

# Breastfeeding in Botswana: Practices, Attitudes, Patterns, and the Socio-cultural Factors Affecting Them

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## Summary

**A cross-sectional descriptive study was conducted in four randomly selected districts of Botswana. Two study sites were chosen in each district. Four hundred households with children under 3 years old were enrolled into the study. A structured questionnaire was administered to mothers of eligible children in 50 households in each of the eight sites. About half the families had monthly incomes below 400 Pula (1 US\$ = 4.6 Pula). The majority of families had only one child under 3 years of age. A total of 76.4 per cent of the mothers were single and a high proportion of them had primary or secondary education. Over half, 59.3 per cent, of the mothers had a high level of information about breastfeeding mainly obtained before conception; 94.4 per cent of the mothers believed that breastfeeding was better than bottlefeeding. Ninety-five per cent of the mothers had breastfed their children, and they started breastfeeding immediately or a few hours after delivery. More than 85 per cent of the mothers were planning to continue breastfeeding for 18 months or more. The majority obtained advice about breastfeeding from health workers. The main reason for stopping breastfeeding was that the mother was at work or school. Although 58.2 per cent of mothers had little or no support for breastfeeding from the community it had a positive effect on their decision to breastfeed. The majority of mothers indicated their confidence about breastfeeding when they were pregnant. Over three-quarters (79.6 per cent) of the mothers delivered in government hospitals, and nearly all were roomed with their babies after delivery.**

## Introduction

Despite documented evidence of the benefits of breastmilk,<sup>1-3</sup> global estimates indicate that 85 per cent of mothers do not conform to optimal breastfeeding practices.<sup>4</sup> The initiation, characteristics, and duration of breastfeeding are determined by a number of factors. These factors include knowledge, attitude, and practice of an individual or community about breastfeeding, social and cultural traditions,<sup>2</sup> education of the mother, and advice of friends and health professionals.

Surveys in Botswana have shown that the 12-24-months-old age group are most affected by under-nutrition.<sup>5</sup> Breastfeeding is widely practised in African countries, including Botswana.<sup>1</sup> However, there are indications that it is showing a gradual decline. Major issues that cause concern in relation to breastfeeding in Botswana are: the inappropriate timing of weaning, breastfeeding patterns during illness, and the lack of public awareness on the importance of breastfeeding.

The aim of the present study was to investigate the factors that affect the practices, attitudes, and

patterns of breastfeeding in some urban and suburban locations in Botswana, and to discover the factors that help breastfeeding promotion among Botswana.

## Materials and Methods

### *Study type*

A cross-sectional descriptive study was carried out in four districts of Botswana and targeted the under 3-year-old children.

### *Sampling*

All 23 health regions in the country were represented. Regions with similar characteristics, such as eating habits, ecological conditions, cultural values, and activities, were grouped together. The total number of such grouped regions was eight. In each of the eight regions one district was randomly selected. Out of those eight districts four were randomly selected. The districts selected were: Gaborone, Kweneng, Maun, and Tutume. Urban and suburban sites were chosen in each district using the modified EPI cluster method. The sampling plan aimed to reach 50 households having children below 3 years of age in each of the eight sites. All households with an under 3-year-old were included in the

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study. All under-threes in the eligible household were included. A total number of 400 households were recruited in the study.

### Procedure

The research was approved by the ethical committee of the University of Botswana. A structured questionnaire was administered to mothers of eligible children. The questionnaire covered demographic information, breastfeeding practices, and socio-cultural factors.

### Data analysis

The EPI Info computer programme was used for data entry and analysis.

## Results

### Characteristics of families and mothers

As Table 1 indicates, 53.3 per cent of the families had monthly incomes < 400 Pula (approximately US\$ 80). This puts them among the poorer sectors in the society.<sup>6</sup> The main sources of livelihood among most of the families included small stock keeping, arable farming, salary-paid jobs and cattle production (Table 2). The majority (88.6 per cent) of families had only one child under 3 years of age.

Our data showed that 76.4 per cent of the mothers

were single, nearly half of them worked in agriculture, and 36.2 per cent of them worked away from home. With regard to the level of education of the mothers, the study showed that 82.9 per cent had primary or secondary education.

### Breastfeeding practices

**All mothers.** Table 3(a) shows that 59.3 per cent of the mothers had a high level of information about breastfeeding before delivery. About two-thirds of them obtained that information before conception (Table 3b). A very high percentage of the mothers believed that breastfeeding was better than bottle-feeding. Table 3(c) indicates that 95 per cent of the mothers had breastfed their children, 58.3 per cent of whom were still breastfeeding.

**Mothers who started and continued breastfeeding.** A large majority (95.2 per cent) of the mothers started to breastfeed immediately or a few hours after delivery (Table 4a). Most (78.3 per cent) of the mothers breastfed their infants on demand (Table 4b). Table 4 (c) shows that > 85 per cent of the mothers were planning to continue breastfeeding for 18 months or more.

TABLE 1  
Monthly income of the family

Income range (Pula) <sup>a</sup>	%
<400	53.3
400-599	9.6
600-799	9.2
800-999	9.1
1000 or more	18.8

<sup>a</sup> Exchange rate: 1 US\$ = 4.6 Pula.

TABLE 2  
Sources of livelihood of the family

Source	%
Small stock	47.7
Arable farming	39.7
Salary employed	35.7
Cattle	33.4
Poultry	26.6
Traditional beer processing	13.6
Vending	11.1
Veld foods	10.6
Others	38.5 <sup>f</sup>

TABLE 3  
Mothers' information about breastfeeding and breastfeeding practices

(a) Level of information of mothers about breastfeeding before delivery <sup>a</sup>	
Level of information	%
Very informed	59.3
Somewhat informed	22.6
Poorly informed	6.5
Not informed	11.6
(b) Time when mothers obtained information about breastfeeding <sup>a</sup>	
Period	%
Before pregnancy	67.7
During 1-5 months of pregnancy	8.1
During 6-9 months of pregnancy	6.1
After delivery	14.6
Never	3.5
(c) Has the mother ever breastfed that child? <sup>a</sup>	
Response	%
Yes, and the child is still breastfed	58.3
Yes, and the child is not breastfed anymore	36.7
No, the child was never breastfed	5.0

<sup>a</sup> All mothers participating.

TABLE 4  
Start of breastfeeding, frequency, and planned length of breastfeeding

(a) Time after delivery the mother started breastfeeding <sup>a</sup>	
Time	%
Immediately	70.2
Hours	25.0
Days	4.8
(b) Frequency of breastfeeding <sup>a</sup>	
Frequency	%
On demand	78.3
At set times	5.0
According to inclination	15.5
Do not know	0.8
(c) Plan of the mother to breastfeed <sup>a</sup>	
Length of time the mother plans to breastfeed	%
6 months	0.8
12 months	13.3
18 months	43.3
24 months and more	42.5

<sup>a</sup> Mothers who started and were still breastfeeding.

Table 5 shows that 69.4 per cent of the mothers obtained advice about breastfeeding from health workers. Less than one-third of the mothers were employed when they had their baby and the majority of them were allowed breaks for breastfeeding. A small proportion of the mothers who continued to breastfeed, bottlefed their infants.

TABLE 5  
Other aspects related to mothers who continued to breastfeed

Aspect	% <sup>a</sup>
Privacy is needed during breastfeeding	11.7
Advice about breastfeeding obtained from	
Health worker	69.4
Grandmother/mother	36.4
Other sources	8.0
The mother was employed when she had the baby	30.1
The mother is allowed a break for breastfeeding	77.8
The child is fed other foods	77.0
The child is bottlefed	23.9

<sup>a</sup> % indicates a positive response.

Mothers who started and stopped breastfeeding and those who never breastfed. The main reasons that made mothers stop breastfeeding (Table 6) were either that the mother was at work or school (28.8 per cent), or that the mother wanted to stop (26.0 per cent).

TABLE 6  
Reason for stopping breastfeeding<sup>a</sup>

Reason	%
Mother at work/school	28.8
Mother want to stop	26.0
Insufficient breast milk	16.4
Others	38.6

<sup>a</sup> Mothers who started to breastfeed and stopped.

Table 7 shows that a trend similar to that reported for mothers who continued to breastfeed is also noted here. The percentage of mothers in this group who bottlefed their infants (32.3 per cent) is significantly higher ( $p < 0.01$ ) than the percentage of mothers who continued to breastfeed (23.9 per cent).

TABLE 7  
Other aspects related to mothers who stopped breastfeeding<sup>a</sup>

Aspect	% <sup>b</sup>
Privacy is needed during breastfeeding	2.7
Advice about breastfeeding obtained from	
Health worker	63.0
Grandmother/mother	46.6
Other sources	16.0
The mother was employed when she had the baby	29.6
The mother is allowed a break for breastfeeding	65.2
The child is bottlefed	32.3

<sup>a</sup> Mothers who started to breastfeed and stopped.

<sup>b</sup> % indicates a positive response.

Among the mothers who never breastfed their children, 75 per cent used bottlefeeding. The question of 'how do the others feed their children?' was not investigated.

#### Sociocultural factors relating to all mothers who have children under 3 years of age

Table 8 (a) indicates that 58.2 per cent of all mothers had little or no support for breastfeeding from the community. On the other hand Table 8 (b) shows that the community had a positive effect on the mother's decision to breastfeed. Seventy-eight per cent of the mothers were encouraged to breastfeed. The majority of mothers indicated that they were

TABLE 8  
Sociocultural factors relating to mothers  
breastfeeding

(a) Level of community support for breastfeeding <sup>a</sup>	
Level of support	%
No support	40.3
Little support	17.9
Enough support	24.5
A lot of support	17.3
(b) Influence of community on mother's decision to breastfeed <sup>a</sup>	
Type of influence	%
Definitely discouraged	8.4
Slightly discouraged	13.6
Encouraged	51.8
Very much encouraged	26.2
(c) Confidence of mothers about breastfeeding when they were pregnant <sup>a</sup>	
Confidence level	%
Very worried	7.9
Slightly worried	16.3
Confident	66.3
Very confident	9.5
(d) Place of delivery <sup>a</sup>	
Place of delivery	%
Government hospital	79.6
Private hospital	2.1
Clinic	11.5
Home	6.8

<sup>a</sup> All mothers participating.

confident about breastfeeding when they were pregnant (Table 8c).

Table 8 (d) shows that the majority of women delivered in government hospitals; 97.7 per cent of mothers were roomed with their babies after delivery.

### Discussion

Early breastfeeding termination is a world-wide problem. In Botswana it was observed that the practice of breastfeeding was declining and the use of breastmilk substitutes was on the rise. The present study reflects the practices, attitudes, and patterns of breastfeeding, and the sociocultural factors related to them in Botswana.

The main features of the families studied were that they included more female than male members, had low incomes, used small stock keeping, arable

farming, salary-paid jobs and cattle production as the main sources of livelihood, and had only one child under 3 years of age. On the other hand most of the mothers were single, worked in agriculture, and had received primary or secondary education. The extent to which mothers were knowledgeable about breastfeeding before delivery was high. Most of them obtained that knowledge before conception. These findings were well-reflected in their belief that breastfeeding is better than bottlefeeding, and also in the very high percentage of mothers who had breastfed their children. The percentage of mothers who breastfed their children reported here is in agreement with previous results (98, 91, and 96 per cent for 1984, 1988, and 1996, respectively) reported in Botswana.<sup>7</sup> Among the mothers who initiated and continued breastfeeding, 95.2 per cent started to breastfeed immediately or a few hours after delivery. This practice is desirable and beneficial to both the infant and the mother.<sup>1,2,8</sup> The situation in Botswana is better than that reported in two studies in Nigeria, where only 28.6 per cent<sup>2</sup> and 55 per cent<sup>1</sup> of mothers started breastfeeding within the first 24 h of birth. It is also better than that reported in India and United Arab Emirates<sup>8</sup> where only 60 and 51 per cent of the mothers, respectively, started to breastfeed within 24 h of birth. However, a similar trend of early start of breastfeeding has been reported in Sudan (97 per cent) and in Somalia (90 per cent). Some of these differences might reflect variations in family practices and breastfeeding support to mothers, as well as cultural and social factors operating in different communities. Among this group of mothers a high trend of breastfeeding the infant on demand was noticed. Another positive feature of this group was that 85 per cent of the mothers planned to continue breastfeeding for 18 months or more. This is a higher percentage than the 62 per cent reported<sup>1</sup> among Nigerian mothers.

Most of the mothers in this group obtained information and advice on breastfeeding through reliable sources, mainly from health workers. This trend is similar to that reported<sup>9</sup> for mothers in Saudi Arabia.

The mothers who stopped breastfeeding indicated that the main reason for this decision was that they were at work or school. This does not seem to be an acceptable reason since 62.2 per cent of those mothers indicated that they were allowed breastfeeding breaks.

The study showed that although mothers receive little or no community support for breastfeeding, their decision to breastfeed was positively influenced by community members. However, encouragement only is not enough, actual support from the community is needed. The high level of confidence about breastfeeding among the mothers is a good sign of breastfeeding promotion.

The high percentage of mothers who delivered in government hospitals might be a reflection of the

families' low incomes, as reported in the results. The practice of rooming the newborns with their mothers, noted in nearly all the cases, encourages mothers to start breastfeeding immediately. This practice is similar to that reported in other studies.<sup>2</sup> Rooming-in and demand feeding have been shown to have a positive influence on breastfeeding.<sup>10,11</sup>

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