Views of Breastfeeding in Public among Informally-Working Mothers of Infants under 6 Months in Moshi Urban District, Kilimanjaro Region, Tanzania: A Qualitative Study

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Department of Nutrition
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Background

Importance

**Breastfeeding Recommendations**
- Early Initiation\(^{24,25}\)
- Exclusive Breastfeeding\(^{24,25}\)
- On Demand\(^{25,26}\)

**Barriers**
Maternal employment, poor family + healthcare support, inadequate knowledge, etc.\(^{1-15}\)

**Facilitators**
Familial + workplace support, maternal awareness + determination, etc.\(^{4,6,8,21-23}\)

**Saved Lives**\(^{27}\)

> 800,000 infant lives/year saved\(^{27}\)
> 20,000 deaths from breast cancer/year avoided\(^{27}\)

Negative views of breastfeeding in public!\(^{4,10,15-20}\)
Background
Breastfeeding in Public (BIP)

BIP = Breastfeeding among a gathering of people and/or in an open or public environment, such as at a market or church
Background
Breastfeeding in Public (BIP)

• Learned + Dictated by Culture\textsuperscript{22,28-30}
• Contended Issue around the World\textsuperscript{10,13,15,17,19,28,30-32}
• Societal Views and \textbf{Mothers’ Views} are Important\textsuperscript{4,15-17,33-35}
  • Breastfeeding Self-Efficacy\textsuperscript{4-5,14-15,36}
• Issues of BIP = \textbf{Barrier} to breastfeeding recommendations\textsuperscript{4,10,14-20,32-35,37}
  • Can lead to formula feeding\textsuperscript{4}
• Belief in \textbf{Evil Eye}\textsuperscript{21}
  • "an eye or glance held capable of inflicting harm"\textsuperscript{38}
Background
Working Women + BIP

• **Informal Sector**
  - Ex. Independently working as a tailor, selling food at a market as a vendor, etc.

11,39-42
Study Objective

To understand the views and perceptions of breastfeeding in public among mothers of infants less than 6 months of age who work in the informal sector in Moshi Urban District, Kilimanjaro Region, Tanzania.
Methods

• **Location:** Moshi Municipal Council, Kilimanjaro Region, Tanzania
  - Urban area
  - >80% of women work informally in the Kilimanjaro Region

• **Participants:** Women who work in the informal sector, have an infant <6 months of age, and are breastfeeding

• **Data Collection:** In-depth interviews were conducted in Kiswahili, transcribed, and translated into English

• **Data Analysis:** Coded thematically in ATLAS.ti (Version 8)
Results
Participant Characteristics

• About half of participants had not resumed work since giving birth, for almost all had jobs working outside the home

• **Index Infant Characteristics (n=21)**
  • Age, Mean (Range): ~3.0 months (5 days – 5.5 months)
  • Sex: 12 males, 9 females

*One participant had given birth to twins

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in Years, Mean (Range)</td>
<td>30.55 (18-43)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>Christian</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Primary School</td>
<td>13 (65%)</td>
</tr>
<tr>
<td>Secondary School</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>College</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Occupation*</td>
<td></td>
</tr>
<tr>
<td>Tailor</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Works at a shop</td>
<td>3 (15%)</td>
</tr>
<tr>
<td>Works informally in the food industry</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>Sells clothes or shoes</td>
<td>5 (25%)</td>
</tr>
</tbody>
</table>

*One participant held multiple jobs
Results
Negative Views towards BIP

• Majority of participants expressed a negative view towards or a dislike of BIP.
• Multiple less-commonly cited reasons:

- **Shyness**
  - "I don’t know, but I personally, even when a person looks at me when breastfeeding, I feel shy, I don’t know about others...for me it is shyness"—36-year-old mother of a 3-month-old, holds multiple jobs

- **Unhealthy Air**
  - "in the gatherings of people there are people who are sick, therefore, a child is still young and can be infected with diseases maybe by air, yes, in the gatherings of many people there are many things"—22-year-old mother of a 3-month-old, sells vitenge

- **Unfamiliar People**
  - "For me it is not good because those people there are many, you can’t know how the person is...you can...when you breastfeed a child in an open place, as for me, what I am scared of because people, currently...people are not good..."—25-year-old mother of a 4-month-old works at a shop
Results
Negative Views towards BIP

- **Evil eye = most commonly cited factor surrounding BIP**
  - “evil eyes,” “bad eye,” “having eyes,” “looking at,” “jicho,” not having good eyes
  - NOT all women who mentioned evil eye reported believing in it. Some reported what others say.

“I can’t nurse my baby in public...I don’t trust people as having evil eyes”—39-year-old mother of a 3-month-old, sells/delivers meat to restaurants

“I don’t like breastfeeding in public or in a gathering of people...just see people as a whole, it is not everyone who has a good eye”—31-year-old mother of a 3-month-old, sells shoes

“There is a mix of people there and everyone with their eyes...there are other people with evil eyes, they can look at a child...”—22-year-old mother of a 3-month-old, sells vitenge
Results
Negative Views towards BIP

Prevention
- Draw on infant with eye/eyebrow pencil
- Wash breasts with bicarbonates
- God
- Using Roots
- Charcoal in infant’s socks
- Using a Covering and/or Moving Aside*

Remedies
- Bathe infant with bicarbonates
- Wash breasts with bicarbonates
- God

Infant
- Diarrhea
- Vomiting
- Crying

Breastmilk
- Prevent milk letdown, destroy milk
- Sick breast
- Milk affects infant

*Some participants mentioned using a covering not in the context of evil eye.

Not all participants who reported prevention or remedy strategies reported believing in or using them.
Results
Neutral Views towards BIP and Not Believing in Evil Eye

• Some participants appeared to have no major issues with breastfeeding in public, and/or some reported not believing in or fearing evil eye.

“I don’t have any kind of belief, but when you want to breastfeed a child, you have to consider a calm place...no one can stop you when breastfeeding, it’s okay. But myself, I don’t have any belief”—25-year-old mother of a 3-month-old, sells clothes at a kiosk
"When I start to breastfeed I stay aside, cover him and then start to breastfeed"—18-year-old mother of a 3-month-old, sells food items at a kiosk

"I to breastfeed a child in open places, personally, I don’t like. I see like a place, if I see a place is very open, I can move, and go to breastfeed a child aside"—25-year-old mother of a 4-month-old, works at a shop

Some participants also mentioned coverings and/or moving aside in the context of evil eye.
Being in Public Affecting or Not Affecting Decision to Breastfeed

Results

Does being in a gathering of people influence your decision to breastfeed and/or the time of breastfeeding?*

Yes

Breastfeeding may be delayed/late

No

Will breastfeed by using a covering, moving aside, and/or finding a place

"Will be not in time because there are many people so I will be hiding"—22-year-old mother of a 3-month-old, sells vitenge

"No, I will find a place to breastfeed my child, I won’t stop breastfeeding. But I must breastfeeding my child"—31-year-old mother of a 3-month-old, sells shoes

*Only around half of participants were asked this
## Recommendations

<table>
<thead>
<tr>
<th>Intervention Recommendations</th>
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<tr>
<td><strong>Mothers</strong></td>
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<tr>
<td>• Improve breastfeeding self-efficacy and motivation through counseling(^4,45-46)</td>
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<td>• Counsel mothers on how to breastfeed when outside the home(^29,40,47-48)</td>
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<tr>
<td><strong>Family</strong></td>
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<tr>
<td>• Educate family members on how to support breastfeeding mothers to improve breastfeeding self-efficacy(^4)</td>
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<td><strong>Healthcare Professionals</strong></td>
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<td>• Understand evil eye beliefs and the role they play in infant feeding practices via educational trainings or community briefings(^49-50)</td>
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<td><strong>Community</strong></td>
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<td>• Improve awareness and acceptability of breastfeeding in public via campaigns, posters, and media to normalize breastfeeding in public(^16,18,20,28-29,32,51-56)</td>
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<td>• Provide areas in public environments and workplaces where mothers can comfortably breastfeed(^11)</td>
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Future Research Recommendations

- ✔ Assess mothers’ views of BIP
- □ Assess community’s views of BIP and evil eye
- □ Assess grandparents’ views and their influence on the next generation
- □ Assess relationship between infant feeding practices and views of BIP and whether belief in evil eye affects BF status
- □ Assess whether negative views of BIP exacerbate the barrier that maternal employment already poses to BF
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Appendix

Strengths

- Semi-structured interview design → follow-up questions
- Collaborated and consulted with colleagues in Tanzania
- Minimized risk of recall bias
- Sample included participants from a diverse range of occupations

Limitations

- BIP was not the main focus of the interviews
- Not all participants were asked if being in public affected breastfeeding.
- Some participants were asked directly about evil eye.
Appendix

• Majority of participants expressed a negative view of BIP → Negative views of BIP have been reported in other regions of sub-Saharan Africa.\textsuperscript{10,13,52}  
  • Shyness → women in Ghana have also reported shyness when BIP\textsuperscript{52}  
  • Unhealthy Air → air quality was identified as an issue of BIP in Ethiopia\textsuperscript{5}

• Some participants appeared to have no major issues with BIP → Some women in Ghana did not have any negative views towards BIP. \textsuperscript{52}

• Evil eye has been reported in multiple regions throughout Tanzania, including the Kilimanjaro region.\textsuperscript{21,57-59}  
  • Evil eye affecting the breastmilk and causing the infant to cry, vomit, and experience diarrhea have been reported in sub-Saharan Africa.\textsuperscript{21,31,60-63}  
  • Eyebrow pencil → In Kenya, drawing between an infant’s eyebrows combats evil eye.\textsuperscript{61}
Appendix

• Using a covering when BIP is a common practice that is used in many countries worldwide.\textsuperscript{11,20,28,31-32,52}
  • Some scholars discuss that using a covering can negatively impact mother-infant bonding by preventing eye contact.\textsuperscript{52}

• Some moved away or found a place to breastfeed → Women in Ghana were found to believe that women should use private spaces when BIP.\textsuperscript{52}

• Some would continue breastfeeding in public anyway → In South Africa, mothers who were not comfortable with BIP endured.\textsuperscript{18}


References


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