

## The Value Bases of Infant Feeding Modalities in a Rural Community

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### SUMMARY

**Isenalumhe AE and Oyarebu KA. The Value Bases of Infant Feeding Modalities in a Rural Community. *Nigeria Journal of Paediatrics* 1989; 15:0.** In order to determine the value bases of infant feeding modality in a developing community, 308 respondents were surveyed in a rural community. With a structured questionnaire and three different photographs of an obese, a moderately plump and a slim healthy male infant respectively, information was obtained from the respondents. It was found that most of the respondents expect a well-fed infant to look beautiful, strong, healthy and above all, its feeding modality to be a popular one. Therefore, for nutrition education in the community to be effective, it should focus on those attributes as best conferred by the advocated feeding modality.

### Introduction

GOOD nutrition provides the basis of normal growth and development of infants, helps to safeguard their health, reduces the impact of infections on the body and enhances recovery from disease conditions. While socio-economic and cultural factors influence the nutrition of the infant in different ways, it has been rightly noted that "the infant's diet reaches its stomach through the mother's

mind".<sup>1</sup> In other words, the baby may eat only what the mother accepts to be good for him. For this reason, advertisement and marketing of most baby foods are directed at winning the approval of the mother.<sup>2</sup> The approval may be sought through enticing packaging, association with photographs of flamboyant-looking infants, or even the taste of the feeds. The messages are designed to appeal to the mother in order to build her idea of the ideal and desirable baby as a product of a particular feed and feeding modality.

However, the mother's idea of an ideal or desirable baby is primarily shaped by the sociocultural values of that particular society. Therefore, the value bases of infant feeding modality must differ from one community to the other. Consequently, if any attempt to influence mothers in any society

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towards a particular infant feeding modality is to be successful, it must be based on the society's socio-cultural values of a desirable baby. Hence, to revert the reported declining practice of breast-feeding in developing communities,<sup>3</sup> the value bases of infant feeding modalities in the respective communities must first be ascertained. The knowledge can be employed in the promotion of breast-feeding in the particular communities.

This study was undertaken in order to determine some of the value bases of infant feeding modality in a Nigerian rural community. The data were collected between November 1985 and February 1986.

### Materials and Methods

This study was carried out in Anwain clan in Etsako Local Government area of Bendel State. An entirely rural community with five major widely scattered villages and a population of about seven thousand, Anwain clan is about 20 kilometres from Agbede, the nearest major town connected by a modern road. Four primary schools, one dispensary and a maternity centre constitute the main social and health facilities in the area.

Although the area falls within the "grain belt," producing most of the locally grown rice in the state through peasant farming, the clan has only one seasonal earth road linking it with Agbede. During the months of June to October, the community is almost entirely cut-off from the rest of the world, accessible only on foot and bicycle through some bush paths.

The villagers build their houses on both sides of a number of streets which adjoin a central space usually with shady trees. Data were collected from alternate households along each street, starting from one

end of the village. A maximum of four adult residents, not more than two of either sex, were interviewed in each household. A minimum of 50 respondents were interviewed in each village, resulting in a total of 308 respondents interviewed in the community.

A structured interview schedule was used for collection of data. The instrument was pretested on 20 respondents in a village adjacent to the clan. With a split-half correlation analysis, the instrument correlated at 0.68. Interviewers were people fluent in the local dialect and were trained and supervised in the use of the questionnaire by the investigators.

Information was obtained on the personal and family background of respondents and the feeding pattern of their last-born. Each respondent was presented with three different photographs of three healthy male in-

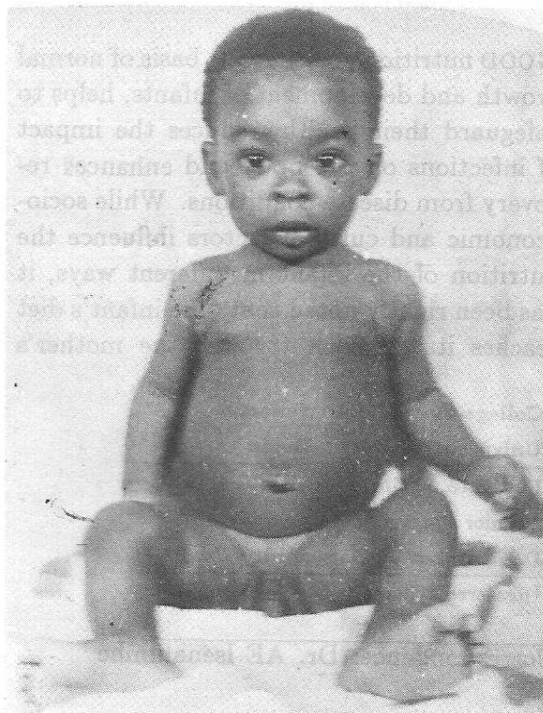


Fig. 1 BABY A

fants, aged between four and six months. One of the babies was slim (Baby A), the second was moderately plump (Baby B) and the third was obviously obese (Baby C) as shown in Figs 1-3. The respondents were then asked a number of questions regarding their preferences based on the photographs, infant feeding pattern and socio-economic background.

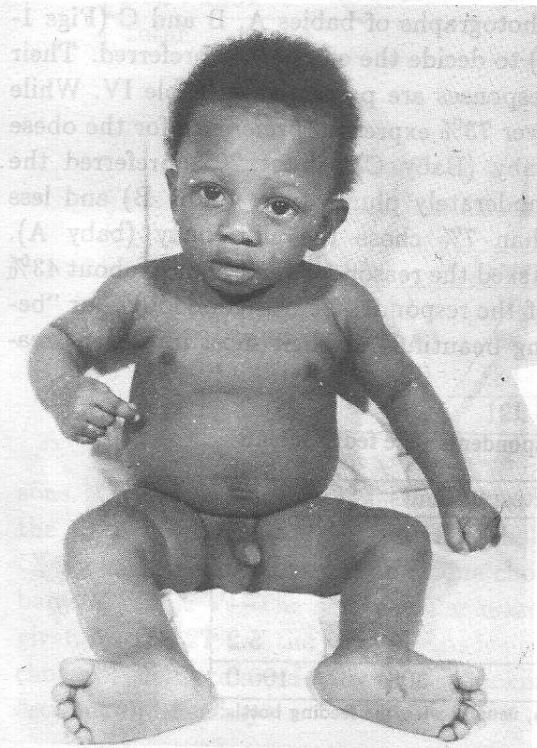


Fig. 2 BABY B

### Results

The 308 respondents consisting of 122 males and 186 females were generally illiterate; only 7 (2.3%) of them attained full primary or higher educational level and 46 (15%) had some primary education. Two hundred and ninety one (94.5%) of them, were peasant farmers, 43 were petty traders,

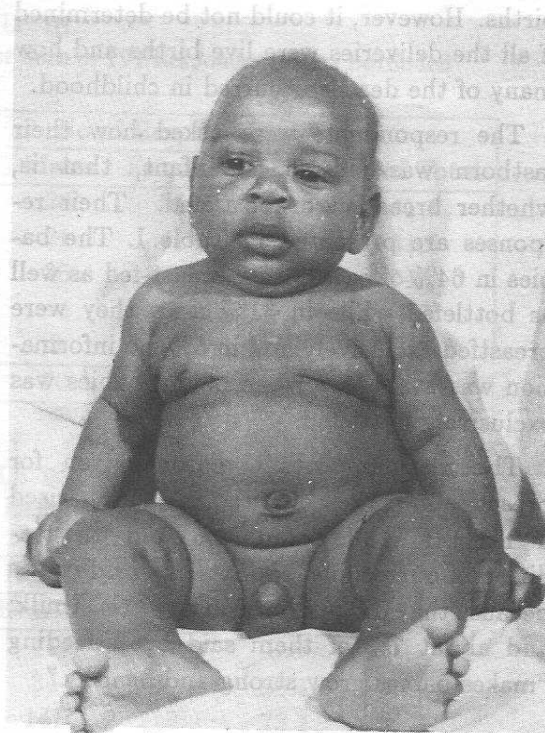


Fig. 3 BABY C

16 were traditional doctors/birth attendants while 12 others were skilled workers such as tailors and carpenters. Nine were salaried employees, such as teachers and road menders. Many of them combined farming with other occupations.

Islam was the most popular religion in the community with 142 (46.1%) of the respondents being muslims; 127 (41.2%) were christians while (12.6%) practised traditional religion. The age of the respondents ranged between 15 and 70 years (mean 28.9 years). Two hundred and eight six (93%) of the respondents were married, 4.9% were widowed and 2.3% single. Many of the married couples were in polygamous union with the men having an average of 1.3 wives. The women reported an average of 6.2 deliveries with 4.8 survivors; a wastage rate of about 230/1,000

births. However, it could not be determined if all the deliveries were live births and how many of the deaths occurred in childhood.

The respondents were asked how their lastborn was fed as an infant, that is, whether breastfed or bottlefed. Their responses are presented in Table I. The babies in 64% of cases, were breast-fed as well as bottlefed while in 31% cases they were breastfed exclusively and in 5%, no information was available. None of the babies was exclusively bottlefed.

The most important reasons given for breastfeeding their babies, are summarised in Table II. While about 72% cited "the tradition of our people", about 11% said it was because they did not have to buy breastmilk, and about 7% of them said breastfeeding "makes babies grow strong and healthy."

Those who reported that their lastborn was bottlefed were asked why. Their answers are presented in Table III. It will be observed that the most popular answer was "fashion" or "what other people do" with over 41% so responding. Some (31.5%) said it "makes babies fat and beautiful" while 25 per cent of them contended that bottlefeeding "makes babies grow strong and healthy".

Each respondent was shown the three photographs of babies A, B and C (Figs 1-3) to decide the one he/she preferred. Their responses are presented in Table IV. While over 73% expressed preference for the obese baby (Baby C), about 20% preferred the moderately plump baby (baby B) and less than 7% chose the slim baby (baby A). Asked the reason for their choice, about 43% of the respondents gave "good looks" or "being beautiful" as their most important rea-

TABLE I  
How the Lastborns of the 308 Respondents were fed as Infants

Feeding Pattern	No of Respondents	% of Total
Breast only	95	30.8
Breast and Bottle*	197	64.0
Bottle only	—	—
Don't know	16	5.2
Total	308	100.0

\*Bottle refers to feeding of formula, usually with the feeding bottle.

TABLE II  
The Most Important Reasons why the Lastborns were Breastfed

Reason	No of Respondents	% of Total
Tradition	221	71.8
Freely available	33	10.7
Make baby fat and beautiful	21	6.8
Make baby grow strong and healthy	18	5.8
Don't know	15	4.9
Total	308	100.00

TABLE III  
The Most Important Reasons why the Last Born of 197 Respondents were Bottle-fed

Reasons	No of Respondents			% of Total
	Males	Females	Total	
What other people do (fashion)	26	55	81	41.1
Make baby fat and beautiful	21	41	62	31.5
Make baby grow strong and healthy	26	23	49	24.9
Cheap	—	2	2	1.0
Don't know	3	—	3	1.5
Total	76	121	197	100.0

TABLE IV  
Preference for Slim, Plump or Obese Healthy Male Infants by Respondents

Baby Type	No of Respondents			% of Total
	Males	Females	Total	
Slim (Baby A)	10	11	21	6.8
Plump (Baby B)	28	34	62	20.1
Obese (Baby C)	84	141	225	73.1
Total	122	186	308	100.0

sons. One hundred and seventeen (89%) of the 132 who gave these reasons chose baby C, about 11% chose baby B and none chose baby A (Table V). The next popular reason given by over 27% of the respondents for the choice of their preferred baby was his looking "strong and healthy".

Again, almost 73% of this group chose baby C, about 25% chose baby B and about 2% chose baby A. A similar pattern of disposition was reported for "evidence of good care" which was their third popular reason for choice of the preferred baby. It was the reverse for the fourth popular reason,

TABLE V  
The Most Important Reasons for the choice of the Preferred Baby

Reasons	Baby type				
	Slim (Baby A)	Plump (Baby B)	Obese (Baby C)		
Good looking (beautiful)	—	15	117	132	42.9
Strong and healthy	2	21	61	84	27.3
Evidence of good care	7	16	39	62	20.1
Looks like my child(ren)	12	10	8	30	9.7
Total	21	62	225	308	100.0

TABLE VI  
Perceived Reasons for differences between the Babies

Reason	No of Respondents	% of Total
Feeding	198	64.3
Nature	83	26.9
Environment (town/village life)	17	5.5
Don't know	10	3.3
Total	308	100.0

"looks like my child(ren)", which was given by about 10% of the respondents. Over 43% of this group chose baby A, over 33% chose baby B and about 23% chose baby C.

The respondents were further asked what they thought was responsible for the difference in the appearance of the babies and their answers are shown in Table VI. While over 64% of them felt that feeding was responsible, about 27% said it was the work of nature and over 5.5% felt it was the work of the "environment", meaning that it depends on whether one lives in the village or in an urban setting.

### Discussion

The generally illiterate, poor peasant farmers constituting the bulk of the surveyed population in this study is typical of most rural communities in developing countries. The paucity of health and other social amenities, including lack of wholesome water supply and poor communication facilities, add up to make bottle-feeding too costly and sometimes, deadly in such communities.<sup>4</sup> Manifesting the typical irony of such communities,<sup>5</sup> this study reveals that bottlefeeding continues to be regarded as fashionable and widely practised in Anwain

community even though breastfeeding is still traditionally practised by the majority.

It is remarkable that the community realizes that literally, "babies are what they eat." Therefore, what the people feed their babies on may be determined by what effects they believe that such foods may have on the baby. This may be why the people strain themselves to bottlefeed their babies because they expect bottle-fed babies to be as "good looking" as the fat, flamboyant-looking babies usually displayed and idealised in association with formulas.<sup>6</sup>

Therefore, while the people's foremost attribute of an ideal baby is an "attractive appearance," they defined that attractiveness in the form of obesity, an idea different from the general appearance of their babies. Hence, although only about 2.5% of the respondents reportedly had obese babies, about three-quarters of them preferred a fat baby. Most of them thought that bottle-feeding was the way to make babies fat; they appeared to have disregarded the cost and logistic difficulties of bottle-feeding in their environment. Their commitment to bottlefeeding sounds almost fanatical probably because they associated beauty, strength, health and evidence of good care in a baby with obesity which they saw as the result of

bottlefeeding. While it may be difficult to explain the basis of this obvious misconception, some earlier reports<sup>7 8</sup> have indicated that the baby-food industry adversely influences infant feeding modalities toward bottlefeeding, particularly in developing countries. If that observation is true, the remoteness of the locale of this study may not preclude the people from such influence.

For any suitable infant feeding education to be successful in such communities therefore, the myth about the fat and flamboyant baby must first be debunked. The indicated value for the attributes of a baby being "strong and health" is obviously a realistic value on which infant feeding education in the community should capitalize. Virtually all available information indicate that these attributes are guaranteed by breastfeeding and most likely to be destroyed by bottlefeeding in rural communities like the locale of this study.

However, any infant nutrition education programme in such communities should take into account the indicated facilitating effect of "peer influence" or "role models" which the respondents in this study expressed as "fashion" or "what other people do". In this regard, those who constitute role models in such communities such as teachers, periph-

eral health workers and other salaried employees living in the community, should be a major target for such an education programme.

### Acknowledgements

We wish to acknowledge our gratitudes to the University of Benin for funding this research project. We are also grateful to the chiefs and elders of Anwain and, in particular, we appreciate the frank and enthusiastic response of the participants in the survey.

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