



Chief Editor

Dr. A. Singaraj, M.A., M.Phil., Ph.D.

Editor

Mrs.M.Josephin Immaculate Ruba

Editorial Advisors

1. Dr.Yi-Lin Yu, Ph. D
Associate Professor,
Department of Advertising & Public Relations,
Fu Jen Catholic University,
Taipei, Taiwan.
2. Dr.G. Badri Narayanan, PhD,
Research Economist,
Center for Global Trade Analysis,
Purdue University,
West Lafayette,
Indiana, USA.
3. Dr. Gajendra Naidu.J., M.Com, LL.M., M.B.A., PhD. MHRM
Professor & Head,
Faculty of Finance, Botho University,
Gaborone Campus, Botho Education Park,
Kgale, Gaborone, Botswana.
4. Dr. Ahmed Sebihi
Associate Professor
Islamic Culture and Social Sciences (ICSS),
Department of General Education (DGE),
Gulf Medical University (GMU), UAE.
5. Dr. Pradeep Kumar Choudhury,
Assistant Professor,
Institute for Studies in Industrial Development,
An ICSSR Research Institute,
New Delhi- 110070.India.
6. Dr. Sumita Bharat Goyal
Assistant Professor,
Department of Commerce,
Central University of Rajasthan,
Bandar Sindri, Dist-Ajmer,
Rajasthan, India
7. Dr. C. Muniyandi, M.Sc., M. Phil., Ph. D,
Assistant Professor,
Department of Econometrics,
School of Economics,
Madurai Kamaraj University,
Madurai-625021, Tamil Nadu, India.
8. Dr. B. Ravi Kumar,
Assistant Professor
Department of GBEH,
Sree Vidyanikethan Engineering College,
A.Rangampet, Tirupati,
Andhra Pradesh, India

e-ISSN : 2455-3662
SJIF Impact Factor: 3.395

EPRA International Journal of

Multidisciplinary Research

Volume: 2 Issue: 2 February 2016



**Published By :
EPRA Journals**

CC License





CHANGING PATTERN IN BREAST FEEDING AMONG RURAL WOMEN IN THE BATIBO SUB- DIVISION, NORTH WEST REGION OF CAMEROON

Fosso Simun Reine¹

¹Assistant Researcher
Department of Social Studies,
National Center for Education,
Yaounde
Cameroon

ABSTRACT

This article seeks to understand those practices that were carried out during breast feeding and how these practices have change with time. Due to the high infant mortality rate in most part of sub-Sahara Africa, W.H.O has recommended exclusive breast feeding for children up to six months. After this, other food can be introduced to the child. The people of this area belief that breast milk is the most important for a child needs when he/she is born and the mother is oblige to feed the child. In the past, mothers use to give breast milk to the child for two year and above but as time goes on, the time allocated for breast feeding has reduced drastically. This study reveals that the perception of breast is not the same as it was in the past. The birth of many children reduces the chances of the others being breast feed. The presences of HIV/AIDS also play a big role during breast feeding for HIV positive mother. Migration and acculturation have also influence breast feeding practices among these women. Qualitative research method was used to attain this result.

KEY WORD: Changing, Breastfeeding, Pattern, Rural Women, Child Nutrition, Family Planning, Fertility,

INTRODUCTION

West and Central Africa is house to 350 million people; an estimated 61 million of the total population are children younger than five years (Soko et al, 2007). These young children depend on breast milk for their survival at this age. Breast milk is nature's most precious gift to the new born, an equivalent of which is yet to be innovated by the scientific community despite tremendous advances in science and technology (Nanthini, 2012). According to williamson (1986), as cited by Teresa (2001) both the incidence and duration of breastfeeding in the Philippines are on the decline, this trend is of major concern because family income is generally low, child nutrition is often in adequate, and there is little

use made of modern family planning methods. to the extent that breastfeeding becomes less prevalent among mothers, fertility will remain high and child survival probabilities will not rise as much as they could.

Breastfeeding follows patterns which include exclusive breastfeeding for the first six months after birth, follow by the introduction of milk and other solid food from six months to about two years of age. Other milk are introduced and given simultaneously with breast milk. Breast milk according to W.H.O has been rated the ideal food for children because it contain all nutrients, antibodies, hormones and antioxidants needed by the infant for the growth and wellbeing. It is believed that children

who depend on exclusive breast milk have very strong antibodies that fight diseases such as malaria, respiratory tract infection, diarrheal and measles. Apart from providing health benefit to the child, breastfeeding also contributes to maternal health immediately after the delivery because it helps reduce the risk of post-partum haemorrhage (UNICEF, 2015). In the short term, breastfeeding delays the return to fertility and in the long term, it reduces type 2 diabetes and breast, uterine and ovarian cancer. Studies have also found an association between early cessation of breastfeeding and post natal depression in mothers.

A child has the right to adequate nutrition as proclaimed by the general assembly resolution for the right of a child on 20th November 1995. International health organizations in partner with many ministers all over the world have seen the importance of breast milk to the child and the community at large and have decided to adopt the 1th and 7th of August and declare it as breast feeding week worldwide so as to promote it practice to achieve optimum mother and child health. According to UNICEF report of (2015), approximately 830 women work worldwide and many of them return to their work places after delivery. There are also millions more women working in the informal, seasonal or part-time economy who face even greater barriers to breastfeeding.

In Cameroon the theme for 2015 world breast feeding day was “women and work”. Work has influence women’s attitude toward breast feeding negatively in Cameroon. With the changing times more women have become involve in the job market. With the empowering of the rural women, many rural women in the Batibo subdivision have been encourage to state up small business’s to assist their house hold. It is generally believe that since these women are found in the rural area, they a bound to follow the cultural rules and regulation bounding breastfeeding.

OBJECTIVE OF THE PAPER

The objective of this paper is to understand those factors that prevent women from giving breast milk to their children as required by WHO. Why have the standards changed as compared to the past.

METHOD

This study was carried out in Batibo sub division in the North West region of Cameroon. The principal economic activities of these people is farming and trading. The produce palm oil, yam, and palm wine which is sold in other towns and cities in the nation. In carrying out this work, we depended on information from our informants. In this work, the qualitative research approach was used. Interview and focus group guide were needed for data

collection. Data collection was done with the help of key informants such as breast feeding mothers, older women in the community have grown up children, young girls and men. All these tools were necessary for this work because they complement each other.

RESULT

When a woman is pregnant, the breast increases in size, after birth the sizes increases further because of the production of milk. Among these people certain mechanisms have been put in place to enhance the production of breast milk in women. These people believe that when a woman puts to birth she has to consume palm wine to increase the production of milk, she has to consume much liquids substances and food that have much palm oil. She is not supposed to consume cold food or drink. They believe that it will destroy the nutritive value of the breast milk. For breast milk to flow the child also has a role to play, it has to suck the milk to provoke it flow. It is during breast feeding that the child creates social ties with the mother. As the child is breastfeeding, he/she is looking straight in to the mothers eyes.

Restrictions carried out during breastfeeding:-

For breastfeeding to have appositve effect on both mother and child, there are certain restrictions put in place by these people to facilitate outcome.

Food restriction:-

A pregnant woman is restricted from eating snake because the child may come out with weak vertebral colon like that of a snake, during breastfeeding, the mother is advised not to consume cold drinks because the child may suffer from diarrheal. Breastfeeding mothers are restricted from taking alcoholic drink because it destroys the brain of the child making the child not intelligent. Eating food that has much pepper will provoke sight deficiency in the child According to Maria (2012) When a breastfeeding baby in Bangladesh falls ill, the popular belief attributes the illness to the mother's behavior that has either failed to maintain the temperature of her body or has eaten foods that are not considered proper for breastfeeding or behaved in such a way that made her and her baby vulnerable to spiritual powers afflicting the milk.

Sexual Restriction:-

Sexual restrictions are practiced in most parts of Africa. Men are restricted from having sexual intercourse with their wives during the lactating period, because they are afraid of the negative consequences on the child. They believe that the sperm from the man will cause stunted growth in the child. In Batibo, sexual restriction during breastfeeding has instead created new social order

amongst men. Instead of these men to wait for the women to complete the breastfeeding period and resume their sexual activities, they instead look for other sexual partners or go in for second wives.

Duration of breastfeeding:-

According to the W.H.O standard, normal breastfeeding take six month before any supplementary food are given to the child. In the past as said by one of the informants, mothers used to breast feed their children for about two years. They use to consider breast milk to be the most important food for the child that is why a child could suck the breast of another nursing mother in case she died while putting to birth, breast feeding duration time was another mother of spacing children among couples since the husband was not allow to have sex within that time. Children had the opportunity to consume breast milk no matter what happened to the mother. The situation nowadays is not the same. Breast feeding duration varies depending on socio-cultural and economic factors.

Economic factors:-

In the past, mothers depended on their husbands for everything. Even if the man had many wives he will make sure that he provide for the whole family. Most of these women were also illiterate and were not exposed to other methods of infant feeding in this case they took all their time to breastfeed the child. Women now are becoming independent, not depending only on their husband's income for survival. These women carry their farm produce to neighboring towns to sell so as to have money. With this in hand, they are force to reduce the breastfeeding period so as to get some income to support their family. Some women who are working in the formal and informal sector are expected to return to their duty post a few months after delivery. There are women who travel to very far off villages in the Batibo subdivision to work, some of them do not have baby sitters, they are force to live their children with their parents and instead buy supplementary food for them.

Health factors:-

The emergence of the deadly HIV virus has caused many HIV positive mothers not to give breast milk to their children. This is to prevent mother to child transmission of the virus. Some mothers complained that during breast feeding, wounds develop on their nipples and these wounds are usually very painful when they are breastfeeding the child.

Social factors:-

In the past many women did not care about the nature of the breast after breast feeding. They said the men did not pay any attention to lactating mother's breast. Women after putting to birth cared more on their children than themselves. In recent times, breastfeeding mothers have reduce the

duration of breastfeeding for each child to avoid their breast from sacking (falling). They feel that their husbands will no longer love them as he use to do when she had not yet put to birth or will start flirting with other women. Women do not want to remove men from their sexual role. Some women limit duration of breastfeeding because they are afraid to put on much weight. According to Claudia (2003), It is possible that breastfeeding Toba women in Namqom increase their calorie intake and/or decrease their energy output during the first 6 months postpartum. Body composition changes often last into the postpartum period, and thus can create significant concern for mothers who are eager to return to their pre-pregnancy weight (Hadeel,2015).

Weaning:-

Weaning is the period when a child stops receiving breast milk and consumes solid or semi-solid food. Due to the above mention reasons a child is forced to stop taking breast milk. Some women who have migrated to big cities like Bamenda will not want to use ordinary food like *foufou and okro* to feed they child they will instead depend on imported food which may be rejected by the child. Weaning a child is not always an easy event. It involves other members of the society like the mother, aunties of the child and grandmother. The child needs to stay in one of these relatives for a number of days so that he/she can forget the taste of breast milk.

CONCLUSION

Breastfeeding is beneficial to all members of this culture because it is the first food each child takes before becoming an adult. The practice of breastfeeding involves many people in the society. From the mother, father and other care gives both in the hospital and at home. The practice of breastfeeding is sensitive to cultural and social changes, The transition of human society from the ways of the tribal hunter-gatherer to agricultural-rural living and ultimately to a pre- dominantly industrial-urban society has been gradual, but the cumulative impact of these changes on mothers has been relatively sudden and profound (JAN Riordan, 2006). The changing patterns in breast feeding have also been affected by the present times. The changing gender role of the woman has made it in such a way that mothers prefer to give formula food to their children rather than giving them breast milk. In providing the child with formula food, other members of the house hold can feed the child while the mother is doing something else. We discover that the empowering of rural women in this area to take leading roles in the society and hold post of responsibility has limited most lactating mothers' duration for breast feeding. It has shown that during

breastfeeding, many mothers change from their nice looking shape to a bulky looking woman. These changes have frustrated many lactating mothers in recent times. Most of them think that the increase in weight comes about as a result of their daily intake. The quantity and quality of food consumed by the child depends on the woman's intake and determines the health outcome of the child. Due to poverty and hardship in this area, most mothers do not eat balance diets, this however causes the child to suffer from malnutrition. Though breast milk has all the important nutrients needed for the child's growth, it is however time consuming. A child may take 20-30 minutes just to suck meanwhile 10 minutes can be used to feed a child who consumes formula food or other semi liquid food prepared by the mother. The constant sucking of breast milk at short interval prevents the mother from having proper rest. Mothers say that exclusive breastfeeding ground them on one place or they have to face the inconveniences of moving with the child everywhere because they have to provide food for him/her. Women want to look attractive all the time even at old age. Some forget that breast sacking is a natural phenomenon. They refuse to give breast milk to the child because they do not want their breast to sack. They are afraid that their husbands should not take another wife or should not flirt with girls who have not yet put to birth. Heath out comes in this area have prevented mothers from giving breast milk to their children. Mothers who are suffering from tuberculosis or HIV are advice not to breastfeed their children. This is to prevent them from mother to child transmission of virus. To and fro migration of mothers from rural to urban areas and the availability of media programs advertising baby's formula give this women the opportunity to make a choice whether to breastfeed their baby's or depend on formula's or other types of

milk. Breast milk is believed to be the cleanness and safest way of feeding the child. Mothers are advised to give it to children because it is easy to handle more than supplementary food. The changing patterns in breastfeeding have led to a high infant malnutrition and an increase morbidity rate amongst children. Some children refuse to consume other food except breast milk. Mothers think that allowing the child to suck for six months will became difficult to wean him/her. So they are allowed to suck just for 2- 3 months then other foods are given to the child alongside breast milk.

REFERENCES

1. Sokol E, Aguayo V, Clark D.(2007). *Protecting Breastfeeding in West and Central Africa: 25 Years Implementing the International Code of Marketing of Breast milk Substitutes*. ©UNICEF Regional Office in west and central Africa.
2. Nanthini Subbiah and A. Jeganathan(2012). *Socio-cultural beliefs influencing breastfeeding practices among primi postnatal mothers residing in urban slum area of Delhi*. *Health and Population -Perspectives and Issues* 35(2), 61-73.
3. Maria Daglas and Evangelia Antoniou (2012). *Cultural views and practices related to breastfeeding*. *Health science journal*. Volume 6, Issue 2
4. Claudia R. Valeggia and Peter t. Ellison (2003), *Impact of Breastfeeding on Anthropometric Changes in Peri-Urban Toba Women (Argentina)* *American journal of human biology* 15:717–724
5. JAN Riorban, RN, MN, and Betty Ann Country Man, RN, MN (2006). *Principles and Practice Basics of Breastfeeding*. *Journal of obstetric, Gynecologic and Neonatal nursing*. Volume 9 issue 4
6. Hadeel Fadhil Farhood(2015). *Weight changes and dietary habits among breast feeding mothers*. *Journal of public health and epidemiology*. Vol 7(4) 114-121.
7. UNICEF:www.unicef.org/progressfor/children/.../index_breastfeeding.htm. *A report card on nutrition: number 4 May 2006*.