

# *Decline of Breast-feeding among New York Urban Poor Linked to Sources of Information on Infant Feeding Practices: A Lesson for African Countries*

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## **Summary**

**Isenalumhe TE. Decline of Breast-Feeding among New York Urban Poor Linked to Sources of Information on Infant-Feeding Practices: A Lesson for African Countries.** *Nigerian Journal of Paediatrics* 1984; 11: 41. Using a structured interview schedule, the relationship between infant-feeding practices and sources of information on infant-feeding was evaluated in two matched groups of breast-feeding and non-breast-feeding mothers of low socio-economic status in New York City, USA. It was found that non-breast-feeders received significantly more information ( $p < 0.01$ ) from the baby-food industry, physicians and nurses, than breast-feeding mothers. By contrast, breast-feeders received significantly more information ( $p < 0.03$ ) from relatives, friends and organisations that promote breast-feeding than did the non-breast-feeders. Over 80% of educational materials on infant feeding, supplied freely to mothers attending ante-and post-natal clinics, were produced by different infant-food industries compared to only 17% of such materials produced by the professionals; the materials produced by infant-food industries were essentially promotional of the respective company's products with a high potential for discouraging breast-feeding. It is suggested that health workers in developing countries should produce and utilize educational materials on infant-feeding practices relevant to their respective communities instead of relying on the supply of these materials by baby-food manufacturers.

## **Introduction**

NUTRITION is generally acknowledged to be the foremost factor for the health of infants and breast-feeding has been identified to be the ideal

way to nourish the human infant.<sup>1</sup> For a lactating mother, breast milk is always available, cheap, protected from bacterial spoilage; it protects the infant against a wide range of infectious conditions and given alone, it is adequate for the optimum growth and development of the infant for the first few months of life.<sup>2</sup> In spite of these facts, recent reports indicate that breast-feeding practices have been declining in favour of bottle-feeding, especially among the poor urban population for whom bottle-feeding has in most

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cases, proved disastrous because of the prevailing adverse socio-economic conditions.<sup>3</sup>

As a result, widespread maternal and child health problems, including gastro-enteritis and childhood malnutrition, have been reported among this population. In an attempt to halt the reported adverse trend in infant feeding practices, various experimental programmes have been tried in both the technologically developed and developing societies without success.<sup>4</sup> These efforts are attempts at modifying a behaviour pattern for which an understanding of the factors that influence the particular behaviour is necessary;<sup>5</sup> informational input has been identified as one of the most important influences on behaviour.<sup>6</sup>

The purpose of the present study was to determine the relative importance of four specific sources of information on infant-feeding practices among urban low socio-economic status mothers. It was hoped that the findings of the study would provide some understanding and a useful basis for effective intervention programme to halt and possibly revert the observed decline in breast-feeding.

### Materials and Methods

The study was carried out in perinatal and paediatric clinics of two major hospitals in New York City, USA, between September, 1978 and February, 1979. The study population consisted of 68 natural mothers of infants, aged between six weeks and 12 months, of low socio-economic status as determined by being on Medicaid,\* who have lived in New York City for at least, one year. Thirty-four of the mothers breast-fed their babies, while the remaining 34 did not. The breast-feeders were individually matched against the non-breast-feeders on the variables of age, parity, educational level, racial background, their occupation and that of the fathers

\* Medicaid is a USA Government programme of free medical services for families officially determined to be too poor to be able to pay for such services.

of the babies. The suitability of the respondents was determined with a pretest questionnaire. Data for the actual study were collected with a structured interview schedule. With the SPSS computer, sub-programmed for t-test for paired groups<sup>7</sup> at the 0.05 level of significance with 33 degrees of freedom (df), the two groups of mothers were compared in respect of the amount of information on infant feeding practices which they reportedly received from four specific sources. The sources of information, including their media of communication, were grouped into four categories as follows: "commercial" for the baby-food industry; "professional" for physician and nurses; "interpersonal" for relatives and friends; "social" for social organizations such as schools, religious bodies etc. On a five-point scale, the respondents were asked to rate the amount of information on infant-feeding practices which they ever received from these sources and their various media of communication. The responses were scored from one to five in accordance with the scale.

### Results

The amount of information which the non-breast-feeding mothers received from professional sources was significantly greater ( $p < 0.01$ ) than that received by breast-feeders from the same sources (Table I). Similarly, the non-breast-feeders received significantly ( $p < 0.01$ ) more information than breast-feeders from commercial sources (Table II). However, the reverse was the case for interpersonal sources ( $p < 0.03$ ).

TABLE I

*Analysis of Information received by 68 Mothers from Professional Sources*

Study Group	No.	Mean Score	Standard Deviation	<i>p</i>
Non-breast-Feeders	34	15.471	2.946	<0.01
Breast-Feeders	34	13.324	3.657	

TABLE II

*Analysis of Information received by 68 Mothers from Commercial Sources*

Study Group	No.	Mean Score	Standard Deviation	<i>p</i>
Non-breast-Feeders	34	5.529	1.308	<0.01
Breast-Feeders	34	4.618	1.633	

(Table III). Although the amount of information breast-feeders received from social sources was slightly more than that of non-breast-feeders from the same source, the difference was not significant ( $p > 0.05$ ). However, breast-feeders obtained more information from organizations that expressly promote breast-feeding, such as the La Leche League International,\* than non-breast-feeders ( $p < 0.02$ ) (Table IV).

TABLE III

*Analysis of Information received by 68 Mothers from Interpersonal Sources*

Study Group	No	Mean Score	Standard Deviation	<i>p</i>
Breast Feeders	34	11.177	2.208	<0.03
Non-breast Feeders	34	10.118	2.143	

TABLE IV

*Analysis of Information received by 68 Mothers from Organisations that encourage Breast-feeding*

Study Group	No	Mean Score	Standard Deviation	<i>p</i>
Breast-Feeders	34	1.735	1.214	<0.02
Non-breast Feeders	34	1.235	0.006	

\* The La Leche League International is an organization with the sole purpose of encouraging and supporting breast-feeding anywhere in the world mainly through the provision of necessary information and has its headquarters at Franklin Park, Illinois, USA.

In a supplementary investigation carried out in the ante-natal and post-natal clinics of the locales of this study, it was found that over 80% of the educational materials on infant nutrition available to the mothers in those clinics were produced by the baby-food industry and supplied free. Only 17.4% of the materials originated from professional sources as shown in Table V. Analysis of the educational materials from the baby-food industry revealed that they were essentially promotional of the respective company's products with a high potential for discouraging breast-feeding, irrespective of the topic of such material.

TABLE V

*Sources of 46 Different Educational Materials on Infant Feeding Found in the Paediatric and Obstetric Clinics in Bellevue and Gouverneur Hospitals, New York City*

Source	Pam- phlets	Mimeo	Postals	Total	%
Commercial	34	1	2	37	80.4
Professional	2	4	2	8	17.4
Unknown	1	-	-	1	2.2

### Discussion

The finding that non-breast-feeding mothers received significantly more information on infant feeding practices from commercial sources than did breast-feeders is not surprising since mothers who bottle-feed or intend to bottle-feed may seek information on breast milk substitutes from the producers. In providing such information, solicited or not, baby-food companies normally promote their products to the detriment of breast-feeding as observed in the present study. Therefore, this finding may also indicate that those mothers who relied more on these companies for such information became more disposed to bottle-feed rather than breast-feed their babies. From this perspective, this finding deserves more

attention, especially as it affects health professionals since the same finding was true for physicians and nurses.

Jelliffe<sup>8</sup> has described diseases associated with bottle-feeding as "iatrogenic" and the observed informational input by physicians and nurses tends to support this association. The role of these health professionals may be due to the close relationship existing between them and the baby-food industry as demonstrated by the high proportion of educational material on infant-feeding practices from the baby-food industry that were found in the health institutions.

Received through these establishments, such informational material and their message may be associated with the health professionals and less with the commercial interests of the producers. Thus, viewed with the air of authority and goodwill, usually associated with health professionals, the persuasive message of the baby-food industry acquires a more potent effect on the mothers. Unfortunately, health professionals do not always take the time and interest to select and if necessary, modify the information passed to mothers through their establishments. Under such a situation, health institutions become a medium through which the baby-food industry effectively promotes its products under the cover of the authority and influence of health professionals.

The baby-food companies have been reported to employ similar, but more ruthless promotional tactics in the marketing of their products in African and other developing countries<sup>9</sup> where the need to breast-feed is even more acute. This situation has such grave implications for infant nutrition and health in those communities that the health professionals must realize that they are probably being manipulated and used against what they stand for, namely: the health and wellbeing of children in their communities.

If health professionals in African countries are to fulfil their assigned role as gate-keepers charged with the responsibility for protecting mothers against the inordinate and aggressive promotional tactics of the baby-food industry in

the marketing of breast milk substitutes,<sup>10</sup> these professionals and health care delivery authorities must make adequate provision in the form of manpower, time, money and materials for nutrition and health education as a vital aspect of health care delivery. Professionals should regularly scrutinize every informational material on infant-feeding that passes through their establishments and ensure that any of such materials that has the potential to promote bottle-feeding unduly or discourage breast-feeding in any way, does not go into circulation. Above all, professionals in African countries should accept the challenge to produce and utilize educational materials on infant-feeding practices which are relevant to their communities and address their real needs, instead of relying on the gratuitous supply of these materials by baby-food companies.

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*Editor's Note:* Requests for copies of the Interview Schedule should be addressed to the Author.