RE-THINKING CHILD HEALTH SECURITY: AN INTROSPECTION OF EXCLUSIVE BREASTFEEDING PRACTICE IN YONSO AREA COUNCIL

[1]Samuel Marfo & Bismark Osei
[1] Lecturer/PhD Student, Social, Political and Historical Studies, University for Development Studies, Faculty of Integrated Development Studies, Post Office Box 520, Wa Campus, **GHANA**

ABSTRACT

Ghana has over the years adopted various health measures including exclusive breastfeeding (EBF) with the view of promoting the health security of the child which is a major concern of human security. Interestingly, the EBF concept has been received with a mixed reaction. While some nursing mothers practice EBF, others do not. Against this background, an exploratory study was conducted in the Yonso Area Council, a rural community in the Ashanti Region between June, 2015 and August, 2015, to establish among others, the level of nursing mothers' knowledge on EBF and inhibiting factors to the practice of EBF. Data gathered through interview of 91 nursing mothers revealed that, the knowledge of nursing mothers on EBF and its effects on the health security of the child has been very high mainly due to health education from the Ghana Health Service. However, such high level of knowledge has not translated into full adoption of the concept by all nursing mothers in the study locality due to unemployment, erroneous understanding and inadequate family support. The paper advocates for a more health education and economic reforms to empower the rural poor, especially women, as a means of promoting and sustaining EBF practice and its concomitant child health security in Ghana, especially in the rural setting.

Keywords: Yonso Area Council; Child; Human Security; Child Health Security; Exclusive Breastfeeding.

INTRODUCTION

Health is critical in human life. As noted by Selmon (1994:1), "life is man's most valuable possession and next in order of value is health. Without health, life is deprived and not only of much, if not all, of its usefulness, but also of its joys and pleasures'. The promotion of the health of citizens, especially children is therefore one major pre-occupation of nations. The United Nations (UN) and its agencies such as the World Health Organization (WHO) and the United Nations Children Fund (UNICEF) for instance, have been instrumental in promoting the health needs of nations.

According to United Nations Development Programme (1994), one of the major threats to global health security especially among children is malnutrition. The World Health Organization (2003) noted that, malnutrition has been responsible, directly and indirectly, for 60 percent of the 10.9 million deaths annually among children under five. The deaths are often associated with inappropriate feeding practices especially during the first year of life.

Ghana in its efforts to promote and sustain the health security of children especially, during the formative first one year of life, has adopted the WHO concept of exclusive breastfeeding (EBF) mooted in 2003. Virtually, every child at birth is breastfed in Ghana (Aryeetey and Goy, 2013), but not every nursing mother practice EBF. Even though EBF is tied to the health security of children, the concept has received with a mixed reaction by Ghanaians. It is recorded that some young children especially under one year, are still being fed using baby feeding bottles which is inimical to their health (Ghana Statistical Service Final Report, 2012). The report noted that

approximately 46% of children aged less than six months are exclusively breastfed. The question is, 'if EBF is pivotal to the health security of children, why are some nursing mothers not practicing the concept?

It is against this background that the study sought to explore EBF situation in the Yonso Area Council under the Asante Mampong Municipal Assembly of Ashanti Region. The objectives of the study were to (1) ascertain the level of knowledge of nursing mothers on EBF, (2) identify the motivating factors to the practice of EBF and (3) examine the inhibiting factors to the practice of EBF. Even though a number of studies have been conducted on EBF in Ghana and elsewhere around the globe, none of the studies has targeted the Yonso Area Council in the Ashanti Region. The UNDP Report (1994) noted that, global threats to health security have differential impacts and most instances affect the poor in the rural areas especially children. This underscored the choice of the study locality which is rural by nature. It is envisaged that the findings from the study will go a long way to complement the efforts of Ghana government and other stakeholders in an attempt to promote and sustain EBF in the country thereby ensuring the health security of the child, a basic concern of human security.

In consonance with the objectives, the study is structured into five parts. Part one looks at the introduction to the study while part two captures the profile of the study locality as well as the conceptual explanation of the key concepts child, health security, child health security and exclusive breastfeeding and their inter-connectedness. Part three captures the methodology while part four deals with the discussions and findings. Part five is devoted to the conclusion and recommendation.

PROFILE OF YONSO AREA COUNCIL

Yonso Area Council is a rural setting comprising three communities namely, Yonso, Apaah and Kyekyewere which is popularly referred to as 'KY'. The Yonso Area Council falls under Asante Mampong Municipal Assembly in the Ashanti Region of Ghana. The people in the three communities share similar socio-cultural, religious, economic and political characteristics. The three communities are clan-based and practice exogamy and matrilineal system of inheritance. The people are predominantly Christians and small-scale farmers and engage in the cultivation of cassava, cocoyam, plantain and cocoa as their main traditional source of livelihood. Members of the three communities uphold the chieftaincy institution as the traditional political institution.

The Yonso Area Council is referred to as 'over-sees' by some local community members as the area is likely to be forgotten due to its supposedly hidden geographical location. Even though the Area Council in relative terms is closer to Agona District Assembly - about 6.5 kilometers from Apaah the nearest community, it is however under Asante Mampong Municipal Assembly which is about 20.8 kilometers from Appah. To a large extent, the three communities engage in inter-communal marriage (Marfo, 2014). The Yonso Area Council has a Health Center and Clinic located at Yonso and Apaah respectively.

CONCEPTUAL EXPLANATION

In order to avoid ambiguity and enhance understanding, the key terms; child, human security, child health security, and exclusive breastfeeding (EBF) have been appraised.

Child

The definition of a child has a legal connotation and therefore differs from country to country. Perhaps the most comprehensive document on the child is the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC (1989) for instance, defines a child as every human being below the age of 18 years. This definition has been widely accepted by many governments who have ratified the convention and incorporated it into their domestic laws. The Republican Constitution of Ghana (1992), Section 28, Clause 5, equally defines a child as any person below the age of 18 years.

From the above discussions, a child in this study may be conceptualized as any person below the age of 18 years who lives under the protection, guidance and care of parents and or a guardian (adult). By implication, the health, physical, mental and over- all development of children, especially those under one year depend on adult members of society (parents or guardians).

Human security

Human security is one of the two major components of security. Security is all-encompassing term and spans beyond the traditional understanding in which it is construed mainly as freedom from military threat to national sovereignty (Boutros-Ghali, 1994; UNDP, 1994). In present times, security is understood from two broad dimensions namely; state security and human security dimensions. Marfo (2013) has pointed out that in Africa in particular, and elsewhere around the globe, there appear to be a paradigm shift of security based on the state to the individual. Earlier conception of threat which focuses primarily on military threat to sovereign states is much challenged by frequent insecurity emanated from socio-economic forces, notably; sustainable income, food, health, recognition and dignity. Cabilo and Baviera (2010) argue that human security, both as a concept and policy framework, challenges traditional notions of security, which is state-centric, focused on interstate conflict, and primarily concerned with military defense. Human security broadens the notion of security by encompassing its dimensions to economic, political, cultural, and even psychological aspects.

The Commission on Human Security (CHS, 2003:4) defines human security as the protection of the vital core of all human lives in ways that enhance human freedoms and fulfillments. Human security concerns itself with empowerment **-** aiming at developing the capabilities of individuals and communities to make informed choices and act on their own as well as protection of the people, by shielding them from all manner of menace which affect their development. It focuses on good governance, education and healthcare and access to economic opportunities (Marfo, 2013). The UNDP (1994) for instance, asserted that the best path to tackle global insecurity is to ensure ‘freedom from want’ and ‘freedom from fear’ for all persons. The Report focuses on seven core areas of which health security is one of the concerns. The Report indicated that global threats to health security has differential impacts and in most instances affecting the poor in the rural areas especially children, due to malnutrition, insufficient supply of medicine and lack of clean water or other necessity for healthcare. Health as defined by WHO (cited in Schaefer, 2005:551) is a state of completely physical, mental and social well-being and not merely the absence of diseases and infirmity. It can therefore be suggested that the health of children is intimately tied to their diet (nutrition), and with reference to young children, breastmilk.

Child health security

Child health security can be understood from the trio concepts 'child', 'health' and 'security.' Reference to the discussions on child, health and security as presented in this study, child health security, may be construed as policies and measures adopted to promote the growth and development, and the protection of children below 18 years from (preventable) diseases and improper feeding practices and their associated mortality. The WHO definition of health (cited in Schaefer, 2005:551) which has been adopted in this study suggests that, health is a broader term and extends beyond a person's resistance to illnesses. Health touches on the physical, mental and the social well-being of people.

The realization of the health security of young children and their over-all growth essentially can be tied to their diet. The Millennium Development Goal (MDG) 4A as espoused in the Millenniun Declaration (2000) for instance, aims at reducing infant (under 1) mortality by two-thirds per 1000 lives by 2015. The 2015 benchmark is almost coming to an end. The question is 'can Ghana and Africa in general achieve the said goal as projected?' The Millennium Development Goal African Steering Group (2008), noted that Africa as a whole is off track to meeting the MDGs 4, 5 and 6 on reducing child mortality, improving maternal health and combating infectious diseases respectively.

Exclusive breastfeeding (EBF)

Breastfeeding is the natural or biological way of feeding infants and young children with breast milk. When breastfeeding is qualified by the adjective 'exclusive', as proposed by WHO and UNICEF (2003), then it implies the act of feeding infants with only breast milk during the first 6 months of life and then partially breastfed for 2 years and beyond. This means no water, food, teats and herbal concoction are given to infants for the first 6 months of life. The importance of EBF has been well documented. According to Adeyinla, Ayibola, Ojesoji and Adedeji, 2008:165), EBF is considered the most complete nutritional source for infants because breast milk contains the essential fats, carbohydrates, proteins, and immunological factors needed for infants to thrive and resist infections in the first formative year of life. Breastfeeding is thus tied to health and is beneficial to all children regardless of their geo-political location.

Inappropriate feeding practices have been found to expose children to various common childhood illnesses such as diarrhoea and pneumonia and are linked to infant deaths. Lartey (2008) as presented by Aryeetey and Goh (2013:24) has indicated that suboptimal child feeding accounts for 12% of under-five mortality and as much as 10% of the global burden of morbidity in children. Humans, both children and adults need food throughout their lives. However, as indicated by Pamplona-Roger (2008: 21-22), 'while all foods provide nutrients and energy, some can cause disorders and diseases; while others bring health and healing'. He asserted that the decisions we make that most affect our health have to do with the foods we eat. Pamplona-Roger's assertion perhaps suggests a close relationship between life choices and people's health security. In the view of Ludington and Diehl (2005), the solution to most of our health problems does not depend on physicians, technological advances, or on quality hospitals. They argue that our health today is determined largely by our lifestyle choices, our physiological inheritance, and our physical environment. Good health in today's world mainly depends on what we are willing to do for ourselves, how we choose to live especially how we eat, drink and exercise. These revelations perhaps, buttress the need for EBF which is a lifestyle choice. According to UNICEF (2014), in the last two decades, child mortality has declined considerably. The report however, noted close to 7 million under five years of age still die each

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year mainly from preventable causes. The Report indicated that putting the baby to the mother's breast within an hour after birth – would significantly reduce neonatal mortality. The discussions above suggest that appropriate child feeding practices are intimately tied to the health security of infants.

Fig 1: Health officials explaining to some nursing mothers at Apaah about the importance of child welfare clinic

Source: Field Report (August, 2015)

Fig 2: A group of nursing mothers at KY assembling for child health education and weighing

SOURCE: Field Report (August, 2015)

METHODOLOGY

This study was an exploratory one and targeted all nursing mothers with children under age one in the Yonso Area Council, due to the sensitive nature of that age in the life of young children. This study did not use the records of the Child Welfare Registration Books (CWRBs) (2015) of the two health centers in the study locality in selecting the respondents. The reason was that the CWRBs did not capture all nursing mothers and young children as some nursing mothers sought child welfare treatment outside the study locality. In all, the CWRBs had a total registered number of 75 nursing mothers/children. In view of this, a quota sampling technique was used in selecting the respondents. This technique was employed due to the difficulty in selecting the target respondents from the whole nursing mothers in the three communities. The criteria for the choice of the respondents were that; (1) the respondent should be a nursing mother, (2) the respondent should have a child below one year and (3) the respondent should be a resident of the study locality. A house to house approach in the three communities was adopted and all mothers who rightly fit into the requirements of the criteria were selected for the study. In all, 91 nursing mothers were selected from the three communities given as follows; Yonso-38 respondents, Apaah-30 and KY- 23. Besides, two health officials, one each from the two health centers located in Apaah and Yonso were purposefully selected.

The main data collection tools were interview and questionnaire. A field assistant from the study locality was selected and trained to assist in the recording of data. In order to get holistic picture pertaining to the objectives of the study, secondary data from textbooks, journal articles, health records and the websites were equally reviewed. Data gathered were mainly analyzed descriptively. In gathering the necessary data, due cognizance was paid to ethics in social research. In the view of Babbie and Mouton (2004), the scientist has the right to the search for truth and the right to collect data through interviewing people, but this must not be done at the expense of the rights of other individuals in the society. The photos displayed in the study were done with the consent of the health officials and the nursing mothers concerned. This study was conducted between June, 2015 and August, 2015.

DISCUSSION

The discussions were done along three (3) key areas namely; respondents knowledge on EBF, factors that promote EBF and inhibiting factors to the practice of EBF.

(A). Respondents' knowledge and practice of EBF

Given the fact that knowledge gained through formal education and training can affect a person's understanding and acceptance of a given concept, in finding out the knowledge of the respondents on EBF, the educational status of the respondents was first examined. The data revealed that the respondents were mainly Junior High School (JHS) graduates. Out of the entire 91 respondents, 61 representing about 67.0% were JHS graduates. Fourteen (14) respondents accounting for about 15.4% had primary education while 11 respondents had acquired Senior High School (SHS) education. Three respondents had no formal education while two respondents had tertiary education.

Only one respondent out of the three who had no formal education representing about 33.3% practiced EBF. In respect of respondents with primary education, seven out of 14 accounting for 50% practiced EBF. Out of the 61 respondents with JHS education, 46 representing about 75.4% practiced EBF. The remaining 24.6% did not practice EBF. Ten out of the 11

respondents with SHS education representing about 90.9% practiced EBF. All the two respondents with tertiary education representing 100% practiced EBF. In comparative terms as showed by the data in this study, breastfeeding practice increases as the educational level of the respondents progresses. It could therefore be suggested that the decision to breastfeed a child is influenced by a person's level of education.

Overwhelming majority of 78 out of the 91 respondents representing about 85.7% affirmed that they had knowledge on the EBF concept, benefits and the number of times a child is to be breastfed. Only 13 respondents had no knowledge on EBF. Probing further as to the sources of the respondents' information, 70 out of the 78 attributed their source of information to the Ghana Health Service (nurses and Doctors), three each credited their source of information to friends, and health officials and friends respectively. One each linked the source of information to the Nursing Training College and maternal mother respectively. The data showed that the information on EBF promoted by the Ghana Health Service notably, the midwives has been quite encouraging and helpful especially among nursing mothers in the study locality.

The data revealed that 12 of the 78 respondents who indicated having knowledge on EBF were among the 25 respondents who did not practice EBF. In all, 66 respondents representing about 72.5% practiced EBF, and all of them had some knowledge on the EBF concept. The data suggest that there is a positive relationship between respondents' knowledge and the practice of EBF even though high knowledge rate does not necessarily translate into full practice of the concept by all nursing mothers.

(B). Motivating factors to the practice of EBF

Those who practice EBF often give various reasons to their behaviour. From the study, five related responses were recorded from 58 out of the 66 respondents who practiced EBF. Resistance of the child to diseases attracted 45 responses; healthy growth recorded 39 responses; while strong physical (bone) and mental development attracted 30 and 18 responses respectively. Relatively low cost nature of breast milk attracted three responses. Eight respondents however could not account for why they practice EBF. The reasons assigned to the practice of EBF by the respondents indicated that the benefits of practicing EBF are not limited to children's resistance to diseases but involve their over-all growth and development.

(C). Inhibiting factors to EBF and its effects on the Health Security of the Child

Nursing mothers who do not practice EBF have reasons underlying their behaviour. In response to the question as to why respondents did not practice EBF, seven (7) out of the 25 nursing mothers attributed their behaviour to lack of knowledge on EBF. As indicated by one respondent, 'I have no knowledge on EBF that is why I do not practice the concept'. Three respondents attributed their behaviour to lack of family support making it difficult for them to practice the EBF concept. Poverty and unemployment were also found to be another inhibiting factor as indicated by two respondents. One respondent remarked, 'I was abandoned by the man who impregnated me and I have no source of income to enable me practicing EBF'. Misperception and erroneous understanding of the EBF recorded six responses. Two of the respondents remarked respectively, 'What is special about EBF? My mother gave me water and food when I was a child, why should I deny my child water and food? I have given water to all my five children and by God grace nothing has happened to any of them'. Three of the respondents linked their decision not to practice EBF to the pressure from their mothers'. A respondent indicated, 'My mother insists that I should give food and water to the child as these

will not harm the child? Natural factors such as inadequate breast milk and diseases also prevent some nursing mothers to practice EBF as indicated by four of the respondents.

In an attempt to finding out any childhood diseases confronting the child due to non-adherence to the practice of EBF, the respondents indicated that they have virtually not encountered any childhood diseases. Four respondents indicated that their children occasionally suffered from malaria which they attributed to mosquitoes bites. One respondent indicated that the child fell sick weekly which she attributed probably to the child's feeding. The health official of Yonso equally indicated that the community has not witnessed any serious childhood diseases. The health official however pointed out that, erroneous impression and understanding of the EBF has prevented some mothers from practicing the concept. The responses gathered from the respondents may suggest that some parents have limited the benefits of practicing EBF solely to the absence of diseases which need not be so. Health goes beyond the mere absence of diseases or infirmity. The health official from Apaah however indicated that, malaria, diarrhoea and acute respiratory diseases have been the common childhood diseases reported in his area of operation. Diarrhoea and acute respiratory diseases as reported by the health official probably are common to children of and above one year old.

FINDINGS

1. Formal education resulting in accurate information and knowledge tends to facilitate understanding and the practice of EBF. The less the educational background of a mother, the more the likelihood of not practicing EBF, and the higher the educational level of a mother, the more the likelihood of practicing EBF. According to this study, EBF practice increases as respondents' educational level progresses.
2. The health promotion by the Ghana Health Service has translated into high awareness of nursing mothers on EBF and its over-all benefits to the health security of the child. About 85.7% of the respondents had knowledge on EBF while 72.5% of mothers actually practiced EBF in the study locality. This finding was consistent with the study conducted by Agyei and Schubert (2003) which attributed the major sources of respondents' knowledge on EBF to health workers and the radio in a study conducted in the three regions in the north of Ghana.
3. Resistance of children to diseases, healthy growth, strong bones/physical and mental development had been the principal motivating factors to the practice of EBF by nursing mothers. The findings from this study buttress the report of the WHO (2003) which indicates that, breastfeeding as a natural and learned behaviour is the safest way of providing ideal food for the health and growth of infants.
4. Lack of family support, pressure from maternal mothers, diseases, poverty and unemployment, ignorance, misperception and erroneous understanding are major causes of non-adherence to the practice of EBF. As noted by the WHO, (Schaefer, 2005:55), health is not limited to the absence of diseases and infirmity but involves the complete physical, mental and social well-being. Those nursing mothers who do not practice EBF simply because their children do not fall sick do so because of ignorance and misunderstanding.

CONCLUSION AND RECOMMENDATION

The efforts put up by the Ghana Health Service especially in promoting EBF in the Yonso Area Council have witnessed some positive results. The knowledge of nursing mothers on the benefits of EBF and its effects on the health security of the child has been quite encouraging in the study locality as 72.5% actually practice EBF. However, the high level of knowledge has not been translated into full practice of exclusive breastfeeding by all nursing mothers as

envisaged due to poverty, unemployment, inadequate breast milk and diseases, maternal pressure, misperception and ignorance, and inadequate family support.

On the basis of the findings, this paper recommends the following:

1. Aggressive income-based projects targeting especially mothers, should be carried out by the government and other partners in development so as to empower them economically, as the health and nutrition of mothers are intimately tied to the health and nutrition of children.
2. Health educational campaigns and counselling to promote and sustain exclusive breastfeeding by the government and other stakeholders should be extended to other members of the family especially, men/husbands so that they can equally encourage and support their wives especially during the first six (6) months of birth. In that, the care of the child is the primary responsibility of both mothers/wives and fathers/husbands in the society. As indicated by one respondent in this study, 'I was abandoned by the man who impregnated me and I have no support that is why I do not practice Exclusive breastfeeding'.
3. Given the positive relationship between the level of a mother's education, knowledge, understanding and the practice of exclusive breastfeeding as identified in this study, it is recommended that sensitization campaign targeting girl-child higher education should be carried out by the media fraternity, the government, religious bodies and traditional leaders. Besides, special endowment fund should be created at the various District Assemblies, especially the Asante Mampong Municipal in order to support girl-child higher education. The simple reason is that the girls will grow eventually to become nursing mothers.

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