to be a critical source of calories, high quality protein and micronutrients well into a child's second year of life<sup>13</sup>

Breast-milk is the infant's first immunization. It is rich in the immunoglobulins and antibodies produced and transmitted by the mother. Breast-milk contains substances that protect infants against measles and a variety of other ailments. One study in Brazil found that children who were not breast-fed had more than three times the risk of dying from respiratory infections before their first birthday than children who were fed only breast-milk <sup>12</sup>

A study in Peru found that infants who continued to breast-feed had fewer skin infections than those who did not. One study in Indonesia and others in the United States have documented lower rates of middle ear infection.

Recent research also shows that colostrum enhances an infant's immune response to the BCG tuberculosis vaccine given at birth<sup>15</sup>

The WHO recommends continuation of breast-feeding even for infants of HIV-positive mothers, despite some indications that the AIDS-producing HIV virus can, in rare instances, be transmitted through breast-milk<sup>10</sup>

The contraceptive effect of breast-feeding (lactational amenorrhea) which comes from frequent suckling, is a health measure of far-reaching importance. Research suggests that if all births were at least two years apart, infant mortality rates would drop by 10%. Surviving children would also benefit. An older sibling is one-and-a-half times more likely to die if another child is born within two years of his or her birth<sup>11</sup>.

Because suckling hastens contraction of the uterus, women who breast-feed their babies at birth are less likely to haemorrhage.

Breast-feeding may also lower the lifetime risk of breast and ovarian cancer<sup>9</sup>

By inhibiting the return of menstruation, breast-feeding also allows women to build up their stores of iron and alleviate anaemia<sup>9</sup>

Women's roles and experiences in the protection and promotion of breast-feeding are unique. It is extremely important that women gain greater control of actions affecting this aspect of their lives<sup>8</sup>. Information and attitudes about breast-feeding are transmitted through many channels, there has been a lot of criticism of health workers (including nurses and midwives) who have condoned or even promoted bottle feeding and have even given incorrect information about breast-feeding. Much of the well-intentioned breast-feeding 'education' may be technical or scientific; other messages may be moralistic or guilt-including, and have negative results, the importance of women having access to complete, accurate and unbiased information about breast-feeding cannot be over-emphasized<sup>10</sup>

Sources of information on breast-feeding are mainly:<sup>2</sup>

Families (54.8%)

Health Workers (36.9%)

School and media (8.3%)

Families (54.8%) constitute the "significant others" and this group do influence the choices made by a mother on whether to practice exclusive breastfeeding or not.

Investigating their perceptions is necessary to promote the declining trends of breastfeeding by incorporating their perceptions in Health Education Programmes.

Through an “SIP” commitment, a lot can be achieved to stop the decline in breast-feeding and make it again the norm<sup>13</sup>.

S	Support- of mothers and health workers
I	Information - accurate and specific Investigation of Current Situation Integration
P	Promotion Protection Programs.

Support for exclusive breastfeeding and appropriate young child feeding, must come from the community at large. Unless the community is aware of the importance of this problem and sensitized to the ways in which it can help families and complement the work of educators, health workers and workers in other sectors, progress will be slow<sup>25</sup>.

## **2.2 Main Objective**

To describe the perceptions of the nursing mothers and of the “significant others” that is the peers, husbands, grandmothers of the infants, and health workers in relation to the practice of exclusive breast-feeding in the Dangme West district.

## **2.3 Specific Objectives**

1. To describe the perceptions of nursing mothers with infants aged 6-12 months to the practice of exclusive breast-feeding.

2. To describe the perceptions of fathers, grandmothers and peers of the mothers of infants aged 6-12 months to the practice of exclusive breast-feeding.
  
3. To describe the kind of support and advice which are available to breast-feeding women from their husbands, health workers, peers and grandmothers of their infants.

## **CHAPTER THREE**

### **3.0 METHODS AND PROCEDURES**

#### **3.1 Study Type and its Justification**

The study was a descriptive cross-sectional one. The intention of the study was to illustrate the effects of the family particularly husbands, peers mothers, and mothers in law of nursing mothers and health workers on the practice of exclusive breast-feeding of nursing mothers in the Dodowa sub-district.

It was felt that a qualitative study design would be best in describing the perceptions of the study population. The questionnaire survey was to supplement findings of the qualitative study.

#### **3.2 Study Population**

The study population was made up of mothers with infants aged 6-12 months in the Dodowa sub-district, their husbands, peers, grandmothers of the infants and health workers in the sub-district.

### 3.3 Selection Procedure

Selection of the study population in the Dodowa sub-district was by recruiting mothers with infants aged 6-12 months from MCH Clinic records and immunization returns and visiting their homes to request an interview with the mothers. The mothers served as index cases to identify husbands, grandmothers and peers. The sample size, was calculated using the total estimated mid-year population for 1997 of Dodowa (25,336) and the proportion of women who practice exclusive breast-feeding in Ghana (19%)

**3.4 VARIABLES**

Variable Name	Definition	Variable Measurement
1. Knowledge about breast-feeding	Knowledge of benefits of exclusive breast-feeding	Ability to enumerate 5 benefits of exclusive breast-feeding.
2. Significant others	Husbands, Grandmother of the infant, Health workers, Peers.	
3. Husband	Male partner of the mother of the infant whether legally married (civil or customarily) or not married.	
4. Grandmother	Grandmother of the infant. That is the mother or mother-in-law of the infant's mother.	
5. Support/Advice of Health Worker	Knowledge of ten steps of the "Baby Friendly Hospital Initiative" and the ability to enumerate ten benefits of exclusive breast-feeding from any health worker, TBA or Private maternity home.	
6. Peers	Friends or women of similar age group of the nursing mothers who have ever had children.	

The variables measured are defined in the above table.

### **3.5 Preparation towards Data Collection**

The sub-district was selected by the Director of District Health (DDHS) and the Study Communities were selected by the District Health Management Team (DHMT) with the help of the Community leaders and members of the sub-district Health Management Team.

The Community leaders and some members of the DHMT recruited the participants for the focus group discussions.

The resident and two members of the DHMT visited the communities and held discussions on the forth coming study with the community leaders.

The DHMT helped to identify the research assistants (facilitator and note taker) for the focus group discussions. The facilitator and the Note Taker were trained per focus discussions.

### **3.6 Training of Research Assistants**

A plan was developed to train the research assistants and especially the facilitator. The training dealt with communication skills and how to conduct focus group discussions, especially the probing, seeking clarification and paraphrasing responses of participants.

A pre-testing of the focus group discussion guide was done at Salem Community. The questionnaire needed no revision.

### **3.7 Data Collection**

#### **3.7.1 Focus Group Discussion**

Data collection through the FGD lasted from July 21 until July 24, 1998. The note taker and the facilitator organised and co-ordinated all the discussion. At the end of the discussion, the facilitator confirmed and summarised issues that had arisen. Participants were given a cake of soap each. After the discussions, participants had time to interact with the research team. All group discussions were taped after obtaining permission from the participants for use in the final document.

Although the FGD guide was in English, the discussion was in the Dangme language. Through long discussions, consensus was established regarding the issues covered by the FGD guide.

The resident and the facilitator developed a common understanding of the issues, prior to the dates for the FGDs.

Present at the discussions were:

- The recorder who recorded all discussions in English
- The facilitator who organised and coordinated all the discussions.

Recording was done manually and data stored on cassettes prior to transcription.

### **3.7.2 Survey Questionnaire**

A survey questionnaire was conducted to serve as support for the qualitative study. The questionnaire was administered to a group of nursing mothers identified from MCH/FP and immunization record. The questionnaire was administered by the resident and research assistants at the homes of the nursing mothers.

### **3.7.3 Checklist for health Workers**

The structured questionnaire was administered to health workers including TBAs and a private midwife. This helped to get information on the kind of advice and support available to nursing mothers from health workers.

## **3.8 Data Analysis**

### **3.8.1 FGD Data Analysis**

The tapes were transcribed and data compared and cross checked with information recorded verbatim by the note taker.

Participants were made to feel at ease and comfortable to discuss issues. Being in group of same sex made the information required obtainable. Periodic summary by the facilitator validated the information obtained and this was confirmed each time by the participants.

### **3.8.2 Survey Questionnaire Analysis**

Sorting of data and verification were done daily for each data set. Analysis was done using Epi Info 6.

### **3.9 Limitation of the Study**

Much of the study went well. As anticipated, the language barrier was a major constraint. As a result, most of the discussions were missed by the resident as she had to depend on an interpreter who happened to be one of the research assistants to translate the contents of the discussions.

In some groups one or two participants did not participate actively in the discussion but concurred with other speakers without adding any different views.

The restricted sample size was due to time constraint. The sample was obtained from MCH/FP and immunization records, hence the sample consisted of only those attending clinics and had contact with a government health worker.

## CHAPTER FOUR

### 4.0 FINDINGS AND DISCUSSION

#### 4.1 Findings from FGD's

The major purpose of focus group discussions was to describe the perception of the nursing mothers, their husbands, peers or friends and their mothers/or mother-in-law to the practice of exclusive breast-feeding in the Dodowa sub-district.

A total of five (5) group discussions were conducted with men and women in the community between July 21 and July 24, 1998. Forty (40) women and Ten (10) men participated in the study.

Many of the participants had little or no formal education and came from different backgrounds. The majority of the participants were petty traders, drivers and farmers. There were a few civil servants, mechanics, hairdressers, seamstresses and housewives.

The focus group data show that all the participants knew about and had a positive attitude towards breast-feeding in general.

These sentiments are reflected in the following statements expressed by participants when asked what they know about breast-feeding.

*"Breast-feeding makes children grow and it opens the mind" (NM)*

*"Breast-feeding gives energy to the children" (NM)*

*"Breast-feeding gives energy and blood to children" (GM)*

*"Earlier removal from the breast may bring about Kwashiokor" (GM)*

*"It's nature's food which contains all nutrients and when a child is breast-fed the child gets energy to grow well." (Husbands)*

When the participants were asked if in their opinion, the public know enough about breast-feeding in general, the following sentiments were expressed:

*"No, because more often than not they ask that we give the children water because our mothers gave water" (NM)*

*"Sometimes they tell us the nurses are cheating us, breast-feeding is not enough for the child so koko should be added. (NM)*

*"No, because some believe breast-feeding brings about sagging breast and it also makes a woman grow old in no time." (peers)*

*"Some women take advice from their friends and they believe breast-feeding does not make children strong so it's better when water and other foods are added." (peers)*

*"Yes, they know breast-milk is good for the children." (NM)*

*"They also know it develops the brain and makes them perform well in class." (NM)*

*"No, because some mothers do not bother washing their hands and the breast before feeding their children when they return from the farm. This affects the children so education to the public is very necessary." (Husbands)*

*"Some women feed their children on bottle, implying they leave the children at home in the care of people with the expectation that the children would be bottle fed. I think more education is desirable".*

*(Husbands)*

A discussion on colostrum (the first yellowish milk that flows out of the breast when about to start breastfeeding) yielded the following responses:

*"I don't know what brings about that yellowish milk and I would be glad if some education is given." (Husbands)*

*"As can be seen in an egg, we have the white and the yellow so I believe nature made it so and it is good for the baby" (Husbands)*

*"That has more energy". (NM)*

*"At first we thought it was not good but at the health facility we were educated on its importance. We were told it contains a lot of energy." (NM)*

*"I don't know anything about that." (peers)*

*"I know that comes first and it gives energy and it also contains protein necessary for the child." (peers)*

*"I think that allows much flow of breast milk." (GM).*

There was general consensus among the group of nursing mothers that they had received some form of advice/talk on breast-feeding from a health centre and also that their husbands/male partners encourage them to breast-feed their babies which were expressed as follows:

*"They (husbands) think or know it is good".*

*"They also believe since the children are not old enough to eat , they must be on breast only. "*

There was also a general consensus on the average duration of breast-feeding in the Dodowa Sub-district. The participants stated an average duration of two (2) years. Some reasons for stopping were given as:

*"They are stopped because at that time they do not get enough breast milk to support growth so they need to be fed on other meals." (NM)*

*"Sometimes it affects the mothers as it is believed that the child sucks the mothers blood, so at 2 years they must be given other meals."(NM)*

*"Stopping them after 2 years helps strengthen their legs." (NM)*

*"At 6 months some mothers stop breast-feeding to enable them to do their work." (NM).*

*"Some stop at 6 months due to too much thinking, leading to lack of breast milk for the child" (peers)*

*"Some at 1 year because they have to go to work and they do not have time to breast-feed." (peers)*

*"There is no fixed time but some mothers are not able to breast-feed up to even one year from 6-7 months they stop breast-feeding." (Husbands).*

*"From our fore-fathers we know children are to be breast-fed for 3-4 years but presently due to immoral life of the women they do not breast-feed for long". (Husbands)*

*"Also current economic hardship making both men and women to go out in order to make ends meet does not allow breast-feeding for long." (Husbands)*

It emerged from the discussions that there were a few rumours on breast-feeding in the areas.

The husbands argued that the nursing mothers felt shy to breast-feed their babies in public especially when travelling in vehicles, to the extent that even when the baby is crying they would not breast-feed.

This encourages early supplementary feeding to overcome the shyness of exposing their breasts in public.

The nursing mothers argued that when a woman is pregnant whilst breast-feeding, the woman has to stop breast-feeding since it is believed that the child, being breast-fed could fall ill or be malnourished. They also argued that there is the belief that a woman does not have to sleep with another man who is not the father of the child being breast-fed as this may cause the death of the child. This is regardless of the fact that the relationship between the nursing mother and the baby's father has broken up.

Other sentiments concerning cultural rumours were expressed in the following statements.

*"They ask if the nurses who say the child should not be given water do not drink water themselves." (NM)*

*"When a child breast-feeds for long, people say the child is sucking the mother's blood implying that the child should be stopped." (GM)*

*"You are not to insult or speak against the child whilst breast-feeding." (GM)*

*"Some say the breast is to be held whiles breast-feeding other than the child's mouth would be enlarged". (peers)*

*"It is said that resting the chin in the palm while breast-feeding may lead to the death of the child." (peers)*

*"Yes, people say when the children are put on breast-milk only for six (6) months it does not make them healthy. They also get thirsty so they need to be given water and other meals latest by three (3) months. (NM)*

*"It is also said that the husband should not suck breast when breast-feeding." (peers)*

*"Also saying bad things or insulting or being angry whiles breast-feeding would lead to the child's refusal to take breast leading to Kwashiokor." (peers)*

On the issue of whether or not, they would practice exclusive breast-feeding, the nursing mothers had this to say:

*"Yes, because breast-feeding without water and other foods would make the children grow well."*

*"No because breast-feeding without water would make the child so thirsty."*

*"An addition of koko to breast-feed would make them look nice."*

*"Giving of water could bring about infections that is why we are not suppose to give water."*

*"Yes, only breast-feeding would make the children grow because we are told by the nurses that breast-milk contains more water so water given would occupy space."*

*"Our mothers gave water in addition to breast-feeding and we can also do that provided the water is clean."*

On the issue of the whether or not they would advice a friend/colleague to practice exclusive breast-feeding, the peer group had this to say:

*"Yes, in the past there was no canned foods, so I would advice that my friends/colleague breast-feed for at least 6 months before adding other foods."*

*"No, some people do not have breast-milk flowing for the first 3 days and they give water from coconut to their children, so I cannot advise in such circumstances since the child may go hungry."*

On whether they would allow their wives to practice exclusive breast-feeding, the husbands had these to say:

*"No, mothers from generation to generation gave water in addition to breast-milk because the children get thirsty so there is nothing wrong if water is given."*

*"Also one could have a disease which could prevent breast-feeding and hence the introduction of other meals and water."*

*"Yes, because it's nature's food which makes them grow well. This is better than canned foods which sometimes give problems."*

The grandmothers of the infants said they would encourage their daughters/daughters-in-law to practice exclusive breast-feeding.

*"so that the children would be strong and also grow well" and also "be able to walk well."*

During a discussion on whether or not they had ever practiced exclusive breast-feeding, the grandmothers and peers had these to say:

*"No, I gave water in addition to breast-milk till I stopped breast-feeding." (GM)*

*"No, some children would not eat especially the males so you have to give breast-milk with other foods." (GM)*

*"No, I breast-fed with water for 3 months and then added other foods like koko." (GM)*

*"No, the child should be on breast-milk only for some time about 6 weeks before other foods would be added. (peers)*

*"No, after a month, the child may not get enough breast-milk so other foods could be added. (peers)*

*"No, one may be working and would need to add other foods so that in the absence of the mother, the child could still be fed at home." (peers)*

All participants agreed that a lot should be done to promote exclusive breast-feeding. Some suggestions given by participants on what can be done to promote exclusive breast-feeding include:

*"We can tell our friends the importance of breast-feeding. We only need to eat well by taking in more soup as nursing mothers." (NM)*

*"If a sister or friend delivers, I would advise and encourage breast-feeding exclusively because it's the best." (NM)*

*"I think this is the work of health personnel, you need to go house to house and educate our women since most of them are illiterates." (Husbands)*

*"As husbands too, we can educate our wives. Public address systems on hospital vehicles too could be used to educate the public." (Husbands)*

*"Durbars could be held at all communities and the educational programme passed on to the people. This would work better than just the Public address system since it would be a forum for people to ask question as well as express their views." (Husbands).*

*"Religious groups like churches can do a lot by dissemination of such information." (Husbands)*

*"The media/radio could also be used for the promotion." (Husbands)*

*"It would be good if the radio is used to educate people in different languages."*

*(peers)*

*"I never bought feeding bottles but I gave water using my fingers." (GM)*

*"We need to be educated well on why water should not be given." (GM)*

*"Some children are always thirsty and they need to be given water before being breast-fed. Would there be a problem if they are not given water?" (GM)*

From the FGD's it is clear that the participants want and need more education on the practice of exclusive breast-feeding.

Most education on this practice has been on nursing mothers whilst neglecting their "Significant Others" - their husbands, peers, mothers and /or mother-in-law who play a very crucial role in the feeding practices of their infants.

#### **4.2 Findings from the health Workers**

The checklist for the health workers provided information to supplement data collected from the FGDs and questionnaire survey.

The checklist was also a way of finding out what the health workers know about exclusive breast-feeding since this would give an idea of what they are teaching the nursing mothers.

A total of eleven (11) health workers were interviewed.

3 Traditional Birth Attendants

1 Midwife from a private maternity home

7 Government health centre workers.

From the health workers' study, it came out that, only three out of the eleven health workers understood the term "Rooming in". One out of the these three was a TBA. The other two were health workers of the health centre.

All the health workers had some knowledge about breast-feeding, the "Baby Friendly Hospital Initiative (BFHT) the advantages of breast-feeding. Ten health workers understood the term. "Exclusive breast-feeding." All the health workers stated that they would advice mothers to practice exclusive breast-feeding.

The health workers stated that there were some cultural taboos or rumours on breast-feeding in the sub-district and these include:

- If a child is exclusively breast-fed, the child will not eat any food after sometime.
- Exclusive breast-feeding will lead to "charlie wote" breasts.
- When someone is suffering from asthma she should not breast-feed the baby for the first three days after delivery."

One health worker stated that the grandmothers discouraged nursing mothers from practicing exclusive breast-feeding.

The health workers from the government health centre however stated that they have had no formal training on how to impart breast-feeding knowledge. They are teaching the nursing mothers what they have learnt on their own. They expressed the desire for formal training from the Ministry of Health or any other interested organization and education for the community members as well.

#### 4.3. Findings from the Questionnaire Study

The questionnaire was administered to one hundred (100) nursing mothers with infants aged 6-12 months, recruited from MCH clinic records and immunization returns. The questionnaires were administered by two trained research assistants and the resident.

The study was meant to determine the characteristics of the nursing mothers and whether or not they ever practiced exclusive breast-feeding on their recent child birth.

**Table 1: Percentage Distribution of Respondents**

Age	Frequency	Percentage (%)
15-30	79	79
31-45	19	19
Don't know	2	2
Total	100	100

Table 1: shows the summary age distribution of respondents. Seventy-nine percent (79) of respondents were nursing mothers aged 15-30 years and nineteen percent (19) were aged 31-45 years. Two percent (2) of women did not know their ages. The fact that 79% of women fell between the ages of 15 and 30 years indicates a potential for many more births and hence health personnel must direct their education activities on exclusive breast-feeding to this age group and their "Significant Others".

**Table 2: Marital Status of Respondents**

Marital Status	Respondents	Percentage (%)
Married (Civil)	3	3
Married (customary rite)	38	38
Living together	51	51
Divorced	0	0
Separated	1	1
Widowed	1	1
Other	6	6
Total	100	100

Table 2 shows the marital status of respondents. The majority of the respondents fifty one percent (51) were just living together. This is not too encouraging as it may make the men shirk their responsibilities as fathers resulting in the women having to work to support the child. There is the likelihood that such mothers would find it difficult under such circumstances to practice exclusive breast-feeding.

The District assembly should try and encourage the men and women to have their marriages legalized. A unit can be set up to see to the registration of marriages and when health workers are doing home visits they can encourage such couples to legalize their unions.

Among the respondents, thirty-eight percent (38) were married through the performing of customary rites, three percent (3) through the civil method, one percent (1) separated, 1% widowed and the "other" group which includes those whose male partners refused to accept responsibility for the pregnancies and singles form 6% (6).

**Table 3: Educational level of Respondents**

Educational Level	Frequency	Percentage (%)
Primary	36	36
JSS/SSS	24	24
Middle School	23	23
Secondary	3	3
Tertiary	1	1
None	13	13
Total	100	100

Table 3 shows the educational attainment of respondents. Among the women, thirteen percent (13) had no education, eighty seven percent (87) of them received either Primary, Middle, Secondary, or Tertiary School education. The higher educational level of the sample, may explain their presence at MCH/FP and Child Welfare clinics. From the FGD's it was realized that participants wanted education on exclusive breast-feeding. This high education level should serve as a incentive to health workers.

**Table 4: Occupation of Respondents**

Occupation	Frequency	Percentage (%)
Teacher	1	1
Farmer	12	12
Unemployed	23	23
Professional	1	1
Trader	47	47
Other (Apprentice, Civil Servant Seamstress, Hairdresser)	16	16
Total	100	100

Table 4 gives the distribution of respondents by their occupations. It was observed that forty seven percent (47) of respondents were traders, twenty three (23) were unemployed, sixteen percent (16) were either seamstresses, civil servants, hairdressers or apprentices, twelve percent (12) were farmers, one percent (1) a professional and one percent (1) a teacher.

**Table 5 : Sources of Advice on Breast-Feeding**

Sources of Advice	Frequency	Percentage (%)
Mother	6	6
Mother-in-law	3	3
Husband/male partner	1	1
Health worker	92	92
Friend	3	3
* Total	105	105

\* Multiple responses

Table 5 shows who had ever given the nursing mothers advice on breast-feeding. Ninety two percent (92) received advice on breast-feeding from a health worker including TBA; six percent (6) from a mother, three percent (3) from a mother-in-law; three percent (3) from a friend and one percent (1) from a husband. Five (5) respondents stated that they received advice from both health worker and either a mother or a mother-in-law.

Eighty-two percent (82%) of the women interviewed had received advice on breast-feeding when they had their most recent baby. Eighteen percent (18%) of the women interviewed had not received advice on breast-feeding when they had their recent baby. This can be seen from Table 6.

However, fifty-three percent (53%) of the women interviewed practiced exclusive breast-feeding on their most recent baby and forty-seven percent (47%) did not practice exclusive breast-feeding on their most recent baby. This can be seen from table 7. Out of the 100 women interviewed, one percent (1) stopped breast-feeding her most recent baby at 3 months, one percent (1) stopped because of supplementary feeding and one percent (1%) stopped because of insufficient milk production.

**Table 6: Distribution of women who have received advice exclusive breast-feeding.**

	Frequency	Percentage (%)
Received Advice	82	82
Did not receive advice	18	18
Total	100	100

Table 6 shows distribution of women who have or have not received advice on breast-feeding with their most recent baby.

**Table 7: Proportion of Women who have ever practiced exclusive breast-feeding**

	Frequency	Percentage (%)
Ever Practiced exclusive breast-feeding	53	53
Did not practice exclusive breast-feeding	47	47
Total	100	100

Table 7 shows proportion of women who have ever practiced exclusive breast-feeding with their last or most recent baby.

Even though a high proportion of women eighty-two percent (82) had received advice on breast-feeding with their most recent baby, only fifty-three percent (53) ever practiced exclusive breast-feeding. The proportion of women receiving advice eighty-two percent (82) compares favourably with those who received advice from the health worker ninety-two percent (92). From the questionnaire, when asked if they had anything to say about exclusive breast-feeding, some women had this to say:

1. *"I feel it is a good idea, but my mother-in-law did not allow me."*
2. *"The public should be educated more on it because it was my mother-in-law who discouraged me from practicing it."*
3. *"I don't understand why I am to give only breast-milk to my child"*
4. *"I don't understand why I have to breast-feed my baby exclusively though I did it."*
5. *"I thought they would suffer without water, but I was made to understand that it prevents diarrhoea and other stomach problem."*

6. *"I seem not to understand what we are being told now because earlier on we never attend clinic and we were giving water yet the children didn't have problems. Infact they get thirsty and need to be given water."*
7. *"How do you feel when you do not drink water ? It's the same way the children also feel, so they need to be given water."*
8. *"I feel it is not good but once it is the doctors who said it, I obeyed."*
9. *"The milk is not enough, they are twins so I could not practice it."*
10. *"I feel it is good but my mother did not allow me to practice it."*
11. *I feel my child is not satisfied when I give my breast milk alone so koko should be added to it."*

#### 4.4 **The linkages between demographic factors (age, marital status, educational status and occupation) and the practice of exclusive breastfeeding.**

From Table One, Seventy nine percent (79) of the nursing mothers fell between the ages of 15 and 30 years indicating a potential for many births.

Ninety two percent (92) of the women interviewed were living with their male partners. This can enhance emotional support during breastfeeding. The high educational level of the sample (eighty seven percent) compares favourably with the high level of those in employment (seventy seven percent). The high educational level will enhance educational systems for exclusive breastfeeding which plays an important part in the achievement of improving health.

Eighty two percent (82) of the women interviewed had received advice on exclusive breastfeeding and ninety two percent (92) had received advice from a health worker and thirteen percent (13) from a family member and/or friend.

Health professionals should be well prepared to advise mothers and the public on the benefits of exclusive breastfeeding. The family as the unit most intimately involved in supporting exclusive breastfeeding, is of primary importance. The information developed for various audience groups may possibly differ in level and type of content, but it must be consistent.

## CHAPTER FIVE

### 5.0 CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Summary and Conclusions

The study attempted to describe the perceptions of the "significant others" on the practice of exclusive breastfeeding in the Dangme West District.

The "significant others" in this study referred to the husbands or male partners, peers, mothers and mothers-in-law of nursing mothers with infants aged 6-12 months and Health workers including a midwife home and TBA's.

Since the Regional launching of Exclusive breast-feeding was done at Dodowa and with a high prevalence of diarrhoea in the sub district<sup>21</sup>, it was expected that a very high proportion of nursing mothers in the district would practice exclusive breast-feeding with the support of their husbands, peers, mothers and/or mother-in-law who presumably were witnesses to the launching.

The findings of this study show that these "significant others" do play a role in whether a nursing mother will practice exclusive breastfeeding or not.

It confirms the existence of "gate keepers" in society and the need to identify the "gatekeepers" to prepare them to give support to the primary group.

Most of the nursing mothers interviewed had received advice on breastfeeding from a health worker. However, most healthworkers interviewed did not understand the term "rooming in". Some nursing mothers just practice exclusive breastfeeding even though they did not really understand why, but because a doctor said so.

The nursing mothers felt their babies would feel thirsty hence the need to, add water to breastmilk and in order for their babies to look "nice" they need to add Koko to the breastmilk.

Others wished to practice it but were not allowed to do so either by a friend, a mother or a mother-in-law.

There was a general consensus amongst all groups for the need for more public education.

## 5.2

**RECOMMENDATIONS**

The study findings do show that the "significant others" influence the decision of a nursing mother to practice exclusive breast-feeding. The following recommendations are made:

- Information, Education and Communication (IE&C) programme should be widely promoted and intensified, particularly in the following areas:
  - a. Training healthworkers in communication skills and to understand the terms and concepts in relation to exclusive breastfeeding.
  - b. Discuss the benefits of exclusive breastfeeding through the use of folk media and drama.
  - c. Reduce negative rumours through appropriate communication methods.
  - d. Raise awareness on the benefits of exclusive breastfeeding through the distribution of pamphlets and brochures among the literate population.
  - e. Education should not only be restricted to nursing mothers when they call at the health facility, it should extend to the other community members to promote exclusive breastfeeding.

- f. Communities are made up of different groups with different needs. These differences should be recognised and messages adapted to the characteristics and needs of these groups.

Until this is done, the level or proportion of women who practice exclusive breastfeeding will remain low and children in the district will continue to suffer from preventable diseases and deaths.

**REFERENCES**

1. Gomez V. (July 1992).  
**Breast-feeding Practices, Support and Status. Baseline Survey Report-Ghana**
2. Odoi-Agyarko, H.; Gomez V. (February 1993). **Report on the National Seminar on Breast-feeding Practices, Support Support and Status in Ghana.**
3. Centre to prevent childhood Malnutrition USA (July 1991).  
**Breast-feeding Saves Lives. The Impact of breast-feeding on Infant Survival.**  
Policy Series Volume 2 (1): 1-12.
4. United Nations Childrens Fund/WHO (1993). **Breast-feeding Management and Promotion in a Baby-friendly Hospital.**  
UN Plaza, New York, USA
5. King, Felicity, Burgess. (1996).**Nutrition for Developing Countries**  
2<sup>nd</sup> edition Oxford University Press
6. United Nations Childrens Fund (1997). **The State of the World's Children.**  
Oxford University Press.
7. The Baby-Friendly Hospital Initiative Newsletter.  
**BFHI News. (July/August 1993) UNICEF. Geneva**

8. Van Esterik, Penny. World Alliance for Breast-feeding Action (WABA), WABA Activity Sheet -4. WABA Secretariat, Malaysia.
9. Gibbons, Yee, (1993). Mothers and Children. Bulletin on Infant Feeding and Maternal Nutrition. Volume 12 (2) 1-8.
10. World Health Organization. (1993) Women and Breast-feeding. WHO, Geneva.
11. Simpson-Herbert, M; Huffman, L. (1981). Breast-feeding Program. Policy and Research Issues. The Contraceptive Effect of Breast-feeding. Volume 12 (4) 120-132.
12. Belsey, Mark; Boohene Esther, et al; Breast-feeding Protecting NaturalResource. (1988) IMPACT.
13. Baumslag, Naomi (1989). Breast-feeding: the Passport to Life. UNICEF.
14. World Health Organization (1993). Breast-feeding. The Technical Basis and Recommendations for Action. WHO Geneva.
15. United States Agency for International Development (1989). Breast-feeding: A Report on A.I.D. Programs. USAID, United States of America.

16. **Arbor, A. (1996). Components of infant and childhood mortality in West Africa: a study of health care practices, breast-feeding behaviour and its interaction with diarrhoea in Ghana and Nigeria. UMI Dissertation Services 1996 (2). XIV, 240P. UMI No. 96 24870. Michigan.**
17. **Arkutu Ananie, A. Dr. Healthy women. Healthy Mothers. Family Care International Inc. 2<sup>nd</sup> ed. 1995.**
18. **Ghana Demographic and Health (GDHS) Survey 1998. Ghana Statistical Service, Accra. Demographic and Health Surveys Maryland USA**
19. **Ghana Demographic and Health Survey. 1993. Ghana Statistical Service, Accra Ghana. Demographic and Health Surveys Maryland USA.**
20. **The World Bank: Better Health in Africa Experience and Lesson Learned. The World Bank 1994 Washington DC**
21. **District Health Management Team Dangme West District 1997 Annual Report.**
22. **WHO/UNICEF (June 1990) Technical Meeting Breastfeeding in 1990. Breastfeeding and the Control of diarrhoeal diseases Geneva.**

23. **Ebrahim, G.J., (1993) Breastfeeding the biological option  
2nd edition, Hong Kong.**
  
24. **Protecting Infant Health (June 1993) A health workers guide to the  
international Code of marketing of breastmilk Substitutes 7<sup>th</sup>  
edition. Malaysia.**
  
25. **Joint WHO/UNICEF meeting on infant and young child feeding. Part II.  
FHE/ICF 79.3 Geneva.**

**6.0. APPENDICES****6.1. Appendix I: Indepth interview schedule (for nursing mothers with infants aged 6-12 months)**

TITLE: Perceptions of the “Significant Others”

on the practice of exclusive breast-feeding in the Dangme West District.

**INTRODUCTION**

I am a student with the School of Public Health, University of Ghana, Legon. I am conducting a survey on the above-mentioned subject. The study is in partial fulfilment of my course study. I would be very grateful if you could answer the following questions and I assure you that the answers you give would be kept confidential.

Thank you.

**IN DEPTH INTERVIEW SCHEDULE (FOR NURSING MOTHERS)****DISTRICT:****NUMBER:**1. **ID:**

2. Age (Last birthday): \_\_\_\_\_

3. Date of birth: &lt; dd/mm/yy &gt; \_\_\_\_\_

4. Marital status (current):

1. Married (civil) [ ]

2. (Customary rite) [ ]

3. Living together [ ]

4. Divorced [ ]

5. Separated [ ]

6. Widowed [ ]

7. Other (please specify) [ ]

5. W h e n w a s y o u r m o s t r e c e n t c h i l d b i r t h ?

\_\_\_\_\_

6. How old is this child?

\_\_\_\_\_

7. Have you ever attended School?

Yes [ ]      2. No [ ]

If No, go to No. 9.

8 Level of \Education

Primary [ ]

JSS/SSS [ ]

Middle School [ ]

Secondary [ ]

Tertiary [ ]

Other (specify) [ ]

9. Occupation:

1. Teacher [ ]

2. Farmer [ ]

3. Unemployed [ ]

4. Professional [ ]

5. Trader [ ]

6. Other (Specify) [ ]

10. Did your husband ever attend School?

1. Yes [ ]      2. No [ ]

If No, go to No. 12

## 11. Level of education of husband:

1. Primary [ ]
2. JSS/SSS [ ]
3. Middle School [ ]
4. Secondary [ ]
5. Tertiary [ ]
6. Other (specify) [ ]

## 12. Occupation of Husband:

1. Teacher [ ]
2. Farmer [ ]
3. Unemployed [ ]
4. Professional [ ]
5. Trader [ ]
6. Other (specify) [ ]

## 13. Were you given any advice on breast-feeding when you had your baby?

1. Yes [ ] 2. No [ ]

## 14. Who gave you the advice?

1. Mother [ ]
2. Mother-in-law [ ]
3. Husband/male partner [ ]

4. Health worker [ ]

5. Friend [ ]

15. Did you ever practice exclusive breast-feeding i.e. giving breast milk only with your last or most recent baby (name)?

1. Yes [ ]      2. No [ ]

16. Are you still breast-feeding (name)?

1. Yes [ ]      2. No [ ]

If Yes, go to No. 19.

17. How old was your baby (name) when you stopped breast-feeding him/her?

1. One month [ ]

2. Two months [ ]

3. Three months [ ]

4. Four months [ ]

5. Five months [ ]

6. Six months [ ]

7. Seven months [ ]

8. Other (specify) [ ] \_\_\_\_\_

18. Why did you stop breast-feeding (name)?

1. Supplementary feeding [   ]
2. Illness of mother [   ]
3. Illness of baby [   ]
4. Insufficient milk production [   ]
5. Sore nipples [   ]
6. Advice by husband [   ]
7. Advice by mother [   ]
8. Advice by mother-in-law [   ]
9. Other (specify) \_\_\_\_\_

19. Is there anything you would want to say about exclusive breast-feeding?

That is, giving the baby breast milk only. No other food or drink?

---

---

THANK YOU FOR ANSWERING THESE QUESTIONS.

## 6.2 Appendix II: Focus Group Discussion Guides

### GROUP:

A: Nursing Mothers Age 15-30 years

B: Nursing Mothers Age 31-45 years

C: Grandmothers of Infants

D: Husbands of Nursing mothers

E: Peers of Nursing mothers

Members of each group: 12 including a facilitator and a Note Taker.

Introduction Narrative welcoming the participants, describing the reasons for the discussion and setting up the general ground rules for the session.

Ground Rules 60 minutes (Tape recorded)

Speak clearly/one at a time

Conversation/All participate

Want everyone's opinion

No right/wrong answers.

Introduction by participants to the group.

**A: Guide for Nursing Mothers. All Ages.**

First, I would like to obtain some ideas from you about breast-feeding.

- ◆ What do you know about breast-feeding?
- ◆ Would you practice exclusive breast-feeding? i.e. giving the baby only breast milk, no other food or drink.
- ◆ Why or why not
- ◆ Do you think the public knows enough about breast-feeding in general ? Why or why not?
- ◆ Have you had any talk on breast-feeding from a hospital or health centre about breast-feeding?
- ◆ What do you think about the first yellowish milk that flows out of the breast when about to start breast-feeding?
- ◆ For how long do women in this area breast-feed their babies?
- ◆ Why do they stop?
- ◆ When did you introduce other foods to your baby?
- ◆ Are there any cultural taboos or rumours on breast-feeding?
- ◆ What do your husbands/male partners think about breast-feeding?
- ◆ What do you think can be done to promote exclusive breast-feeding?

Thank you.

**B: Guide for Grandmothers of Infants.**

First, I would like to obtain some ideas from you about breast-feeding.

- ◆ What do you know about breast-feeding?
- ◆ What do you think about the first yellowish milk that flows out of the breast when about to start breast-feeding?
- ◆ For how long do women in this area breast-feed their babies?
- ◆ Why do they stop?
- ◆ Are there any cultural taboos or rumours on breast-feeding?
- ◆ Would you encourage your daughter/daughter-in-law to breast-feed her baby?
- ◆ Why or why not?
- ◆ Did you ever practice exclusive breast-feeding?
- ◆ What do you think can be done to promote exclusive breast-feeding?

**C: Guide for Husbands:**

First, I would like to obtain some ideas from you about breast-feeding.

- ◆ What do you know about breast-feeding?
- ◆ Do you think the public knows enough about breast-feeding in general?
- ◆ Why or why not?
- ◆ What do you think about the first yellowish milk that flows out of the breast when about to start breast-feeding?
- ◆ For how long do women in this area breast-feed their babies?
- ◆ Why do they stop?
- ◆ Are there any cultural taboos or rumours on breast-feeding?
- ◆ Would you allow your wife to practice exclusive breast-feeding?
- ◆ What do you think can be done to promote exclusive breast-feeding?

Thank you.

**D: Guide for Peers of the Nursing Mothers**

First, I would like to obtain some ideas from you about breast-feeding

- ◆ Do you think the public knows enough about breast-feeding in general?
- ◆ Why or why not?
- ◆ What do you think about the first yellowish milk that flows out of the breast when about to start breast-feeding?
- ◆ Would you advice a friend/colleague to practice exclusive breast-feeding?
- ◆ Why or why not?
- ◆ For how long do women in this area breast-feed their babies?
- ◆ Why do they stop?
- ◆ When did you introduce other foods to your baby?
- ◆ Are there any cultural taboos or rumours on breast-feeding?
- ◆ Would you practice exclusive breast-feeding i.e. giving the baby only breast milk, no other food or drink?
- ◆ What do you think can be done to promote exclusive breast-feeding?

Thank you.

### 6.3 Appendix III: Interview Guide for Health Personnel

**Title:** Perceptions of the “Significant Others” on the Practice of exclusive breast-feeding in the Dangme West District.

#### **INTRODUCTION:**

I am a student with the School of Public Health, University of Ghana, Legon. I am conducting a survey on the above mentioned subject. The study is in partial fulfilment of my course study. I would be very grateful if you could answer the following questions and I assure you that the answers you give would be kept confidential. Thank you.

District:

Number:

Rank of Health Personnel:

Date:

1. ID:.....
2. What do you know about breast-feeding?

Short description.....

.....

3. What are the advantages of breast-feeding?

Short description.....

.....

4. What do you understand by exclusive breast-feeding?

Short description.....

.....

5. Would you advise mothers to practice exclusive breast-feeding?

1. Yes                       2. No

Please give reasons for your answer

.....

6. What information do you give to mothers before they are discharged from the health facility?

Short description.....

7. Do you think the public knows enough about breast-feeding in general?

1. Yes     2. No

Please give reasons for your answer

.....

8. What do you understand by “rooming-in”?

Short description .....

9. Do you practice “rooming-in” at your institution?

1. Yes                       No

Please give reasons for your answer .....

.....

10. Do you know of any cultural taboos or rumours on breast-feeding?

1. Yes  No

If "Yes" what are these? (Short description) .....

.....

11. What general comments would you like to make about exclusive breast-feeding?

Short description .....

.....

Thank You

## 6.4 Appendix IV: Information on FGD group members

District: ..... Facilitator: .....

Date: ..... Note Taker: .....

Venue: ..... Group: .....

ID	1 <sup>st</sup> Names	Age	Occupation	No. of Children	Marital Status