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Contents

Codeswitching in Mathematics Lessons in Zimbabwe

Ruth Dube and Ailie Cleghorn

Rural-Urban Differences in Breast-Feeding and Feeding Practices of Children by Black Zimbabwean Parents

S. Nyagura

Post-Primary Educational and Training Opportunities for Adults in Harare

Masimba Vengesa and Patricia Zinyama

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Contents

Codeswitching in Mathematics Lessons in Zimbabwe <i>Ruth Dube and Ailie Cleghorn</i>	1
Rural-Urban Differences in Breast-Feeding and Feeding Practices of Children by Black Zimbabwean Parents <i>S. Nyagura</i>	13
Post-Primary Educational and Training Opportunities for Adults in Harare <i>Masimba Vengesa and Patricia Zinyama</i>	26
The Need to Offer Basic Vocational Education in Zimbabwe's Secondary Schools <i>Ernest M. Munowenyu</i>	43
Teacher Education Courses in Relation to Preparation for Teaching Practice: Views from Student Teachers <i>A. S. Chiromo</i>	58

RURAL-URBAN DIFFERENCES IN BREAST-FEEDING AND FEEDING PRACTICES OF CHILDREN BY BLACK ZIMBABWEAN PARENTS

*S. Nyagura
Department of Food and Nutrition
Faculty of Science
University of Zimbabwe*

Abstract

This study investigated the attitudes, values, beliefs, and practices of black Zimbabwean parents towards breast-feeding and child-feeding. Child rearing practices of parents (fathers and mothers) with children in preschools and in lower grades of primary school were studied. The evidence in this study showed that more rural than urban parents breast-fed their children for longer periods when the children were still young. The breast-feeding period ranged from six months to two years. Evidence also showed that uneducated rural parents were more likely to stop breast-feeding for medical reasons while the urban educated parents were more likely to stop breast-feeding for work reasons.

Introduction

According to Sears, Maccoby and Levin (1957) an infant has simple eating mechanisms of getting food either by sucking at his/her mothers' breast or, on occasion, through alternative means. Sears et al contend that the child has such an efficient reflex for searching for the nipple and sucking and getting milk from the breast, that the sight, sound, smell, and feel by the baby of his/her mother is associated with gratification. The child is said to bring her mother, when he/she wants her by crying or calling. Sears et al also noted a close relationship between the mother and her child during feeding. Smart and Smart (1978) say that the mother's breast first supplies

colostrum, a high protein food that contains immunoglobulins, which protect the infant's intestinal tract.

Minett (1989) states that from the second or third day after birth, the mother's breast supplies milk, regulating its composition and quantity to the maturity of the baby. Such milk provides a balanced diet for the baby for at least three months. Since the mother's milk is of such importance to the child, information on the feeding practices of children was sought, with the aim of establishing the reasons why some parents would decide to breast-feed or not and, in addition, to find out considerations and feeding practices of children by both rural and urban black parents.

The purpose of this study was to find out black Zimbabwean parental child breast-feeding and feeding practices by locality of the parents. The research questions investigated were:

1. Are there rural/urban differences in breast-feeding practices of black Zimbabwean parents?
2. Are there rural/urban differences in feeding practices of children by black Zimbabwean parents?

Information on breast-feeding and feeding is important to parents and professionals who work with children, such as health workers, educators, and employees in child development centres. A child who is properly fed is likely to develop well mentally, physically, socially, and emotionally. Poor feeding practices in early childhood may negatively affect the parent-child relationship, interaction, and the child's health and personality in adult life. This information on child feeding practices is also needed for studies in child development, and parent education.

Research Design

The target population for this study consisted of rural and urban black Zimbabwean parents with children in preschool centres or in the lower grades of primary schools. The research design used was the survey method consisting of the schedule-structured personal interview.

Sample

Two hundred and sixteen fathers and mothers sampled from Harare and Mashonaland East Province participated in this survey.

A stratified random sample from 1,996 preschools and primary schools in both the urban and rural areas was conducted in which five preschools and five primary schools were selected. From each of the primary schools and preschools, one class was randomly selected. All the parents with children in the selected classes formed the sample. In all, there were 300 parents but only 216 were available for interview.

Data collection

Data was collected through the schedule-structured personal interview and through observation.

Procedure

The researcher introduced herself to the respondents. The respondent was then told the purpose of the study and how he/she had been chosen for the study. The respondent was then interviewed after being given an assurance that the information he/she was asked to provide would be treated in the strictest confidence.

Questioning

Each question was read exactly as it appeared on the questionnaire by the researcher. Where the respondent did not understand English, vernacular was used to interpret the questions. Probing was done to get more information where necessary.

Data Analysis

Both qualitative and quantitative methods of analysing data were used.

Results

The respondents consisted of 138 (63.9%) parents from the urban high density areas, 37 (17.1%) from the urban low density areas and 41 (19.0%) from the rural areas who participated. Table 1 summarises the distribution of respondents by locality.

Table 1
Distribution of Respondents by Locality

Locality	Number	%
Urban high density	138	63.9
Urban low density	37	17.1
Rural areas	41	19.0
Total	216	100

The first issue the respondents were asked was to indicate whether they breast-fed their children or not. The reason for seeking this information was to find out why some parents decided to breast-feed or not and generally to find out the considerations and practices for feeding children.

Results of the study showed that 89.4% (193) of the children studied had been breast-fed and 9.2% (20) had not been breast-fed. Three (1.4%) of the children were fed on milk formulae. A chi-square test was applied to assess breast-feeding patterns of children as a function of the locality of the respondents. The results of the test are presented in Table 2.

Table 2
Comparison of the Choice to Breast-feed a Child by Locality of the Respondents

	Rural	Urban	Total
Breast-fed	28(33)	165 (160)	193
Not breast-fed	8 (3)	12 (17)	20
Total	36	177	213

(Expected frequency) $\chi^2 = 8.39$, $df = 1$, $p < .05$

The results of the chi-square test were significant ($\chi^2 = 8.39$, $df = 1$, $p < .05$) showing that urban parents were more likely to breast-feed their children. However, chi-square analyses of breast-feeding patterns of mothers by marital status and level of education of the respondents were not significantly different at the 5% significance level.

Evidence from the study showed that 65.8% (142) of the children had been breast-fed for between one to two years while 26.8% (58) had been breast-fed for less than a year with some of these for less than six months. Results also showed that the rural parents were more likely to breast-feed for longer periods of time than urban parents. Table 3 shows ages at which children were introduced to solid and other foods.

Table 3
Ages of Children at Which Solids and Other
Foods Were Introduced

Age at Which Solids Were Introduced	Number of Children Introduced	%
From birth	5	2.3
Before 3 months old	40	18.5
3-6 months	123	56.9
6-12 months	39	18.1
Other	2	0.9
No response	7	3.2
Total	216	100

Data in Table 3 shows that the majority of the children (56.9%) were introduced to solids and other foods after the age of three months. A small number of children (2.3%) were, however, introduced to other foods before birth. About 19% of the children were introduced to solids and other foods at the age of three months. About 18% of the children were introduced to solids and other foods between the ages of six and twelve months.

Table 4
Respondents' Reasons for Introducing Their Children to Solids or Other Foods

Reasons for introducing other foods into the diet of the child still breast-feeding	Number of respondents	%
Because the child cried a lot	42	19.4
Because the child was not getting enough food	88	40.7
Was advised by the doctor or clinic	63	29.2
Other reasons	14	6.5
Missing responses	9	4.2
Total	216	100

Data in Table 4 shows that 40.7% of the children were introduced to other foods because they were no longer getting enough food from breast milk. About 29% were introduced to other foods because the mothers had been advised by their doctors or the clinics to do so. About 19% introduced other foods because their children cried a lot. Other reasons for introducing children to other foods were advanced by about 7% of the respondents. There were no responses from about 4% of the respondents.

The study also intended to find out what reasons would be given by parents for stopping breast-feeding at an early age of the child's development. The results of the study showed that a total of 82 (38%) parents stopped breast-feeding before the child was three months old. Thirty-one of these parents cited medical reasons while 36 cited employment reasons for stopping breast-feeding completely.

A determination of the impact of the level of education on the reasons given by the respondents was done using a chi-square analysis. The results of the test are presented in Table 5.

Table 5

A Comparison of the Reasons Given for Stopping Breast-feeding the Child by the Level of Education of the Respondents

Reasons for stopping breast-feeding	Level of Education		Total
	Primary	Secondary	
Medical	14(9)	17(22)	31
Work	8(10)	28(26)	36
Other	1(4)	14(10)	15
Total	23	59	82

(Expected frequency) $\chi^2 = 8.5$, $df = 2$, $p < .05$

The results of the chi-square test (Table 5) show that there were significant differences ($\chi^2 = 8.5$, $df = 2$, $p < .05$) between reasons that were given by primary educated and secondary educated parents. Secondary educated parents stopped breast-feeding because of work commitment while primary educated parents mostly stopped breast-feeding because of medical problems.

Feeding children on schedule or at regular times was investigated. The data showed that 74.5% (161) of the respondents perceived feeding the children on schedule as ideal. Nineteen percent (40) of the respondents considered feeding on demand, as most ideal. Seven percent (15) of the respondents indicated that they preferred feeding their children together with the rest of the family. One parent however, indicated that she prop-fed (This is when the baby is left alone with his/her bottle propped nearby so that it can suck) her child, especially when she failed to get a domestic worker for the day.

Of the respondents who indicated that they kept to schedules for feeding their children, 52.1% (119) indicated that they were very strict in keeping the schedules. The respondents also indicated that their children had some eating problems. Table 6 summarises the reported eating problems.

Table 6
Children's Eating Problems

Eating Problem	Number of parents who reported the problem	%
Not eating enough	49	22.7
Refusal to eat some kinds of food	119	55.1
Desiring to eat sweets in place of food	32	14.8
Eating between meals	38	17.6
Eating too much	41	19.0

Data in Table 6 shows that 55.1% (119) of the respondents were worried about their children refusing to eat some foods. About 18% (38) of the respondents reported the problem of children eating between meals. About 23% (49) of the respondents reported that their children did not eat enough food, about 15% (32) reported that their children desired to eat sweets and 19% (41) said their children ate too much. Both urban and rural parents were observed to feed their children between meals. Some children were observed eating sweets and biscuits during the interviews. Chi-square analysis showed that feeding problems were not significantly different at $p < .05$ by locality or by marital status of the parents.

Discussion

The findings of this study show that the majority of the children were breast-fed. Comparison of the choice to breast-feed a child by locality showed that urban parents were more likely to breast-feed their children. However, the results also show that rural parents were more likely to breast-feed their children for a longer time.

Although it would be expected of the rural parents to feed their children for a long time, it would not be expected that the rural parents would be the ones who were more likely not to breast-feed their children. Because rural mothers stay with their children most of the time and sometimes work with their children on their backs, one would expect them to find it easier to breast-feed than urban mothers who go to work away from home.

There are a number of possible reasons why the rural parents would be expected to breast-feed for longer periods. Some of the reasons may include the following:

- Rural parents have more opportunity to be with their children at home or at work in the fields.
- Rural parents are more likely to take their own children to clinics enabling them to get child-care information which is often offered at clinics and by doctors (clinics and nurses were rated highest by the respondents as a source of information on child-care, feeding and development)
- Parents in cities often work outside the home, resulting in them employing domestic workers who sometimes are given responsibility to take the children/babies to the clinic and doctors. Clinics and doctors often encourage children to be breast-fed from one to two years and any supplementary feeds that interfere with efficient intake of mother's milk are discouraged. For example, babies under the age of three months are discouraged from being fed anything else other than the mother's milk

- Some parents indicated that they used breast-feeding as a method of birth control, especially in the rural areas where some children were being breast-fed for more than two years
- Other parents indicated that they used the breast as a pacifier for the child

It would appear that the majority of parents introduced supplementary feeds because their children had started crying a lot. For most of the parents with children who cried a lot, crying stopped at the introduction of solids.

The majority of the children were introduced to solids and other foods at ages ranging from three to six months. On probing, some parents indicated that they had introduced solids and other foods well before the children were three months old. The parents argued that children have different appetites and therefore needed supplementary feeds. The parents argued that the children cried a lot indicating that they were no longer getting enough food.

Weaning

A total of 82(38%) of the parents indicated that they totally weaned their children from the breast before the child was three months old. This number seems practically too high. A chi-square test applied to determine the impact of the level of education on the reasons given by the respondents was done. The results showed that secondary educated parents were more likely to stop breast-feeding completely for work reasons and primary educated parents were stopping for medical reasons.

It may be necessary for the Ministry of Health and Child Welfare to introduce education programmes to convince mothers to breast-feed their children for at least a year before they are completely weaned.

For most of the parents, the weaning was gradual. However, the final weaning was abrupt with hot pepper or some other distasteful substance often rubbed onto the nipples of the mother's breasts to discourage the child from further sucking. To worsen the situation for some of the children, they

were separated from their mothers overnight or for some time (which could be longer than a few days), giving the child a traumatic experience.

It would appear that there is no clear-cut information given to parents on the final weaning of children from the breast. The parents seemed not to be aware of the consequences of some practices such as those mentioned above.

One issue that came up from the study is the feeding of children on strict schedule and the evidence on children who were very selective of the foods they ate. Children can either be fed on demand, on schedule or prop-fed. Feeding on demand, according to Baldwin (1984), is when a baby is offered the breast or food when he/she cries for it. The baby is not made to wait for the timed schedule. What is important to understand is that babies do not understand scheduled feeding. Baldwin says the baby gets anxious. A baby who is offered the breast when he cries usually settles more quickly into a regular routine than a baby who has to wait for his/her feed. Feeding on schedule allows the baby to be fed when the parent decides that the child is hungry.

From the study, only one mother indicated that she prop-fed. This was a working parent who, on follow-up interview, indicated that she sometimes prop-fed her child when she did not have a domestic worker. Prop-feeding is dangerous as the child may choke.

It would appear from the discussions with the parents that after the age of three months parents immediately considered their children “young adults”, who should eat their solids like adults. If the child ate only a spoonful of solid food, a parent became very worried. Some parents reported having battles with their children, forcing the children to eat. Children were bribed, threatened, persuaded and forced to eat their food, again indicating a lack of information on the part of the parent on the developmental needs of the child.

There are a number of factual points that such parents should know:

1. that young children's digestive systems need to develop fully before they can process solids, especially starchy foods. Weaning babies too early before they are at least three months old may cause the child to become too fat, develop allergies to food or suffer from indigestion;
2. that new foods should be introduced gradually and one food at a time;
3. that once a child has started eating well, a variety of foods need to be served so that the child can be used to a variety of flavours;
4. that some children refuse food as a way of drawing the adult's attention. This is more so if the adult is considered by the child that he/she is too concerned about the child not eating.

From the evidence in this study, it is necessary to conduct further studies to examine the effects of breast-feeding and other feeding practices on the child's personality and secondary socialisation.

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