Lived Experiences of First Time Mothers towards Breastfeeding at Muyexe Village in Mopane District, Limpopo Province

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Abstract

Breastfeeding is the natural way of providing young infants with the nutrients they need for healthy growth and development. Nature prepares the baby to breastfeed perfectly and this is evidenced by their ability to suck and root instinctively without complications. The baby can smell and see the mothers’ breast and can therefore instinctively crawl and attach to the breast easily. All babies are born ready and eager to breastfeed hence, mothers should be prepared to respond to their babies needs to be breastfed. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society.

The purpose for this study was to describe the lived experiences of first time mothers towards breastfeeding at Muyexe village in Mopani district. The qualitative research design using phenomenological method was utilised to describe lived experiences of people and reflect this through words and concepts. The phenomenological design was relevant in this study in order to help researchers to understand the lived experiences of first time mothers towards breastfeeding at Muyexe village in Mopani district. Three themes emerged from the findings namely: Breastfeeding can be pleasurable as well as a thorn at the same time Essential attributes of breastfeeding beliefs. Breastfeeding forms the essential nutrients for the baby with more advantages outweighing the disadvantages.

Keywords: Breastfeeding, first time mothers, babies, infants, lived experiences

INTRODUCTION

The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) emphasize the value of breastfeeding for mothers as well as children. Both recommend that exclusive breastfeeding be continued for the first six months of life. The AAP recommends that this be followed by supplemented breastfeeding for at least one year (American Academy of Pediatrics 2012); while the WHO recommends that supplemented breastfeeding continues up to two years of age (WHO 2012). Human breast milk is the healthiest form of milk for babies.

In the Egyptian, Greek, and Roman empires, women usually fed only their own children. However, breastfeeding began to be seen as something too common to be done by royalty, and wet nurses were employed to breastfeed the children of the royal families. This was extended over the ages, particularly in Western Europe, where noble women often made use of wet nurses. Shared breastfeeding is still practised in many developing countries when mothers need help to feed their children (Hoyle 2001). Traditionally, Japanese women gave birth at home and breastfed with the help of breast massage and they continued breastfeeding over two years (Payne 2003).

Breastfeeding in South Africa is dangerously low. The rate of exclusive breastfeeding up to six month of age for babies in South Africa in 2012 was only 8%; one of the lowest in the world. Neighbouring countries such as Swaziland had 44/% and Tanzania 50% (World Alliance for Breastfeeding Action 2012). The South African 8% for babies up to six
month is a call for concern by all health professionals. South Africa has very high infant and child mortality rates, which is directly attributable to AIDS, birth complications, childhood illnesses, diarrhoea, pneumonia and malnutrition. The Minister of Health in his presentation on the 3rd March 2013 at Mpumalanga elaborated that the main cause of death for under five children is HIV infection and newborn conditions include prematurity, asphyxia, and infection, pneumonia, diarrhoea, and tuberculosis (National Department of Health 2013). The under-five mortality rate was 51 in 2013 per thousand live births and the infant mortality rate was 38 per thousand live births. South Africa is one of the 12 countries worldwide where child mortality rates have not declined since 1990, failing to reach the baseline target for the MDG 4 which is 30 deaths per 1000 live births by 2015 (World Population Policies 2013).

The government of South Africa clarified its policy in breastfeeding only in August 2012, committing to discontinue the provision of free formula milk at hospitals and clinics and also to promote the exclusive breastfeeding strategy for all children from birth to six month, including for those living with HIV. Formula milk is recommended only under certain conditions, such as when mothers are unable to breastfeed or the child is receiving insufficient nutrition through breastfeeding (UNICEF 2013).

Statement of the Problem

The researchers had a research project at Muyexe in Mopani district, and the project entailed monthly visits by students and lecturers in the area as a chosen community to health students correlate theory and practice. This entails visits to the clinic to identify the health problematic conditions affecting people within the area as well as monitoring under five services more specifically women with babies six weeks old to assess puerperium complications in both the mother and the baby. First time mothers stopped breastfeeding as early as six weeks after delivery and they opted for mixed feeding. Babies were brought for consultation with a variety of illnesses such as diarrhea, jaundice, and most of these babies were no longer on breastfeeding which could be attributed to not breastfeeding babies, or other problems. On several discussions these mothers indicated that they were told about the importance of breastfeeding and the benefits for their babies. The reasons for stopping breastfeeding were not clear. Hence, the need for this study to allow these first time mothers to talk about their lived experiences regarding breastfeeding.

Purpose of Research

The purpose for this study was to describe the lived experiences of mothers who gave birth for the first time towards breastfeeding at Muyexe village in Mopani district.

The following question was used as a basis for data collection

- What are your lived experiences as a first time mother towards breastfeeding at Muyexe village in Mopani district?

Significance of the Study

The study findings may benefit most first time mothers and their babies at Muyexe village regarding proper way of feeding. The health care professionals may have the opportunity of understanding how mothers in the village interpret the health talks which may help to channel the teaching in the correct direction in order to correct the misinterpretations regarding breastfeeding. Community support may also be indicated regarding the importance of exclusive breastfeeding as the best way of infant feeding which provides the baby with all the nutrients needed for healthy living.

Research Design and Methods

Research Design

The qualitative research design using the phenomenological method was utilised to describe lived experiences of people and reflect this through words and concepts (Burns & Grove 2013). The phenomenological design was relevant in this study in order to help researchers to understand the lived experiences of first time mothers towards breastfeeding at
Muyexe village in Mopani district. Lived experience, is a representation and understanding of research participant's human experiences, choices, and options and how these factors influence one's perception of knowledge related to breastfeeding.

**Context of the Study**

In this study lived experiences of the first time mothers at Muyexe village in Mopani District, Limpopo province towards breastfeeding were explored.

**Study Sample**

Purposive sampling was used, based on the understanding of the topic being studied, that certain categories of individuals may have a unique, different or important perspective on the phenomenon in question and their presence in the sample should be ensured (Burns & Grove 2013). Purposive sampling was used in order to allow researchers to use only those mothers who gave birth and are breastfeeding for the first time. The method was used to purposively include first time mothers between 18 and 24 years of age from Muyexe village in the study. Ten participants were selected as they were coming to the clinic for child welfare services based on the criteria of being first time mothers and agreed to participate in the study.

**Data Collection Method**

In-depth, qualitative interviews were used as excellent tools in getting information related to lived experiences of first time mothers at Muyexe village and one open-ended question was asked. The interview was conducted by the researchers in a separate room at the clinic. Each participant was interviewed separately and the interview lasted for approximately 20-30 minutes on average. The interview was conducted in Xitsonga. The study sessions were two, each session accommodated five participants per day. Probing was used to explore the mothers’ responses during the interview. The responses were audio-recorded and complemented with field notes. Field notes included observations of both verbal and non-verbal behaviors as they occur, and immediate personal reflections about the interview. This helped the researchers to obtain more information from the mothers. Bracketing and intuiting were also used throughout the study (Boyce & Neale 2006).

**Data Analysis**

Content analysis was used as a procedure for the categorisation of verbal or behavioural data, for purposes of classification, summarisation and tabulation. Content analysis was used at basic level which shows a descriptive account of the data followed by more interpretative analysis. Content analysis also involved coding and classifying data, also referred to as categorising and indexing and the aim of context analysis was to make sense of the data collected and to highlight the important messages, features or findings. The following steps were used: The first step involved coping and reading through the transcript - making brief notes in the margin when interesting or relevant information is found. Followed by going through the notes made in the margin listing different types of information found. Reading through the list, categorising each item in a way that offers a description of what it is about. Themes and categories were developed. Final checking of original transcripts was done to ensure that all the information that needs to be categorised has been attended to (Babbie 2010).

**Ethical Considerations**

Permission to conduct this study was obtained from the chief of Muyexe village where data was collected. Permission was also obtained from the mothers who participated in this study through informed consent which was translated into Xitsonga. In this study privacy and confidentiality was ensured by conducting interviews in private room alone with the participants. Others were not able to hear what the participants were saying. And even the notes and tape recorders used when interviewing the participants were only accessed by the researchers and then kept in the safe place accessible to researchers’ only for reference.

**Trustworthiness**

Credibility was ensured by prolonged engagement with the participants in order to understand the phenomenon and
The themes and categories identified during data analysis, followed by the actual narratives from the participants to support the findings have been discussed.

**Participants’ Biography**

The participants were females between the ages of 17-24 years. Three participants were married and seven were single and all were first time mothers. All participants communicated clearly and expressed themselves very well in Xitsonga. The researcher as a Tsonga speaking person did all the translations and no data was lost during the process.

The table above shows an overview of identified themes and categories reflecting the lived experiences of the first time mothers towards breastfeeding at Muyexe village in Mopani district, Limpopo province.

**THEME 1: BREASTFEEDING CAN BE PLEASURABLE AS WELL AS A THORN AT THE SAME TIME**

The study findings revealed that there are different ways of breastfeeding the baby. Breastfeeding was also associated with some challenges especially for the first time mothers. Three categories emerged during analysis under this main theme. The following are the tales that emerged; Consideration for the baby, duration of exclusive breastfeeding and challenges faced by mothers during breastfeeding.

**Category 1.1: Consideration for the Baby**

The findings portrayed ways in which these participants made it easy for their babies to suck and enjoy breastfeeding; it also was an advantage to them as mothers to enjoy it as well. This is what they said:

“*If the nipples are not well erected, I try pulling them often so that they erect*. “*I have been attending antenatal classes during my pregnancy period they tell us to exercise pulling the nipples so that when the baby comes it will be easy to breastfeed*. “*And each time before the baby sucks, I apply my saliva on the nipple to make it soft for the baby.*”

Another mother said:

“I *position my baby in a comfortable position and this makes it easy for the baby to suck and it also makes me enjoy breast feeding my baby and I continued breastfeeding him for two years because I knew the benefits.*”

The other mother emphasized: “women who bottle feed their babies do not know what they are missing is so lovely to breastfeed your baby, I truly enjoy it and hope my baby loves it too because she looks at me as if she want to say something to me with hands movements”

A study conducted by Kandiah, Burian and Amend (2011) identified the importance of teaching mothers breastfeeding specific aspects of the participants in depth; it also built trust between the researcher and the participants, and thus encouraging the gathering of rich data. In this study conformability was ensured by not leading them into saying things that they did not want or that were not their real perspective. Transferability was ensured by presenting sufficient descriptive information used in data collection, analysis to allow comparison.
during antenatal care classes. Mothers were advised to ensure that they must wait until the baby’s mouth is wide open, and the tongue is down and forward before pulling onto the breast. Mothers’ preparation such as being patient, taking few deep breaths have been identified as ways of calming the baby down, and mothers are also expected to remain calm as well. It also emphasized that it takes a week or two for most mothers and babies to become skilled at breastfeeding (Kandiah, Burian & Amend 2011). According to Lamontagne, Hamelin and St-Pierre (2008) women’s knowledge of breastfeeding benefits encouraged them to continuously breastfeed for a longer duration. This is in line with the findings which have indicated the importance of positioning the baby before breastfeeding as well as mothers education during ANC because breastfeeding is not an easy task but learning is crucial for its success.

**Category 1.2: Duration of Exclusive Breastfeeding**

The findings showed that breastfeeding span and what they feed the babies differed with different participants. The participants said the following:

“I do exclusive breastfeeding for the period of three months following the baby’s birth and continue with mixed feeding until such time when the child is two years old”.

“I am employed and I therefore use exclusive breastfeeding for the period of two months and start with other feeding methods when the baby is three months old and continue until the baby is two years and six months old”.

The findings oppose the WHO (2009) recommendation which indicates that mothers to exclusively breastfeed their babies for the first six months to achieve optimum growth, development and health. This is also supported by systematic review findings which have put more emphasis on exclusive breastfeeding of infants with only breast milk, and no other foods or liquids, for at least six months (WHO 2009). Babies to be given nutritious complementary foods after six months and breastfeeding be continued up to the age of two years or beyond (WHO 2009).

**Category 1.3: Challenges Faced by Mothers During Breastfeeding**

Findings in this study revealed that first time mothers have different challenges during the breastfeeding process, and one participant remarked:

“Breastfeeding is time consuming, and it becomes a challenge to exclusively breastfeed the baby when you are having a full time job because you will have to go back to work soon after the baby is born’. I squeeze the breast milk out into the bottle put it in the fridge, when I come back from work I go back to the roundavel house and express the milk out and not give to the baby because it’s no longer fresh, and when I am at work the breasts will be dripping milk because they want to be sucked”.

A study conducted by Fischer and Olson (2013) indicated that returning to work after delivery was one of the major challenges to breastfeeding because participants reflected breastfeeding after going to work was not possible. The pumping logistics were also highlighted and hence they have indicated that breastfeeding can only be done successfully by a mother who is not employed (Fischer & Olson 2013). This information is in line with the findings of this study where work was identified as a challenge to breastfeeding.

The other participant said:

“The baby sucks like an adult when drinking juice; they suck milk from the breast and swallow, like that and it drains all the milk in you and the breast will be like used chappies and I feel nothing is coming out, and hence when you look at me I am so thin because of breastfeeding”.

A study conducted Watkins (2011) indicated that women with negative early breastfeeding experiences are more likely to develop depressive symptoms. The study further went on to reflect that short breastfeeding periods are more likely associated with postpartum depression. The findings in this study showed that women associate breastfeeding with loss weight related to excessive breastfeeding by the baby which is a negative aspect not in favour of breastfeeding.

**THEME 2: ESSENTIAL ATTRIBUTES OF BREASTFEEDING**

The study findings revealed the importance of breastfeeding to both the mother and the baby. Two categories emerged during data analysis under this main theme. The following are the tales that emerged under this theme:

- A future perspective. A motherly intuition
- Mothers lived experience with bonding

**Category 2.1. A future perspective. A Motherly Intuition**

The findings portrayed that the breast milk is important towards the development of the baby. The mother actually indicated this and that this reflects part of her experience, that breast feeding is important, vitally so, to the baby. This is what the participant said:
“It’s important to feed the baby until he/she is two years old because it is through breastfeeding where the baby gets all the nutrients necessary for healthy growth and development”.

Moran and Gilad (2007) showed that breastfeeding has benefit to the infant such as promotion of growth and normal development and confers protection against various infantile diseases, especially infections which concurs with the findings of this study. This is also supported by Zuckerbrodt (2012) who have revealed that breastfeeding promotes the normal development of the baby, and indicated that breastfed babies tends to have higher IQ scores in later childhood, and these babies are more likely to gain the right amount of weight as they grow rather than become overweight or underweight children (Zuckerbrodt 2012). WHO (2012) has indicated that breastfeeding plays a role in the prevention of sudden infant death syndrome.

One participant explained: “Breast milk, unlike other feeds is digested easily and thus preventing the baby from suffering from constipation. During breastfeeding there is no risk of contamination and therefore no risk of diarrhoea”.

A study conducted by Sears and Sears (2010) has showed that breast milk provides the ideal nutrition for infants. It has the perfect mix of vitamins, protein and fat-everything the infant needs to grow. Breast milk contains antibodies that help the baby fight off viruses and bacteria. It reduces baby’s risk of having asthma or allergies. Babies who are breastfed exclusively for the first six months, without any formula, have fewer ear infections, respiratory illnesses, and diarrhoea (Sears & Sears 2010).

Category 2.2. Mothers Lived Experience with Bonding.

The findings portrayed that breastfeeding is important for mother child relationship. One participant said “Breastfeeding is also important because it promotes bonding between the mother and the baby, which is also how the baby takes character of the mother”.

The study findings were supported by different authors such as Moran and Gilad (2007) who have indicated that breastfeeding is far more than merely a biological fact but an aspect of mothering, the culturally constructed bonding between a mother and her child. Britton, Britton, and Gronwaldt (2006) also emphasized that breastfeeding promotes bonding between the mother and the baby. Breastfeeding stimulate the release of the hormone oxytocin in the mother’s body, and then oxytocin stimulates uterine contractions and milk ejection and promotes the development of maternal behaviours and bonding between mother and her baby. The physical closeness, skin-to-skin touching, and eye contact, all help the baby bond with the mother and feel secure (Britton, Britton, & Gronwaldt 2006).

3. THEME 3: MOTHERS’ BELIEFS RELATED TO BREASTFEEDING

The study findings revealed that culture influences breastfeeding and women also have their own beliefs related to breastfeeding. Two categories emerged during data analysis under this main theme. The following are the tales that emerged under this theme;

- Cultural influences with regards to breastfeeding
- Mothers personal beliefs and actualities

Category 3.1 Cultural Influences with Regards to Breastfeeding

Study findings showed that within the Xitsonga ethnic group there are cultural influences related to breastfeeding. One participant said.

“When I go as a breastfeeding woman, my grandmother or my mother may breastfeed the baby on my behalf”. “The milk will not come out immediately but as she continues putting the baby on the breast, within two days the milk will come out and the infant will adapt”.

According to Moran and Gilad (2007; 254) wet-nursing, is defined as the breast-feeding of another woman’s child, either in charity or for payment. This was seen occurring in all civilizations to babies who have lost their mothers due to death, but this was not the only reason why it was employed. Other reasons included social, political and religious factors all playing an important role in determining the incidence and extent of professional breast-feeding in different societies throughout history. In some civilizations wet-nursing occurred mainly on a casual basis: where lactating relatives or neighbors fed another child along with (tandem lactation), or after weaning their own infant. The information explained above is in line with the findings of the study where the Vatsonga people culturally would breastfeed the babies of their family members for different reasons. This seemingly might be interpreted as mothers experiencing no threat to their motherhood by allowing wet nursing to take place. However, wet nursing is now a high risk factor coupled
with high incidence of HIV infection which has escalated.

**Category 3.2. Mothers Personal Beliefs and Actualities**

Study findings portrayed different personal beliefs from the participants’ point of view. One participant said, “Breastfeeding interferes with my sexual relations with my husband and hence I felt I can stop early otherwise my husband will leave me for other out there”. The above finding was supported by a study conducted by Neifert (1998) indicated that men sometimes assume that when a woman's breasts during breastfeeding are used to nourish a baby, and they therefore become off-limits sexually. It was also believed that, uncomfortable breast engorgement or cracked, painful nipples interfere with sexual activities which leaves women with little interest for their partner’s sexual activities. Manhire, Horracks, & Tangiora (2012)

The other participant said:

“I had repeated abdominal pains and I am afraid if I continue to breastfeed my baby, she will suffer from the same condition. The way is so painful I would not want to see my daughter experience that pain”

The findings were supported by a study conducted by Hall and Hauck, (2007) which showed that breastfeeding women can tend to experience physiological problems such as pain which affect the mothers' perceptions regarding breastfeeding.

**Limitation of the Study**

The research was conducted in the clinic and data was collected in Xitsonga.

**Recommendations**

Based on the research findings of this study, the following recommendations are made: The mothers should be educated about the advantages of breastfeeding Further studies should be conducted in the other villages within Mopani district. Mothers should be alerted on the danger signs of breast complications so that they can consult the health care practitioners in time, such as engorgement, cracked nipples. During antenatal visits they should be taught how to breastfeed and position their babies when breastfeeding. Before discharge after birth, health care practitioners have to make sure that the mothers properly understand any aspect relating to breastfeeding and ensure that mothers make informed decision regarding the feeding choices for the baby.

**CONCLUSION**

The research project was about experiences of first time mothers towards breastfeeding at Muyexe village in Mopani district, Limpopo province. Breastfeeding is an important part of child growth. It is regarded as the most convenient feeding for babies. Researchers found that most mothers at Muyexe village choose breastfeeding amongst all other feeding methods, and however others stopped breastfeeding along the before the baby could be six months old.

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