

# Breastfeeding Practices Among South African Women: A Pilot Study

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## Introduction

The World Health Organization (WHO) supports and encourages Exclusive Breastfeeding (EBF) for the first six months of life, followed by sustained breastfeeding up to two years with age-appropriate complementary feeding<sup>1</sup>. Human milk is the first point of contact the child has with the food system and is a significant source of all vital macro and micro-nutrients as well as bioactive molecules that are important for gut microbiota and immune system development<sup>2</sup>. The benefits of human milk include optimal physical growth and neurodevelopment, as well as potential protection from allergies and non-communicable diseases in later life<sup>2,3</sup>. However, the most recent South African Demographic and Health Survey (SADHS) (2016) found only 32% of infants under the age of 6 months were exclusively breastfed<sup>4</sup>.

## Objective

The purpose of this cross-sectional study was to examine the socio-demographic, economic profile, food security status, and breastfeeding practices to better understand the current barriers to EBF in SA.

## Methods and Data Analysis

- Cross-sectional design was used
- Study protocol was approved by the Institutional Review Board of TTU (IRB 2018 - 411), the Department of Health, Free State Province, SA and the Health Sciences Research Ethics Committee of the University of the Free State, SA (UFS-HSD2019/1029/2502)
- Measurements were done during October 2018 and October 2019 and included: Demographic variables, health<sup>5</sup>, breast feeding self-efficacy, and food security and coping strategies using the The Community Childhood Hunger Identification Project (CCHIP)<sup>7</sup> index.
- Data were analyzed using IBM SPSS, version 26.0 and  $p < 0.05$  considered significant.

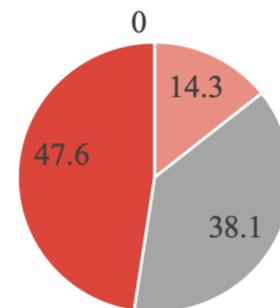
-Linearity regression was used to test all continuous variables for normality.

-Descriptive statistics (mean, standard deviation and frequencies) were used to categorize the food insecurity<sup>7</sup>.

## Results

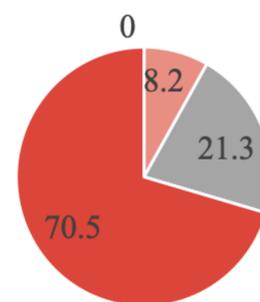
The majority of the women were white (82.4%), married (97.0%), and employed (75.0%) with a tertiary education (64.7%). The majority of respondents (62.0%) had a household income of  $> \$2,759$  and 91.4% were food secure. Although the mean dietary diversity score ( $5.43 \pm 1.87$ ) indicated dietary nutrient adequacy, the food group diversity scores (FGDS) ranged between a low of 0.03 for the legume group and 4.00 for the starchy group, reflecting poor FGDS. The average daily diet of the sample was mostly adequate (77%).

The percentage of women that think they are coping with breastfeeding (%)



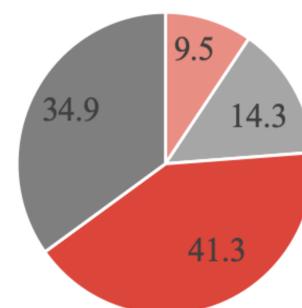
■ Not sure ■ Sometimes ■ Usually ■ Always

Percentage of women that want to continue breastfeeding (%)



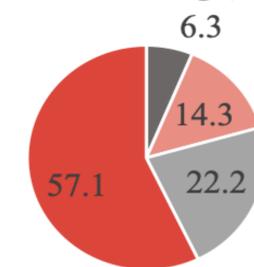
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Percentage of women stating having enough milk to satiate the infant (%)



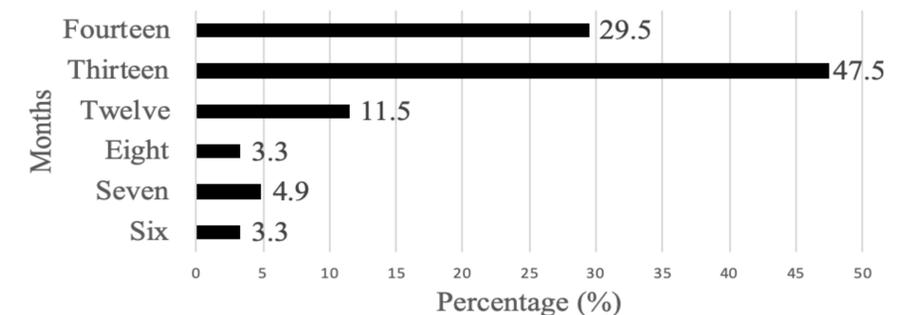
■ Not sure ■ Sometimes ■ Usually ■ Always

Family support for women that are breastfeeding (%)



■ Not sure ■ Sometimes ■ Usually ■ Always

Expected duration of breastfeeding



## Conclusions & Recommendations

The results of this study point to barriers to breastfeeding for the two year recommended period despite good internal motivation and socio-economic status. More research is needed in a larger sample size to understand the barriers to EBF in SA to plan and implement appropriate interventions for lactating women.

## Global Impact of this Study

The results of this study can pave the way for similar studies in other developing countries which can in turn result in tailor made breastfeeding intervention programs within specific communities that can help children receive EBF that is prescribed by WHO. This will ensure that children across the globe will receive all the vital nutrients responsible for their physical and immunological development in the formative years of their lives, while lowering complications and morbidity.

## Acknowledgements

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