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The State of Breastfeeding in Ghana: Practices and Promotion

Summary of the Final Report

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Introduction

In the 1990 Innocenti Declaration, the international health community recognized breastfeeding's critical role in the health of mothers and children and called for support of a global initiative to improve breastfeeding practices. Taking up this call, the U.S. Agency for International Development (A.I.D.) issued its *Strategy for Breastfeeding*. Activities included under this strategy are: the conduct of country-level assessments to document the current situation and serve as the basis for planning; the development of national infant feeding strategies and action plans; and the implementation and evaluation of national programs.

Purpose and Methodology

USAID/Ghana and A.I.D.'s Africa Bureau requested this assessment of available information on the status of breastfeeding in Ghana, including identification of supportive factors and obstacles to reaching optimal breastfeeding and areas requiring immediate action that could be included in USAID's family planning and social marketing programs.

Using the *Guide for Country Assessment of Breastfeeding Practices and Promotion* produced by MotherCare, an interdisciplinary team conducted the assessment in January 1992. Activities included:

- a literature review;
- interviews with government, nongovernmental and private sector health and donor agency officials, health workers, traditional birth attendants (TBAs), mothers and fathers, and representatives from women's organizations; and
- site visits to medical schools and training hospitals, maternity homes, rural health centers, and a Ministry of Health (MOH) district hospital.

The methodology gives a relatively quick means to assess infant feeding practices and the status of programs and policies that affect infant feeding. The results described here can be used for program planning and can serve as a baseline for assessing improvements in optimal breastfeeding.

Country Background

Despite the presence of a small capital-intensive modern sector, Ghana's 14.6 million people live primarily in rural areas and participate in traditional agriculture. Ghana experienced a severe economic decline in the 1970s that caused acute food shortages. Since the beginning of the Economic Recovery Program in 1983, Ghana's economy has been improving very slowly. On average, 66 percent of consumer expenditure is on food (Boateng et al., 1990). While Ghana has several distinct ecological zones, large differences exist culturally and ecologically between the southern and northern sections of the country.

Children's Health and Nutrition

Ghana's infant mortality rate of 77 infant deaths per 1,000 live births is considerably lower than the overall rate of 130 for West and Central Africa combined. Most infant deaths are related to low birth weight, reflecting poor maternal health. Primary causes of death for infants and children are acute respiratory infections, measles, diarrhea and malaria. Higher birth weights and better nutrition through optimal breastfeeding could prevent many infant deaths.

- There is considerable chronic malnutrition or stunting throughout Ghana (30 percent overall for 3-36 month old children) (GDHS, 1989).
- The decline in the mean weight-for-age from 5-11 months is dramatic, and the level of wasting during the second year of life is alarming.
- Multiple births present a significant risk factor for malnutrition, as do low maternal educational achievement and low socioeconomic status.

Ghana's Health-Related Statistics

Total population	14.6 million
Percent urban	30%
Total fertility rate	6.4 children
Percent of married women using contraception	13%
Female literacy	23%
Per capita GNP	$390[1]
Women receiving prenatal care	90%[2]
Deliveries in formal health facilities	40%
Deliveries by trained attendant	40%
Infant mortality rate (per 1000 live births)	77
Under 5 mortality rate (per 1000 live births)	155
Maternal mortality rate (per 1,000 "assisted" live births)	3.9[3]

Prevalence of Undernutrition

Age	Wt/Age *(undernourished)*	Ht/Age *(stunted)*	Wt/Ht *(wasted)*
3-11 mos	15.8	10.5	5.8
12-23 mos	38.4	33.2	15.0
24-36 mos	35.2	43.2	2.4

Source: GDHS, 1989, except as follows.
[1]ROG & UNICEF, 1990.
[2]MOH, 1989.
[3]MOH, 1989.

- The prevalence of malnutrition varies by region. Rates of stunting and wasting in the Western, Central and combined Upper West-East-Northern Regions are approximately 50-100 percent greater than those in the rest of the country. These are consistent with other indicators of the standard of living in the Forest and Savannah areas of Ghana, where the supplies of food and water are restricted at certain times of the year (GDHS, 1989).

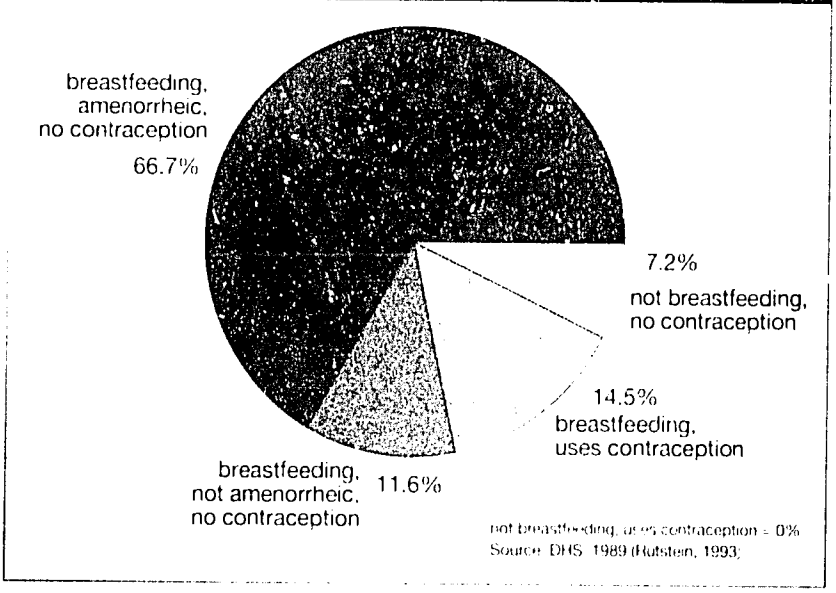
Maternal Health and Nutrition

- Over two-thirds of pregnant women tested in prenatal clinics are anemic by WHO standards. Vitamin A deficiency and goiter remain problems in the forest and northern regions. (ROG & UNICEF, 1990).
- Seventeen percent of babies delivered in hospitals and maternities are low birth weight or premature, reflecting poor maternal nutrition, short birth intervals, and infections during pregnancy (UNICEF-Ghana, 1988).

Contraception and Fertility

The contraceptive prevalence rate in Ghana is only 14.5 percent (see graph below); abstinence accounts for almost half of this rate. This low rate, combined with extensive early supplementation of breastfeeding that erodes the contraceptive effects of breastfeeding, contributes to a total fertility rate of 6.4 children.

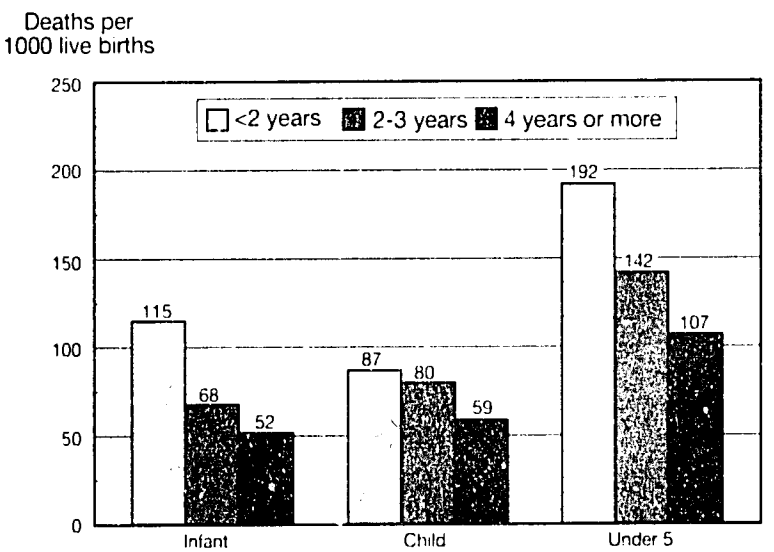
Breastfeeding and Contraceptive Use at Six Months Postpartum—Ghana, 1988



Although postpartum sexual abstinence is common in Ghana, the effects of short birth intervals are striking. As shown in the graph below, the infant mortality rate for infants born within two years of the previous sibling is 115. When the birth interval is 2-3 years, the infant mortality rate drops to 68.

These figures underscore the importance of child spacing, and therefore of optimal, exclusive breastfeeding, to child survival.

Infant and Child Mortality by Inter-birth Interval, 1978-87



Source: GDHS, 1989

Current Breastfeeding Practices

Ghanaian Infants Benefit from Breastfeeding

While virtually all Ghanaian children are breastfed at birth, 66 percent of them receive water, usually prior to and then with breast milk. For Demographic and Health Survey countries, Ghana has one of the lowest percentages of exclusively breastfed children (2 percent), but one of the highest percentages of breastfeeding for one-year-old children (94 percent).

WHO Indicators on Breastfeeding in Ghana, 1988

WHO Indicator	Percent of Children
Ever breastfed	99
Exclusively breastfed 0-3.9 months	2
Predominantly breastfed 0-3.9 months (with or without water)	66
Still breastfed 0-3.9 months	100
Complementary foods 6-9 months and breast milk	57
Bottle fed 0-3 months	54
Breastfed 12-15 months (1st yr of life)	94
Breastfed 20-23 months (2nd yr of life)	52
Median duration (months)	20.4

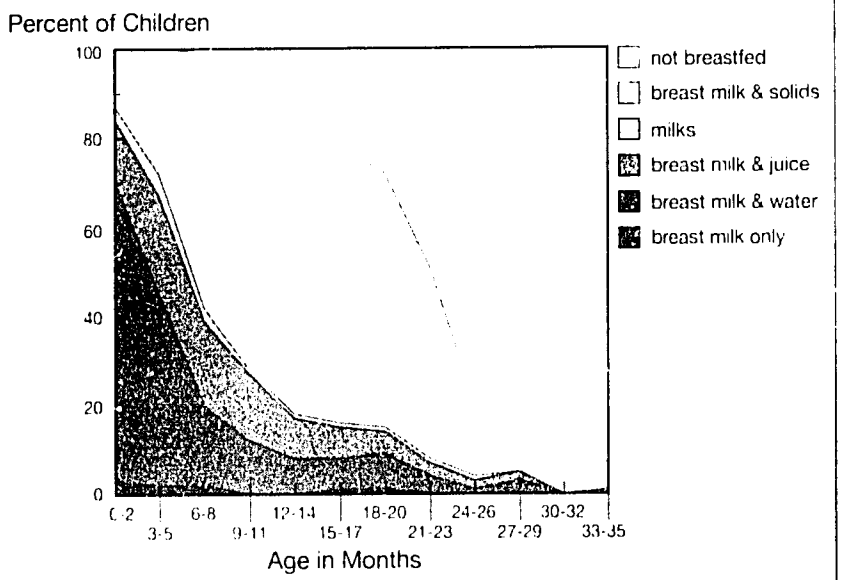
Source: GDHS, 1989;
NB: Percentages calculated from previous day's intake for children currently in age categories.

Optimal Breastfeeding is Nearly Non-existent

- Initiation of breastfeeding within the first hour is rare. Initiation times ranges from several hours to 3 days postpartum because of a common belief that the breasts are empty and time must be allowed for them to fill. (The source for most of the qualitative information on feeding practices is the Weaning Project [Nutrition Division, 1989].)
- Prelacteal feeding with water and other liquids is near universal. It is a custom that newborns are "welcomed" with water or glucose water at birth.

- There is a range of practices related to colostrum. It is considered dirty by some ethnic groups and therefore discarded until the "mature" milk comes. Other groups discard only some of the colostrum. About half of women give colostrum to their babies.
- Giving water with breast milk is near universal. People believe that infants need water because breast milk is food and not sufficient to satisfy the infant's thirst.
- Breastfeeding, although supplemented, is practiced frequently—up to 20 times a day.
- Foods are given to 19 percent of infants under four months of age (36 percent in urban areas). A thin, fermented cornmeal porridge is the usual first food. Mothers say they offer semi-solids early because: they do not have enough breast milk, the baby must become accustomed to adult food, the child appears to want adult food, and everyone else is giving their babies foods.
- Duration of breastfeeding is strongly influenced by residence: 21 percent of urban mothers vs. 64 percent of rural mothers breastfeed for two years. In the north, median duration is 26.6 months vs. 14.7 in Greater Accra.
- The child's maternal grandmother has a strong influence on practices.

Infant Feeding Practices in Ghana, 1988



Source: DHS, 1989 (Sommerfelt, 1993)

Breastfeeding Promotion and Support

The Political, Legal and Financial Context

There is no comprehensive national breastfeeding policy or program. Breastfeeding-related activities are integrated into priority areas of the Maternal and Child Health/Family Planning (MCH/FP) Program of the MOH but overall suffer from inattention. For example, one MCH/FP program goal is to achieve a mean breastfeeding duration of 18 months; however, by 1994, the 1989 GDHS reported the current mean breastfeeding duration of 20.4 months. Optimal breastfeeding is not addressed in the programs, and there are no protocols to achieve optimal breastfeeding.

The conclusion of a 1991 study that porridge-fed, one-month old infants grew better than "exclusively breastfeed" infants has complicated breastfeeding promotion and the establishment of a strong policy. The investigators asked policy-makers to re-examine the desirability of delayed supplementation beyond three months. Examination of the study by outside investigators found that the study's "exclusively breastfed" infants were receiving water.

There has been little government funding for breastfeeding. Donor-funded activities related to breastfeeding promotion are:

- IBFAN/UNICEF support for three persons trained in lactation management.
- USAID, UNICEF and UNFPA funding for the Safe Motherhood program which trained TBAs in breastfeeding.
- A.I.D.'s support through The Weaning Project for an assessment of breastfeeding and weaning practices. However, no follow-on was provided for implementation of activities.
- Dutch funding for the Christian Mothers' Association to produce a booklet on breastfeeding.

Breastfeeding promotion efforts are largely limited to the work of the Ghana Infant Nutrition Action Network (GINAN). This small non-profit organization associated with IBFAN was established in 1987. GINAN activities are severely limited as funding is mostly by members.

In the absence of a law regulating breast milk substitutes, companies are "self-regulating."

- Formula representatives do not offer free or subsidized promotional information to medical personnel or mothers.
- They do not directly supply health centers or hospitals.

Activities for Support of Breastfeeding

Activity	Level
National Breastfeeding Policy	No
National Breastfeeding Committee/Coordinator	No
Comprehensive National Breastfeeding Program	No
Significant Financial Allocations for Breastfeeding Promotion	No
Health Services	
Hospitals with rooming-in	Majority
Supplies given to mothers	Not free, but sold
National Code of Marketing	Draft, 1989
Companies Distributing Breast Milk Substitutes	Nestlé (SMA), Wyeth (Lactogen Starter and Follow-up), Farley Babylac), Ostermilk
Companies Advertising Breast Milk Substitutes	See Above
Breast Milk Substitutes in Hospitals	Lactogen, Ostermilk, SMA, Babylac
Programs Providing Milk Supplements to Infants under 6 months	None
Number of Professionals Trained in Lactation Management	0 Wellstart, 3 IBFAN
Breastfeeding Support Programs	None
Support For Women	Maternity Leave (12 weeks) Nursing Breaks (2 half-hour breaks)
Communications Program to Improve Practices	None

- They do not pay health workers.
- There are no free samples given to health institutions or mothers.

However, there are exceptions, and formulas are widely available for purchase in urban and rural stores as well as at hospitals and some government clinics.

A draft of The Code for Marketing of Breast Milk Substitutes, prepared by GINAN in 1989, is still in the Attorney General's office awaiting passage to law.

Ghanaian women working in the formal sector are allowed six weeks maternity leave with pay before and after delivery. They are legally permitted two half-hour nursing breaks as well, although mothers rarely utilize these.

Formal Health Services

Over 90 percent of pregnant women seek prenatal care—more than the coverage of all other maternal and child health services (MOH, 1989). Unfortunately, breast examinations are not usual and the topic of breastfeeding is rarely discussed.

Breastfeeding practices in hospitals and maternity homes vary widely in the absence of written policies and protocols.

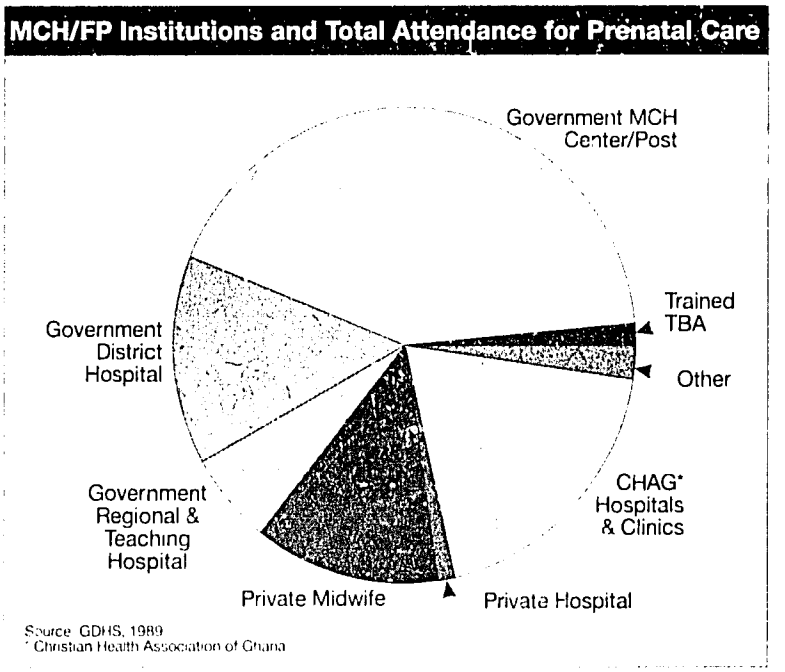
- No health facilities follow the WHO/UNICEF "Ten Steps."
- Rooming-in is culturally appropriate and quite common but not universal. However, mothers and infants are typically separated up to 24 hours so they are clean and rested before initiating breastfeeding.
- One of the largest teaching hospitals does not allow the use of bottles. This is to prevent diarrhea more than to support lactation.
- Overcrowded and understaffed hospitals make it difficult for nurses to devote time to help mothers breastfeed.

Ten Steps to Successful Breastfeeding in Maternities

1. Have a written breastfeeding policy.
2. Train all health care staff in necessary skills.
3. Inform all pregnant women.
4. Initiate breastfeeding within a half-hour.
5. Show mothers how to breastfeed.
6. Give newborn infants no food or drink.
7. Practice rooming-in.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers.
10. Refer mothers to breastfeeding support groups.

Source: WHO/UNICEF

- Infant formula is sold on the premises of many maternities.
- Immediate postpartum and infant care includes the giving of water to "welcome" the infant and to keep the infant from dehydrating until the mother's milk comes in.



Health workers are supportive of breastfeeding but typically assume mothers will breastfeed. Workers educate about giving colostrum and the dangers of bottle feeding. However, most health workers are not familiar with the benefits of optimal breastfeeding nor are they able to resolve problems. Midwives and TBAs are a potentially receptive clientele for introducing "new" ideas about breastfeeding.

Although breastfeeding theoretically is integrated into all maternal and child health activities, optimal breastfeeding is not emphasized and there are no guidelines for promotion.

Traditional Health Care

TBAs deliver about 28 percent of babies in Ghana (GDHS,1989). To improve TBA linkages with the formal health network, TBAs are being organized under a national secretariat. At least two per village are being trained and supervised. Breastfeeding promotion is part of TBA training.

Training Programs for Health Care Providers

In the absence of a written protocol on breastfeeding, educators are conveying differing messages to students, even within the same institution. Overall, health workers receive minimal training on infant feeding, and it often includes more discussion of breast milk substitutes than of breastfeeding. In-service training has been sporadic and lacks follow-up. However, there are two exceptions:

- The pre-service training for public health nurses is optimal largely because the instructor is one of the three individuals trained in lactation management by IBFAN.

- A formidable effort to train 4,000 TBAs that began in 1990 does emphasize breastfeeding. However, the guidelines for optimal breastfeeding should be reviewed for specificity and clarity.

Women's Work and Support Systems

Women make up almost 40 percent of the economically active work force. Although there are efforts underway to support child care, at present neither the formal nor informal sector offers women an environment conducive to optimal breastfeeding.

- A lack of creches in most work places makes it impossible for nursing mothers to take the permitted two half-hour breaks to nurse their babies.
- There are 6,000 community-based preschool and day care centers in Ghana. The 31st of December Women's Movement is helping communities set up 760 day care centers to reduce women's work and their anxiety about child care.

Groups Active in Breastfeeding Support

- Christian Mothers' Association
- Ghana Infant Nutrition Action Network
- Market Women's Association
- National Council for Women and Development (National umbrella for over 100 women's groups)
- The Female Lawyer's Association
- The Power Ladies' Association
- The 31st of December Women's Movement
- Women's Fellowship

Although there are over 100 women's groups in Ghana, none is dedicated to support breastfeeding women. Nutrition, particularly weaning but not breastfeeding, is often a topic for discussion because it is viewed as a problem by women.

Information, Education and Communication Efforts

Breastfeeding has not been the central theme of any communication effort in Ghana. The MOH's Health Education Division is experienced in developing materials and is now preparing a Child Survival film which will include the following breastfeeding messages:

- Do not throw away colostrum.
- Breastfeed your child for two years.
- Breastfeed your child when he has diarrhea.

The best opportunity for face-to-face counselling is in maternity homes. Midwives are highly respected and the homes are convenient and familiar. Radio reaches beyond health system contacts and offers an important channel to communicate key messages about breastfeeding. Good formative research done by the Nutrition Division exists on breastfeeding practices that could form the basis for a communications plan.

On the basis of the assessment team's findings, Ghana received a score of 49 out of 140 points on the Breastfeeding Situational Analysis Score Sheet

Supportive Factors for Breastfeeding

- Widespread acceptance of breastfeeding.
- Existence of GINAN, which has provided lactation management training.
- High level of attendance in prenatal care.
- Most hospitals practice rooming-in.
- TBAs are an official part of the health care system.
- Training for public health nurses covers optimal breastfeeding.
- TBAs and midwives are receptive to "new" ideas about breastfeeding.
- Breastfeeding is integrated into MCH/FP program, although not fully.
- Laws supporting working women are well established.
- The Health Education Division has experience in developing communication materials.
- Over 100 women's groups are a potentially valuable resource.

Constraints to Breastfeeding

- Lack of recognition by health policy makers that breastfeeding is a problem and that optimal practices improve the health of infants.
- Lack of a national breastfeeding policy.
- Lack of written protocols in health facilities.
- Lack of a Ghanaian Code on Marketing of Breast Milk Substitutes.
- Common belief by health workers, including pediatricians, that Ghanaian women have insufficient milk to support their babies growth beyond 3 months.
- Inadequate knowledge and training of health care providers, including TBAs.
- Cultural norm for early introduction of water.
- Overcrowding and understaffing of hospitals.
- Lack of a concerted communication effort in breastfeeding.

Recommendations

There are two sets of recommendations. The first addresses USAID's objective for requesting this assessment, which is to incorporate breastfeeding program activities in the social marketing approach to the Ghana Family Planning and Health Project. The second set contains general recommendations for the improvement of breastfeeding.

Strategy Formulation for Family Planning and Social Marketing

Midwives and TBAs are potentially valuable allies in the promotion of optimal breastfeeding and are receptive to change. Midwives and TBAs are well-respected by the community and convenient for mothers to visit. USAID-supported training currently underway includes breastfeeding promotion. Midwives and TBAs should also be trained to develop peer support systems in their communities so mothers can help other mothers practice exclusive breastfeeding. The current TBA training curriculum needs to be updated to reflect optimum breastfeeding practices.

An effective social marketing program for the promotion of optimal breastfeeding will have to be based on research to determine appropriate messages and approaches. Such a program would need to target mothers and older women who heavily influence mothers and fathers. Research may uncover regional differences.

Messages stressing the benefits of breastfeeding should be incorporated in the information, education and communication activities in other primary health interventions. For example, the role breastfeeding plays in the prevention of diarrhea should be stressed.

Additional Recommendations to Support Breastfeeding

The assessment of breastfeeding practices and promotion reveals an urgent need for a comprehensive national program to promote optimal breastfeeding practices throughout Ghana. Key personnel within and outside the health sector should be invited to participate in a workshop for the development of the strategy which should include establishing a coordinating board, the national program and an adequate budget.

All health workers need to be trained in optimal breastfeeding practices.

- A core group of trainers needs to be trained as there are only three trained trainers in Ghana.
- Key personnel within the health system, such as hospital administrators and head nurses, should be trained.
- Pre-service and in-service lesson plans need to be upgraded to teach skills for optimal breastfeeding.
- Hospital, clinic and health care center employees need to be trained to offer appropriate support to breastfeeding mothers during all maternal and child care services.

Policy development needs to move forward.

- A comprehensive breastfeeding policy should be developed.
- The Ghana Code for the Marketing of Breast Milk Substitutes needs to be passed.
- Maternity leave should be extended to four months.

Hospital practices need to change. One hospital should become the model Baby-Friendly Hospital by adopting the "Ten Steps for Successful Breastfeeding." One of the larger teaching hospitals could exert a strong influence on breastfeeding practices.

Information, education and communication programs need to raise public awareness and policy makers' understanding of the need to promote optimal breastfeeding while protecting desirable behaviors. USAID plans to include breastfeeding in the national social marketing program. Such a program should be based on quality qualitative research.

Research is necessary to promote breastfeeding optimally.

- Qualitative research is needed on what will motivate exclusive (no water) breastfeeding.
- The effect of exclusive breastfeeding on the growth of Ghanaian infants should be re-investigated.
- Research on the high rates of maternal malnutrition and anemia is needed.

GINAN needs to strengthen its organizational capacities. GINAN should join the Ghana Association of Voluntary Organizations in Development to benefit from programs for institutional strengthening. As the only organization with a primary interest in promoting breastfeeding, GINAN will need to follow up on these activities.

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