

# Examining Mothers' Perceptions of Infant Feeding in Ghana through an Ecological Lens

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## Introduction

- Ghana: LMI Country in West Africa
- Population: 25.37 million (2012)
- Fertility Rate: 4.10 births per woman (2011)
- Children (<5) Underweight: 14.3% (2008)
- Research completed in town of Larteh

## Nutritional Issues

Infant feeding is a large component of maternal and child health. The consequences of malnutrition are long-term and shape children's growth and development. Observing the different levels of influence on infant feeding practices in Ghana may help professionals learn how to decrease the prevalence of malnutrition in Ghana.

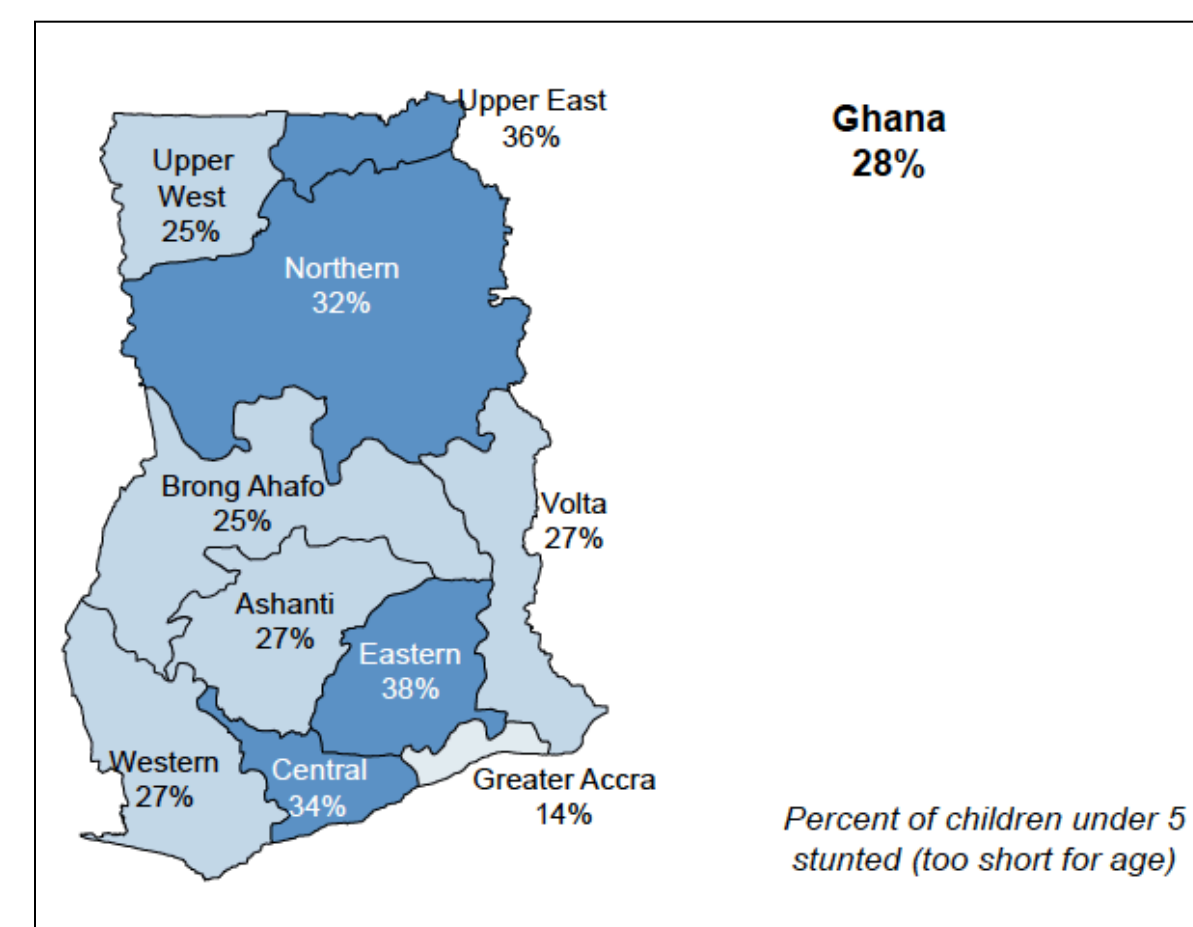


Figure 1. Children's Stunting by Region. (Laar, 2013)

## Methods

### Observation

- Throughout hospitals and the town of Larteh
- Visual and conversational components

### Focus Group

- n=10
- Held at a local church
- Assisted by translator

### Semi-Structured Interviews

- n=16
- Convenience sampling
- Held in interviewee homes and community health center
- Assisted by translator



## Results Continued

### Feeding Behavior

- 14 out of 16 mothers reported exclusive breastfeeding
- Being unable to breastfeed led to 3 behaviors
  1. Change in Infant's Diet (9)
  2. Additional Information Seeking (4)
  3. Change in Mother's Diet (3)

### Alternative Feeding Options

- Formula and cereal are accessible, but often costly
- Local dishes often used a substitute (e.g. banku, porridge)

"Breastfeeding is a part of motherhood because it helps the child grow."

"If a mother could not breastfeed, I would feel pity because it is a poor sign for the child's health."

"Elders will insult and say bad things about a mother who cannot breastfeed."

Figure 3. Selected Quotes from Interviews

## Conclusions

Results allow researchers to see the various social influences on mothers in regards to infant feeding. Information from the study can be used to inform future health campaigns and interventions through its designation as family and health professionals as gatekeepers and information sources. Additional research can help to clarify the implications of stigma towards women who cannot or do not breastfeed. Further research in this region is also needed to add depth to current literature.

## Acknowledgments

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### Community Liason

- Beatrice Owusua

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## Research Theory and Model

### Grounded Theory

- An inductive approach allowing for specification of emerging themes from broad observations

### Ecological Model of Health Promotion

- Based on work by Bronfenbrenner
- Outlines five specific systems of analysis
- Highlights what influences the production and preservation of health

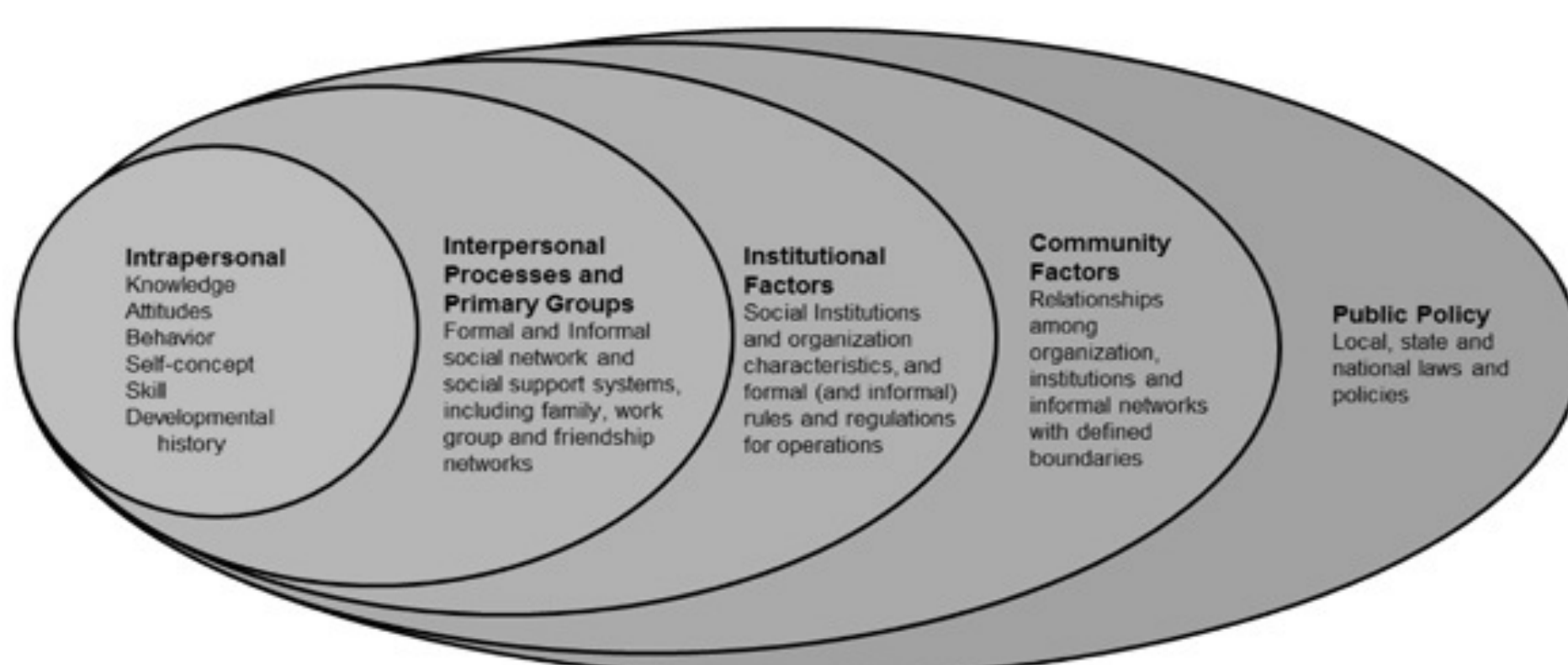


Figure 2. Ecological Model for Health Promotion (American College Health Association, 2012)

## Results

|                            |  |
|----------------------------|--|
| Average Age                | 38   |
| Educational Level          | Middle School/JSS (11)<br>Secondary/SSS (4)<br>Primary (1) |
| Average Number of Children | 2.5  |
| Relationship Status        | Married (7)<br>Divorced (5)<br>Single (4)                  |

Table 1. Demographics of 16 Interviewees

### Perceptions of Motherhood

- Defined as having a child
- Breastfeeding a key component

### Knowledge and Sources of Information

- Family (i.e. mother and grandmother)
- Health professionals at community health center and district hospital

## Discussion

### Intrapersonal

- Identity as a mother
- Motivations for feeding behavior

### Interpersonal

- Perceptions of motherhood created and reinforced through interpersonal interactions
- Source of information for feeding practices

### Institutional/Organizational

- Source of information for feeding practices
- Conflicting messages between institutions?

### Community

- Relationships between community and health professionals play a role in message diffusion

### Policy

- Global feeding policy not always reflected in the actual choices and resources of women
- How is policy communicated at the local level?

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