

Child's Gender and the Length of Breast-feeding in Bondo District, Kenya

Mary Muyoka Nyikuri & Stevie Moses Nangendo
Institute of African Studies, University of Nairobi

ABSTRACT

This Study was conducted among the Luo of Usigu Division of Bondo district. The major aim was to investigate whether or not the gender of the child had any effect on the overall breast-feeding patterns. A sample of women in the community were interviewed through a standard questionnaire, through Focus Group Discussions, life histories, and In-depth interviews. It was observed that there were differences in the way boys and girls were breast-fed and in the onset of weaning. Specifically, girls were breast-fed for a shorter period than boys.

INTRODUCTION

All human societies divide their populations into social categories, namely, male and female. Each of these categories is based on a series of assumptions drawn from the culture in which they occur. Although this binary division of humanity into two sexes is universal, on closer examination one can see that it is a rather more complex phenomenon, with many variations reported on how male and female behaviour is defined in different cultural groups (Helman, 1994).

The female child is accorded a lower status than her male counter-part in most societies in Kenya. There is a strong correlation to this. For example, several customs and traditions such as women are not allowed to eat chicken and eggs, exist which deny girls and women proper food and adequate nutrition and this affects their health status (Rogo, 1995). The girl child is disadvantaged by

societal practices that emphasize the notion that she is of less value.

According to UNICEF (1981, 1998) the female child enjoys a much lower status in relation to the male child. Disparities start at birth with the different values, such as the number of days a woman should stay in the house before coming out in the sun, attached to the two types of gender. The reports continue to say that often boys have a first call on family and community.

In several countries of south Asia, for example, in Afghanistan, fewer girls survive than boys due to some cultural factors. One of the most dominant of these factors is female infanticide (Miller, 1948). Studies carried out in several Arab countries (Patai, 1976) showed that girls are weaned before boys so that mothers who do not have sons could become pregnant sooner and possibly bear a son. Blount (1973) has noted that among the Luo, for instance, there is a strong preference among both men and women for male children. This preference for sons

may, or may not, lead to preferential

Mburugu (1987) notes that women in Kenya no longer have breast-feeding preference for boys apart from the uneducated rural women who have no access to income who still favour boys in terms of duration.

OBJECTIVES AND SITE SELECTION

The main objective of this study was to investigate the influence of some cultural determinants on breast feeding practices in Usigu division of Bondo District. Specifically, the study sought to find out if there is gender preference in breast-feeding.

Usigu division was chosen as the study site because it is within the focus area for the Kenya-Danish Health Research Project (KEDHR) which sponsored this study. This study was carried out within the anthropology component of the wider KEDHR project.

RESEARCH SITE

Usigu Division is one of the four divisions of Bondo District, Nyanza Province. It is bordered by Lake Victoria to the southwest, Urunga and Boro Divisions to the north and Bondo Division to the east and southeast. It covers 187 square kilometres and is divided into five locations; namely, East Yimbo, North Yimbo, Central Yimbo, West Yimbo and Mageta Island. It has a total of ten sub-locations and seventy-six villages (GOK, 1996). According to the D.O of Usigu division, the population is approximately 53,000 (personal communication, March 1999). The majority of the inhabitants are Luo.

The population is youthful and is dominated by children (0-14) years. For example, over 49.5% of the district population in 1993 was estimated to be children, most of who fall in the 0-9-age

breast-feeding patterns. However, bracket. This age bracket, for instance, accounted for 65% of the total number of children in the district. The 0-9 age group represents children who are not capable of maintaining themselves in any way. It is also vulnerable to some of the endemic diseases, such as malaria, diarrhoea and measles.

HEALTH SITUATION

Usigu is served by four health centers, namely, Usigu, Got Agulu, Got Matar and Ulungo. According to a study carried out by KEDHR (1995), malnutrition is a major health problem in the division. This is due to partly poor weaning habits, low calorie intake (due to both bad eating habits and lack of food), low incomes, low literacy rates, especially among women, and lack of safe water. Most children within this division suffer from marasmus, stunted growth and reduced body immunity system.

STUDY DESIGN

The design of this study was, to a large extent, aimed at collecting qualitative data. However, as an entry point into the community, a questionnaire was administered to mothers in North Yimbo. The questionnaire was also used by the researcher to identify important issues that formed part of the qualitative data. Direct observation and informal conversations with women also formed part of this phase.

After administering 100 questionnaires, the researcher through the help of village elders, identified knowledgeable old women to serve as key informants. In-depth interviews were also carried out in this phase. Interview guides were used to collect information on the

mothers' perceptions of the importance of breast-feeding, of colostrum and taboos associated with breastfeeding.

Focus group discussions were also held to explore some of the issues that emerged during in-depth interviews and questionnaire administration. During these discussions, intergenerational ideologies concerning breast-feeding were sought and change to the practice noted.

SAMPLE POPULATION

The unit of analysis consisted of all the households in the division. This was because the household is the decision-making unit as far as childcare is concerned. However, due to financial and time constraints, it was not possible to study all the households in the division. Therefore, a sample population of 100 households was selected and studied.

In each household, the mother was the respondent. This was because breast-feeding is uniquely a woman's experience, and women are crucial providers of childcare. It is also argued that mothers make over 80% of the health decisions in rural Kenya (Olenja, 1991). Reducing the household to women only resulted into one-sided/gendered results.

SAMPLING TECHNIQUES

Purposeful sampling: In order to locate mothers, who were breast-feeding at the time of the interview, purposeful sampling strategy was used. In doing this, one respondent was requested to identify another respondent with a breast-feeding baby.

Structured Interviews: The basic tool for data collection was a questionnaire containing both open and closed-ended questions so as to allow respondents to be flexible but restricted to relevant issues

such as questions related to age, contraceptive use, gender and maternal attitudes or opinions about breast feeding. This method was found to be fast and the open-ended questions provided room for probing.

Focus group discussions: Three focus group discussions (FGDs) were held with ten mothers each. The participants were selected on the basis of age for homogeneity. Mothers' perceptions of the importance of breast-feeding and other related issues such as, colostrum, weaning, taboos about breast feeding and mixed feeding were discussed. This method yielded qualitative data that were used in filling in the gaps arising from the structured interviews.

Case histories: Case histories involved five mothers. In using this method, the mother was allowed to narrate how she saw her own mother breast feeding her siblings and how she has breast fed her children. In cases where differences were noted, the mother was asked to give an explanation. Through this method, the mothers were given a chance to give their experiences and how this practice affects them as members of the female gender culture.

In-depth interviews: In this study a total of five in-depth interviews were conducted using a standard interview guide. These included two knowledgeable old women and a female opinion leader. This method was employed to generate qualitative data on how the community views breast-feeding and what changes have taken place over time.

Direct observation: This method was employed throughout the study and it served as a good link between knowledge

and practice. It was used to obtain information on what actually happens other than what mothers said they did. Information on the general health of the family was also obtained through this method.

METHODS OF DATA ANALYSIS

Both qualitative and quantitative approaches were used in data analysis. In the quantitative approach, the study made use of the SPSS to come up with percentages and frequencies.

Qualitative data collected through FGDs, in-depth interviews and key informants were used in the description and discussion of mothers' perceptions on breast-feeding. Translated quotations were also used to help in presenting mothers' arguments about their feelings, opinions and perceptions on breast-feeding.

RESULTS

A total of 105 mothers were interviewed. 69% of them expressed their knowledge that boys breastfeed for relatively longer duration than girls while 31% mentioned that both boys and girls breast feed for equal durations. The informants explained that boys breast feed for long compared to girls because they have 'big stomachs'. In addition, the mothers complained that while breast feeding, boys tend to suckle too much causing fatigue and dizziness to the mother, thus they stop boys from breast-feeding (at one feeding) earlier. These informants estimated that boys take about 5 minutes than girls who take about 8 minutes. Fifty two percent said they introduce supplements earlier for boys, at a mean of three months, than for girls, at a mean of three and half months.

When asked about gender preferences in relation to breast feeding, 18% of the older

women mentioned a son while 82% (comprising both the young and middle aged) did not show any preference and, in fact, they said 'a child is a child' and it should thus be breast fed without gender bias. Boys receive supplements earlier than girls, although on average, some women still show preference for boys in the frequency of breast feeding.

From the focus group discussions, it was observed that boys are breast fed for longer duration than girls because they '*ok giyieng piyo*' (do not get satisfied quickly). While the first FGD did not show any gender preference in breast-feeding, the second showed some preference towards the male child. Four of the discussants mentioned that at one feeding, they breast-feed boys longer than girls because boys tend to have 'big stomachs'. The child's gender did matter in the overall duration of breast-feeding. However, boys tend to breast feed for long at a single feeding than girls because they have big stomachs. Gender preference in breast-feeding is clearly discussed in the third FGD, as most women indicated that they would breast-feed a son for a longer duration than a daughter.

In-depth interviews were conducted with knowledgeable old women on the historical context of breast-feeding and it was revealed that among the Luo, breast-feeding is still regarded as a very crucial practice. It draws a lot of care and caution as the lives of the infants depend on it. The Luo know that a wise investment in children's health and nutrition is laying a foundation for the future growth and development of the community. On the other hand, neglecting children's basic survival needs can condemn them and

their society to high societal costs and into a vicious cycle of malnutrition.

Once a baby is born, it is put on the breast immediately except when the mother is sick, tired after labor, or has blocked nipples. After initiating breast-feeding, the mother is to continue breast feeding on demand and without supplements for 5 months. At 6 months, porridge, made of sorghum flour, ground small fish and cow milk should be introduced as a supplement. Subsequent foods like fruits and beans are then introduced slowly. This is because by this time, the child is old enough to eat other foods.

In the traditional past, breast-feeding on demand was made possible by the sexual division of labour. Men were responsible for hunting, fishing, herding, and other activities outside the home, while women did household chores, including, fetching water and firewood as well as taking care of the home. This gender division of labour ensured that women were always available whenever their babies cried for food. However, once a baby was old enough to eat other foods, the mother could be allowed to conduct work outside the home - for instance, business, whenever necessary.

There were, and still are, very few cases of women who for one reason or another could and cannot breast-feed. In such cases, the help of a diviner is sought to diagnose and treat the malady. If the divination reveals that the problem is from the woman's lineage, then she is sent back to her people to seek treatment. In case the treatment fails, a more powerful medicine man is sought until the malady is corrected. If the malady cannot be treated, the baby is fed on alternative milk such as cow or goat milk. However, such women are considered

unfortunate and they draw sympathy from the community.

To emphasize the importance of lactation to the overall well being of the child and the community, several checks, which are here referred to as taboos, were put in place and are still in operation today.

In their responses, the old women denied any knowledge of and witness to the use of infant formula and the introduction of mixed feeding during their youthful days because it was not there. When asked about their perceptions of these practices, they saw infant formula as bad and dangerous to the baby because no one knows about its source. They, however, expressed concern on how mothers mix feed their infants, adding that it must be because of advice from hospital staff who, they said, are promoting a "mzungu" culture- a way of feeding babies on different foods that are conceived to be "borrowed", and not indigenous. Young mothers were accused of neglecting their primary responsibility of breast-feeding, because they perceive it as time consuming and leisure denying.

In conclusion, they felt that times have changed and breast-feeding as a practice is bound to change. There are many cases of mothers who have to take care of themselves and their children without the support of a husband. They have to get into business at a very early age for the baby and leave the baby under the care of non-school age children.

The real issue about breast-feeding has to do with a mother's perceptions on its importance and the adjustments and choices she has to make once a baby is born.

CONCLUSIONS

This study revealed that there are significant differences in the way boys and girls are breast-fed. Most respondents mentioned that boys need more food than girls because they have 'big stomachs'. They also expressed their knowledge of how proper feeding of children affects their overall development later in life. Poor feeding, for example, causes retarded growth. There was a general agreement that boys eat more food than girls, thus necessitating the breast-feeding of boys more frequently and for longer durations than girls. On the other hand, young women are encouraged by their mother-in-laws to breast-feed boys for long to ensure their survival. A majority of the respondents denied the fact that boys are more valued than girls. There were a few women who still placed a higher value on boys and admitted that boys should be breast-fed for long. This could be attributed to changes in people's traditional values and beliefs such that children are treated equally irrespective of their sex; an awareness that children need to be treated equally; and the looseness in the family unit where the mother-in-law has less authority.

This study contrasts with Mburugu's (1978) study, which revealed that there is preferential breast-feeding for boys by uneducated rural women who have no access to income. To breast-feed or not to, and for how long is a result of a mother's perceptions of the practice which in most cases is shaped by her socialization and adjustments she has to make once a baby is born.

REFERENCES

- Blount, B. G. (1973) The Luo of South Nyanza, Western Kenya: Beliefs and practices. In *Cultural source materials for planning in East Africa*, A Malnos (ed) Nairobi: East African Publishing House.
- Helman, C. G. (1994) *Culture, health and illness*. Butterworth, Heinemann.
- Mburugu, E. (1987) Women's status, breast-feeding patterns in contraceptive use in Rural Kenya. Cultural roots of African Fertility Regimes. Proceedings of the life conference Feb-March 1987.
- Miller, B.D. (1948) *The endangered sex: Neglect of female children in rural north India*. London: Cornell University Press.
- Patai, R (1976) *The Arab mind*. New York: Charles Scribners Sons.
- Rogo, K. O. (1995) Summary of research findings on women and health in Kenya: developing an action agenda. In *Women and Autonomy in Kenya; Policy and Legal framework*, pp. 67-90. K. Kibwana (ed). Nairobi: Claripress.
- UNICEF (1981) *Assignment Children: A journal concerned with children, women and youth in development*. Geneva. Oxford University Press.
- UNICEF (1997) *The state of the world's children*. New York: Oxford University Press.