

Feeding practices of mothers and/or caregivers of infants below the age of 6 months in four provinces in South Africa

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Background

Breastfeeding is one of the primary strategies used to enhance infant nutrition and improving child survival worldwide. While EBF is an uncommon practice in South Africa for the entire first six months the country has been shown to have very high breastfeeding initiation rates (75-97%). The intention of globally increasing the rate of exclusive breastfeeding (EBF) to at least 50% of infants in the first six months of life was stated in the 2014 International Conference on Nutrition Rome Declaration on Nutrition and the Post-2015 Development Agenda.

Study Aim

To explore the infant-feeding practices of mothers and caregivers of infants aged ≤ 6 months in four provinces in South Africa

Design and Methods

This cross-sectional study was conducted in four provinces (North-West, Gauteng, Free State and eastern Cape) in South Africa. In total, 40 health facilities were randomly selected in the four provinces and visited, including metropolitan and non-metropolitan health facilities over the geographical area of the provinces. The sample size comprised mothers and/or caregivers of babies aged ≤ 6 months.

Fixed-format interviews were used in this study on 580 mothers and/or caregivers. The mothers completed 24-hour recall based on the Food and Agriculture Organization of the United Nations dietary diversity list, consisting of 12 different food groups, to assess dietary intake and diversity.

Results

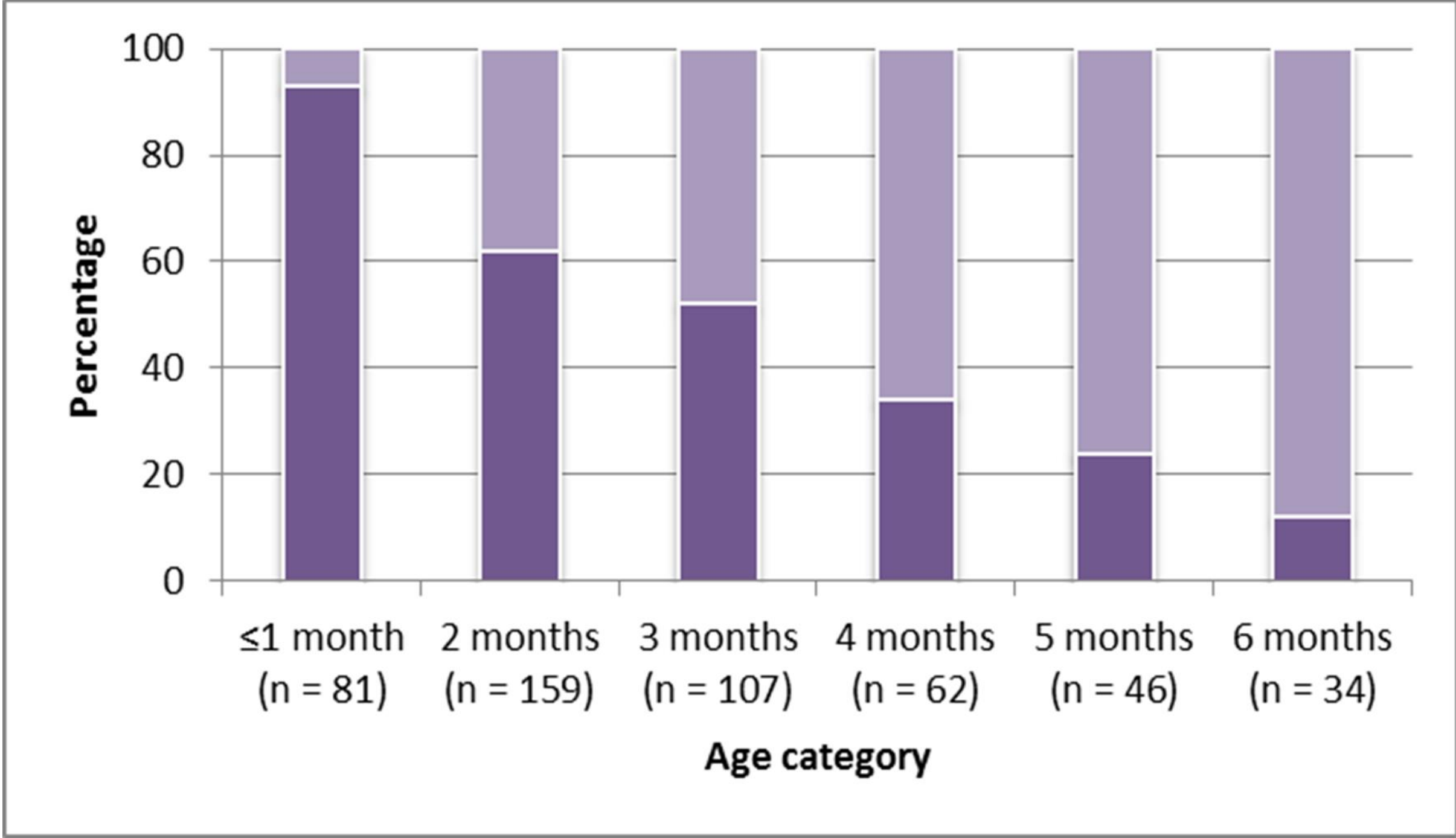
More than a third of the mothers had ceased breastfeeding by one month (40%, n = 23). The minimum standards of dietary diversity were met by one infant only. Different reasons found to influence mothers' feeding practices included needing to return to work (29%) or their studies (12%), the mothers' health status (25%), and perceptions of an "insufficient" milk supply (13%).

Subject Characteristics

Characteristics	Total, n (%)	EBF,* n (%)	Non-EBF,** n (%)
Place of birth			
Hospital	419 (72)	185 (44)	234 (56)
Clinic	140 (24)	72 (51)	68 (49)
Home	21 (4)	9 (43)	12 (57)
Type of delivery			
Vaginal	440 (76)	197 (45)	243 (55)
Caesarean	125 (22)	65 (51)	60 (49)
Complications***	15 (3)	4 (27)	11 (73)
Relationship to infant			
Mother	551 (95)	266 (48)	285 (52)
Caregiver	29 (5)	0 (0)	29 (100)
Age distribution			
1 month	81 (14)	75 (93)	6 (7)
2 months	159 (27)	98 (62)	61 (38)
3 months	107 (19)	56 (52)	51 (48)
4 months	62 (11)	21 (34)	41 (66)
5 months	46 (8)	11 (24)	35 (76)
6 months	34 (6)	4 (12)	30 (88)
Time of delivery			
Premature****	81 (14)	41 (51)	40 (49)*****
Full term****	499 (86)	225 (45)	274 (55)*****
Breastfeeding initiation (n = 490)			
Within 1 hour****	441 (90)	236 (54)	205 (46)
Later****	49 (10)	30 (61)	19 (39)

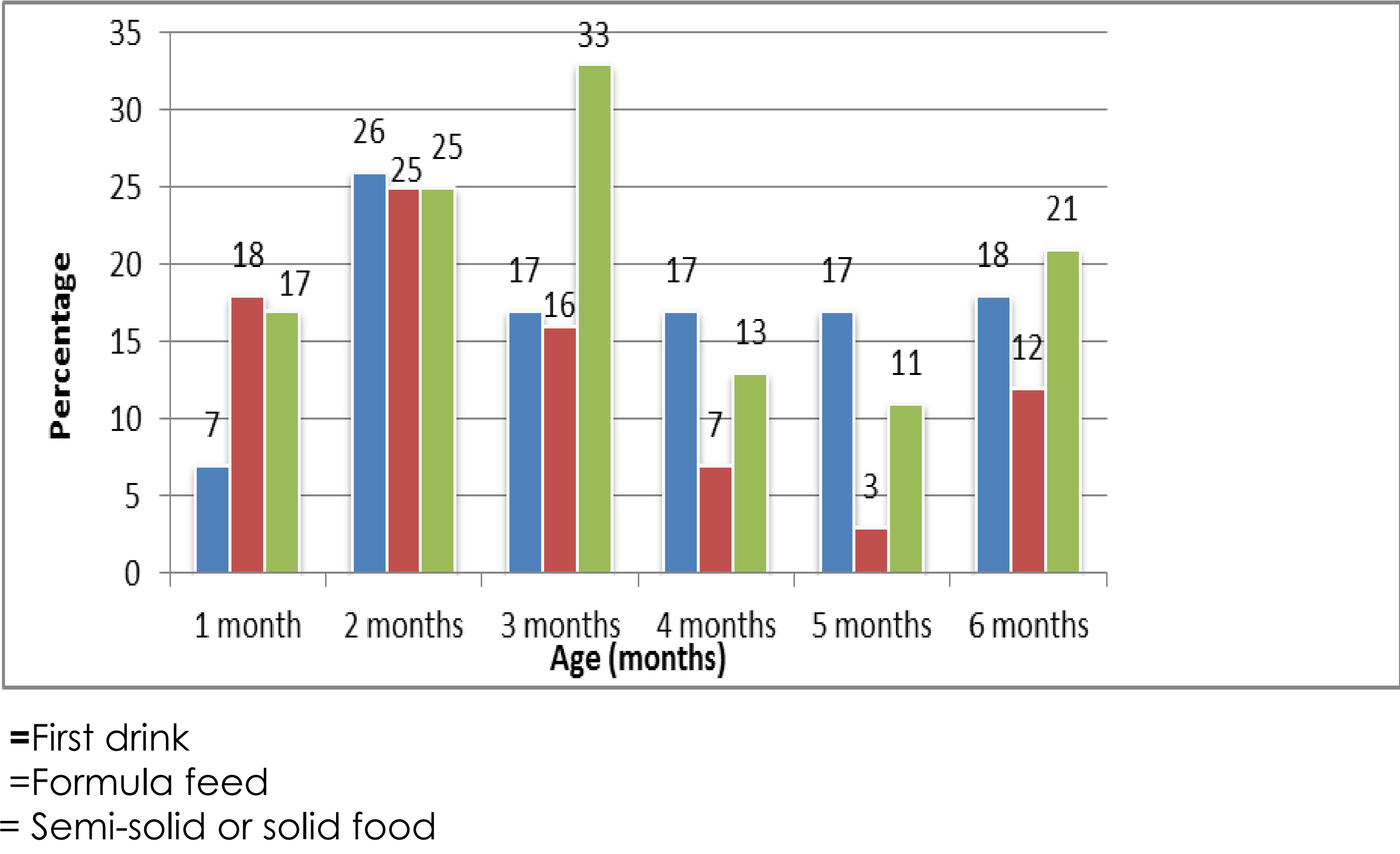
EBF: exclusive breastfeeding
*: EBF means no food or drink (not even water), except breast milk
*: Non-EBF means infants not breastfeeding at all, or those predominantly breastfeeding
***: Complications with either vaginal or Caesarean deliveries
****: Association between the time of delivery and breastfeeding initiation (p-value 0.000)
*****: Comparison between exclusive breastfeeding and non-exclusive breastfeeding (p-value 0.354)

Results – Breastfeeding practices according to age category



EBF: exclusively breastfeeding
Proportion not EBF
Proportion EBF

Results – Age of introduction of other foods



Conclusion

New strategies should address gaps in knowledge with key breastfeeding awareness messages and a special focus on community involvement and participation. There is also a need for the whole nutrition fraternity, including government, academia and development industries, to intervene by developing more innovative approaches to increase the rate of EBF in South Africa.

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