AN ABSTRACT OF THE THESIS OF

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Title: Belief Systems of Jamaican Mothers Regarding Bottle Supplementation of Breastfed Infants

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Margaret M. Smith

International health literature clearly describes the importance of breastfeeding for children’s health. The risks of bottle feeding in impoverished and unhygienic environments are also widely documented. Gastroenteritis, one of the most common problems associated with bottle feeding in the Third World, is the leading cause of death for Jamaican children under five years old. Studies of infant feeding practices in Jamaica indicate that most mothers provide bottle supplements to their breastfed infants.

The primary purpose of this study was to examine the belief systems of Jamaican mothers regarding breast- and bottle feeding. A flexible discussion guide was developed to focus attention on the research questions. The guide was used during discussions with groups of six to nine mothers, and data were collected
through these audio-taped discussions. In order to explore the culturally rooted beliefs and subjective perceptions of participants, candid and informal dialogue was encouraged among the women. The fifty mothers who participated in this qualitative study were selected by community-based Jamaican organizations in urban and rural locations.

Data were analyzed by categorizing responses transcribed from the recorded discussions. Themes within these broad categories were then identified. A comparison of the concepts identified through this process with the infant feeding guidelines established by the Jamaican Ministry of Health formed the basis for the discussion of the study's implications.

Suggestions for future research are provided and recommendations for implementing breastfeeding education in maternal and child health clinics are described. The concluding discussion explores possibilities for expanding breastfeeding promotion efforts in Jamaica and considers this health issue within a larger historical, cultural and socio-economic context.
Belief Systems of Jamaican Mothers Regarding Bottle Supplementation of Breastfed Infants

by

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For her willingness to review the audio tapes and transcripts, I am grateful to Dr. Donna Minott.

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For his vision of health care and community building in the Third World and for his friendship, I would like to thank David Werner.

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Belief Systems of Jamaican Mothers
Regarding Bottle Supplementation
of Breastfed Infants

CHAPTER I.

INTRODUCTION

The World Health Organization (WHO) has identified the following as the four most critical child health issues in developing countries:

1. Growth monitoring
2. Oral rehydration therapy
3. Breastfeeding
4. Immunization

Emphasizing the importance of breastfeeding to child survival, James Grant, Executive Director of UNICEF, stated,

If all of us in the international community who are working to promote and protect the practice of breastfeeding are successful in our efforts, we will save one million infant deaths each year in the 1980's. (as quoted in Baer, 1981, p. 198)

That breastfeeding is central to children's health in the Caribbean is borne out by numerous regional and local studies. A study of 8,150 children in the English-speaking Caribbean, for example,
reported that among the factors contributing to the high incidence of both malnutrition and diarrheal disease was "the early replacement of breastfeeding with highly diluted and contaminated milk formula" (Gueri, 1981, p. 163). Supporting the significance of these findings is the following statement by international nutritionist, Dr. D.B. Jelliffe, "Early weaning was identified as the single most important factor causing malnutrition and infant mortality in Jamaica" (Baer, 1981, p. 203).

Both urban and rural studies of infant feeding practices in Jamaica indicate that, while most mothers breastfeed their babies, the large majority also introduce bottle supplements in the first weeks of life (Almroth, 1982; Ashley, 1984; Boersma, 1985). These researchers, too, point to the link between bottle feeding and diarrheal disease. The relevance of this association is underscored by the fact that the number one cause of death among Jamaican children under five years is gastroenteritis (Planning Institute of Jamaica, 1987; Walker, 1988).

**Justification for the Study**

Infants who are given supplemental feeds in addition to breast milk are 25 times more likely to die from diarrhea than are infants who are exclusively breastfed for the first four months (National Council
for International Health, 1988). The number one recommendation of the U.S. Agency for International Development's (USAID) guidelines for child survival policy states, "Project planners should examine beliefs and practices related to infant feeding that may have an important effect on child health and survival" (Pillsbury, 1988, p.3). Expanding on the need for research into beliefs and perceptions, the International Nutrition Communication Service notes that,

Because motivation is the most important task of the educational messages, qualitative research is an indispensable tool for any breastfeeding promotion effort. Without qualitative research, it is impossible to identify the motivational components that will make the message convincing. (Manoff, 1987, p 36)

While numerous research projects have documented the patterns of infant feeding in Jamaica, none has focused on the belief systems behind these practices. The conclusions of Landman's and Lyon's research in Jamaica over a decade ago acknowledged the need for an exploration of mothers' subjective perceptions regarding infant feeding (1976). Interviews with two of Jamaica's current researchers on infant feeding, Dr. A.W. Patterson, Director, Caribbean Food and Nutrition Institute of Kingston, and Dorian Powell, Professor, Department of Sociology, University of the West Indies, confirmed that such a study would be of
value (A.W. Patterson, personal communication, February 27, 1987; D. Powell, personal communication, March 11, 1987).

Problem Statement and Objectives

The principal goal of this study was to describe the belief systems of Jamaican mothers regarding infant feeding. A guided discussion approach was used with small groups of mothers to elicit their beliefs on the following aspects of the research topic:

1. Criteria for determining the need for bottle supplementation.
2. Appropriate ages for introducing bottle feeds.
3. Bottle feeds considered most nutritious.
4. Attitudes toward commercial formulas.
5. Relationship between bottle feeding and diarrhea.
6. Relationship between the mother's view of her nutritional status and her breastfeeding practices.
7. Roles of participants grandmothers and mothers, baby fathers and health professionals in influencing infant feeding.

Scope and Limitations of the Study

This study examined the perceptions of a selected sample of Jamaican mothers regarding infant feeding. The sample was not random, nor was it of adequate size to allow statistically accurate generalizations to all
Jamaican mothers. Rather, the study was intended to be an in-depth examination of participants' belief systems. Limitations of the study include the fact that the population was composed of volunteers selected by community organizations in Jamaica. Due to the irregularities of overseas communications, difficulties arose which affected the composition and setting for two of the seven groups.

**Definition of Terms**

For the purpose of this study, several key terms are defined as follows:

**Belief system** - a set of assumptions, including patterns of association and cause-effect relationships, that is often culturally specific and partially unconscious.

**Exclusive breastfeeding** - infant's nutritional intake is limited to breast milk only; no other foods or drinks are given.

**Gastroenteritis** - inflammation of the stomach and intestinal tract characterized by diarrhea, vomiting, depressed appetite, weight loss, fever, weakness and dehydration.

**Infant** - child under twelve months of age.

**Supplementation** - providing infants with food or drink in addition to breast milk.
To aid in understanding local idioms, the following words are clarified:

**Baby father** - term commonly used in referring to the child's father; a baby father is not necessarily a husband or commonlaw mate.

**Bush tea** - herbal tea made from local plants and commonly given to infants.

**Clinic** - maternal and child health services provided by public health nurses; term often used interchangeably with public health nurses.

**Feed** - commercially prepared infant formula, usually made from cow's milk.

**Porridge** - thin gruel made from cornmeal with added milk and sugar; most often given to infants in bottles; occasionally porridge is made from oatmeal, banana or plantain.

**Tin feed** - same as feed.
CHAPTER II.

REVIEW OF LITERATURE

This chapter will begin by establishing a framework for understanding breastfeeding issues in the developing world. The discussion will summarize the widely documented benefits of breastfeeding, consider changes in Third World patterns of infant feeding, and examine problems of bottle feeding in impoverished and unhygienic environments. Discussion will then focus on Jamaica, initially exploring the historical, cultural and economic forces that affect the lives of Jamaican women and then studying the practices and problems of infant feeding in Jamaica.

Breastfeeding Issues in the Developing World

Benefits of Breastfeeding

Of foremost importance to Third World infants are the antiinfective properties of breast milk which protect against gastroenteritis. (Cameron, 1983; Grant, 1988; Helsing, 1982; Worthington-Roberts, 1985). Unique to human milk is L. bifidus, a bacteria that creates an acidic intestinal environment antagonistic to pathogenic enteric bacteria and protozoa.

The striking resistance of breastfed infants to colonization by coliforms, enteropathogenic Escherichia coli, Shigella species, and protozoa, even in environments in which the risk of
infection is high, has been conclusively demonstrated. (Worthington-Roberts; 1985, p. 278)

Secretory immunoglobins present in maternal milk also play a major role in host resistance to gastrointestinal tract infections. IgM, for example, neutralizes both viral and bacterial pathogens (Lawrence, 1985). The roles of other antiinfective factors in human milk are outlined in Table 1.

A second benefit of breastfeeding is that the nutrient profile of human milk is optimally suited for the infant's needs. The amino acid composition of breast milk, for example, is lower in methionine, phenylalanine and tyrosine than cow's milk and is thus compatible with the infant's immature production of enzymes needed for digesting these amino acids. Human milk is rich in the amino acids cystine and taurine. Cystine is needed for growth and development; taurine is found in high levels in fetal brain tissue and is needed for conjugation of bile acid (Lawrence, 1985; Worthington-Roberts, 1985).

Another notable characteristic of breast milk protein is the proportion of whey (lactalbumin) to casein; 40 percent of human milk is casein and 60 percent whey, in contrast to cow's milk with 80 percent casein and 20 percent whey. This low casein content of human milk produces small curds which are
Table 1.

Antiinfectious Factors in Human Milk

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<tr>
<th>Factor</th>
<th>Function</th>
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<tr>
<td>Bifidus factor</td>
<td>Stimulates growth of bifidobacteria, which is antagonistic to enterobacteria</td>
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<td>Secretory IgA, IgM, IgE, IgD and IgG</td>
<td>Act against bacterial invasion of the mucosa and/or colonization of the gut</td>
</tr>
<tr>
<td>Antistaphylococcus factor</td>
<td>Inhibits systemic staphylococcal infection</td>
</tr>
<tr>
<td>Lactoferrin</td>
<td>Binds iron and inhibits bacterial multiplication</td>
</tr>
<tr>
<td>Lactoperoxidase</td>
<td>Kills streptococci and enteric bacteria</td>
</tr>
<tr>
<td>Complement (C3, C4)</td>
<td>Increases susceptibility of bacteria to phagocytosis</td>
</tr>
<tr>
<td>Interferon</td>
<td>Inhibits intracellular viral replication</td>
</tr>
<tr>
<td>Lysozyme</td>
<td>Lyses bacteria by destroying the cell wall</td>
</tr>
<tr>
<td>B12 binding protein</td>
<td>Renders Vitamin B12 unavailable for bacterial growth</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>Synthesize secretory IgA</td>
</tr>
<tr>
<td>Macrophages</td>
<td>Synthesize complement, lysozyme and lactoferrin and carry out phagocytosis</td>
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easily digested by the infant (Lawrence, 1985; Worthington-Roberts, 1985).

The lipid composition of human milk is also specially suited to the nutritional needs of the infant, supplying, for example, a greater amount of the essential fatty acid linoleic acid than cow's milk. Digestion of fats is aided by the several lipases unique to human milk (Helsing, 1982; Worthington-Roberts, 1985).

Lactose, the major carbohydrate in breast milk, creates an acidic environment in the intestines as it breaks down. In addition to strengthening the infant's resistance to gastrointestinal tract infections, this lower pH facilitates the absorption of calcium, phosphorus, magnesium and other minerals (Worthington-Roberts, 1985).

Lactation contributes to longer child spacing intervals, providing an important health advantage to both the mother and the infant (Pebley, 1986). Ovulation is inhibited by a series of hormonal responses to the sucking stimulus during breastfeeding. While factors such as maternal nutritional status, critical fat ratio, and frequency of feedings appear to influence the duration of lactational amenorrhea, a significant delay in ovulation among breastfeeding mothers as compared to non-breastfeeding
mothers has been noted in numerous cross-cultural studies (Delgado, 1978; Hodgson, 1985; Howell, 1976; Lee, 1968; Lunn, 1980; Short, 1984). That these longer intervals between births contribute to children's survival is evidenced by the following findings of a 39 country research effort: A child born less than two years after the preceding sibling has a 96 percent greater risk of dying before age 12 months than if no previous child had been born in the two-year interval (Pebley, 1986). These researchers emphasized the importance of breastfeeding in lengthening birth intervals.

Economic considerations provide another incentive for breastfeeding, particularly in developing countries. It is not uncommon, for example, for low-income families to spend as much as 50 percent of their week's earnings for infant formula (Pillsbury, 1988). Adequately supplementing the maternal diet with local foods is, by contrast, very inexpensive (Gueri, 1980; Jelliffe, 1971; Williams, 1985).

The affective qualities of bonding and nurturance suggest a further persuasive element in support of breastfeeding (Baer, 1981; Helsing, 1982; Williams, 1985).

Nutritionists are in agreement that even mothers who are not themselves consuming optimal diets can
nonetheless provide their infants with quality breast milk (Almroth, 1982; Helsing, 1982; Worthington-Roberts, 1985). Worthington-Roberts reports that,

Except for vitamin and fat content, the composition of human milk appears to be largely independent of the state of nutrition of the mother, at least until malnutrition becomes severe. (1985, p. 256)

Findings of other researchers reported by Worthington-Roberts indicate that "severely undernourished women during time of famine often manage to feed their babies reasonably well" (1985, p. 256). International breastfeeding educator Elisabet Helsing concurs, adding that "even under seriously adverse nutritional conditions human milk is uniquely valuable to the baby. The worse the conditions, the more unsuitable will alternative infant foods be" (1982, p. 71).

Trends of Infant Feeding in Developing Countries

Breastfeeding has been the norm in traditional agrarian societies (Helsing, 1982; Joesoef, 1989; Kitzinger, 1976). However, contact with technologically advanced countries and pressures to industrialize have affected Third World societies in very fundamental ways, including changes in indigenous dietary habits, women's roles, family structures, community systems, migration, and rural-urban population shifts. As part of this "modernization" process, patterns of infant feeding have also changed
in the direction of increased reliance on the bottle and commercial infant formulas (Baumslag, 1987).

Women's confidence in their ability to produce adequate breast milk has been undermined (Van Estrik, 1988). Because formula feeding was first adopted by elites of developing countries, prestige is associated with the practice of bottle feeding. Bottle feeding also offers mothers moments of relief from the frequent demands of their infants. The need for women to find employment outside the home is also a part of a larger social trend that affects breastfeeding, although as Helsing points out,

In a review of the literature it was found that employment was given as the reason for weaning by an average of only six percent of the women surveyed in different parts of the world. (1982, p. 213)

During the 1960's and 1970's a resurgence of breastfeeding occurred among U.S. women who were reevaluating many of their roles and beginning to take greater control over their reproductive lives (Baer, 1981; Helsing, 1982). The opposite shift from breastfeeding to bottle feeding in underdeveloped countries was accelerated as formula companies intensified marketing in these societies, in part to compensate for the sales lost to North American women (Van Estrik, 1988).
Typically, promotion of infant formula in developing nations involves advertising that portrays stylish mothers and robust infants, suggesting that formula is more nutritious than breast milk and that bottle feeding is the modern thing to do. Free samples of formula are given to hospital and clinic staff as well as distributed directly to new mothers. Representatives from infant formula corporations often dress as nurses and give talks to groups of village women or visit them individually in their homes to promote their products (W. Gamon, M.D., Mt. Selinda, Zimbabwe, personal communication, May 15, 1988; Jelliffe, 1975).

Problems of Bottle Feeding

In order to appreciate the concern of international health experts regarding bottle feeding in developing countries, infant feeding needs to be viewed in the context of Third World poverty. Unhygienic conditions prevail. Often the water supply is not safe. Refrigeration and adequate fuel and utensils for sterilizing bottles are lacking. Illiteracy rates are high, particularly among women. Quite frequently older siblings carry the major responsibility for looking after numerous younger family members. As noted earlier, the expense of commercial infant formula represents a drain of scarce
resources for the poor (Grant, 1988; National Council for International Health, 1987; Taylor, 1986; Van Estrik, 1988).

Within this milieu, then, the problems associated with bottle feeding are as follows:

1. Use of unclean water or utensils in formula preparation.
2. Growth of disease-causing organisms in unrefrigerated formula.
3. Introduction of pathogens by flies on bottle nipples.
4. Overdilution of formula to make it last longer.
5. Complicated mixing instructions in which correct dilution varies with the infant's weight.
6. Expense of infant formula.
7. Expense of fuel for boiling water and sterilizing utensils.

The consequences of these problems to the child are devastating—diarrheal disease, malnutrition, and death. Regarding the significance of gastroenteritis to the world's children, WHO makes the following statement:

Today, diarrhoeal diseases are considered the commonest and most important single health problem in the developing countries of the world, as well as one of the major contributors to malnutrition, poor health and inadequate performance of children. Many do not survive its devastating effects. (Mata, 1986, p. 5).

Twenty thousand children under five years old die each day due to diarrhea and dehydration (Grant, Keynote
The incidence [of gastroenteritis] may be as high as six to twelve episodes per child per year in most developing countries.... Overall, children are ill with diarrhoea for 10 to 20 percent of their first three years of life. (Mata, 1986, p. 6)

Infective agents--viruses, bacteria, protozoa, worms and fungi--or their products affect the integrity and performance of the intestinal mucosa, thus diminishing digestion and absorption. Altered metabolic functions triggered by enteric infections lead to anorexia and fever; loss of vitamins, minerals and nitrogen; destruction of muscle protein; and depression of the immune system. Of the numerous physiological responses to gastroenteritis, dehydration resulting from fluid loss presents the most immediate and life-threatening problem for infants and young children.

Children who suffer frequent or protracted episodes of diarrheal disease are at greater risk of becoming malnourished. Malnourished children in turn are more vulnerable to enteric infections and other common communicable diseases, as well as to severe protein-energy malnutrition when stricken by disease.
Infant Feeding Issues in Jamaica

Women in Jamaica

International researchers and practitioners in maternal and child health stress that "women's and children's health are directly related to women's status in society" (Williams, 1985, p. 75). And as Van Estrik notes in her cross-cultural study, appreciating "the status of women should be important for understanding women's decisions concerning infant feeding" (1988, p. 98). The roles of Caribbean women in the family and society will, therefore, be explored before reviewing the literature on infant feeding in Jamaica. Central to understanding the lives of Jamaican women are the unique historical and cultural elements that have shaped Jamaican society, as well as the current political economy which defines the parameters of many aspects of Jamaican life.

Following the thread of women's work through the island's history reveals that African women slaves worked alongside men in the fields and in the latter days of slavery also cultivated provisions on small plots of land. Women sold their surplus produce in Saturday markets, thus initiating a system of informal trade that today constitutes an important economic activity of women in the lower echelons of society and
that plays a significant role in the internal economy (Isaac, 1986; Reddock, 1986).

Market women, called higglers, buy and sell agricultural produce or establish other small scale vending operations. Other women's activities included in the informal sector are handicrafts, dressmaking, baking and hairdressing. While women working in these areas are not counted in labor statistics, unofficial estimates put 30 percent of the female work force in this informal sector (Bell, 1986). The majority of women in the informal sector live in poor urban or rural communities. Typically, they have only primary education and no training in marketable skills. A high percentage are heads of households and the sole income earners in their families (Isaac, 1986).

Education has provided upward mobility for some of the island's women who now make up the majority of teachers, nurses and civil servants. Female university enrollment nearly equals that of males. However, the majority of working women continue to fill low-skill, low-status and poorly paid positions. Domestic work, for example, is a major employment area for women and pays the minimum wage of J$60 a week (US$11). A dozen eggs or a small chicken takes an entire day's pay for women who work at this wage (Coote, 1985).
Despite the constraints on women's earning power, their long history of work has provided them with a sense of independence, broadening their social relationships beyond the home and increasing their power within the family and the community. This tradition of work was born of necessity for, as West Indian researcher Pat Ellis points out, the majority of Afro-Caribbean women could not depend on their husbands or male partners for financial support since the latter's position in the lower strata of the society did not provide them with the means to provide adequate financial support for a wife and family. (1986, p. 3)

Existing alongside women's economic independence is the cultural value of male superiority. Writing of the paradoxes and conflicts inherent in Jamaican male-female relationships, Shorey-Bryan suggests that "many of the tensions between men and women have their roots in economic issues; but the tensions are also born of social expectations" (1986, p. 71). Other writers trace gender role patterns to such historical influences as the disruption of traditional African family systems by slavery, the offering of wage labor to males after emancipation, and "the sexism and stereotypes which were part of the British system" of colonial education (Ellis, 1986, p. 91).

Illustrating one of the contradictions in male-female relations are Ellis' observations that "girls
are taught from an early age strategies to ensure their survival and that of their families whether a man is present or not" (1986, p. 8). Such socialization develops a sense of independence that is difficult to reconcile with the social acceptance of male dominance and the importance placed on having a male partner (Ellis, 1986).

Adding to the complexity of male-female relationships are the multiplicity of family systems and the double standard of sexual behavior. Traditional peasant mating patterns, for example, begin with the adolescent male visiting the young woman in her parents' home. While these youthfully initiated visiting relationships often are not permanent, they are sanctioned by the community and establish paternal responsibility for offspring. Young adult couples set up independent households as common-law mates. By the age of 40 or 50, in keeping with the status accorded to adults in the community, marriage is considered the proper male-female arrangement (Clarke, 1954; M. Gordon, Professor of Sociology, University of Oregon, personal communication, July 1986).

Western educated and middle class Jamaicans, in contrast, adopt the European model of the nuclear family and legal marriage as their norm. For the
poor, urban migration and ghetto poverty appear to have altered traditional mating systems without substituting legal marriage (Ministry of Health, 1987). Instead, men are often involved in visiting relationships with several women, and commonlaw partnerships are characterized by male desertion (M. Gordon, personal communication, July 1986; Smith, 1962). Further exemplifying the male perogative of sexual freedom is the fact that husbands in middle class marriages frequently have "outside children" by extramarital relationships (M. Gordon, personal communication, July 1986; Smith, 1962).

Jamaican women have traditionally carried the responsibilities of child rearing and household work, as well as economic support of their families. Approximately one-third of Jamaican families are headed by single women (Powell, 1983). Seventy percent of Jamaican women earn less than is needed to provide food, clothing, shelter and education for their children (Gonzales, 1981). In order to "make do," women rely on various sources of income, including siblings, grandparents, older children, and visiting men.

High value and status is attached to the mothering role in Caribbean society; women are expected to bear children, and childless women are

Extended family and rural community networks play a vital role in helping women with child care, providing emotional support and acting as buffers in time of economic crisis. Some historians suggest that these kinship and communal networks are part of African cultural heritage (Herskovitz, 1968; Sudarkasa, 1981), while other writers begin their documentation with the skill sharing and cooperative child care practiced by newly emancipated slave women (Ellis, 1986). Grandmothers, aunties or other female relatives provide child care for poor women who work in today's informal sector. Women who migrate to England or the United States in search of employment rely on the extended family to look after children who remain in Jamaica (Victor, 1986). Urban middle class women also are part of kinship networks, receiving produce from relatives in "the country parts" and in turn providing clothing, money or boarding and city schooling for rural cousins (Ellis, 1986).

Religion has historically played an important role in the lives of Jamaican women. Early slave women kept alive African religious traditions and later were key in developing syncretic religious
forms. While women continue to make up the majority of church goers in this largely protestant society, some writers suggest that young women now place less importance on religion than did those of previous generations (Sunshine, 1985).

Jamaican women are active in organizing and mobilizing within political parties, but hold very few senior positions in government or within the parties. A Women’s Desk at the national level functions to sensitize policy makers to women’s issues, but most development efforts continue to proceed with little input from women (Ellis, 1986). Formation of the Caribbean Women’s Association in 1970, the International Women’s Year and United Nations Decade of Women have spurred advocacy of women’s concerns and highlighted the need for research on West Indian women (Yudelman, 1987).

In summary, then, cognizance of such cultural and historical dynamics as the highly valued role of mothering in Jamaican society, the flexibility of Caribbean family patterns, and the importance of support from extended kin are essential for appreciating the milieu in which beliefs about infant feeding develop. Similarly, recognition of the lack of economic opportunities for women and the impoverished conditions in which the majority of
mothers raise their children is critical for understanding children's health issues in Jamaica. **Formula Promotion in Jamaica**

Having considered some of the larger social and historical currents that affect the Jamaican mother's world, the discussion will turn to infant feeding issues in Jamaica. Active promotion of commercial infant formula in this West Indian country began in the late 1950's and included colorful and prominent billboard advertisements along with the strategies noted in the earlier discussion of infant feeding trends in the Third World. Of particular importance in the case of Jamaica is that formula companies hired registered nurses to promote their products. According to Miguel Gueri, Nutrition Officer, Pan American Health Organization (PAHO), this was a key factor in the medical community's acceptance of formula company representatives. Public health nurses, who form the backbone of Jamaica's maternal and child health care system, viewed these milk company representatives as their colleagues. Nurses employed by formula companies frequently assisted public health nurses in weighing and measuring children in the busy child welfare clinics and then gave educational presentations to mothers on the care of their infants. In this setting, then, infant
formula samples were given to mothers by milk nurses and the benefits of the proprietary brand extolled (M. Gueri, personal communication, May 24, 1988).

Formula company nurses had easy access to maternity wards where they met with newly delivered mothers, left samples, and set up home visit schedules. Illustrating the impact of the milk nurses' role is a study of 85 low socioeconomic status mothers in two of Kingston's maternity wards. Eighty percent of these mothers had decided they would supplement breastfeeding with a milk formula on return to their homes. The 34 who said they would begin giving formula immediately intended to do so because "visiting nurses employed by commercial milk firms had said it was a desirable practice and had left samples of milk with them" (Jelliffe, 1971, p. 179). Other rationales offered by these women for initiating bottle supplements included the hospital's practice of giving milk formula and the mothers' beliefs that they could not produce sufficient breast milk. Of those who were undecided as to when they would begin bottlefeeding, twenty said they would rely on the advice of the milk nurse (Jelliffe, 1975).

When questioned regarding formula preparation, mothers typically described incorrect dilutions, some reporting that they could not understand the mixing
instructions and others stating that they would ask the milk nurse how to mix the formula. Several mothers stated that if the baby's father contributed financially, they would be able to use the milk in the right proportion, but said that "they would probably have to 'stretch' it sometimes" (Jelliffe, 1971, p. 180). Five of the total 85 mothers "said apologetically they would not use tin feeds as they would not be able to afford liquid or powdered milk in sufficient quantity, and therefore would breast feed as long as possible" (Jelliffe, 1971, p. 178).

While promotion was more intensive in urban areas, clinics and hospitals near smaller towns were also targeted by milk nurses. As indicated by Dr. Gueri, advocates of artificial feeding continued to employ the above techniques with little or no restriction until the mid-1970's when the international health community became alarmed over infant morbidity and mortality associated with the replacement of breastfeeding by bottle feeding (M. Gueri, personal communication, May 24, 1988). Even after government policy prohibiting milk nurses from entering hospitals was enacted, Dr. J. Michael Gurney, then director of the Caribbean Food and Nutrition Institute, found that these formula company representatives continued to go onto maternity wards
to get lists of mothers to visit at home and to "push with special zeal the virtues of these mothers' milk substitutes on unsuspecting mothers" (Gurney, 1977, p.67).

**Breastfeeding Education in Jamaica**

In 1977 Jamaica launched a nationwide nutrition education program, featuring promotion of breastfeeding as one of the five central messages. This multidisciplinary, multisectoral campaign focused on three activities: seminars for health professionals; mass media promotion via radio, billboards, bus stop posters, and educational charts and brochures; and recruitment and training of rural field workers through the Ministry of Health. Labor unions, religious groups and community organizations were also involved in promoting the "Breast is Best" message. Due to lack of funds, the campaign was terminated less than a year after its initiation (Baer, 1981; Okwesa, 1982).

Currently, breastfeeding is promoted primarily through maternal and child health clinics (V. Campbell, Health Educator, Caribbean Food and Nutrition Institute, Jamaica, personal communication, July 7, 1988; K. Rainford, Director, Nutrition and Dietetics Division, Ministry of Health, Jamaica, personal communication, July 15, 1988). Public health
nurses emphasize to clinic attenders the following national guidelines for infant feeding:

1. Exclusive breastfeeding until four months of age.

2. Continuation of breastfeeding for at least twelve months.

3. Introduction of spoon-fed mashed fruit or fruit juice and porridge made with milk at four to six months.

4. Introduction of soft, mashed foods from the family pot at six to nine months.

5. Introduction of regular family foods at nine to twelve months.

Education and support provided by public health nurses are sometimes augmented by slide presentations, posters and "Letters to Parents" developed by the Caribbean Food and Nutrition Institute. Family life programs in the schools occasionally utilize these breastfeeding materials (V. Campbell, personal communication, July 15, 1988).

Nutrition clinics sponsored by the Ministry of Health stress the importance of breastfeeding to mothers of malnourished children. A small scale program in two communities utilizes volunteers to promote better nutrition. Called Nutrition Motivators, these local housewives promote breastfeeding and appropriate weaning practices through informal teaching in the market place, with
neighbors, etc. (K. Rainford, personal communication, July 15, 1988).

The Ministry of Health's unpublished "Report of Preliminary Findings, Perinatal Mortality and Morbidity Survey, December, 1987" noted in its review of 10,310 births that "counselling of mothers with respect to breastfeeding...was minimal," (p. 4) and that problems were encountered with "late feeding of newborns and less breastfeeding than expected especially in babies born to hospitals" (p. 5).

**Infant Feeding in Jamaica**

That the general pattern of problems associated with bottle feeding in developing countries is representative of the situation in Jamaica is illustrated by several local investigations. A longitudinal study of 300 infants of working class families in Kingston noted that 65 percent of the homes had kitchens that were "dirty and infested with flies," that garbage disposal presented sanitation problems, and that very few homes had refrigerators (Grantham-McGregor 1970, p. 111). A more recent national survey found that the source of water supply for about one-third of the sample was a tank or drum catchment (Okwesa, 1982). According to PAHO'S research, only 26 percent of the population consistently receives water that meets WHO guidelines for bacteriological quality (PAHO, 1986, p. 153).
Local studies disclosed that bottles were rarely sterilized correctly but instead were most often rinsed once a day in hot water. Exemplifying the misconceptions regarding proper handling of baby bottles is one researcher's observation that, "many of the mothers reported that their plastic bottles could not be boiled and that boiling spoilt the nipples" (Grantham-McGreggor, 1971, p. 112).

A decade later, a study by the University of the West Indies Tropical Metabolism Research Unit indicated that hygiene and maternal understanding of sterilization and mixing instructions continued to be a problem. Hibbert and her colleagues found that among bottle feeds mothers had prepared to give to their infants at child welfare clinics, only 14 percent of the samples of infant milk formulas were within normal limits. Half of the bottles with formula were too dilute; half of the bottles had additional sugar added to the formula; and porridges in bottles were of thin consistency, low in energy and high in sodium due to added salt. Sixty-four percent of the samples showed "heavy contamination of faecal bacteria" (1980, p. 13). She concluded that, "given the constraints of illiteracy, inadequate nutritional knowledge and facilities, bottle feeding presents a real hazard to health" (1980, p. 140).
As in other Third World countries, the expense of infant formula represents a major financial burden for Jamaican families. A study of low income households in Kingston indicated that mothers spent an average of 88 percent of their total family income on infant formula. This figure was even higher for the poorest of these women (Landman, 1976). Basing his calculations on local supermarket prices and Food Composition Tables compiled by the Caribbean Food and Nutrition Institute, Dr. Gueri, Nutrition Specialist for PAHO, found that the cost of feeding an infant commercial formula was four to five times that of adequately supplementing the mother’s diet (Gueri, 1980).

Jamaica, too, shares the legacy of childhood mortality due to diarrheal disease. As reported in Chapter One, the single largest killer of Jamaican children under five years is gastroenteritis (Planning Institute of Jamaica, 1987). While not all cases of childhood gastroenteritis can be linked to bottle feeding, an examination of research on infant nutrition in Jamaica indicates that babies introduced to bottle supplements in the first months of life experience more episodes of gastroenteritis than do wholly breastfed infants.
Interviews with mothers in an area of Kingston where 95 percent of the families surveyed earned $10-$15 a week found the following: Bottle feeds represented the major source of nutrition for 70 percent of infants under three months; 75 percent of these babies had reported episodes of diarrhea; and 16 percent of these required hospitalization (Campbell, 1982).

A study of 100 multiparous women who delivered in Kingston's primary maternity hospital found that, based on experience with their previous children, 76 percent of the mothers planned to initiate bottle supplements by three months, with 44 percent of these planning to give bottle feeds before six weeks (Blaize, 1976). Follow-up research on 300 low-income women who delivered at the University of the West Indies Hospital in Kingston showed that at six weeks of age 90 percent of the babies were breastfeeding, but that 78 percent of these were also given bottle supplements. Additionally, the study reported an increased incidence of gastroenteritis and poor weight gain among bottle supplemented infants as compared to those who were exclusively breastfed (Gurney, 1972).

The most recent Ministry of Health survey, conducted islandwide with 2,008 mothers, found that the following percentages of infants were exclusively
breastfed at three months of age: 42 percent (rural), 39 percent (low income urban), and 29 percent (middle income urban) (Ashley, 1984). Other sources indicate that the average time for initiating bottle supplements is within two to three weeks after delivery (Boersma, 1985).

Further review of the literature indicates that the pattern of initiating bottle supplementation before four months has persisted over the last fifteen years (Melville, 1987). A longitudinal study of 300 Kingston infants of low income mothers found that 77 percent were receiving bottle supplements by six weeks (Grantham-McGreggor 1970). Research with 85 low socioeconomic status mothers ranging from 15-44 years found that 4 planned to breastfeed only one week, 10 no longer than 6 weeks and 54 no longer than 3 months. Ten mothers said they planned to breastfeed four to six months, and two planned not to breastfeed at all. Thirteen of the interviewed mothers worked outside the home (Jelliffe 1971).

Seeking to evaluate the role of maternal employment on infant feeding practices, Van Estrik and Greiner looked at Jamaican studies that addressed this issue. They found that employment was cited as a reason for bottle feeding, weaning or not initiating breastfeeding as noted in Table 2.
Table 2.

Employment Cited as A Reason for Bottle Feeding, Weaning or Not Initiating Breastfeeding

<table>
<thead>
<tr>
<th>Year Study Conducted</th>
<th>Number in Study</th>
<th>Number of Employment-Related Feeding Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>300</td>
<td>13</td>
</tr>
<tr>
<td>1972</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>1974</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>1976</td>
<td>118</td>
<td>2</td>
</tr>
<tr>
<td>1981</td>
<td>52</td>
<td>6</td>
</tr>
<tr>
<td>1981</td>
<td>155</td>
<td>4</td>
</tr>
</tbody>
</table>

Research with 180 rural mothers of infants under 12 months found that by one month of age half of the infants had received supplementary milk and that "an increase in bottle feeding was accompanied by a highly significant increase in diarrhea" (Almroth, 1982, p. 107). The authors concluded that, malnutrition and gastroenteritis, two major causes of morbidity and mortality among infants and children in Jamaica, appear to be associated with a decline in breast feeding and an increase in bottle feeding. (Almroth, 1982, p. 103)

Summary

Diarrheal disease is the largest killer of Third World children under five years old. International health efforts stress the importance of breastfeeding in the prevention of diarrheal disease and in the promotion of child health. As a developing nation, Jamaica shares the problems associated with bottle feeding in impoverished and unhygienic environments. The number one cause of death for children under five in Jamaica is gastroenteritis. That the majority of Jamaican mothers initiate bottle supplementation before the infant is three months old is widely documented.
CHAPTER III.

METHODS AND PROCEDURES

This descriptive study employed a guided discussion approach with small groups of Jamaican mothers to elicit their beliefs on a variety of aspects of infant feeding.

Selection of Participants

Five indigenous organizations that work primarily with low income populations were each asked to select twelve to fifteen mothers for the study. This research focused on low income groups because the health risks of bottle feeding are more pronounced among the poor.

Criteria for selection of participants specified that the sample consist of mothers who were currently breastfeeding an infant under twelve months of age. In order to draw on previous child rearing experiences, it was recommended that women who had at least one child, in addition to the breastfeeding infant, be chosen as participants. Parameters also included that each group be composed of women from the following age ranges: Under 20 years, between 20 and 30 years, and over 30 years. Specific categories of income level were not defined, for as other researchers in the Caribbean have noted, "the sporadic
nature of income for many of the households would have rendered conventional average measures as relatively meaningless" (Taylor, 1986).

Discussion groups were planned to include participants from the five geographic locations noted on the map in Figure 1. Two urban groups were asked to select mothers from Kingston, where approximately 40 percent of the island's 2.3 million population lives. Small coastal towns were the planned sites for two meetings, and the remaining three groups were drawn from rural areas.

Hannah Town, an inner city neighborhood of Kingston was the location from which the first group was selected. Overall unemployment in the area is estimated at 70 percent, with unemployment for women even higher (M. Evans, Executive Director, Mel Nathan Institute, personal communication, January 1987). For many mothers incomes are marginal and precarious, necessitating a day-to-day struggle simply to feed their children (J. Ruglass, Mel Nathan Institute, personal communication, January 1987). Households of four to twelve members live in tiny one-room structures, sharing a communal dirt yard, single water pipe and one toilet with the numerous other tenants of the compound.
Figure 1. Map of Jamaica with Parish Boundaries and Discussion Group Locations
A neighborhood organization, the Mel Nathan Institute, was asked to select participants for the Hannah Town group. The organization has been working in community development in Hannah Town for ten years. Its major programs include early childhood education, a vocational college, cultural theater, small-scale economic projects, and direct employment in a bakery and furniture shop.

A second Kingston group was chosen from a slightly less economically depressed community. However, most women in this area are also unemployed, and water and toilet facilities in the communal yards are similar to those in Hannah Town.

The Sistren Theatre Collective and the Women's Resource and Outreach Center were requested to collaborate in locating participants for the second Kingston group. Originating with impromptu performances by streetsweepers during the 1970's, the working-class women's theater group has developed a distinctively Jamaican form of participatory drama. Their performances and workshops focus on social issues, particularly those that affect women, and include the topics of equal pay for female sugar cane workers, conditions in the alms houses and sexual harassment in Kingston's Free Zone factories. The second cooperating agency, the Women's Resource and
Outreach Center, provides a forum for discussing community concerns and coordinates workshops on women's issues.

Subsistence farmers, small shopkeepers and unemployed mothers from the Annotto Bay area on Jamaica's north coast formed the population from which participants for the third discussion group were selected. With about 8,000 inhabitants, the fishing town of Annotto Bay is a market center for the small farmers in the surrounding hills. The majority of small farmers are marginalized by a pattern of land tenure in which 0.7 percent of the landowners control over half of the agricultural land in the form of large plantations or estates (M. Lumley, Agricultural Officer, Caribbean Conference of Churches, Jamaica, personal communication, June 22, 1988).

A farmers' cooperative in Annotto Bay, Agri-Producers and Processors, was asked to select mothers to participate in the third group. The cooperative assists low income families in leasing land, provides technical and marketing assistance, and coordinates fund raising for seeds, equipment and project development.

The mountainous parish of Manchester in central Jamaica was the third region from which a sample was drawn. Agriculture is the single important economic
activity in this remote area. Land holdings, where the family's food and crops for local markets are grown, typically range in size from 1/4 acre to 5 acres. Women cook on outdoor wood fires, and water is obtained from catchment tanks.

A community development organization, Projects for People, was asked to arrange the meetings for the two discussion groups in Manchester. The organization sponsors activities designed to promote self-reliance and cultural identity; examples include a women's craft group, a welding cooperative, and a cheese-making cooperative. Located in the rural community of Maidstone, the cheese cooperative was the contact for selecting participants in that area.

The parish capital, Black River, located on Jamaica's southeastern coast, was the fourth geographic area included in the study. Most of the 3,600 residents depend on fishing or selling in the informal sector for their livelihoods. Families live in single household dwellings and most have indoor plumbing.

Staff from the New Town Community Center were asked to select participants for the Black River group. The center, which is situated in the hilly outskirts of Black River, provides training in home
economics and crafts and serves as a recreational center for local youth.

Balaclava, with a population of 2,500, is located in the mountainous inland area of St. Elizabeth Parish. Subsistence farming and work in the sugar cane fields of the Appleton Estate are the basic economic options for residents of this area, one of the island's most impoverished regions. In 1985, the Balaclava area had the highest rate of malnutrition for children under three years, has one of Jamaica's highest rates of gastroenteritis and is one of the few areas where typhoid is endemic (P. Elster, personal communication, July 19, 1988).

At the suggestion of Dr. Paula Elster, Medical Officer of Health for St. Elizabeth, an additional discussion group was formed with mothers who were attending a maternal and child health clinic in Balaclava.

In order to develop rapport and clarify expectations, the researcher visited mothers in their homes prior to the group meetings. Due to the distance between homes and the lack of local transportation in the Maidstone area, a letter was sent in place of a home visit. It was not possible to contact mothers in the St. Paul and Balaclava groups until the day of the meeting. Demographic data collected by the researcher
before the group sessions included the participant's age, employment status, educational background, household composition and ages of her children.

Development of Discussion Guide

The forty-five questions that comprised the discussion guide were drawn from information obtained through a review of literature on cross-cultural issues in breastfeeding, interviews with public health nurses in Jamaica, suggestions offered by key informants in Jamaica, and the researcher's previous community health work in Kingston. The discussion guide was reviewed by an inter-disciplinary committee of Oregon State University faculty representing the health sciences, adult education, anthropology and the humanities.

Choice of Methodology

Small groups of mothers from similar socioeconomic backgrounds met for an informal discussion on the topic of infant feeding. Because the primary goal of this study was to understand women's perceptions and feelings related to breastfeeding, an approach was chosen that would lend itself to uncovering local mothers' own definitions, rationale, and patterns of association.
A qualitative methodology was considered particularly important in the cross-cultural context of this study. As Mullen states,

An approach which concerns itself with the meanings, definitions, and interpretations which are made by the subjects of the study has greater potential for depicting their world and priorities more accurately than methods which begin by preconceiving that world and its meaning. (as quoted in Basch, 1987, p. 436)

Elements of a problem-posing approach developed by Brazilian educator Paulo Freire were utilized to begin the discussion groups. One aspect of the research problem was illustrated in a drawing of a Jamaican mother and baby. (See Figure 2.) The picture was based on the researcher's observations in lower-class Jamaican neighborhoods and served as a "projective device that is emotionally laden and identifiable" to participants (Wallerstein, 1983, p. 19). The purpose in using such a device was to stimulate critical thinking and raise motivation for engaging in the discussion.

Dialogue was initiated by asking mothers what thoughts came to mind while looking at the illustration and in what ways they could relate the picture to their own situations. In this manner, participants' responses determined the initial theme of discussion and the entry point into the prepared discussion guide.
Figure 2. Illustration Used to Initiate Dialogue
The discussion guide was used as an outline to focus attention on those issues identified in Chapter One. Group discussions were audio taped. In facilitating the sessions, the researcher exercised flexibility in moving from the outline to explore new themes arising during the discussion. Noting the usefulness of making such adjustments, Basch writes that the moderator covers

important topics and questions in the prepared outline while relying on judgment to abandon aspects of the outline and pursue other lines of questioning that seem more revealing. (1987, p. 415)

Seeking, then, to understand participants' perspectives and to explore the psychological issues that shaped their attitudes toward breastfeeding, the researcher posed open-ended questions and encouraged dialogue among mothers. This dynamic, interactive process was a key element in moving beyond pat answers to the disclosure of conceptual frameworks, to the serendipitous discovery of important understandings, and to the "why" behind the numbers cited in the review of literature.

**Method of Data Analysis**

Audio tapes were transcribed by the researcher and checked for accuracy by a Jamaican fluent in the dialect spoken on the island.
Verbal data obtained in the discussion groups were categorized and coded based on the initial eight research objectives. Transcripts were then cut, and the coded responses were sorted by category. Major themes within the categories were identified and are reported in Chapter Four. New issues that arose in the field were analyzed as Basch recommends in his discussion of qualitative research in health education; that is, transcripts were analyzed with the intent of "generating a list of key ideas, words, phrases and verbatim quotes that capture sentiments [and then] using the ideas to formulate categories" (1987, p. 417). The idioms and syntax of Jamaican English have been retained in reporting the mothers' words.

The study was not intended to yield numbers of responses; its purpose instead, was to identify themes. Because the methodology involved an interactive group process, rather than individual interviews, the data are not quantifiable. It was anticipated that some participants might contribute ideas at several points in a conversation on a given topic and that not all participants would comment on every issue.
CHAPTER IV.

RESULTS

A total of fifty Jamaican mothers participated in this descriptive study of local beliefs concerning breastfeeding and bottle feeding. Each mother took part in one of the seven discussion groups, which ranged in size from six to nine participants. These one- to two-hour meetings were held in the various urban and rural locations indicated on the map in Figure 1.

Demographic information for the sample was obtained prior to the group sessions. Ages of participants ranged from 16 to 49 years, with a mean of 27 years. Twelve percent of the mothers were under 20 years; 58 percent were 20-30 years; and 30 percent were over 30 years. Ages of breastfeeding infants ranged from one to eleven months. Participants' ages at their last year of school attendance ranged from 15 to 21, with a mean of 16.7 years. In examining household composition, differences between the Kingston and rural groups became evident. For example, 39 percent of urban mothers lived alone with their children, as compared to 14 percent of rural mothers. Baby fathers lived with their partners in 36 percent of the rural households but in only 15 percent of the urban
households. Fifty-nine percent of rural mothers and 46 percent of urban mothers lived in three-generation households. Further demographic data are provided in Tables 3-6 and Figures 3-5.

Responses transcribed from the audio taped discussions were categorized based on the research questions listed in Chapter One. These categories are presented below as bold-face headings, and themes within each broad category are discussed under the appropriate heading. As indicated in Chapter Three, this study sought to describe perceptions related to breastfeeding and bottle supplementation and to identify thematic categories of response, rather than to report the number of participants expressing particular views. Concepts which repeatedly appeared in patterns of response to a given topic are reported as frequently expressed views, commonly heard opinions, etc. Representative quotes from participants accompany discussion of the concepts. On some topics, differences in beliefs among urban and rural groups were found; and in some instances, conflicting views arose within groups. These differences are noted as the themes are explored. Members of a group frequently indicated overall agreement on a topic by nodding, paraphrasing what another participant had said, or otherwise expressing
Table 3.

Ages of Participants
By Discussion Group

<table>
<thead>
<tr>
<th></th>
<th>Under 20 Years</th>
<th>20-30 Years</th>
<th>Over 30 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hannah Town</td>
<td>1 (14%)</td>
<td>3 (43%)</td>
<td>3 (43%)</td>
</tr>
<tr>
<td>Kingston</td>
<td>1 (17%)</td>
<td>5 (83%)</td>
<td>0</td>
</tr>
<tr>
<td>Annotto Bay</td>
<td>0</td>
<td>5 (83%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>St. Paul</td>
<td>2 (29%)</td>
<td>4 (57%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Maidstone</td>
<td>0</td>
<td>3 (43%)</td>
<td>4 (57%)</td>
</tr>
<tr>
<td>Black River</td>
<td>1 (11%)</td>
<td>3 (33%)</td>
<td>5 (56%)</td>
</tr>
<tr>
<td>Balaclava</td>
<td>1 (13%)</td>
<td>6 (75%)</td>
<td>1 (13%)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>6 (12%)</strong></td>
<td><strong>29 (58%)</strong></td>
<td><strong>15 (30%)</strong></td>
</tr>
</tbody>
</table>

Figure 3. Ages of Participants
Table 4.

Ages of Breastfeeding Infants
By Discussion Group

<table>
<thead>
<tr>
<th></th>
<th>Under 3 Months</th>
<th>3-5 Months</th>
<th>6-8 Months</th>
<th>9-11 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hannah Town</td>
<td>2 (29%)</td>
<td>1 (14%)</td>
<td>3 (43%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Kingston</td>
<td>1 (17%)</td>
<td>2 (33%)</td>
<td>2 (33%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>Annotto Bay*</td>
<td>0</td>
<td>2 (67%)</td>
<td>1 (33%)</td>
<td>0</td>
</tr>
<tr>
<td>St. Paul</td>
<td>0</td>
<td>3 (43%)</td>
<td>1 (14%)</td>
<td>3 (43%)</td>
</tr>
<tr>
<td>Maidstone</td>
<td>1 (14%)</td>
<td>4 (57%)</td>
<td>2 (29%)</td>
<td>0</td>
</tr>
<tr>
<td>Black River*</td>
<td>1 (20%)</td>
<td>2 (40%)</td>
<td>2 (40%)</td>
<td>1 (17%)</td>
</tr>
<tr>
<td>Balaclava</td>
<td>6 (75%)</td>
<td>1 (13%)</td>
<td>1 (13%)</td>
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</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>11 (25%)</strong></td>
<td><strong>15 (34%)</strong></td>
<td><strong>12 (27%)</strong></td>
<td><strong>6 (14%)</strong></td>
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*In both the Annotto Bay and Black River groups three participants had children who were all older than 12 months.

Figure 4. Ages of Breastfeeding Infants
Table 5.

Participants' Ages at Last Year of School Attendance by Discussion Group

<table>
<thead>
<tr>
<th>Years</th>
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<th>17</th>
<th>18</th>
<th>19</th>
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<td>1</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
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Totals 11 16 13 3 3 3 1

*One participant in this group was continuing her education in 1988.

Figure 5. Participants' Ages at Last Year of School Attendance
Table 6.

<table>
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<tr>
<th>Household Composition</th>
<th>Urban</th>
<th>Rural</th>
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</tr>
<tr>
<td>Participant, baby father &amp; children</td>
<td>2 (15%)</td>
<td>10 (27%)</td>
<td>12 (24%)</td>
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<td>Participant, baby father, other kin &amp; children</td>
<td>0</td>
<td>3 (9%)</td>
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*Other kin refers to relative(s) other than the participant's mother or grandmother.

Note: One rural participant lived alone.
verbal agreement. The following dialogue among mothers in Black River is an example of concurrence that is described in this report as general agreement.

First mother: You need the proper diet.
Second mother: Yes, proper diet.
Third mother: If you are going to breastfeed the baby you have to eat good.
Fourth mother: Them a stretch it, stretch it. (Suck vigorously on the breast) (laughter)
Third mother: What I was saying is that breastfeeding you need a proper diet.
Second mother: To build up the body.
First mother: Build up the body.
Fifth mother: Because if you don't do it, you find yourself letting the baby suck and suck and you get thin.
Sixth mother: Thin, thin.
Fifth mother: The baby satisfy himself and you get thin.

Full transcripts of the discussions are provided in the appendix.

Criteria for Determining the Need for Bottle Supplementation

The five major themes that emerged in analyzing the reasons that mothers gave for initiating bottle supplements are listed below.

1. Breastfeeding exhausts mother's reserves.
2. Infant's actions indicate hunger after breastfeeding.
3. Mother has insufficient breast milk.
5. Clinic recommends foods in addition to breast milk.
A theme that was generally agreed upon by participants in all but the Balaclava group was that exclusive breastfeeding for three or four months would exhaust the mother and make her become too thin. This concept was expressed by a Maidstone participant's belief that "for you to build back up yourself, in between the breastfeeding you have to give them the bottle." Otherwise, she said, "you start feeling yourself like a bone." Women in Black River explained that the mother's collar bone would sink if she breastfed exclusively. Expanding upon this idea is the following account reported by a Hannah Town mother and supported by others in the group:

First mother: Well, I give bottle and breast. I give the breast for...six weeks. And then I buy the bottle. When you go to the clinic, the six week clinic, they tell you that the breast is best for children, right? You supposed to breastfeed the child three months before you give them the bottle. But we, we so poor we can't come up to it, to breastfeeding. Because you got to have a lot of feeding in your body to cope with it.

Researcher: I see. So the mother has to eat a lot?

Group: Yes, yes. (all agree)

Second mother: Plenty.

Third mother: And drink. And the right diet.

Fourth mother: And then we don't have the money to buy the right diet to go up to it.

Related discussion is covered in the subsequent section on the ways in which the mother's view of her
nutritional status affects her infant feeding practices.

In considering the second theme in this category, the infant's actions indicating hunger after breastfeeding, the most frequently offered explanations were that the baby turned away from the breast and cried or that the baby would "draw hard" on the breast when the feeding did not satisfy his hunger. The following statement by a Maidstone mother is typical of comments heard in other groups: "Him stop sucking if him not getting enough, and him keep crying." A Kingston participant recounted that her baby cried after breastfeeding and then slept contently after receiving a bottle with formula.

The following words of an Annotto Bay mother reflect the commonly expressed belief that the need for supplements simply varies from one infant to the next: "There are some children that eat plenty, plenty. Like some kids will satisfy with the breast, and some want the food." A St. Paul mother likewise explained that "some babies stick to the breast and don't want anything else. But some need an extra amount." Related to this perception was the concept that "some babies are too craven." The term is used to describe infants who constantly want to eat, even when, in the mother's judgment, they are not actually
hungry. Participants explained that "boy pickneys are more craven than the girls." In other instances, developmental readiness for additional foods was cited as the reason for initiating bottle supplements.

Mothers acknowledged that infants might cry after breastfeeding for a variety of reasons, including the need to burp, the desire for comfort, the distress of teething, etc. As one rural mother explained, however, "It is not the only time they cry, when they're hungry. But it is you who feed them so you supposed to know when they are hungry."

Mothers in all groups indicated that insufficient breast milk spurred decisions to initiate bottle supplements. One rural woman said, "At three weeks, the little milk I had couldn't support him." The following account reported by a Hannah Town mother was similar:

First mother: But like now, I just have my baby. Every night the nurse have to get up and give me feed to give my baby. The breast can't hold the baby.

Researcher: Tell me how you mean "the breast can't hold the baby."

First mother: When there is not enough milk coming down, understand, sufficient as the baby can get to fill her tummy, she has to get the bottle.

Second mother: Can't fill her tummy. She has to get the bottle.
Dialogue among Black River participants suggests that the phenomenon of insufficient milk is not considered unusual.

First mother: Some mothers don't have any milk.
Second mother: Some of them don't have any milk.
Researcher: Some mothers have no milk at all?
Second mother: Yes, this is it.
Group: Yes, yes...(general agreement)

In pursuing the issue of insufficient milk, participants were asked whether there was anything a mother could do to increase her milk supply. With the exception of one urban mother, the unanimous response in all groups was that the mother should drink more liquids, especially cornmeal porridge. Other fluids mentioned frequently were soup and milk. Noted in all groups was the belief that sitting down for a cool drink before nursing was advantageous.

In none of the groups was the concept of demand and supply volunteered in response to the question, "Is there anything a mother can do to produce more breast milk?" Questions probing for beliefs about actions, in addition to drinking extra fluid, that mothers could take to increase breast milk brought varied responses. These included massaging or combing the breasts during pregnancy to bring in the milk and the belief of one urban participant that mothers could take a pill to increase breast milk. Discussion related to initiating breastfeeding with the newborn
revealed that mothers in Maidstone, Annotto Bay and Black River understood that the baby's sucking would "draw down" the milk. However, these comments related to the role of sucking in stimulating milk production were limited to the transition from colostrum to mature milk. The following exchange with the second group of Kingston mothers was the only instance in which the concept of demand and supply as an on-going dynamic of milk production was acknowledged.

Researcher: I've heard some women say that if a baby sucks...
First mother: (interrupting) It will bring more milk.
Second mother: Yeah.
Researcher: What do you [the group] think of that?
Third mother: I think that is a myth.

In two groups participants noted the importance of relaxing before breastfeeding. One Kingston woman reported learning at the clinic that "the child can sense if you are nervous and unwilling to feed it" and attributed her inadequate milk supply to emotional stress. A rural mother's explanation that "when you are relaxed the milk just comes" suggests appreciation of the ejection or let-down reflex. These were the only instances in which the mother's emotional state was discussed in relation to successful breastfeeding.

Another commonly described determinant of initiating bottle supplements was that the baby weaned himself. As a Kingston mother explained, "My first
one, he stop sucking by himself when him five month old." A Maidstone participant said, "My first child wean himself from the breast when him four months." When a similar comment by a rural mother was explored, the issue of infants preferring the bottle arose.

First mother: Most babies after four months, some by themselves, stop suck the breast.

Three mothers: Yes.
Researcher: I'm not sure just how you mean that they would wean themselves.

Fifth mother: They don't want the breast any more.
First mother: They prefer to feed out of the bottle.

Recommendations of public health nurses to introduce porridge and fruit at four months were cited in all groups as rationale for initiating bottle supplements. As noted in Chapter Two, public health personnel promote feeding porridge and fruit with a cup and spoon at four months but discourage bottle feeding.

Other reasons for initiating bottle feeding cited less frequently than the five themes described above included the need to work outside the home, complications of labor or postpartum illness that interfere with establishing lactation, and discouragement with attempts at breastfeeding before mature milk production begins.
Appropriate Ages for Introducing Bottle Feeds

Ages suggested by participants for introducing bottle supplements ranged from birth to two and a half years, with the majority reporting that three or four months was the best age to begin bottle feeds. The response of three or four months was commonly linked to advice given at clinics. Participants in all groups were in general agreement, however, that most Jamaican mothers introduce bottles before the age recommended for initiating supplements. As noted in Chapter Two, guidelines provided by clinic staff suggest that mashed fruit, fruit juice, and thick porridge with milk be spoon fed to infants beginning at four months.

Bottle Feeds Considered Most Nutritious

In all groups the two most commonly recommended bottle feeds were cornmeal porridge and commercial infant formula. A difference in emphasis was apparent in responses from urban and rural groups. Urban mothers expressed higher regard for commercial formula than did their rural counterparts. However, inconsistencies were noted, as later the same urban participants conveyed their agreement with grandmothers who recommend porridge rather than formula. (See subsequent section on the role of grandmothers in influencing infant feeding.) Rural
mothers frequently acknowledged their preference for porridge with comments such as, "the cornmeal porridge is good, plenty good more than the tin feed," and, "I think [porridge] is better than the commercial stuff that they make. The processed stuff, the powder business, I never really use it." Mothers explained that cornmeal porridge is prepared with milk and sugar and that the consistency is thin to allow the mixture to pass through a bottle nipple. Participants noted that porridge for infants could also be made from ripe or green bananas, arrowroot or cassava.

Soup and milk were the other bottle feeds most commonly reported as nutritious. Soup refers to the watery base in which vegetables and sometimes meat have been boiled. Glucose powder, which can be purchased at local shops, was believed to be nutritious by some mothers, with one mother explaining that glucose was the first substance given to newborns in the hospital. Disagreement arose regarding the value of glucose; some mothers believed that it gave the child energy, while others felt it was beneficial only if the child were ill. Still others said that home preparations of black sugar and water were superior to glucose. In two groups mothers suggested that the powdered chocolate drink preparations Milo and Horlicks could be given to babies.
Attitudes Toward Commercial Formula

As noted in the previous section, infant formula was commonly suggested as a possible feed for babies by mothers in urban and rural groups. However, there were marked differences among groups regarding the social status of providing commercial infant formula to one's infant.

There was general agreement among participants from the coastal towns of Annotto Bay and Black River and from the Kingston group selected by Sistren that if a mother did not use formula, her neighbors would realize that she could not afford to buy the tin feed. These groups did not feel that this otherwise reflected negatively on the mother. A Black River participant said, regarding neighbors' comments about mothers who do not provide infant formula for their babies, "Only thing them will say [is], 'Them poor.'"

An Annotto Bay mother's observation that "some of our mothers give porridge at the early age [because they] can't afford tin feed" was also representative of sentiments expressed by these groups. The majority of participants in the three groups indicated very positive associations with cornmeal porridge, pointing to healthy children reared on porridge and noting that porridge did not cause skin rashes and constipation as did formula.
The urban Hannah Town group strongly voiced the consensus opinion that mothers who did not give formula to their babies would be looked down upon by their neighbors. This appeared to be an emotionally laden topic in the Hannah Town group.

In contrast, mothers from the rural areas of St. Paul, Maidstone and Black River consistently expressed preference for porridge. While these women did include formula in their lists of appropriate infant feeds, they explained that tin feed was expensive, unnatural and constipating. Some mothers said that they did not like formula and never gave it to their infants, and others proudly described the preparation of porridge from corn they had cultivated.

The consensus in all but the Hannah Town group was that tin feed costs more than increasing the mother’s dietary intake during lactation. Among Hannah Town mothers, there was general agreement that tin feed was less expensive than increasing the mother’s food intake.

**Association Between Bottle Feeding and Diarrhea**

All mothers in all groups clearly associated bottles with diarrhea, as evidenced by the following representative remarks in response to the illustration in Figure 2.
Maidstone

First mother: See the bottle here in the dirt; it can get germs.  
Second mother: And from the bottle him get diarrhea...  
Third mother: The flies go on it. And you see it’s not being sterilized, and the baby use it.  
Fourth mother: Baby can get worm in him belly.  
Fifth mother: The bottle can get sour. It gets sour after a feeding.

Kingston

First mother: Fly, everything pitch upon the bottle. She pick up the bottle and put it straight in the baby mouth. That give the baby infection.  
Second mother: Bottle on the ground can cause germs, give inflammation, running belly and those things. Dirt cause germs. Germs and dirty water.

Balaclava

First mother: She may feel she don’t have the time and not wash it out properly. She just pour the feeding in.  
Second mother: And you know that will cause the baby stomach trouble. The germs. It can kill the baby.  
Third mother: There are children who never come back from the hospital and die. The running belly.

Annotto Bay

And when you give them the breast, it not so easy for them to catch diarrhea. When them get the bottle early they get the diarrhea.

While participants in all groups understood the problems inherent in the situation depicted in Figure 2, they generally agreed that the situation portrayed in the drawing did, in fact, commonly occur. “This is
the history of the Jamaican woman in a nutshell" was the response of one participant to the conflicting demands on the time of the pictured woman and the accompanying risks to her infant's health. Acknowledging that women know about bottles and diarrhea, but that less than ideal circumstances characterize their everyday lives, a Hannah Town mother said, "You a wash, your yard want sweep up. It's dirt and pure problem going to come up. That's just the original ghetto."

**Relationship Between the Mother's View of Her Nutritional Status and Her Breastfeeding Practices**

As reported earlier, six of the seven groups expressed concern that exclusive breastfeeding "takes too much" from the mother and that she gets thin. Participants indicated that this is a generally accepted feeling that contributes to bottle supplementation before four months. As one mother explained, "The mother can't keep [breast] feeding if she is meager, if her body is not built up properly." Participants differentiated between slender mothers, who could produce adequate breast milk, and meager or unhealthily thin women, who could not.

When asked what mothers needed to eat in order to stay well nourished while breastfeeding, the women commonly listed vegetables, milk, porridge and meat.
Questions aimed at learning whether participants believed that most women could obtain adequate diets met with varied and sometimes conflicting responses. In the urban Hannah Town group the generally agreed upon belief was that they were "too poor to come up to [breastfeeding]". This group reported receiving advice from health professionals to eat liver, kidney and red meat and to take vitamins. Hannah Town mothers said that they could not afford these expensive foods, but did not feel comfortable discussing with clinic staff their inability to purchase such foods. Mothers in this group explained that poor mothers could produce enough breast milk, but that it would not be good quality milk.

Women living in the mountains of Manchester described their situation differently.

Researcher: What do mothers need to eat when they're breastfeeding?
First mother: Vegetable and meat.
Researcher: Anything else?
Second mother: Drink.
Third mother: Drink liquid.
First mother: A lot of milk.
Researcher: Can mothers usually afford to drink a lot of milk?
First mother: Well, milk is kind of affordable up here because most farmers have a cow. You can see the mothers go out with a little pan, get the milk.
Fourth mother: But if you live in the corporate area (Kingston), you have to buy it.
Researcher: So, would you say that most mothers in this area can get enough to eat in order to breastfeed?

Others: Yes.

Second mother: Yes, most in the rural area...

First mother: In the rural areas you find it better and comfortable more. But in the corporate area is much harder because you know you have to buy everything.

Others: Yes!

Second mother: But here, see, you plant a little corn, vegetable, banana...

Mothers from the St. Paul area listed the same foods and responded to the question, "If a mother is too poor to buy milk and meat, is there anything else she can eat?" with the reply that mothers could eat vegetables from their gardens.

Annotto Bay mothers' explanations suggest that they believe most mothers can obtain adequate nutrition. As one participant said, "You can eat any little thing, even drink the porridge, and you'll get back the [breast] milk." Another elucidated, "Our poor class mothers, when they have a very young little baby, them drink a lot of porridge. Soup and those things. Then the baby suck it back."

Black River participants initially expressed the belief that mothers in their area could not afford adequate nutrition during lactation.

Researcher: What sort of food does a mother have to eat?

First mother: A proper diet.
Second mother: A proper diet with vegetable and meat and chicken and thing like that.

Group: A proper diet.

Further probing elicited a contradictory view, which may indicate confusion regarding the nutritional needs of lactating women.

Researcher: Do you think that most mothers in this area can afford to get a proper diet?

Group: No! (general agreement)

Researcher: Then, if a mother couldn’t really buy meat and chicken, is there any way she could breastfeed on the little money she has?

First mother: She can eat vegetables, and there is goat.

Group: Yes, yes.

Researcher: So, then, if a mother couldn’t buy meat, for example, or other foods that cost a lot, she could still make enough breast milk?

First mother: Eat vegetables, yes.

Second mother: Callaloo, cabbage.

Third mother: Salad and thing like that.

Fourth mother: Cow’s milk and cornmeal porridge.

First mother: And cheese.

Fourth mother: Drink milk.

Second mother: Cornmeal porridge very nutritious.

Researcher: So most mothers can afford these things?

Group: Yes.

Roles of Participants' Grandmothers and Mothers, Baby Fathers and Health Professionals in Influencing Infant Feeding

All groups agreed that grandmothers advise women to breastfeed and to give their infants bottles of cornmeal porridge. There was also general agreement that grandmothers recommend giving babies bush tea in
bottles, particularly in the morning before breast-feeding or giving other feeds. Some mothers explained that bush tea given in the morning helped the baby burp or "bring up the phlegm." Grandmothers also recommend using bush tea as a medicine for teething, gripe or colds. The majority of mothers in all groups concurred that bush tea, given in the morning and for minor illnesses or discomforts, was beneficial for infants. Exploration of this topic was characterized by animated discussion of local medicinal herbs and personal experiences with giving bush tea to babies when they awake in the morning. Following is a representative comment: "Boil the water and throw it [onto the leaves] and let it steam. I just feel so the tin feeding is not the right thing first [in the morning]. So I feel." In three groups, however, one or two mothers expressed reservations regarding bush tea, stating that doctors warn against giving herbal drinks to babies.

Rural mothers spoke more often of grandmothers' advice than did urban mothers. A commonly reported observation was that grandmothers do not approve of formula. In some cases, grandmothers' negative views of commercial formula were attributed to the fact that infant formula was not available when they were raising children. Both urban and rural participants
stated that grandmothers warn that tin feed causes skin rashes, constipation, and worms and does not build up the baby's resistance to illness as does porridge.

In all groups participants described advice given by women their own mothers' ages as being similar to that given by grandmothers. The one area of difference was that participants' mothers were perceived to consider commercial formula an appropriate bottle supplement. As noted in Chapter Two, infant formula was aggressively promoted at the time participants' mothers were rearing infants.

Participants in all groups were in general agreement that opinions of baby fathers regarding breastfeeding varied. Some women felt that fathers typically did not try to persuade the mothers one way or the other. However, the following dialogue among Maidstone participants captures the most commonly voiced sentiments:

Researcher: I'm wondering about baby fathers -- whether they prefer the mother to breastfeed or bottle feed.
First mother: Rather the breast feed.
Second mother: They want the baby suckle.
Third mother: Perhaps they don't want to buy the feed.
(laughter)
Fourth mother: They don't want to buy feed for the baby, but they have to buy food for you, the mother!
(laughter)
Group: Yes!
Fourth mother: They find that better, for they can find a piece of yam or coco and give the mother!

Another perspective was offered by some participants who described their partners' helpfulness in getting up at night to bottle feed their babies or their partners' encouragement of bottle supplements to alleviate the strain of breastfeeding on the mothers.

An issue which arose in the Hannah Town and Annotto Bay groups was the folk belief that "when you breastfeed you can't have sex with another man or will break baby foot." In Annotto Bay participants explained, "Them say when you have affairs it can stop the baby from walking." Mothers in these groups believed that fathers encouraged breastfeeding, in part, to deter the mother from having outside affairs. Infidelity on the part of baby fathers was not believed to affect the infant.

In all groups women generally agreed that young, first-time mothers desired to keep "stiff breasts" in order to be attractive to men and would, therefore, wean their infants by one to six weeks. Participants laughed during such discussions and always attributed this practice to women other than themselves.

Participants in all groups shared the perception that public health nurses at clinics advise that mothers practice exclusive breastfeeding for three to
four months and that other foods then be given by cup and spoon. Two urban mothers reported having been told by nurses on hospital maternity wards that they should use bottle supplements because they had insufficient breast milk. Among Hannah Town women, there was general agreement that babies were routinely given bottles in the maternity hospital. This perception was confirmed by about half of the second urban group; however, other participants in this group reported that nurses in the maternity wards had encouraged them to breastfeed. Other references to the use of bottles in hospitals included instances in which the mother had health problems after delivery. Rural mothers most commonly described experiences in which hospital nurses had supported them in efforts to establish lactation.

Mothers' perceptions regarding the clinic recommendation to feed infants with a cup and spoon were explored. While it was generally acknowledged that clinic staff advised using a cup and spoon, participants agreed that most Jamaican mothers preferred bottle feeding. Their own attitudes on the topic varied widely. A recurring theme was that spoon feeding takes too much of the mother's time. The following opinions expressed by urban mothers are
representative of the negative associations with using a cup and spoon:

Researcher: What do you think about feeding a baby with a cup and spoon?
First mother: It's terrible!
Second mother: It takes too much time.
Third mother: The baby thinks it's medicine from spoon and cup.
Researcher: So you think the baby prefers the bottle?
Group: Yes. (general agreement)
Fourth mother: I don't think them drink the amount of feed out cup and spoon as from bottle, because him keep spitting it out.

Rural mothers described benefits of spoon feeding as easier to clean than bottles, less diarrhea than with bottles, and thicker porridge which is more satisfying. A Black River mother's comment that "lazy ones give the bottle," drew support from some in that discussion group. In Balaclava, one mother explained that feeding her baby with a cup and spoon allowed her time to sit and rest.

**Advantages and Disadvantages of Breastfeeding**

Participants in all groups generally agreed that breastfeeding provided infants with good nutrition and that diarrhea occurred less frequently among breastfed babies. The following quotes are representative of sentiments expressed by others in the sample:

Maidstone: I love breastfeeding. I just feel that brings the child healthier in the first stage of life, the first four months of life.
Breastfeeding] is more relaxing because all I have to do is go into the kitchen, fill up my tummy and come back and breastfeed. For a long, long time I don't have to wash no bottle.

Balaclava: It is more nutritious for the child because the mother will most likely take the proper food; and whatever the mother takes in, well, that goes through the breast milk.

[Breastfeeding] helps the mother and child to be more unionized, because when the baby is sucking and looking up in your face you get to know each other more better.

The contraceptive effect of breastfeeding and the role of suckling in reducing uterine size were noted by one mother.

The most commonly expressed disadvantage of breastfeeding was that it took too much of the mother's time. Two urban and two rural mothers explained that they disliked breastfeeding, citing that suckling did not feel nice and that it gave them "a stimulation" that was unpleasant. When asked whether sore nipples might be a problem, mothers typically responded that the tenderness was temporary and could easily be relieved by applying ointment.

Infants Who Will Not Take the Breast

Arising during the discussions was the concept of infants who will not take the breast. In all but the Balaclava group there was general agreement with an Annotto Bay mother's observation that "in Jamaica you
have pleny of babies that don't take the breast." When asked to elaborate on this concept, a Black River mother said, "You give them it and they don't suck it none at all." Another in the group affirmed this belief by saying simply that "they don't want the breast none at all." The theme was reiterated by a woman in Maidstone who explained, "My daughter's baby don't want the breast no time. When she put it at his mouth, he don't want to take it," and a mother in Balaclava who said, "When it goes in his mouth, he always takes it out." The same perception was echoed in Kingston: "You have some baby just don't like the breast. Me don't care how you give it to them, they just don't want it. Don't care if they just born." The majority of comments on this topic followed the above pattern; that is, they simply described, as a fact of life, the presence of babies who will not take the breast. In none of the groups was the infant's unwillingness to breastfeed attributed to flat or inverted nipples or to difficulties in sucking.

Participants in St. Paul responded to the researcher's attempt to elicit more information about babies who will not take the breast as noted below.

First mother: From when them born and them see the breast, them just turn away their head and cry.

Second mother: They just don't want it.

Researcher: Maybe it's because they get the tin feed too early?
Second mother: No! It's not that!
Third mother: Some baby just don't want it even if they never had the tin feed.
Fourth mother: Some really don't want it.
Fifth mother: Like how some don't take the bottle, some don't take the breast.

Unlike the opinions of St. Paul mothers, a scenario recounted by a Kingston mother suggests that bottle feeding may be related to infants' refusal of the breast. "My little daughter, now, she stop suck breast from when she three months old, and is not me stop her. And my other baby, don't care how me give him it, him don't want breast....So I wonder if it's the tin feed I give him so regular, if that can be the cause."

This Annotto Bay mother's reasoning also goes beyond simple acceptance of the phenomenon to offer a partial explanation: "You have some [babies] push it away. And you have mothers, true, push it away, don't bother give [breast] to them." Participants in other groups also attributed the phenomenon, in some cases, to the mother's preference for bottle feeding.

Observations of Maidstone mothers point to another factor that they believe may contribute to infants' rejection of the breast.

First mother: They get [the milk] faster from the bottle than the breast.
Second mother: It's true.
First mother: So every time you give them the breast, they just turn away them head. Them want the bottle.
Asked whether there was anything a mother could do when her baby would not take the breast, one or two participants in the Manchester and Black River groups said that if no other foods were offered, the baby would get hungry and eventually take the breast. Other mothers argued that such an approach would not necessarily work, that there were some babies who just would not take the breast.

Summary

Mothers in this study clearly explained that diarrhea was a health risk associated with bottle feeding, and they acknowledged that public health nurses advocate exclusive breastfeeding for four months. However, the women described factors that led to supplementation of breastfeeding before the recommended four months and reported that these early feeds were generally given by bottle. The beliefs that exclusive breastfeeding "takes too much" from the mother, that some women have insufficient breast milk, and that some babies need more nourishment than can be provided by breast milk were the most commonly expressed rationales for initiating bottle supplements. Additionally, participants believed that some infants simply will not take the breast.
In exploring these factors, it was found that perceptions varied regarding the ability of mothers to obtain adequate nutrition during lactation. Participants believed that a woman could increase her supply of breast milk by drinking more liquids but did not express clear understanding of the role of suckling in regulating milk production. The refusal of infants to breastfeed was sometimes attributed to the mother's not wanting to nurse or to bottle feeding interfering with breastfeeding; however, the presence of babies who will not take the breast was largely viewed as a naturally occurring phenomenon.

The roles of participants' grandmothers and mothers, baby fathers and health professionals in influencing infant feeding practices were examined. Grandmothers reportedly advise that babies be breastfed and be given cornmeal porridge and bush tea. Participants believed that grandmothers dislike commercial formula. The women in this study indicated agreement with grandmothers' philosophies regarding bush tea and their preference for porridge over tin feed. However, more favorable attitudes toward formula were expressed by some groups. One urban group felt that the inability to provide one's infant with commercial formula was viewed negatively by neighbors. Mothers of participants were perceived to
encourage breastfeeding and supplementation with porridge or formula. Participants explained that not all fathers express a preference for either breast or bottle feeding, but that some advocate breastfeeding because it is less expensive than formula. While some mothers related instances of health professionals giving bottles to newborns, public health nurses and most hospital nurses were perceived as proponents of breastfeeding.

Cornmeal porridge and commercial formula were the foods most commonly recommended by participants for infants who were believed to need supplements. Ages listed as appropriate for introducing supplements ranged from birth to two and a half years, with most mothers suggesting that three-four months was the best age to begin bottle feeds.

Participants discussed the psychological, nutritional and economic advantages of breastfeeding. Yet the mothers continued to describe a pattern of mixed breast- and bottle feeding.
As stated in Chapter One, the goal of this research was to gain insight into the subjective perceptions that influence Jamaican mothers' practices of infant feeding. Chapter Two discussed the importance of breastfeeding for children's health and described the pattern of mixed breast- and bottle feeding in Jamaica. In order to develop a broader perspective for viewing infant feeding issues, the historical, cultural and economic forces that affect Jamaican women, and in turn affect their health and the health of their children, were also considered. The methodology, as described in Chapter Three, was designed to facilitate an in-depth examination of mothers' belief systems related to breastfeeding and bottle supplementation and to search for perceptions that were incompatible with sound infant feeding guidelines. Recognizing that such perceptions are culture-bound, the research design encouraged participants to describe their experience of reality. Participants' responses were analyzed by identifying themes and categories that reflected patterns of belief. Chapter Four discussed these themes and categories. The sample size of 50 did not tell or predict whether the themes identified by mothers in
this study would occur with the same frequency in the entire population of Jamaican mothers. The study was not intended to yield data that could be generalized to the whole population. However, analysis of the transcripts revealed strong internal consistency in the thematic patterns of response, both within individual discussion groups and among the seven groups making up the sample.

This study does, in fact, lend insight into beliefs behind the problematic practice of early bottle supplementation, a practice that continues despite mothers' expressed understanding that breast milk is best and that bottle feeding is linked to diarrhea. Cultural beliefs, which include health beliefs, most certainly affect health behaviors; and educational messages designed to change health practices need to be developed with an awareness of those underlying beliefs. Belief systems identified through this research are clearly interwoven with the specific cultural context in which they arise.

This concluding chapter will identify issues needing further research and then consider recommendations for improving infant feeding practices in Jamaica. The objectives of such recommendations are to strengthen existing breastfeeding practices by extending the period of exclusive breastfeeding to
four months, extending the overall period of breastfeeding to at least 12 months, and replacing bottle supplementation with cup and spoon feeding. These objectives are consistent with guidelines established by Jamaica's Ministry of Health. Specific topics recommended for emphasis in the breastfeeding education provided at maternal and child health (MCH) clinics will be discussed, and a recommendation for establishing a breastfeeding counselors program will be explored. Suggestions are then provided for integrating culture-specific messages that address areas of resistance to breastfeeding into a comprehensive campaign appropriate for Jamaica. The chapter will conclude by considering the issue of breastfeeding within the context of larger social dynamics which affect the health of women and children in Jamaica.

**Suggestions for Future Research**

Four issues that are linked to cultural beliefs need further research:

1. The effect of the breastfeeding mother's nutritional status and her knowledge of nutritional needs during lactation on her infant feeding practices.

2. Psychological factors that contribute to the experience of insufficient breast milk.

3. Physiological and psychological factors that contribute to the phenomenon of "babies that won't suck the breast."
4. Belief systems of grandmothers regarding infant feeding.

Each of these topics is considered at greater length in the following discussion.

The basis for the perception that exclusive breastfeeding for four months is a physiological hardship for the mother needs to be researched. Is there, in fact, a problem of undernutrition among lactating women? Studies utilizing anthropometric measurements in combination with 24-hour food recall and food-frequency questions could resolve this point.

Whether mothers in this sample understood that an adequate diet could be obtained from relatively inexpensive local foods was unclear. Their responses that meat, cheese and milk were part of a "proper diet" during lactation may reflect a desire to demonstrate to the researcher their understanding of British-American dietary standards. On the other hand, mothers may have misconceptions about the importance of animal proteins in the diet and may lack understanding of complementary plant proteins. A survey of nutritional knowledge is recommended as a means of clarifying this issue.

As documented in Chapter Two, women rarely are unable to produce enough breast milk to nourish their infants adequately. The phenomenon of insufficient milk most often has at its root a psychological
barrier rather than a physiological problem (Helsing, 1982; Lauwers, 1983; Lawrence, 1985). A survey of knowledge and attitudes regarding the ability of mothers to maintain sufficient breast milk would lend insight into the psychological dynamic. Such a survey could be integrated with the research suggested earlier.

In considering the issue of infants who refuse to breastfeed, two sub-topics appear to need further investigation. The first of these relates to a physical basis for an infant's refusal to breastfeed. The role of nipple structure in accounting for infants turning away from the breast could be evaluated by documenting the occurrence of flat, inverted or non-protractile nipples as observed during ante-natal and post-natal exams. The medical charts of such mothers could be flagged and the total tabulated at the end of a six or twelve month period. This data would help to identify anatomical problems that interfere with breastfeeding.

Participants in this study indicated that in some cases the real issue was that mothers did not want to breastfeed, rather than that the infant would not suck. Therefore, an assessment of mothers' desires to breastfeed should constitute part of the analysis of the phenomenon of "babies that won't suck the breast."
Because health professionals are viewed as breastfeeding advocates, such a survey should be conducted by a women's organization other than those associated with the health field. Analysis of data from both the physical and attitudinal studies should help to inform the direction of breastfeeding education.

An in-depth examination of grandmothers' perceptions regarding infant feeding is the fourth area recommended for further research. An approach similar to the one used in this study should ask such questions as: What do babies need to eat for the first four months? Can infants thrive without porridge in the first four months? Can bush tea and porridge be given by cup and spoon? Grandmothers' beliefs about the relationship between bottle feeding and diarrhea should be explored and their advocacy of feeding cornmeal porridge and bush tea examined in light of their beliefs about bottles and diarrhea. A study of this type would be more purposeful if a program to train grandmothers as breastfeeding counselors were implemented. (See subsequent discussion of breastfeeding counselors program.)

A final suggestion is included regarding measuring the demographic variable of maternal education. A more accurate measurement of educational status than was used in this study is
recommended for future research. Documenting the last year of school completed and the type of school attended would provide a better indicator of educational status than age at last year of school attendance. Acceptance into Jamaican high schools depends on academic ability as measured by the common entrance examination. Those who do not meet high school standards may continue their education in the less academically oriented secondary schools. Maternal education is an important variable affecting children's health (Powell, 1985), and women's educational status may influence their infant feeding practices.

**Recommendations for Breastfeeding Education at Maternal and Child Health Clinics**

The recommendations discussed in this section can be implemented by public health nurses working within the existing budget and can be integrated with the approach to breastfeeding education currently used in MCH clinics. Following are six topics that should be emphasized in such teaching:

1. Breastfeeding is nature's provision for offspring; rarely will an infant refuse to suck.

2. The mother's emotional state affects the ejection reflex.

3. The infant's suckling regulates milk production.
4. Supplemental feeds decrease the infant's need to derive nourishment from breast milk and decrease suckling, thereby decreasing the mother's milk supply.

5. The technique for bottle sucking is different from and can interfere with the technique for sucking at the breast.

6. Inexpensive local foods are an appropriate source for the additional energy and nutrients needed during lactation.

Elizabet Helsing's assertion that "most babies will suck easily and naturally" (1982) is supported by international literature on breastfeeding (Baumslag, 1987; Helsing, 1982; Werner, 1979). Yet mothers in this sample believed that it was not unusual to find a baby who refused the breast. Two strategies are suggested for dispelling this misconception. First, the concept that breastfeeding is nature's way of providing nourishment for babies can be reinforced, perhaps through the use of analogies of other mammals suckling their young. Secondly, because instances in which infants refuse to breastfeed are due to underlying problems that nearly always can be corrected (Helsing, 1982; Lawrence, 1985), these difficulties and their remedies can be explained. Typically, the infant who refuses to suck has become frustrated in his attempts to breastfeed. As Helsing notes,

If a baby is not 'latched on' correctly, it sucks only the end of the nipple, where the milk ducts
are narrow. It does not press on the wide lactiferous sinuses, full of milk, which are beneath the areola... As a result the baby does not get the milk it ‘expects.’ It is fussy and unsatisfied. It may keep turning away from the breast and crying, or it may refuse to suck again” (1982, p. 34).

Mothers should be taught the importance of placing most of the areola, along with the nipple, into the baby’s mouth. This ‘latching on’ technique can be demonstrated by first showing mothers the infant’s rooting reflex; that is, touching the newborn’s cheek so that he will turn his head toward the stimulus, and then explaining that the infant’s sucking reflex is started by the nipple touching the palate deep inside his mouth.

Flat nipples can make ‘latching on’ more difficult. As noted in Chapter Four, some mothers are familiar with the concept of preparing the breasts for nursing during pregnancy. Yet the issue of breast preparation was not consistently volunteered and the problem of flat nipples was never mentioned when participants were asked why babies did not take the breast or what mothers could do if they were having difficulty breastfeeding. Therefore, the importance of identifying women with flat nipples during antenatal exams and instructing them to stretch their nipples several times a day during the last month of pregnancy is addressed in this report. The instruction
and support for women with truly inverted or non-protractile nipples is beyond the scope of these recommendations; such problems are rare, and establishing successful lactation in these instances requires considerable individualized treatment and support (Helsing, 1982; Lawrence, 1985).

The second area recommended for inclusion in breastfeeding education is the role of the mother's emotional state in affecting the neural and hormonal process known as the milk-ejection reflex. Mothers should be offered reassurance that they have the physiological ability to sustain their infants during lactation just as they did during pregnancy. Teaching should emphasize that successful breastfeeding is a partnership that relies on the responses of the mother's body, as well as on the baby's sucking. The benefits of relaxing before and during breastfeeding should be explained, and relaxation techniques such as deep breathing and imagining the breast milk flowing should be taught. In addition to providing accurate factual information, then, instructional strategies for dealing with this issue need to reach the affective level of women's expectations about breastfeeding. Clinic staff should explain that formula promotion has undermined women's confidence in their ability to breastfeed. As mothers
are helped to recognize that foreign values and profit-seeking companies have created insecurities about women's abilities to nurse their babies, they should be encouraged to identify instead with the strength of their own cultural heritage of breastfeeding. Women must be supported in reclaiming their confidence in their ability to breastfeed their children.

In only one discussion group did mothers explain that the baby's sucking "will bring more milk." Therefore, the role of sucking in regulating milk production is recommended as another area for emphasis in breastfeeding education. The model developed by breastfeeding counselor E. Brigitte Syfrett for illustrating the concept of demand and supply is a simple tool that could be utilized in clinic teaching. (See Figure 6.) Additionally, CFNI's booklet and slide set "Breastfeeding Your Baby," which includes the role of sucking in regulating milk supply, might be used in MCH clinics.

The fourth point recommended for inclusion in MCH teaching is that supplemental feeds decrease the infant's suckling and thereby decrease the mother's milk supply. Clearly this factor is closely associated with the dynamics of demand and supply as
Figure 6. Demand and Supply Teaching Tool

Illustrated above is a simple tool for teaching mothers the demand-supply concept of breastfeeding. Horizontal lines in the stair-step pattern represent plateaus, periods when the infant's demand for breast milk is in balance with the mother's supply. Vertical lines represent periods of rapid growth when the infant has increased nutritional needs. During these growth spurts, the baby may suck at the breast for longer than usual or cry and suck his fingers after nursing. The mother's milk production will quickly catch up to the infant's needs. However, if she gives the baby supplements, the baby will not demand more breast milk; and her milk supply will not increase. This phenomenon is illustrated by the broken horizontal line.

The graph also allows mothers to see that a baby drinks much more at four months than at four weeks.

(Note: Growth spurts are not evenly distributed at monthly intervals, but the simplified graph is useful for conveying the principle of increased growth and demand leading to increased supply of breast milk.)
discussed above, and teaching this idea can build naturally upon the former concept.

Another aspect of bottle feeding that adds to its disruptive effect on breastfeeding is the difference in sucking techniques used to obtain milk from the bottle and from the breast. Clinic staff should explain to mothers that babies use their tongue and cheek muscles differently for bottle feeding than for breastfeeding and that milk comes from a bottle nipple with less effort than from the mother's breast. Thus, infants who become accustomed to the bottle-sucking technique may refuse to suck the breast.

The last issue proposed as a topic for discussion with mothers in the clinic setting is the use of inexpensive and nutrient-rich local foods for supplementing the diet during pregnancy and lactation. Mothers in this sample demonstrated their understanding of the need to include fluids and vegetables in the diet; and, as noted earlier, more expensive foods like liver, kidney, meat and cheese were also listed as appropriate foods for the lactating mother. However, no examples were given that illustrate understanding of complementary protein combinations from plant sources. The value of traditional Jamaican dishes such as rice and peas should be emphasized. The educational materials by
CFNI should be used to teach mothers about the value of combining grains and legumes and of combining small amounts of animal protein with starchy roots and tubers to improve the nutrient value of the latter. Such eating patterns should be linked to Jamaica's Afro-Caribbean heritage, noting that recent health research affirms the wisdom inherent in traditional diets based on complementary protein combinations.

**Recommendations for Establishing a Breastfeeding Counselors Program**

Based on the clearly documented need for change in infant feeding practices in Jamaica, the researcher believes that initiatives to supplement the work of public health nurses in promoting breastfeeding are imperative. A breastfeeding support program, in which women who have successfully nursed their infants are trained as breastfeeding counselors, is recommended as a viable approach. The primary role of these counselors should be to provide individual support for lactating mothers in their communities. Such an initiative should adapt those aspects of lay breastfeeding counselor programs that are appropriate for Jamaica's needs; examples of established programs include La Leche League's peer counseling program and Belize's Breast is Best League. Because grandmothers and mothers of participants in this study appear to
exert an important influence on infant feeding practices, the training of these older women should be a priority for a breastfeeding counselors program in Jamaica. Their training should build on existing healthful beliefs. Examples of such beliefs are that breastfeeding is advantageous for infants, that cornmeal porridge is nutritious and that commercial formula is not necessary or desirable for most infants. The benefits of exclusive breastfeeding over mixed feeding and the importance of feeding thick porridge by cup and spoon as opposed to thin porridge by bottle need to be convincingly presented. Education for grandmothers and peer counselors should be comprehensive, including anatomy and physiology of the breasts during lactation, common problems of breastfeeding, communication skills and leadership training. In order to gain the support of grandmothers, health professionals may need to modify their warnings concerning bush tea. Rather than asking grandmothers to advise women to eliminate the traditionally rooted practice of giving bush teas, these older counselors might be encouraged to instruct mothers to make mild preparations of mint tea, to avoid potentially harmful plants and to give small amounts of herbal tea by cup and spoon.
The breastfeeding counselors program should be organized by a coalition of women who work in community development, education, health professions and government. Communities should be encouraged to identify women they believe are most capable of serving as breastfeeding counselors. In addition to providing factual information, the training process must honor the talents, experiences and unique strengths that the lay workers bring to the program.

**Recommendations for a Comprehensive Breastfeeding Campaign**

Given the importance of breastfeeding to children's survival, the detrimental practice of bottle feeding in Jamaica and the impact of gastroenteritis on the island's children, the researcher advocates that an islandwide breastfeeding campaign be reinstated. This should be a comprehensive program that addresses the regulation of infant formula promotion and availability, that provides health professionals with training in breastfeeding support, that develops and implements a workplace support policy for lactating mothers, and that generates an innovative and culturally rich media campaign. Examples and evaluations of campaigns that incorporate these approaches can be found in numerous international health publications. This discussion
will focus on strategies to refine these generic elements of a breastfeeding program to respond to current needs in Jamaica. The guiding principles of such efforts must be to:

1. Build on existing healthful practices.
2. Focus educational messages on specific points of resistance to infant feeding guidelines.
3. Promote cultural dignity.
4. Empower women.

Media messages, for example, should move from the simple "breast is best" theme to more specific topics. One such message should be that eating traditional Jamaican foods will help mothers feel strong enough to breastfeed exclusively for four months. The historical Maroon leader and mythical figure, Nanny, could be portrayed urging mothers to leave behind the foreign practice of bottle feeding and reclaim pride in breastfeeding. A radio announcement could feature a grandmother explaining that cornmeal porridge, made thick and fed with a spoon, is the weaning food that babies need. Other appropriate breastfeeding messages could be presented as short tunes by reggae artists or as dialogue between women speaking colorful patois.

Women's groups and community development organizations need to include breastfeeding promotion in their agendas. Sistren's workshops and popular
theater performances are ideal forums for integrating breastfeeding issues with women's empowerment.

Breastfeeding education should be part of school curriculums on health and nutrition. As a complementary effort to nutrition education, backyard gardening in urban areas should be encouraged by health professionals and modeled by community development groups. The small gardens at Sistren’s headquarters and in front of Mel Nathan’s woodworking shop can be expanded to serve as models for community members. The growing of protein rich gungo peas (Cajanus Cajun), which are part of the Jamaican diet and are especially suitable for the limited space of urban yards, is one way to make quality nutrition more accessible to low-income women.

**Larger Social Changes**

Clearly, children's health is affected by the socio-economic conditions in which their families live. A thoughtful assessment of factors affecting children's health, therefore, needs to consider the larger social context in which health problems arise. While an extensive analysis of these socio-political issues is beyond the scope of this study, the discussion would be incomplete if it did not acknowledge the importance of empowering women, of creating economic and social justice and of supporting
self-determination for developing countries. Efforts to improve children's health are profoundly affected by these larger social issues.

Similarly, efforts to help Jamaican women view breastfeeding as empowering will be more convincing if the sources of oppression in their lives are also addressed. Jamaican women need expanded educational and employment opportunities; quality, affordable child care; forums for critically examining their status in society, their relationship to men and with each other; and support for actualizing their visions of a more hopeful future.

Examples of changes that would further social and economic justice in Jamaica include nationally supported efforts for food self-reliance; more equitable patterns of land tenure; greater access to credit and tools for development for subsistence farmers, fishermen and small business people; and the grass-roots participation of an informed citizenry in determining national and local policy.

The imbalance of international power has historically played, and continues to play, a critical role in Jamaica's development. Colonial development was designed to extract wealth from the island for the benefit of England, and the system of slavery attempted to destroy the family patterns and culture
of the majority of the island's population. Present day development efforts take place against this historical backdrop, which left the island with depleted natural resources, an export crop economy and a four-century legacy of imposed European cultural values. Jamaica currently pays 70 percent of its export earnings toward its international debt (Priest, 1987). The burden of debt not only drains resources needed for human development, but places policy decisions in the hands of international bankers. Terms for refinancing the debt require that schools, health centers and agricultural extension posts close; that thousands of public employees be laid off; that price controls on basic commodities be removed; and that the Jamaican dollar be devalued (Coote, 1985).

The United States, through its position in such international lending agencies as the International Monetary Fund and through direct aid programs, exerts tremendous influence on Jamaica's development policies. The United States must reevaluate its relationship to this Caribbean neighbor with a view to supporting Jamaican self-determination.

These issues most intimately affected the participants in this study and will affect programs that aspire to improve the well-being of women and children in the future. For certainly Jamaican women's experiences of reality and their beliefs about
their abilities to change their realities are rooted in and interact with these larger social dynamics. Likewise, this research was undertaken with the hope of moving one step forward in creating a world in which social relations support human dignity, a world in which all children have the opportunity to grow up healthfully.
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Appendix A

Outline for Guided Discussions
Outline for Guided Discussions

Enumerated below as underlined headings are some examples of broad topics to be explored for this study. These headings are used to organize the various questions related to the broader topics; the headings are not actual questions for the guided discussions. Examples of discussion questions follow the headings.

The outline was developed with the understanding that the ordering of questions would vary with the responses of participants and that new questions would arise naturally during the discussions. (See transcripts in Appendices C - I for actual questions posed during the guided discussions.)

1. **Do mothers believe that an infant can be nourished adequately on breast milk alone for the first four months?**
   
   What does a baby need to eat for the first month?
   
   At two months?
   
   What does a three month old baby need to eat?
   
   How long can a baby get enough from breast milk alone?
   
   How do mothers know if their babies are getting enough to eat?
2. By what criteria do mothers decide to give foods other than breast milk? Are there common age ranges for initiating these foods?

How do you decide to give your baby other feeds?

What sort of things does your baby do? (to indicate hunger? to show that she is ready to eat other foods?)

When do mothers generally start giving foods in addition to breast milk?

3. What foods are considered most nutritious for infants?

What foods does a baby need at that age (i.e., age indicated by participants in response to earlier questions)? Note: This issue may have been covered under topic No. 1.

4. How do mothers determine when to begin using cup and spoon for infant feeding?

When can a baby begin to eat from a spoon with mother’s help?

Is it possible to begin feeding first foods other than breast milk from a spoon and cup and not use a bottle at all?

Do mothers in Jamaica generally feed their young babies from a bottle or cup and spoon?

5. How do mothers judge adequate growth in infants?

How do most mothers tell if their babies are growing well?

What signs do you look for?

6. What are mothers’ perceptions regarding their nutritional needs during lactation?

What foods does a nursing mother need to eat?

What if she’s too poor to eat all that?
Could she eat less and still give her baby enough good breast milk?

Tell me what she could eat if she didn’t have much money?

Can a meager woman make enough milk for her baby?

7. What problems do mothers experience with breastfeeding?

Do mothers ever have difficulties breastfeeding? Tell me about these problems.

Is there anything a mother can do if she is having problems with breastfeeding? (if she doesn’t have enough milk? if she has hot nipples?)

8. Do mothers believe that providing formula for their infants is more or less expensive than eating an adequate diet to support lactation?

Which costs more money--tin feed, or food for the mother to make enough breast milk?

9. Is prestige associated with formula feeding?

Tell me how you feel about giving tin feed for young babies.

Do neighbors say anything if a mother does not give her baby tin feed?

10. What information about infant feeding is passed on through grandmothers and mothers? Through the health care system?

What do your grandmothers generally say about feeding babies?

What do women your mothers’ ages advise?

Has a nurse ever talked with you about feeding your baby? What did she say?
11. What are women's perceptions regarding male attitudes toward breastfeeding?

Do men prefer breast- or bottle feeding?

Does the way the baby father feels affect whether a woman breastfeeds? (Explain)

Do women worry that nursing a baby will make their breasts not look good to men?

12. What are mothers' beliefs regarding the value of bush tea for infants?

Please tell me the different reasons for giving bush tea to babies.

Do babies need bush tea when they are not sick?

13. Are infant needs for comfort or stimulation mistaken for hunger cries?

What things make a little baby under three months cry?

What about an older baby, say six months old?

Tell me how mothers know what the baby's cry means.

14. Is there a perceived relationship between bottle feeding and diarrhea?

Are there any problems caused by bottle feeding? Please tell me about these problems.

Are babies more likely to get running belly if they take the bottle or if they take the breast?
Appendix B

Introduction to Transcripts
Introduction to Transcripts

Following are the transcripts from the seven group discussions conducted in Jamaica during June and July, 1988. Each group session began with an informal activity in which participants introduced themselves or another group member. After giving their names and the names and ages of their children, women shared with the group one aspect of motherhood that they enjoyed and one aspect that they disliked. Participants then talked about their hopes for their children's lives and explored ways in which they hoped their daughters lives would be different from their own. Transcripts begin with the women's responses to an illustration, reproduced as a line drawing in Figure 2.

At the conclusion of the guided discussions, groups of three or four mothers wrote responses to a word or pair of words which were printed in the center of large sheets of paper. The stimulus words included "hungry," "struggle," "baby father," and "trapped/freedom." The women then shared with the group the words they had written and the feelings that came to mind when they thought about the initial word. This activity typically led to informal, animated and sometimes emotionally charged discussion of aspects of their experience as women that were not explored in
earlier dialogue on the research topic. These conversations were not tape recorded. Refreshments were shared; and pictures were taken, which were later sent to the participants.

Format of Transcripts

The researcher's questions and comments are indicated by an R: at the left margin. The remainder of the dialogue on the following pages is comprised of the participants' verbatim responses. A double space indicates the conclusion of one mother's remarks and the beginning of the next mother's comments.
Appendix C

Hannah Town Transcripts
HANNAH TOWN, KINGSTON
June 28, 1988

R: When you look at that picture, is there something there that you can relate to your own life?

Yes! Same way!

Yes! (all agree)

Because it's one room. And you see the baby out there trying to reach the mother, bottle come out of baby mouth. And you a wash, the yard want sweep up...(interrupted by mother)

You see this picture, this picture show me the convenience of sometime how I have it hard. We don't have water in our yard. Just the same way, I would have to go out and wash still, you know. Sometimes it be a problem to me and the next time I don't say. I just consider, say time going to come me going to make it. I just have to go on, you know. Because, true, I have my kids. A woman get frustrated anyhow, understand?

R: You were saying that the baby is going after the bottle?

Yes. The bottle come out of the baby mouth. He is finish drinking and throw it away. But you a wash, so you can't leave the wash. You peep in on him and see, say him no hitch up somewhere for dead, because you no have a crib so.

Just allow him, just allow him and go on wash.

Him a go after the bottle, and you a try for wash. Your yard no sweep up in a the three o'clock, middle day. That is just pure problem, mama.

(laughter)

You a wash, your yard want sweep up. It's dirt and pure problem going to come up. That's just the original ghetto.

Yes!
That's just a ghetto thing.

(interrupted by someone at the door)

Sometimes that way. Sometimes you want wash and can't wash.

Worse time is when them teething and the only comfort is the breast. So you just give the baby that.

Cause the mouth swell so it can't take the bottle, since the [bottle] nipple too tough.

R: Oh, I see. That's why he prefers the breast?

Yeah, cause the milk cool it.

R: What I'm wondering is what a baby needs to eat when it's a little bit, up until it's one month old.

Breast.

Yes.

R: Just the breast?

Yes.

Sometimes if they're not taking the breast, can give them the tin feed.

R: What would it mean, "If they're not taking the breast?"

(several begin talking at once, but not answering the question; one started to say "in the morning..." another interrupted to ask "the first month?" and another started to say something about giving a type of bush tea in the morning)

R: So you said, "When the baby's not taking the breast..."

Yes, can give the tin feed.

R: How is it that you know the baby don't want to take the breast?

You give her the breast and she don't want to take it.

Turn away her face.
R: They turn away their face?
Yes, and still cry.

R: Oh. Now can this happen after the baby come home from the hospital and has been taking the breast...

Yes.

R: Then what happens?
Sometimes she just stops, doesn't want it any more.
Some of them don't want the breast.
Them don't want it. Prefer the bottle.

But like now I just have my baby. Every night the nurse have to get up and give me feed to give my baby. The breast can't hold the baby.

R: Tell me how you mean, "The breast can't hold the baby."

When there is not enough milk coming down, understand, sufficient as the baby can get to fill her tummy, she has to get the bottle.

R: Yes.
Can't fill her tummy. She has to get the bottle.

R: Now is that in the very first days, at the hospital?

Yes.

R: What do you call the milk that is coming in first?
Infamil.

In the breast?

R: Yes.

You have an orange juice color.

And some of them clammy clammy.

Yes. And the nurse say that is the best.
R: What do you call that?

I don't know the name of it.

R: So with that first milk then, in the hospital sometimes the baby acts like it doesn't get enough?

Yes. It doesn't get enough.

Yes, but when you're pregnant you must work the nipple, stretch it and massage it to bring down the milk.

And you must drink enough to bring down the milk. You have to drink.

R: So, in the hospital, then, the nurse is going to give the baby a bottle?

Sometimes.

Yes.

Bottle, sometimes.

R: Is that true for all of you?

Yes. (general agreement)

Sometime you just sit patient, and them bring the bottle.

Yes, they give you the bottle for true; but if you sick, is them feed the baby.

(several talking at once)

R: Will you tell me that again.

When you just have the baby and you can't look after the baby, you sick, is the nurses them look after the baby and give it bottle to drink.

Them have the bottle and feeding.

R: If the baby has the bottle, does it still want to drink the breast?

Yes. (all agree)
A true she did a teeth, you know. When the baby did a teeth, she no take no bottle. A just the other day she start to take the bottle.

If she never do that, she would a meager.

Yes, she would a meager for true. Is that me hear them say.

Yes, me did tell you that she would a meager. The breast is best cause in her mouth the gum swell in a the little tooth.

She never would take the bottle; and if she never did suck titty now, how she would a manage. She would a must take worm for true.

Some of them want the breast and don't take the bottle.

Some of them don't want the bottle.

And some of them take the two of them.

Well, I give bottle and breast. I give the breast for one month, no six weeks. Six weeks. And then I buy the bottle. When you go to the clinic, the six weeks clinic, they tell you that the breast is best for the children, right? You supposed to breastfeed the child three months before you give them bottle. But we, we so poor we can't go up to it, to breastfeeding. Because you got to have a lot of feeding in your body to cope with it.

R: I see. So the mother has to eat a lot?

Yes, yes. (all agree)

Plenty.

And drink. And the right diet.

And then we don't have the money to buy the right diet to go up to it.

R: So, then does it cost more for the mother to eat more, enough...(interrupted)

To breastfeed the child.

R: ...than to buy the tin feed?
Yes, yes. (all agree)

R: How do you know what and how much you have to eat in order to breastfeed?

When you go the clinic, them tell you what to eat.

Yeah, them tell you.

Can't afford it.

R: Do you ever say, "But doctor, we can't buy all that, so what must I do?"

No, we don't ask them any questions.

No.

We don't ask them and we don't really tell them. Like them tell we what best. We must eat liver, kidney, and those sorts of things.

R: They must know you can't afford that.

Well, then they say you must not get pregnant because you can't support it.

R: But you already have the child.

They say we must eat liver, kidney, fish, cheese and milk.

Cheese.

Milk.

R: What do you think--could you make enough good milk for the baby if you just eat rice and some peas and maybe a little bit of chicken?

Chicken back!

(laughter)

R: Could you make enough milk?

Want some help from family in country.

(laughter)

Drink a lot of liquid.
Drink the water, pot water (soup). It give you enough milk.

R: So making enough milk depends on a lot of liquid?
What I do, in the morning I boil porridge...

We drink enough porridge, plenty porridge. That makes good milk.

R: Does that work for all of you, drinking porridge?

Yes.

Yes, it is best to drink porridge.

Yes, they say [porridge] help heal up the womb.

Cornmeal porridge.

R: So even if you make enough milk by drinking porridge, you worry that "You can't come up to it?" I'm not sure just what it means when you say you can't come up to it.

Feel the body not make the right milk.

You have the milk, but you don't have the, the everything. So what you see is eventually the child sucking out, so the child get malnourished. And the mother get malnourished, because your body won't have enough resistance.

You go to the doctor, and when him know you're breastfeeding and he say you need some vitamins. You have to go out and buy them because the clinic or hospital doesn't have them. And you can't afford them.

R: So if you had enough food, of the right kind of food, do you think a baby could have just breast milk alone...

Yes.

R: For how long?

Three months, at least.

Four.

A year.
You have some baby go all two year.
Ten [months].
My baby six.
Sometime can give the bottle too.

(all talking at once)
At four months can have soup.
Can eat out of the family pot.
My baby is four months, and I give her soup.

(muffled comments on what babies can eat at four months)

R: How do baby fathers feel about breastfeeding?
They wouldn't mind if a baby breastfeed for a year, or just going on, because they're glad not to have to buy tin feed.

(laughter)
R: So the baby fathers prefer that you breastfeed?
Yes. (general agreement)
R: So that they don't have to buy the tin feed?
Yes.

When you breastfeed, can't have sex with another man or will break baby foot.

(laughter)
R: Is that true?
Yes!
Well, I don't know if it's true, but so them say...

They don't mind if a baby breastfeed for a long while. The baby just stick to the breast.

When you breastfeed, can't have sex with another man or your baby foot will break and won't be able to walk.
If you breastfeed your baby and the baby reach one year, two year and he is not walking, they say you break the baby foot because you take man.

R: Then is it true that the baby father can't sleep with another woman, too? Or is it just you women who can't sleep with another man?

Just we.

Just the woman cannot have sex with another man...

Only your baby father you can have sex with. They say that your baby get bull milk and will build up quicker.

(laughter)

R: Now I heard one woman say that if she breastfed, the baby father might box her and say "I want you all for myself..."

Yes, next door.

Some might do that.

Right, you have that.

(interrupted by someone at the door)

R: So, do you think it happens often that baby fathers say the mother should not breastfeed?

No. (general agreement)

(interrupted by someone at the door)

R: Another woman told me that some mothers don't want to breastfeed because it makes their breasts hang down...

Yes.

Yes.

R: What do you think of that?

She don't want anyone to know that she have children.

She don't want her breast to fall down, catch her down to her waist.
So she don't breastfeed
Breastfeed her baby less.

R: Does that happen very much?
Yes. Nowadays.

Yes.

Not me, me a give my baby her titty because she love it.
The young one them. The young girls. But the older mothers not fussy about nursing the baby. But the young people them, don't want their breast tall, catch them down the waist.

And if the baby suck too long, them don't stay stiff, don't look sexy anymore.

(laughter)

(unclear; more discussion and laughter about breasts sagging)

When I have my baby, now, I loose a lot of weight. And I don't..

(interrupted by a participant's older child at the door with her baby)

R: How do you know when the baby is growing well? What do you look for about your baby?

How their skin, if they have any rashes, pimple.

Anything like that.

When you take them to creech, the nurse at the six-week clinic, right, they weigh them. And when they weigh them, they find out how much they are improving.

R: I see, so most mothers look at their skin and ...

A healthy baby is a happy baby. You see children that are miserable, right? And don't happy.

R: Are there any problems that happen when the baby takes a bottle?

Diarrhea! (all agree)
That is when you give them dirty bottles.
Dirty bottles.
The bottle don't boil properly.
It don't clean.
Don't clean.
R: You have to boil it?
Wash it properly with soap, and boil it.
Boil it.
R: Can mothers really do that every day?
Yes, yes. (general agreement)
It's easy.
R: What about when a baby doesn't finish the feed in his bottle?
Throw it away. If you give it back the baby, the baby sick because may pick up bacteria.
R: OK. What about wasting the feeding--it costs plenty, doesn't it?
Well, you try to mix what you know the baby will drink. The baby want more, you mix a next bottle.
R: Oh. How about bush tea in a bottle--do babies need bush tea?
Yes. In the morning.
In the morning.
When I get up in the morning I give the lime leaf.
Black tea.
Mint tea.
Well, I never give baby black tea yet.
(Several talking at once about giving bush tea)
R: Does the bush tea help the baby to grow?
Sometime baby have cold lying on his chest. Mint tea helps it come out.

Glucose. Glucose good too, you know.

R: Glucose? What do you use the glucose for?

Sometime I mix it in the feeding, mix the baby feeding.

R: Mix it in with the tin feed?

Yes.

Give them energy.

R: So it gives them energy. Does the glucose give them any vitamin or thing like that?

No, just energy.

Glucose good for when them belly run, still. Give it in a quart of water. (until this point only one mother promoting glucose, but now others join in; several talking at once, some say black sugar is better, another mentions plum leaf tea)

What I think is most mothers give them the teas.

Yes, give them the tea.

Like when them little bit, when them first born...

But I believe that the black sugar is the best.

Yes.

(interrupted by mother changing her baby's diaper)

R: Last year when I was in Jamaica, I read that running belly is the main thing that babies die from in Jamaica. Can they get running belly from other things than bottles?

For example, they are creeping and they...

Pick up dirty things.

Crawl on the ground and they put their hands in their mouth.
But that not come so easy. It's mostly the bottle.

R: Like in this picture, now, the bottle fell down...

And fly can pitch on it.

R: And the mother is busy washing...

(interrupted by late participant joining group; changed tape to side two; unclear, comment about sore nipples possibly occurring in the first days of lactation, but readily healing with vaseline applications)

R: So are there other problems a mother can have with breastfeeding besides the sore nipples?

Yeah. For example, when you have the baby and the breast full up, sometime it give you fever and pain you. Pain you a lot.

R: Yes.

Sometime the baby young and he can't draw all of it out so you have to squeeze it out.

R: And then that helps the breast be not so full?

Yes. Give you a ease.

(interrupted for refreshments, casual discussion about raising children; participants then asked questions about the research project)

R: I really want to know how you think, how you do things with your children. You told me that at the clinic they say that you should breastfeed for three months?

Yes.

Yes.

Yes, at the clinic they say you must breastfeed the child for three months.

R: And then what do your aunties or your grandmothers say about feeding a baby?

Breast.

Breast is the best.
R: So they say that also?
The breast is the best.

Most of the grandmothers don't believe in giving the tin feeding. Just the porridge and the breast.

R: So women the age of your grandmothers say it's better not to give the tin feed?
Yes.

R: Why do they say that?

Well, they say they get sufficient from the porridge and the breast milk. When they get the tin feed, it not give them enough resistance, so they can stand up and not get sick.

R: What do you think about that?
I think it's true.
The tin feed is ready, ready-mix.

R: So you think that's not so good as the porridge?
Right.

R: And how do you feel about that, ____?
Porridge. Porridge and breastfeeding.

(Several agree)
Suck, suck breast.

Like mine, now, she seven months, eat Irish (potato).

R: When the baby is ready for something besides the breast, like porridge, can you give it from a spoon and a cup?
Yes. (All agree)

R: Do you prefer the spoon and cup or the bottle?
They say that the spoon and cup is better.

R: That's what the nurse at the clinic says?
Yes.
R: What do you think?

They say you must boil the porridge up very thick so you can cut it.

Yes, they say that is the best way. When you feed them with the spoon, you boil the porridge thick.

(several talking at once, some say to make the porridge thin and cut a larger hole in the bottle nipple; some repeat that the nurse says it's better to make it thick; then most agree that if porridge is boiled thick the baby can't draw it through the nipple)

R: So the nurse says to give it with cup and spoon, but that's not really working, or...

It is possible.

It is good, but you don't have the time to really sit down and...

That's it.

See, when you give it to them in the bottle they lay down and drink.

And they fall asleep.

Me know a lady with a baby down a Jones Town, give the baby in a bottle and lay him down on his back. And in a last week the baby dead.

That's true, because is belch. Him did want to belch, and he never belched.

Sometimes they don't have time to belch the baby. They just feed the baby and fling him down on the bed so. They look up in a the ceiling. Then feed come through his nose hole and stifle him and kill him.

True, for they never belch, want to belch.

Must turn baby upon him side.

(all talking at once about how to burp the baby)

R: Do any of you know babies that just don't want to suck the breast?

Yes. (several agree)
Then some suck, suck one year.

Some baby suck long, like one year. Then you frighten, the teeth bite you.

(unclear)

You can just lie down, feel comfortable.

Yes, as she was saying she lay down and put the breast in the baby mouth. It's not good, especially when you have a young baby. It's not good, because sometime you have a large breast and it's full and it go over the baby nose. And you are sleeping and stiffle the baby.

That can't really happen.

Yes!

(several arguing, one said that it is impossible for a mother's breast to suffocate her baby; another said that a baby died in the hospital due to improper breastfeeding position)

R: If a mother has trouble breastfeeding a baby and she really wants to breastfeed, is there anybody who can help her?

Anybody you can turn to?

R: Yes.

You the mother, you talk to your baby.

Or you have a good friend, you can tell them, "Well, the baby don't want the breast." And them tell you you want try the glucose or something.

Well, my friend's baby no take the breast. I don't think him take the breast.

(several talking about particular babies that won't breastfeed)

Well, I think it's very important when the baby suck the breast, not to take just one of them, suck both of them. When you're giving the child one of the breast and you not giving the other breast, it can give you cancer. Leave the milk in the breast, can dry up, give you lumps, give you cancer. I knew a girl...(unclear; recounted story of mother who nursed
out of only one breast and developed cancer; several talking and interrupting each other to comment on story)

Need to squeeze the milk out.

Can take a comb and comb the breast.

My mother say when I a baby I never want the breast.

R: I'm wondering about the tin feed now. If some mother doesn't give any tin feed to her baby, will her neighbors say anything about her?

No!

They say you lucky to have it cheap!

(laughter)

No! Them say you can't buy the tin feed.

You can't afford it. (general agreement)

(group seemed at first to react lightheartedly and say a mother was lucky not to have to buy tin feed, but then got sober and all agreed that neighbors would consider the mother too poor to buy it)

You can't buy the feed.

Sometimes when I run out of the tin feed, I just mix some porridge.

(unclear; several talking at once)

Me, now, I like to drink the tin feed my baby leave in the bottle. Taste nice.

Mother can drink it, then baby draw it back out of you.

Anything I buy for my baby, I love it. If I don't like it, I not buying it.

One tin me drink off already, taste sweet.

R: Are there things that breast milk has that bottle milk doesn't have?

Plenty.
Breast milk is best for the baby every way you take it. But the thing is you can't afford to keep up to breastfeed the baby as they should.

And, for example, you giving the child the bottle and it don't wash properly; but giving the baby the breast the breast keep clean all the while.

Just wipe off the breast, breast has so much covering over it, you see.

(laughter)

I don't think the baby can pick up germs from the breast.

R: The baby can't...

No.

Not so easy.

Just wipe off the breast. These are dairy farmer (pointing to breast). We call them dairy farmer.

(much laughter)

R: You have all helped me a lot with your ideas.
Appendix D

Second Kingston Group Transcripts
R: Tell me what you think of when you look at this picture. I'd like to know if you can relate it to your lives.

Bottle on the ground can cause germs, give inflammation, running belly and those things. Bottle shouldn't be on the ground there with baby. Mother should wash it again. Dirt cause germs. Germs and dirty water.

Look like she alone, and she have a whole heap of work to do. All the fowl in the house. So she's having a problem. She has so much work to do.

R: She has a lot of work to do?

This is the history of the Jamaican woman in a nutshell. If she is not doing the housework, if she is not washing, there is something else to be done. I mean the Jamaican woman or the West Indian woman is head of the house. I don't know the percent, but you find in the West Indies, the households tend to be mother dominated, matrifocal, so you find that the woman is the breadwinner. She's the one that has to be at work, and in the evening she has to be minding the children as well. Even if there's a father there, you find that most of the chores are on the shoulder of the woman. By and large, the women are to blame for this. Jamaican women, especially lower class women, sit back and allow themselves to be dominated by men. And the minute a woman might say, "Look, we have to stand up for our rights," she's booed. Or she's ridiculed. And others say that a woman should know her place, and lots of women subjugate themselves to the whims of men. Lots of women, even in the upper class.

R: How do you others feel about that?

It's true.

True.

I love children, right. But I can't go there and say I'll have four or five or six children and don't have anything to give them. I don't like see my children
need things, and I can't afford it, and I can't give them. I don't think a woman should have four or five or six children just because they say they love a man.

Exactly.

You can love children, yes. But if you have four, five, six children and you don't have anything to keep them, love alone can't keep them. They suffer; they can't be comfortable. Sometimes my son or my daughter want something, and me can't afford it, and me feel a way (feel badly). I try to tell them I can't afford it. As soon as we can buy it you'll get.

To add to what you just said, I think too many of us are materialistic, right? What I've come to realize is lots of people, males and females, crave jewelry. And what they are doing is they are fixing up their children with a whole heap of rings, earrings and chains; and I think that is being foolish. Wasting money. Just plain fools. Because when you emphasize that at the child's tender age of five or six, what are you telling them? That gold and silver and fancy clothes is all that matters? I think too much emphasis is placed upon material appearances. Parents need to realize that emotional well being is far more important than trying to live life shallow, look like Maxine children down the road, etc.

When I had my first child, I want to give my daughter chain, earring. At this later stage of life, I feel it is stupidness. It's better to put away a little money in the bank so in later years when children going to school they can have that money.

R: A little bit ago you were talking about having so many babies. Were you saying that sometimes women feel pressured to do that to show that they love the man?

Yes. (general agreement)

R: , when you looked at this picture, you were talking about the bottle. I'm thinking that if a baby has a bottle and the mother has to clean up around the house, there's not really any way she can keep it from falling on the ground. Can you...

Like with my children now, when I give my baby bottle I never leave my baby bottle anywhere that fly can pitch on it. I don't care what I'm doing, I'll leave
it and take up my baby bottle. Rinse it off and come back and try to do a little work.

It can give them germs, running belly.

R: So they can get running belly?

From dirty bottle. As you can see, it lays there on the ground, and fly and all the dirt give them running belly too. Cause them to go to hospital.

R: Is there any other way that babies can get running belly from a bottle?

Dirty feed, dirty place. Like papers and the next thing around the place. Children play with the papers and can cause it.

I think it comes from left over feed. Whatsoever is left you must throw it away. It grows slime and thing. If you give it back, like when you put it down, it form up some germs. I just feel so.

How long after? (question by a mother)

Even an hour after.

But some people give the bottle back to baby same way, to drink same way.

Well, with my daughter the first time she had running belly, I don’t know if it is the bottle or what. Me carry her to doctor and he said to throw away the bottle and start feeding her with a cup and she not get running belly.

So you don’t know if that was the reason? (question by mother)

No, but she wasn’t in the dirt, she too young. I can’t say it is that still, but I think the main thing is the bottle and especially when you don’t look after it (ie she’s not sure if the doctor’s advice was correct, but believes bottles are main cause of diarrhea).

That’s true.

Yes. (general agreement)
And dirty part, and how you boil it and put the tea and the porridge in it. It don't need to cause running belly. Clean vessels for it.

R: But is that hard? I know it's expensive to buy kerosene or coal to boil the bottle.

Yes, yes. (general agreement)

It is very expensive.

R: So do you think mothers sometimes might say, "I can't bother to boil it," because it's taking so much time.

Yes.

True.

That's what they say.

You have some mothers who are very careless. She come by and see the bottle and can't bother to cover the bottle. Fly, everything pitch upon the bottle. She pick up the bottle and put it straight in the baby mouth. That give the baby infection.

Yes.

Some mother really careless.

Probably not careless, but ignorance.

It's carelessness. (disagreement, some saying ignorance and others saying carelessness)

R: Because you may know you have to boil it but...

Some mothers see the bottle fall down there...

And take it up same way and give it to baby.

R: So how about breastfeeding, then. Which works better for you--bottle or breast, or...

The breast and feed them same way.

Well, they say breastfeeding is best for the baby.

R: Who says that?
Doctors and nurses will tell you that breastfeeding is best.

Breast is best.

But you know with my children, sometime when I'm giving them the breast I don't feel that full them belly.

R: You feel that their belly doesn't fill up well?
Yes.
Yes, so I give them tin feed very early.

R: You start tin feed early?
Yes.

R: About what month, or how old?
One month.

Or when them just born, because when the baby first born in the hospital, the first feed is the mixed feed they give in the bottle to drink.

(unclear; comment about the mother's milk not coming in yet)

R: So in the hospital before your milk comes in well, they give your baby the bottle?
Yes. (several agree)

I don't think that is the only reason.

If your [blood] pressure is up high so that you cannot manage yourself, they give the baby the bottle.

When I was up at UC (UWI hospital) what I find is that since the birth is such a traumatic thing, they allow you to rest three or four hours or more, and the first thing that the child gets is the bottle. I think another reason is that they want to see just how well the child sucks. And the second reason is they want to give you a little time to rest before you have the baby.

R: How about the rest of you, did they give your babies a bottle in the hospital?
No, not all of us. Not all. My baby didn't get any bottle.

R: So the baby was put straight to the breast?
Yes.

R: And how about you, ____?
No. Me sick.

R: You were sick in the hospital?
Yes, I couldn't manage the baby, so they gave her a bottle.

R: And how about you, ____?
True them did cut me. Them give my baby bottle.

R: And ____?
No, they give me my baby to put straight upon the breast.

My baby just had breast until six weeks.

R: So she just had breast milk until she was six weeks?
Yes.

R: So in the clinic, then, they say breast is best, but actually they give you the bottle too?

No, at clinic they don't allow you to give the baby the bottle. They prefer you give breast. Them don't like the bottle.

R: And what do you think about feeding a little baby with a cup and spoon?

It's terrible.

It takes too much time.

The baby thinks it's medicine from spoon and cup.

R: So you think the baby prefers the bottle?
Yes (general agreement)
I don't think them drink the amount of feed out cup and spoon as from bottle, because him keep spitting it out, or when him try to swallow it keep coming out. So I prefer to feed him with a bottle.

R: If you were going to just give breast milk to your baby and nothing else, how long can a baby grow well with just breast milk?

Well, my son didn't like porridge, didn't like formula feed, so I had to feed him on the breast beyond a year. With her (referring to two-month old daughter) now I don't think I'm eating enough, probably because at the point I had her I had exams two weeks after so that was enough pressure not to lactate enough. And there were the other domestic problems as well. I think it was the day I got out of the hospital I started her on bottle, about two days old. With him I could feed him right up to a year and after.

Some children sucking breast until them two year old.

My baby don't take no bottle. Just pure breast she feed.

With my first one, I put him to breast for two year and six months. Because he don't want no porridge or thing. Him no take the bottle. My last baby just couple month, and she stop sucking breast.

R: He stopped sucking?

He wean himself? (another mother asking)

He had a sore mouth and he couldn't take anything at all. You find him just stop with the breast and start the bottle.

With my first one, he stop sucking by himself when him five month old.

I don't like breastfeeding, really. I don't know why.

True, me don't like it either.

I just don't like it. I don't try to make them stop, but I just don't like it. It give me a funny feeling.

Yeah.

I feel ignorant (angry).
True, true.

(above exchange regarding dislike of breastfeeding between two mothers only)

I like to breastfeed my baby. I like how they feel, and they go on with this breast and the baby foot up by your face, and when your breast hard it feel good for baby to suck.

Yes.

Sometime when I am feeding my baby, is living eye water [tears of joy] come out of my eye.

It feel hot on the nipples, hot man.

I get a stimulation out of it. I don't like it.

(discussion continued about the pleasant feelings of nursing, but not clear on tape. Then the mother who didn't like breastfeeding said that it was a sexual feeling that made her uncomfortable. All agreed; and some like the sensations and some don't.)

My baby four months, and I notice him don't want the breast. Sometime at night I just lazy and give him the breast, but him just cry, cry, cry. Him don't want the breast. I have to get up and mix feed, and him drink it. Him don't want the breast.

What I've heard them say at clinics and the like is that the child can sense if you are nervous and unwilling to feed it. So therefore, you find that you ignorant (angry), he's just as ignorant (angry).

Boy, I don't like the breastfeeding at all, at all!

There is a closer feeling when you are breastfeeding.

At night time my baby want come sleep with me. Since my baby born, everytime the clock tick can tell you, how me give him the breast, him belly don't full up. He can suck for the whole night. And I tell you how he look like in the morning.

Probably he was not getting enough.

About four o'clock in the morning I have to get up and come out on the street with him because he bawl the whole night. Him don't want the breast. So me say he
need the tin feed. And then look how nice him sleep. It look like the breast don't full him up.

Exactly!

It don't full him belly, so me start give him the bottle; and after a time you see, after me start giving him the bottle about three weeks, he don't want no feeding at all. So much tin feeding me buy, it just waste. Until gradually again I try to force him.

Well, I guess they are moody just like us.

R: I'm wondering if some babies just like to suck a lot, even if they've had enough and their belly is full. Could they just enjoy the sucking?

Yes.

I think so. (general agreement)

They say it is comforting.

R: But even so, you felt that your baby's belly didn't get full from the breast milk?

I think so. I think some people don't have enough milk.

I remember after I had my baby and after the examination the nurse told me to squeeze [the breast]. And I squeezed and then she told me, "Well, you need a bottle to supplement this." So I guess, based on that, and subsequent to that, I just don't have enough milk.

R: If you feel that you don't have enough milk and you want to breastfeed, is there anything that you can do?

You can take a pill to bring the milk back.

Yeah.

Use a comb to comb it.

Or they clamp it down.

You mean like what they use to milk the cow?

Yeah.
R: I've heard some women say that if a baby sucks...
It will bring more milk.
Yeah.
R: What do you think of that?
I think that is a myth.
R: And how about how much a mother has to drink, does that affect the amount of breast milk?
Yes.
Yes.
They always tell you when you're breastfeeding you must drink enough liquid.
Whether water or juice, and it bring down the milk in the breast.
I don't think so. Basically, it just cools you down.
No! I experience it. I drink, and the breast full up, tingle.
I don't think the amount you drink has anything to do with it.
(only one woman taking position that fluid intake does not affect breast milk production)
For example, you out there in the sun. You're hot. The breast milk is hot. The best thing to do is drink a cup of water, and it cool you.
Yes that's what I was saying. The water is to cool you down. I really don't think you drink the water and it goes right to your breast. The most is to cool you down and your body, but it doesn't increase the volume of milk in your breast. I don't think so.
I remember sometime when I feed my baby, and I don't have enough milk, I just drink some water or box milk and my breast just sting me (breasts become full).
Yes, yes.
Start full up. (several agree)
Drink lots of porridge.

R: Porridge is important to drink?

Yes, yes. Porridge is very important to drink. And them say that you must drink porridge, milk and those things and the baby get back the nutrients.

Like when you are pregnant, you must eat same way when you breastfeed the baby. Eat callaloo, cabbage.

R: I was talking to some mothers the other day, and they told me, "At the clinic they say breast is best, but we're poor and we just can't come up to it." Could you tell me what that means?

What it means, "they can't come up to it"?

R: Yes.

I think it means that they don't have a choice. Breast is best, yet is not that the breast is best, that's not the whole reason the child is given the breast milk. Another reason might be that you can't afford tin feeding.

R: If a mother is poor, then, and she can't afford the tin feed, then she is sort of forced to breastfeed?

Right, this is true. (general agreement)

R: Then if a mother doesn't give tin feed to her babies, are her neighbors going to say anything?

No!

No. (general agreement)

And I tell you, some of the babies that get the breast right through, them look bigger than those where they force the tin feed on.

Yes, like they say, the breast is best. It is really the best!

R: Do you know some advantages to breastfeeding, like what makes it best?

They say it brings the tummy back in shape.

It bring back the womb.
Emotional bond is established. And some mothers use it as a type of birth control, or contraceptive device. Some women don’t see their menses until they stop breastfeeding. Some aren’t so fortunate. Some think they won’t get pregnant because they haven’t seen their menses, but they get pregnant. Some do, some don’t.

R: Are there some advantages for the baby if the mother just gives breast milk?

Keeps baby healthier.

Don’t have to give baby water when give breast. Nurse tell you this.

R: I’m interested in what baby fathers think about breastfeeding.

Some like it.

Sometimes when I want to buy cornmeal and boil porridge and give them, him say, "No, suckle the baby same way."

When my baby reach about three weeks, I said to the baby father, "Please now, buy me tin feed because me can’t bother with the breastfeeding." Hear him now, "No! Better you give him the breast. No tin feeding."

I think it has a lot to do with the male ego. It’s subjugation again to some extent, and they are of the opinion that a breastfed baby looks great. Even if it kills you off, they prefer breastfeeding!

Yes.

R: And you were saying that some baby fathers don’t like the mother to breastfeed?

Him want the breast keep stiff.

(laughter)

R: So if the baby breastfeeds, the breasts will hang down?

Yes. Them want breasts stiff.

R: Do you think this influences mothers?
Yes. Some of them want their breasts to stay stiff; afraid fall, drop down.

Got to let the baby suck out of both breast, or it can give you cancer.

They say if you breastfeed, it reduces the risk of breast cancer. They may say that just to frighten you.

(laughter)

R: Some mothers say that their milk is too thin. Can you tell me about that?

Well in the first two or three days your breasts don’t actually have any milk. There’s no milk, but what I’ve been told is that there is a liquid. What do you call it? Colo...

Colostrum.

Yes, yes.

And the baby just like it.

True.

I don’t know, but possibly that is what they mean by thin milk.

R: A mother said that there are some babies that just won’t suck the breast or just can’t suck it.

Yeah, yeah.

You have some baby just don’t like the breast. Me don’t care how you give it to them, they just don’t want it. Don’t care if they just born.

My little daughter now, she stop suck breast from when she three months old, and is not me stop her. And my other baby don’t care how me give him it, him don’t want breast. From when him touch four month, he don’t want the breast. So I wonder if it’s the tin feed I give him so regular, if that can be the cause.

R: You wonder that since you gave him tin feed, he just prefers that?
(response unclear)

Suck same way, come up upon when they teething and they just get miserable.

R: How about bush tea—do babies need bush tea?

Yes, orange tea, lime leaf, plum leaf. (all agree)

So they don’t have sores.

R: So orange leaf and lime leaf...

And plum leaf can protect the baby.

Now my baby when I give him orange leaf, it give him a loose bowel.

R: If the baby is not sick at all, do you still give him bush tea?

In the morning and at night.

R: Does the bush tea help the baby grow?

I don’t think so. (several agree)

No.

In the morning I give him bush tea so he can have something nice and warm. Then I give him porridge.

It bring the burp out, so they can go to sleep at night.

R: Which costs more—the tin feed or extra food for the mother to make breast milk?

Cost more for the tin feed.

Tin feed.

Tin feed.

It’s very dear, $18 a tin and sometime it only serve for one week.

One week? (mother asking)

Depends on how old the child is.
Then again for my baby, it only serve him for four days.

It depends on how often a child eats; and then, too, you have a habit to throw it (to throw away leftover formula in bottle).

I know one little girl, see how my baby drink off three bottle feeding for the day, that baby, well she drink one bottle feed for whole day. She don’t like bottle feed.

R: I also would like to know how mothers in Jamaica know if their babies are growing well.

Well you can see if they just cry, cry, or if them eyes they look pale and look sad like him sick.

What mothers do too is they compare their babies with other babies of the same age, if they’re born the same time they compare size. Look at them in terms of weight. Some babies will take X amount of feeding, some won’t. People compare themselves and compare their babies as well.

Well, my baby, when I carry him to the clinic and him get the injection and if you even look upon him like say, "What happen?" him start to cry. But normally, if him just wake, him always pleasant. Him have a pleasant smile, but if him sick or even my daughter, she don’t eat, she don’t walk, she just sit down, just look on her, she cry. (this is how the mother knows her baby isn’t doing well)

R: What is bang belly?

That’s when the belly is big.

R: Is that a good thing to have?

No, spoil the baby shape.

Some mothers don’t mind seeing a bang belly as long as it’s in proportion to the rest of the baby. If the child has a bang belly and the limbs are slim, that’s bad.

R: If a mother is very thin or meager, can she still make enough breast milk?

Yes, if she’s thin she can.

Yes. A thin mother can make plenty breast milk.
R: What do grandmothers usually say about how to feed the baby? They prefer the breast. In their day there wasn’t any tin feed, you remember.

(unclear; some mothers say they don’t know because they aren’t around women that age)

They will suggest bush tea. I think that’s where the bush medicine comes from.

R: How about women your mothers’ ages, what sort of advice do they give about feeding babies?

Breast. Our mothes always advise the breast.

(general agreement)

I think breast is good for them, so me like give my baby the breast. But after a time they just get ignorant and them stomach get big and me just can’t put up a big two year old on the breast.

I don’t like it. I don’t like it (same two mothers who said earlier that they dislike breastfeeding)

Especially them boy pickney. They really suck.

(general agreement)

That’s one of the reasons me no like it. Them come after me like them belly can’t full up. Your stomach hurt you. Suck, suck and then you get meager, get thin, have to eat some strong food to keep up with the boy pickney.

(general agreement)

R: , you also said that you feel funny about breastfeeding, that you feel ignorant. Can you explain that to me?

My stomach feel sick. I want to vomit. Sometimes I feel cross. Cross, cross.

(laughter)

Yes, sometimes they draw it so hard.

(interrupted for refreshments; continued with informal conversation)
Appendix E

Annotto Bay Transcripts
R: Please tell me what you think about when you look at this picture.

This picture put me in mind of when I was having these three last children. Like when Ricky here was three, the other one same size creeping up and down, and I pregnant with the next one. You see it hard. A lot of work. Me alone. Father at work. A lot of housework. Must send the big girl to school. Do a lot of washing, cooking at one time. Sometime the baby crying. You washing the clothes and the baby wants comfort. Sometime you can come for it. Then the next time work so much, then you can’t leave the work. Then you leave the baby crying, crawling to reach for the mother.

R: Is there anything else you (the group) would like to add?

It remind me of when I have the clothes to wash and the baby they need a little lift up, and you can’t really stop at that moment and give the baby the comfort him should get. The picture remind me of that.

R: I’m wondering what you think about the bottle he dropped there.

He going to reach for it, and it is not right because the bottle is on the ground, and it is not clean. And it might cause germs or disease. And the fowls around.

Yes, he’s outside.

But sometimes it’s ignorance (anger) cause him to drop the bottle on the ground. True he want to reach to the mother. Him can’t reach to the mother, so him throw away the bottle.

And the mother really want to get along with the washing.

Yes.

She not pay him any mind.
R: So she didn't notice maybe that the bottle is down where it's dirty.

Yeah, that is true.

R: Do you think that happens much?

No, not much really. You always feed the baby before putting him down, and then put the bottle in the same place (ie put the bottle away in its place).

R: I see. So the baby doesn't really crawl around with the bottle?

Yeah.

The mother really want him to stay quiet so she give him the bottle to comfort him.

Yeah.

Maybe he was giving trouble. Sometimes when I give bottle to comfort my baby I just stay there with the bottle. But after a while sometimes the baby get torment and just throw away the bottle.

I feel so still she shouldn't give him the bottle, because it not proper.

Not proper.

The diarrhea might come up.

Right. (general agreement)

See the fowl right here.

Yeah.

The fowl can doodoo. The fowl doodoo. So the diarrhea. And you know, germs coming off the ground.

R: Onto the bottle?

Yes, onto the bottle.

R: So maybe the mother is just so busy that...

Yeah.
Remember, the baby should put into a safe place like a playpen, outside in the yard, into a playpen. And then him can have toys, bottle, anything.

You can give them bottle while they are in the playpen, but not out in the yard on the ground.

But this baby is a big child who is creeping around, so you'd have to get him into a playpen...

Or a crib...

Or a crib or something outside that you can keep him inside, instead of outside picking up all sort of things on the ground.

R: I'm wondering whether some of you have breastfed your babies.

Yes, yes.

R: All of you?

Yes.

Yes, we all breastfeed. Like when the baby just born.

R: How long do mothers generally breastfeed their babies in Jamaica?

Well, I'd say up to six months.

When you go to the clinic...but you have some babies born that just don't take the breast. In Jamaica you have plenty of babies that don't take the breast.

R: From when they're first born?

Yes, yes. (general agreement)

R: How do you know they don't want the breast?

Well, after the baby born and they come put the baby beside you, nurse tell you the first thing baby cry, "Put the breast in their mouth so they can get used to it." You have some of them (babies) push it away, and you have mothers, true, push it away, don't bother give it to them.

But nurse tell you you must continue.

You have to get used to it.
And draw, draw (suck) until they get used to it. And sometimes there is not enough milk in the breast.

Yes, it don't come down. The milk don't come down fast enough and the baby so ignorant (angry) that him can't wait for him draw and get nothing. Him just sleep.

R: You mean when the baby is first born?

Yes, yes.

R: Before the milk comes in well?

Yes.

R: So some babies, then, really don't want to suck? And then some mothers don't want to give the breast?

Yes. (general agreement)

R: And it could be that there's not enough... (interrupted by mother)

Because when the baby's born and him first start to suck, you feel terrible pains. Sometime you feel the pain from the toe to the top. Well, it's just drawing.

Yeah.

When he's trying to suck till...

To carry the milk down.

True, it pain so. That's why most of the mothers, especially the young mothers, don't want to breast feed.

R: Is that the pain that makes the womb go back down?

Yes, yes.

R: And it hurts, I know. So that might discourage some mothers?

Like more younger ones. Most mothers in Jamaica suckle their children up to a year. Year and six months.

R: And so do they suckle them all the while?
No, in between foods. In between meals and such. Some people give them the breast for three months before they give them the bottle.

R: Before they start the bottle?

Yes.

R: What do you think about that?

Think so.

Yes.

For three months.

Feel so. (four mothers agree that it's ok to give just breast milk for 3 months)

R: So you would say to give them just breast for three months?

Yes. (general agreement)

Because they are young, they don't eat enough (much).

And that's the way our nurse in Jamaica teach us.

R: That's what the nurses at the clinic say?

Three months before you give the baby bottle.

R: Some mothers now say that in the hospital they start right away with the bottle...

Yes, well you find the big hospitals in town, like Nutall, as the baby born they start them with bottle because they could just get used to the breast and do not want the bottle whenever time they are to get the bottle.

They not going to want the bottle.

R: So you think you should start the bottle early?

Yes, I think they should start the bottle early.

R: So what should a brand new baby until it's one month old have from a bottle?

Well, ah, glucose.
I'd say water.
Glucose.
Glucose.
No!
That's the first thing they give in the hospital.
Glucose.
No.
Glucose, glucose.
You could give the baby black sugar.
When I had my baby up there I tell the nurse the milk never come down into the breast, and I buy the glucose. She said I must not give the baby the glucose; I must give the breast and let the milk come down.
Yes. She will draw it down.
Yes.
But glucose water is the first thing they give them.

(unclear; disagreement, some mothers say glucose is good to give because it's the first food given in hospital and others say just to give breast)

R: That's alright, I'm glad to hear that too.

I would give, well, I don't think the baby want anything else away from a little water, because they are getting enough from the mother milk.

R: I've also read that in some places in Jamaica mothers like to start a bottle with porridge at two or three or four weeks.

Yeah. When they cannot afford the tin feed.

You must boil the porridge thin.

R: So what do you tink about that? Even though, like you said, at the clinic they say to breastfeed
alone for three months, do some mothers still give a little baby something in the bottle?

Porridge.

Yeah. (general agreement)

And you have to see that the food is properly cooked.

And you can give them formula, too. Tin formula.

R: Do you think that they need the formula?

Yes. Some children.

Yes. Yes.

There are some children that eat very plenty. Plenty. Well you see some kids that do not eat plenty. Like some kids will satisfy with the breast and some want the food.

R: And how does a mother really know if...

Keep on crying!

R: So after they suck the breast, if they cry?

Yes. Still want something else to eat.

Yeah. (general agreement)

R: Could they be crying because they need to burp?

Yes, yes. (general agreement)

Sometimes you could give a little water (to help baby burp).

Yes.

Or put them on the shoulder and rub. (general agreement)

Why some kids take so long to burp?

R: I really don’t know.

Yeah, some of them really take long when they feed.

R: Do you think the baby just needs to burp, and the mother thinks it’s still hungry?
Yes, sometimes. (general agreement)

Some mother find out that they are hungry when they just finish having the breast and start to push finger in their mouth still.

R: The baby puts its finger in its mouth?

Yes. And if they see anything, they grab at it. They want food. Some kids eat food like ripe banana and fruits very early.

R: About how early?

From the time they can reach out and hold something. Or the smell of it.

R: I’m wondering about the tin feed, and which costs more--tin feed or for the mother to eat extra food to make breast milk?

Tin feed

Tin feed. (all agree)

Because you can eat any little thing. Even drink the porridge, and you’ll get back the milk.

Yes.

Can cook some soup or even buy some cow’s milk and drink, can have it back (produce breast milk).

Tin feed is more expensive.

R: So then if a mother is poor and can’t buy all the foods listed in books for nutrition, she can make enough milk by drinking porridge?

Or drinking some cows milk.

Yes, our poor class mothers, when they have a very young little baby, them drink a lot of porridge. Soup and those things. Then the baby suck it back.

That’s why some of our Jamaican mothers give porridge at the early age. Can’t afford tin feed. Sometimes a month or few weeks you have some babies very craven.

R: That means that they’re hungry?
Not really hungry. But they want a lot to eat.

Have a good appetite.

Especially the boy eat, crave, more than the girl.

Sometimes you feed them, then put them down. Just keep cry, cry. You have to give them something more. Eat a lot.

R: I see. Mothers judge what to give their babies by whether they’re still crying after the breast milk, and then they give them something else to eat and they stop crying?

Yes, yes.

Some of the mothers, they put them down and they cry, cry, cry. Say sleep, because they say them belly must full now so you no really want more feed, so you must want sleep or something else.

R: So, what do you tink about that? Is it alright to give them the breast milk and then let them cry?

No.

But sometimes the baby may need a little comfort from the mother, just want...

And some just feed it and put it down. Or feed and burp and put it down. And him need a little comfort.

I know some mother just give them feed and put them down.

And some of them is spoiled. Don’t want you to put them down.

Just want to stay in your hands.

R: Then maybe if a baby has breast milk and is crying afterward, he may just want some comfort and not really be hungry?

Yes. Or need a little water.

Yes. A little water.

Sometimes a baby can be hot. Sometimes have pain in his belly.
Or even gripe.

When they are small it may be gripe pain.

R: So then is that when you give bush tea?

Yes you have a lot of bush. Well, the poor class don't buy the gripe water. They have all different kind of bush what you boil for baby to cut the gripe.

R: I've heard some mothers say that they like to give bush tea in the morning and in the evening.

Yes. That's the first thing you have to give them in the morning to make them belch off the gas.

(laughter)

R: Oh.

Yes.

I don't think it's wise because you can boil the bush strong and it can...

No! (unclear; another mother interrupted to defend the use of bush tea)

I still don't think it's wise.

When they're little, every morning I boil tea up in the thermos go over night. Yes, when they're little. Give them two spoons or one ounce, me give them.

Like my kid, I give her all the breast for three months. Me no bother with no tea, just the breast alone.

Yes, but you can give them a bottle of tea in the morning.

No!! You can just give them breast.

(laughter)

Old fashioned, the bush tea.

R: You think it's old fashioned to give bush tea?

Yes, coming from old time tradition.

Yes, yes.
R: The mothers I talked to in Kingston seemed to think...

That's because most of them coming up from...

Yeah. (interrupting one another, but agreeing that even city mothers follow older tradition of bush tea, partly because they or their parents are from the country)

R: So then what do grandmothers say about how to feed your baby?

Well grandmothers will tell you that you can give them a little bush tea.

Yeah.

Bush tea, yes.

Tell you to give them a little bush tea in the morning first before you give them the breast or their porridge.

And at night.

When them going to bed at night you give them a little more.

Yes, yes. (general agreement)

R: And then what do grandmothers say about feeding babies, I mean do they advise breast or bottle?

Well, you have most grandmothers prefer...

Bottle.

Breast.

Most of them tell you to give bottle.

Yes, porridge.

(all agreeing now that grandmothers recommend cornmeal porridge)

They say the cornmeal porridge build up the baby faster than the breast.

R: That's what grandmothers say?
Yes, yes.

And they like to boil it themselves.

R: And do you agree with that?

Yes, it is good. Because you can see all these children here (pointing to children in room). When him born tin feed was scarce and he was very craven, eat plenty when him little. And when all of my children suck till about four months, they just leave the breast and don't want it again.

R: After four months?

Yes, and then I generally never have plenty milk. And that one there now when he reach about three weeks, the little milk what I have couldn't support him. I have to boil him cornmeal porridge. Boil it thin. And him drink off one bottle. One bottle, you know at three weeks! Until now him love cornmeal porridge. So the cornmeal porridge is good. Plenty good more than the tin feed.

Yeah.

Yes.

Plenty good.

And it true the tin feed constipate them, them doodoo hard.

R: So you think cornmeal porridge is better than tin feed?

It's better!

Yes. (general agreement)

And it never costs so much.

R: Now, what if a mother doesn't give any tin feed; will her neighbors say anything about her?

No. (general agreement)

R: So then what advice do people your mother's age give about feeding babies?
Most of us, our mothers will tell us that we’re lazy if we lay down to give the breast rather than get up and put the baby in our lap. And it is dangerous if mother and baby fall asleep and breast cover up baby face. And most mothers who live with their parents, the parents always see that the mothers do the right thing.

Drink a little water first to cool down the milk.

Yes.

And boil the bottles.

It is true, need to drink cool water. Because when the mother hot, the milk hot too.

Like sometime the milk spray on the baby face and it burn, come up with bumps. Milk burn the face.

Because your body hot.

So before you feed baby, drink a little water or cool drinks to cool down the milk.

For the milk can be very dangerous when it’s hot, especially when the baby is very young.

R: Has a doctor ever talked to you about breastfeeding?

Well, not really a doctor. Clinic.

Just clinic.

R: What do baby fathers say about breastfeeding?

They say you must.

They think the breast is best.

And some baby father don’t business (don’t get involved).

Or some of them will say that why you don’t want to give them the breast is that you want to have affairs with other men.

(laughter)

R: Oh. How does that have to do with having affairs?
Them say when you have affairs it can stop the baby from walking.

That is what they say.

We don't know if it is true.

(laughter)

They say it is bull milk.

R: Bull milk?

If you're having sex with somebody and it's not the father for the child, them call that bull milk.

So later on now they say that break the baby foot.

And the baby can't walk.

Not strive enough (baby won't be strong and attempt to walk).

Look wishy washy, like barley barley. And some itch come pon their body like that. That is what they say.

You have to give them good reason if you want to stop breastfeeding.

Some of them.

Some men will say that while breastfeeding the baby you're not getting enough meals, proper meals. True then, your body get thin and meager and not look so nice or fit. So them say, "OK, three months and you body will get back fit after that X amount of food going back to your body."

(general agreement)

But some really don't like it because them say that while breastfeeding you're going to have affairs with other men and mash up them pickney foot.

(laughter)

R: Do you know anyone that has happened to?

No. (laughter)

_____ (name of woman in group)
Untruth!

's baby not walk yet.

But that not the cause.

R: So if a baby is slow to walk, people may say...

Well, if the baby fat them not think that way; but if a baby not fat them think that way (that the mother's affair is the cause).

R: Does that mean that the baby father can't have affairs with other women?

It's their pleasure. Because after you have the baby, them gone to another woman. They say you must run them down because you have the child.

You are obligated now.

Yeah.

So them do anything they want.

R: Wow.

Most mothers in Jamaica are not employed.

R: So they have to put up with the men...

Yes, yes.

R: I heard one mother say that sometimes women don't want to breastfeed because they want to keep their breast stiff. Did you ever hear anyone say that.

Yes! (all agree)

A lot of young girls. Like who just having the first baby.

They don't give them suckle.

Or just six weeks, then stop.

R: Because they think the drawing...

Yes.

Yes, stretch out the breast long.
They don't want a long titty.

Long titty floppy.

But I think if they wear the brassiere regularly it won't get floppy.

And I guess while breastfeeding you don't hang the breast down. You hold it up properly and give the baby. They won't stretch the breast. But some mothers just hold the child, and they just talking and the baby just drawing the breast. Long. The breast become tall.

R: I'm wondering when the woman is pregnant and the breasts get bigger whether that could stretch them.

Yes, yes.

R: It may not even be the baby sucking?

(didn't answer, but asked what causes stretch marks; unclear)

R: One mother said to me that her nipples got too hot.

Sore! When you first have the baby and suckle it the nipple can get sore.

R: Do you think that makes some mothers get discouraged?

Yes.

Yes.

The nurse will tell you when the nipple sore you must continue to give the breast.

It hot, feeling hot.

When you go to the clinic when you're pregnant they always tell you to put a little vaseline and pull it, stretch it out.

Sore still. Hot.

R: They were sore, so what did you do?

Well, I dress them, bathe them, it sore right round.
But them say when it sore you continue to breastfeed.

R: How do mothers in Jamaica tell whether their baby is getting big enough and growing well?

Like how he make a little sound, talking.

Getting big in body.

Or like how him starting to improve by creeping, hold on and stand up, walk at certain age or certain months.

R: OK. I’m also wondering when is a good time to feed a baby porridge from a cup and spoon. When do mothers start that?

Three weeks.

At the clinic they tell us three months.

Four months.

Six months.

Three months.

Four months. At the clinic they say four months from the cup and spoon.

Yes, but six months better.

Three months, three months.

R: Do you think that mothers prefer to feed with a cup and spoon or a bottle.

Some mothers prefer the bottle, but the bottle can pick up some germs.

And cup and spoon easier to clean.

But some babies don’t want it from the cup and spoon.

They still want it, so sometime you can give it to them in the bottle, leave them with the bottle.

Yeah.

And you can work.
R: But the cup and spoon takes a long time?
Yes.
R: You were saying that they could get sick from drinking porridge in the bottle...
Like if the bottle don't clean.
You got to boil it.
Some mothers don't really boil the bottle.
R: How often do you have to boil it?
Supposed to boil it every day, every morning.
R: Is that hard to do because fuel is expensive?
It's really hard but you have to try to keep up to it.
R: So they could get sick if you don't boil the bottle.
Yeah, got to boil it.
They can get sick if you don't sterilize it.

So who can afford more than one bottle! Sometime you supposed to have three bottles, but who can afford it? Sometime you have bottle from before like how I have so much children (bottle from previous child). We don't throw away our bottles. And when you boil it, you make one boiling and you serve from the three (boil three bottles at one time).

Well, when you using the second bottle, and you have the last bottle out, then you try boiling the two before.

Yes.

Then the last one can stay for the morning.

So if you can afford it, you supposed to have one water bottle, different bottle for drinks, porridge bottle different and tea bottles different. I guess they should have at least four bottles.

Even three can serve.
Yeah, but who can afford them? You have mothers who have just one bottle. Sometime they can't even boil it, just wash it out with soap and rinse it out and throw the water in it.

Diarrhea.

That's why the baby always end up having diarrhea.

That can cause diarrhea.

R: So is there any other way they can get diarrhea?

Yes.

Yes, putting dirty things in their mouth.

From the floor.

And things you eat can cause them diarrhea.

Yes, yes.

R: What about if there is feed left over in the bottle, either porridge or tin feed?

You're supposed to throw it away.

You have to time how long you keep it there.

Yes, yes.

And you're only supposed to put a certain amount in and let them draw it out.

What they can drink off.

Or they claim if the baby drink a little you don't supposed to feed it back because...

Must throw away.

Or if not, you can time how long since you gave it to the baby and then after one hour you say, "Well, that feeding is spoiled."

Even less than one hour.

R: Less than one hour?

Yes.
Yes.

The porridge, now, won't spoil so quick as the tin feed.

The formula will spoil, will get sour that quick.

R: But it must be expensive to have to throw it away.

Yes.

You have to mix the amount the baby is going to drink.

Say about three ounces.

Or you time the baby. (all talking at once)

Wait! See you have the ounces marked on the side of the bottle and you keep a record of how much your baby drinks and then mix that amount.

R: When they say that breast is best, why do you think it's best?

Because everything that the mother eats, the baby suck it back.

The baby gets it back.

R: OK.

And when you give them the breast it not so easy for them to catch diarrhea; when them get bottle early they get the diarrhea.

It's more nutritious.

Yes!

The mother eat a lot of nutritious things that the baby cannot eat.
Appendix F

St. Paul Transcripts
R: What do you think about when you see this picture? Can you relate it to your situation as a woman?

I think about the baby bottle on the ground.

Can catch germs on the bottle.

R: So that could be dangerous, if it's on the ground?
Yes. It not covered and it look like it has feeding in it. The baby could pick it up back and drink it again.

R: I'm wondering what you think about the mother's situation here.

She's not paying the baby any mind. She just washing. The baby's on the ground in the dirt.

R: Do you think this happens often, that mothers have so much work to do...

Yes, yes. (general agreement)

Very much.

R: So what problems can come if the bottle is on the ground?

The baby can have diarrhea.

R: Because of the fly that can pitch on it?
Yes.

Yes.

R: Is there anything else that can happen from the bottle on the ground?

He can get a worm. He can get a worm from it. The worm egg go on the bottle and he just put it in his mouth.

R: Oh, how would the worm egg get on the bottle?
The breeze can blow it around.

R: I see. What do you think most mothers that you know feed their babies in the first month after they are born? From birth to one month.

Breast.

Breast milk.

Breast.

At one month, breast.

R: How long can a baby grow well on just breast?

Well, we are told that four months.

Ten months.

One year.

One year.

No. You can go up to one year, but they say that's not enough for a baby at one year.

For the first four months.

Yes.

Now breastfeeding, after the first four months with most babies the breastfeeding can't keep them. So you might have to start feeding them out of the family pot. (three mothers contributed to this paragraph)

Like a little soup or milk. A little porridge.

Yeah. But the breast is best.

They can take the breast at that age, but most babies after four months, some by themselves, stop suck the breast. (at least three mothers agree with this)

Don't satisfy with breast alone. (at least two agree)

R: At four months the baby needs other foods?

Extra.

Yes, like porridge.
Their appetite grows larger.

R: I was interested when you said they would wean themselves at four months.

Some babies do.

Some babies do even less than that.

R: Younger than four months?

Yes.

R: I'm not sure just how you mean that they would wean themselves.

They don't want the breast any more.

They prefer to feed out of the bottle.

R: Oh. How do you know that?

The baby doesn't want it (the breast).

Turn away from it.

R: The baby will turn his face away?

Yes. (general agreement)

R: So some babies even before four months want a bottle?

Yes, yes. (general agreement)

R: What do mothers generally put in a bottle for a young baby?

Tin feed.

Tin feed, such as Infamil, Olac, or Cow and Gate, Lactogen.

R: Is there anything else that young babies could have in the bottle?

Milk from the cow. Fresh cow's milk.

Cereal.

R: About what age do babies need to have some porridge?
At four months.

Four months.

R: And then what about the babies that you were saying who don’t want the breast. What does that baby need?

He could drink a little tin feed.

Some babies like porridge.

You can give the baby a little Milo or Horlicks. It depends on how the baby feels.

R: What was the last one you said?

Horlicks.

R: What is that?

Horlicks, you can fix it like Milo. Add milk, cow’s milk or condensed milk.

Boil it in water.

R: I’m interested to know what your grandmothers would advise about feeding babies. Grandmothers in general.

They generally say that tin feed not so good for babies.

R: Do they tell you why?

Give them worm and bumps and all that sort of thing.

R: What do you feel about that?

I think it’s right.

R: What would grandmothers advise you to give them.

Breast milk, and from the breast milk to porridge.

Porridge.

Porridge and a little soup.

R: How about people your own mother’s age, what would they advise?
Well, they generally just give the baby a mixture of milk feed or porridge.

R: People your own mothers’ age would say tin feed or porridge?

Yes, if they need an extra amount of food because some babies stick to the breast and don’t want anything else. But some need an extra amount.

R: How do you know when a baby needs the extra amount?

When you breastfeed them and they coming up to it don’t want it. And they cry for something else. Then you see that breast is not enough.

R: I’m wondering how you know when a baby cries if it means they are hungry or they might need something else, like a burp or some comforting.

Well, it’s not the only time they cry, when they’re hungry. But it is you who feed them so you supposed to know when they are hungry.

Sometimes they cry endlessly, and they don’t want any feed or anything. They just keep on crying.

R: It might just be a fussy sort of baby?

Right, right.

R: I wonder what baby fathers say about breastfeeding or bottle feeding. Do they prefer one or the other?

Some prefer the breast and some prefer the bottle.

R: Do you think that what the baby fathers say influences what the mother does?

Not really. They try to find out whether the breast is enough.

R: The baby fathers?

Yes.

R: One mother I talked with said that some mothers don’t want to breastfeed because the man likes the breast to stay stiff...
(laughter)

R: You don't hear that up here?
Yeah.
Yeah, yeah. (general agreement)

R: I wondered if that was just in Kingston.
No, here.
Everywhere.

(mothers shaking their heads as if that factor does not influence them)

R: But you don't bother about that?
No.

R: I'm wondering if you'll tell me what some of the good things are about breast milk and breastfeeding.

For one thing...(interrupted by public health nurse calling researcher into her office)

R: Let's see, where did we leave off? I think we were talking about baby fathers. Do more of them encourage you to breastfeed or do more of them say not to breastfeed?

More of them say the breast alone is not enough. Give them some porridge or something else.

R: The baby fathers feel that the baby needs something extra?

Yes, some of them.

R: What do they generally say to give the baby?

Cereal or tin feed.

R: What do you think about that? Do you think that most baby fathers encourage breastfeeding?

They prefer to feed the baby with other foods than just the breast a long time.

R: And what do you mean by a long time?
Some mothers breastfeed their babies up to a year. Then the father concerned about that. He thinks the baby should have other foods than pure breast.

R: How do you feel about that?

It don’t really matter. They just say to do whatever is comfortable.

R: I have a few other questions to ask you. What age do you think a baby can begin to eat from a cup and spoon with a mother’s help?

Four months.

From the beginning.

You can give them a little water from a spoon when they are very small.

R: What do you think mothers generally prefer—to give a baby porridge from a cup and spoon or bottle?

Cup and spoon. It easier to clean.

But most of them give it from bottles.

R: Perhaps because it’s easier?

Yes.

R: What things about breast milk make it such a good food for the baby? Why do you think they say "breast is best"?

It comes from the mother’s body.

No germs.

R: Any other reasons?

It will help the baby’s brain develop.

R: Any other reasons for giving breast milk?

Easier to feed.

Better for the baby.

It’s warm.
R: Another thing I'm wondering about is which costs more—the extra food for the mother to make breast milk or to buy tin feed?

To buy the tin feed.

To buy the tin feed.

To buy the tin feed.

It's easier to eat more than to buy the tin feed. You know how much the tin feed costs!

R: So the tin feed costs more?

Yes. (all agree)

R: What does a mother who is breastfeeding her baby need to eat?

She needs to drink a lot of liquid, like milk, porridge, soup.

R: Anything else, what sort of food?

Vegetables.

Vegetables.

Meat.

Fruits, milk.

R: If a mother is too poor to buy milk and meat, is there anything else she can eat?

Vegetable.

Sometime you can grow some of them.

R: About how long do mothers in this area generally breastfeed?

A year.

Well, I breastfeed for one year and nine months!

(laughter)

And she still loves it (referring to daughter at breast).
Even four years, some mothers.

R: If some mother doesn't give tin feed to her baby at all, do neighbors say anything about that?

No. (general agreement)

I never give my babies tin feed.

R: I'm curious because some mothers have said that the baby just won't suck the breast.

Yes.

Yeah.

R: Could you tell me some more about that?

From when them born and them see the breast them just turn away their head and cry.

They just don't want it.

Maybe it's because they get the tin feed too early.

R: Maybe it's because they get the tin feed too early?

No! It's not that.

Some baby just don't want it (the breast) even if they never had the tin feed.

(several talking at once)

Some really don't want it. Like how some don't take the bottle. Some don't take the breast.

Right.

R: You were saying in some cases that could be because tin feed was introduced?

Yes.

Well, my baby just don't want the breast. But now she take it.

R: What did you do to get her to take the breast?
(unclear; explained that she kept offering breast and never bottle so the baby got hungry and started nursing)

R: I'm wondering if mothers feel that the baby just doesn't want the breast, is there somebody they could turn to to help them?

But maybe most mothers are glad the baby don't sucking because they don't like the baby sucking the breast.

R: So maybe when they say the baby won't suck, deep inside they prefer not to give the baby the breast?

Yeah, yeah. (several agree)

R: But what if a mother really, really wants to breastfeed, but the baby turns his head away, is there anything she could do?

Yes! There is something she could do. If you really want to give him the breast, whenever the baby's hungry you don't give him anything but the breast. He'll have to take it then.

R: I see. Thank you for all your ideas. Is there anything else you want to add?
Appendix G

Maidstone Transcripts
MAIDSTONE, MANCHESTER
July, 12, 1988

R: Tell me what you think of when you look at this picture. I'd like to know whether you can relate it to your lives.

Well, see the bottle here in the dirt; it can get germs.

Yes, he can.

And from the bottle him get diarrhea.

The mother washing, so you have dirty water running down here on the ground. And the child play in it, get sick.

R: Do any of the others of you have anything you'd like to say about the picture?

That's just what I see too.

R: Do you think this happens very much, the mother busy with the wash...

Yes. (general agreement)

Lots of mothers.

You got to be strong. This should not happen. The water should not be there, and the mother should not be washing because the child is creeping. Him can get germs upon the floor.

R: So, even though, as you said, there is lots wrong in the picture, it is difficult for the mother because she has so much work to do?

True.

This life is hard. Plenty work. Lots of housework. And like we, most of us can't afford to get somebody to help you. You have to do it all by yourself. So you have to be very careful. And when the mother is young, it is very pressuring.

True.
Yes, because you have a lot of young mothers in Jamaica. I don’t know if you have a lot in the United States.

R: We do.

(laughter)

You have a lot in Jamaica. Most of the mothers are young.

R: And when you say it is more pressuring?

Right. Not really being capable of handling a child. Probably when they reach to having the second child they might have more experience. But the first one might give that sort of problem.

R: So you were saying that the bottle on the ground could give the baby germs...

Yes.

Yes.

R: Could you tell me more about how that happens.

Yes, you see it’s the flies. The flies go on it. And you see it’s not being sterilized, and the baby use it. That’s where the germs come from. And it’s in the dirt, and it’s not washed. The baby contract germs from it.

Baby can get worm in him belly.

Even ants. Ants can come up on it and ruin it.

R: Is there any other way a baby can get running belly from a bottle, even if it’s not on the ground?

Yes. You have the bottle with feed in it, and you put it down and not wash it and use it again. The baby get sick. Because it’s not being sterilized. The bottle can have germs.

It’s not sterilized, so that’s where the baby can get germs from.

The bottle can get sour. It gets sour after a feeding.
If you don't wash it properly, the bottle can get sour.

Yes, he can get germs.

If that first milk is sort of sour or stale.

R: I see, germs can grow in the left over milk if it doesn't get cleaned out?

Right.

Yes.

Some sort of bacteria or something.

R: Is it expensive for mothers to use fuel to boil the bottles?

Well, I don't find it expensive.

No.

No, because as you use the bottle you just wash it, and you put it in some boiling water and keep it in the boiling water.

And most of us mothers, we don't really use fuel. We have to use a wood fire.

R: I see, so you use wood fire instead of coal or kerosene.

Yes. You can use coal or kerosene.

But most mothers here can't afford it, so you just use the normal wood fire. Because I use the normal wood fire.

R: So then it's a lot of work to boil the bottles, isn't it?

Yes! Yes! (several agree)

You have to be strong!

(laughter)

You see, to be a mother, to do things right, you have to be on the move every minute in order to keep that baby growing strong.
R: I'm wondering what you feel about breastfeeding and bottle feeding, and which you prefer.

I prefer breastfeed, because you don't have to wash any bottles.

(laughter)

Although I wash off my breasts.

When my babies very young, I don't give them any bottles. It is more relaxing because all I have to do is go into the kitchen, fill up my tummy and come back and breastfeed. For a long, long time I don't have to wash no bottle. Until him start being greedy and him want more than the breast can hold. I have to go out and get bottle.

R: About what age is that?

Four months. (all agree)

Some people are breastfeeding longer than that.

Not me.

Normally, well they say you are to breastfeed your child from the time he is born until four months. Then at four months you start to give porridge, fruit, juice, and things like those. You see then you start feeling yourself like a bone, because when you are breastfeeding from when the child is born until four months it takes a lot out of you. So for you to build back up yourself, in between the breastfeeding you have to give them bottle.

R: I see. So at about four months you start giving the bottle?

Yes, four months. Porridge and fruit juice and thing like those.

R: And you were saying that it's different for you, _____?

Yeah. I don't like breastfeeding.

(laughter)

R: You don't enjoy it?

No. Sitting too long.
And having other things to do. Wasting too much time. (just one mother explaining that she doesn’t like breastfeeding)

You have to do your washing, cooking.

Right.

You have to leave often, stop your work to suckle.

R: I remember thinking that my little boy would never stop sucking, and I’d be looking at the dirty dishes piled up...

Right.

(laughter)

R: So, how about you. Which do you prefer, ____?

I use them both. Breast and bottle.

R: About what month do you start giving the bottle?

Two months.

R: And how about you, ____?

I prefer the breastfeeding. Because from reading and hearing other people’s experience, they tell you that the breast is best. So I love breastfeeding. I just feel that brings the child healthier in the first stage of life, the first four months of life. Up from then (after 4 months), you can start give them anything else. My first child wean himself from the breast when him four months. But then you can start giving the child other food because him developed enough.

R: How about you, ____?

I prefer the two of them. Because the more time I’m not at home I use the bottle, and when I’m at home I use the breast. So I use the both of them.

R: So starting right from...

No, not right after he is just born. After a month.

R: And you, ____?
I prefer the both of them.

R: And when did you start giving the bottle?

Five months.

R: So your baby had only breast until five months?

Yes.

R: I was interested when you said that after two months you didn't have enough breast milk...

Yes.

R: Is there anything a mother could do in order to make more milk if she really wants to just breastfeed?

Yes, drink lots of liquid.

Yes.

R: Does the amount that a baby sucks have anything to do with how much milk a mother has?

Well, it really depend on the child. Because some of them don't get enough.

Don't get enough.

And they wind up malnourished. Him not getting any bigger because him not getting enough [breast milk].

It's very important when a child is sucking breast milk...(noise from wind on roof) Him stop sucking if him not getting enough and him keep crying.

Yeah.

Yes, you have to give him something else.

R: Is there any reason, besides being hungry, that a baby might cry after he's been on the breast?

Yes, probably they are having the pain as well as their tummy might be griping. Because you find when they are griping, even when they are taking the breast you find them crying.

They stop. (general agreement)
Because they are in pain.

R: So they need a burp then?

Sometimes.

Yeah, sometimes.

They need to burp. But it’s just the pain in the tummy that cause. That the baby cries.

R: I think we call that colic.

Yes.

R: It’s when the baby draws up his knees?

Yes. (all agree)

Or even if the baby’s wet, that can be uncomfortable and he cries. After you finish feeding, he can really wet up. Or something can bite him, mosquito or ants.

R: So there are all sorts of reasons a baby can cry?

Yes.

Yeah.

R: So, then how does a mother decide that the breast is not enough, and she has to give him bottle feed?

He keep pulling on the breast, pulling on the breast.

Yeah.

You not feel anything coming down.

Right.

Because you supposed to feel the milk when it’s coming.

R: I’m wondering what the nurses at the clinic say about feeding your baby.

Well, they say you must breastfeed four months.

Then they say four months give porridge, thick; mashed fruits.
Can eat from the family pot.

R: What do people your grandmothers' age advise about feeding the baby?

Well, they always say in the morning when you wake up before you give the baby the breast you must give him some mint tea.

They say there is a phlegm on the stomach that is supposed to pass out, and when you give them the mint they always burp. And you see they puke a black something. That's what they say they are supposed to pass out.

Our grandparents always say that.

And then they can suck at the breast happy.

R: Is there anything else that grandmothers teach about feeding babies?

If you follow the grandmother, the baby suck you right through till him very big because he don't want to stop.

(laughter)

R: So the grandmothers would say...(interrupted)

They don't like tin feed.

Them don't want tin feed. They don't like it.

They prefer porridge.

I feel that it's true. I feel that the porridge, like a cornmeal porridge, is better than tin feed.

Yes.

I think it's better than the commercial stuff that they make. The processed stuff, the powder business, I never really use it.

R: How do you feel about that, ____?

Just the same.

R: You think that the cornmeal is better?

That's what I use, cornmeal.
Yeah.

Like we in the country, we can get the natural corn, so we grate it and use it to boil the porridge. We don't have to buy the one at the shop.

Sometimes we use the banana, the plantain.

Some baby don't use porridge. They just won't have porridge. My two babies just like that. They don't take the porridge.

(laughter)

R: So what did you feed her then?

I just have to give her cow's milk and Horlicks.

R: How about people your own mothers age; what sort of advice do they give about feeding babies?

They advise the breast.

And porridge.

From breast to porridge.

R: Is there any problem that could come from giving babies bottles with porridge?

Yes, because you have to boil it, the bottle.

And make the porridge very thin so it can go through the nipple.

I'm not really against the bottle, but I prefer to use the cup and spoon. Then you can make the porridge thicker and the baby can just take it up and eat it.

R: They can eat it with their fingers?

No.

No.

(laughter)

No. With a spoon. You feed them with a spoon.

R: The baby uses a spoon?

No, you feed the baby with a spoon.
And it keeping them much longer (their hunger is satisfied by the thick porridge)

But when you put it in the bottle, you have to make it liquidy, you understand? That they can draw it out.

R: Do you think that most mothers prefer to give the porridge in a bottle or ...(interrupted)

Yes.

Yes. (general agreement)

Because the baby can hold the bottle. Your time not waste.

(laughter)

R: Now, can germs grow in porridge like in the formula?

(some nodding yes, some look uncertain)

R: So you think that germs can grow in the porridge.

Yes, if you don't wash the bottle.

R: How about you, _____. Do you feel that germs can grow in porridge or just in tin feed?

It's not in the porridge, it's the bottle, the dirty bottle. Not the porridge or the feed, it's the bottle.

Because once the porridge is boiled, I don't think the germs really gets in. Even if the germs was in it, it's supposed to die. Depends on the germs.

R: If the baby doesn't finish off the bottle of porridge, can you leave it awhile and then feed it to the baby?

That is not wise.

If you throw it away, you're better off.

Throw it away, or drink it yourself.

Throw it away so it don't get sour.

Or give a smaller amount.
R: I'm wondering also about baby fathers, whether they prefer the mother to breastfeed or bottle feed.

Rather the breastfeed.

They want the baby suckle.

R: They do want you to breastfeed?

Perhaps they don't want to buy the feed.

(laughter)

They don't want to buy feed for the baby, but they have to buy food for you, the mother!

(laughter)

Yes.

They find that better, for they can find a piece of yam or coco and give the mother.

(laughter)

R: It is cheaper to buy extra food for the mother than to buy tin feed.

Yes. (general agreement)

R: I've heard some mothers in Kingston say they don't want to breastfeed because they want their breasts to stay stiff. Do you hear that up here?

Yes. (all agree)

They don't want their breasts to drop down. And they don't want man to see they have children.

Mostly young mothers.

Yes. Yes.

With the first child, they don't want no one to know that they had baby. They want their breast to stay up so they don't want breastfeeding.

What I really find out, after you breastfeed and you finish and you don't wear brassiere, or at night if you don't wear brassiere your breast hang down. If
you sleep in a brassiere you find that it keeps up the breast.

When I have my first child, the breast never get tall. They stay the same stiff something.

If you have little breasts, they don't really drop down.

(laughter)

Some mothers have big large breasts, and some mothers have small breast. And if you have a small breast, it don't drop down.

Yes.

Yeah.

(laughter)

But I think that when a mother say she not going to breastfeed because she don't want her breasts to drop down, she's really punishing that child.

True.

Yes, she's both punishing the child and herself because it can make her ill.

Yeah.

Because I think that can give you some kind of disease of the breast.

Cancer or something.

R: So if she doesn't breastfeed she could have a disease?

That milk could stay in there and hard up and might turn something else, and affect her in the long run.

True.

R: Some mothers that I've talked to say there are some babies that just won't suck the breast. Do you know of any?

Yeah, there are babies like that.
My daughter baby don't want the breast no time. When she put it at his mouth he don't want to take it.

R: Is that from the very beginning, right after she was born?

From when she first born she had to force [the breast] in.

R: Is there anything a mother can do with a baby like that if she really wants to breastfeed?

Just don't find no substitute at all, and they eventually will have to take the breast.

They must have to be hungry and will take the breast.

But you must can't give the bottle. Just the breast.

Yes, make them take the breast. Don't give the bottle. Then they will just take the bottle if you find a substitute.

R: Do you know whether the bottle is easier to suck or if the breast is easier? Does it make any difference to the baby?

With my first child the milk didn't really come down fast enough, and they keep sucking and didn't get anything. So them get discouraged. And they get it faster from the bottle than the breast.

It's true.

So they know the difference from then, so them take bottle.

It's true.

So every time you give them the breast, they just turn away them head. Them want the bottle.

Yes, yes, it's true.

And you squeeze, and you don't see anything coming down.

R: Do nurses ever tell you anything about that?

When my baby born, I don't have any milk in my breast, and the nurse tell me to have him suck it same way. Then he will suck it down, you see.
Yes, he will suck it down. He's the one who's going to pull it.

(several agree)

And they say that you have a yellow something inside the breast.

Colostrum.

R: I see.

When I have my first child the nurse said I should give my baby breast. And I say, "Nurse, the baby's hungry, and it don't get nothing..." (interrupted)

Keep push it in!

Nothing come.

(laughter)

And [the nurse] say it's finding something.

You don't know what she's sucking.

I don't think it's getting nothing at all. It's crying, and it's hungry. And [the nurse] said, "Don't give it bottle." I give the baby breast, and after about two days all the milk come down.

Yes, it coming down.

(general agreement)

That's what happened to me. But if you are a new mother and you don't ask questions, you just look at the breast and just say the baby not getting nothing, and just give the tin feed.

And if it just take it, the milk dry up.

I feel that can be bad for a woman's health on the whole.

Yes, man!

That's my personal belief.

Well, my daughter baby never take the breast, and she grow big and strong.
R: That's your daughter's little girl that takes the bottle?

Yes, can do everything (granddaughter is developing normally).

Well, you have some children can't get the breast because the mother very sick after them born.

They are sick and have to be in hospital and leave the baby somewhere else. And that baby just get used to bottle feeding.

Yes. (general agreement)

I know one mother who have a high fever from when she have the child, and it seem that she dry up. She don't have a drop of milk in her. She was sick for a long time. The baby have to stay home while she stay in hospital.

R: Where have you all had your babies?

At home.

I have some at home and some at hospital.

At home.

Hospital.

At home.

Home

Hospital.

R: Does a nurse come to your house for the birth?

No, no district nurse.

R: Who helps you then?

(could not understand reply, sounded like "no one")

R: No one helps you?

(much laughter)

Yes!
People who are experienced mothers.

R: I see, like a midwife?

We call her nana.

Nana.

(more laughter as they think about me imagining them having babies with no help)

They don't have special training, but they're very experienced.

R: Those of you who had babies in the hospital, did the nurse have you put the baby to the breast or did they give a bottle?

Breast.

Breast.

Breast.

R: Do you keep the baby with you, or do they keep it in a nursery?

They put it in a cot beside the mother's bed. So you can take him up and feed him.

But if the baby is sick it has to be in the nursery.

When I had my first child, I wasn't feeling well at all. And the nurse come and said can bottle feed until I feel I'm ready, then I can brestfeed, when I'm ready.

R: I'm wondering if you could tell me a little bit about bush tea and how mothers in Jamaica use bush tea.

In the morning to bring up the phlegm, you give them mint tea.

And there is another bush again, when they are teething you give them that. It's called wild basil. When you give it to them you don't know they're teething.

R: And so they don't fuss?

Yeah, they don't feel any pain.
R: Oh, I wish I had known about that!

(much laughter)

There is another bush, too, that when their belly gripe, same way.

Yes, Mary leaf, another.

Or the love bush.

Love bush?

Yes, the yellow leaf one.

Mary leaf and the love bush. Cerasse.

(unclear; discussion on merits of various herbs)

Another thing. The doctors say we're not supposed to give the babies any bush tea.

Why?

Yeah, they say you must not.

Say it will sick them. Something that is in the bush that is too strong.

If you boil the bush and you don't know how strong to make it, can hurt the baby.

(unclear; discussion on how many leaves to give baby at various ages, no consensus; discussion on whether or not to treat gripe)

The gripe is a normal thing.

It's caused by us, you know. It's the things we eat. They suck it back from us. Like mangoes. If I eat mangoes, it gripe my baby. Because of that, I don't eat it.

Yes.

Well, I feel if you eat some rotten something the baby can get sick.

(laughter)
But I feel that the breast milk will also get rid of this.

Every food, mango, that's a normal thing for child to go through (several talking at once about relationship between what mother eats and gripe).

R: Does bush tea help babies to grow?

   (laughter)

No. (general agreement)

It's medicine.

   (more discussion of medicinal herbs)

R: How do mothers know if the baby is growing well?

You see, when you have the baby by you every day, somebody else have to tell you. You can't see it.

   (laughter)

When you have the baby in your hand every day, you don't feel as though he is growing. Then someone come and say, "How your baby grow so!"

   (general agreement)

Feed well (good appetite).

R: I was also wondering if a mother who is thin herself can make enough breast milk for a baby.

When you say thin, do you mean meager?

R: Yes.

Well, no, I don't think so. She have to eat and get fat again. Now if she's slim, that's different. You have mothers who are slim make plenty breast milk.

Like me. I have plenty milk. And before I had my baby I have no breast at all!

   (laughter)

It's true.

I have no breasts, but after the baby born you wonder where all that milk can come from.
Because when I go out, the breasts them full up and I glad to get home suckle the baby.

You have to run back!

(all talking at once and laughing about how breasts get full when they're away from the baby and what a relief it is to nurse)

R: What do mothers need to eat when they're breast-feeding?

Vegetable and meat.

R: Vegetable and meat?

Yes.

R: Anything else?

Drink.

Drink liquid.

A lot of milk.

R: Can mothers usually afford to drink a lot of milk?

Well, milk is kind of affordable up here because most farmers have a cow. You can see the mothers go out with a little pan get the milk. (unclear; story about mother running out with her pan and begging, "Please, please, give me a little milk," to a passing farmer.)

(laughter)

But if you live in the corporate area (Kingston) you have to buy it. It's the processed kind. You don't really get the raw milk.

R: So would you say that most mothers in this area can get enough to eat in order to breastfeed?

Yes.

Yes, most mothers in the rural area.

In the corporate area they're having it hard. You have people who are not working, and they can't afford to breastfeed the baby.
No. What I'm saying is that in the rural areas you find it better and comfortable more. But in the corporate area is much harder because you know you have to buy everything.

Yes!

But here, see, you plant a little corn, vegetable, banana...

In the city must even pay for a mint leaf!

R: So if it's expensive for the mother to eat the right foods, what could she do?

Baby end up malnourished.

Child get malnourished.

Yes.

R: Which would cost more in the corporate area—for the mother to eat well or to buy tin feed?

In the corporate area mothers cannot afford to stay home. They have to go out and work and leave baby at the day care center and then start the feed.

Tin feed.

Probably you find in the corporate area it is more economical to give tin feed.
Appendix H

Black River Transcripts
R: Please tell me what you think of when you look at this picture.

The mother is in the backyard washing clothes and the baby is giving trouble. The baby throw away the feeding bottle and try to reach the clothes in the pan.

Him throw away the bottle. Crawl over to the mother. Him going to reach that dirty water.

R: Does the mother look like she has plenty of wash?

Yes.

Yes.

Hard work.

This is how it is.

But she hang out some of the clothes already, you know.

She don’t mind. See how she’s smiling.

Yes.

R: And what about the baby there—what do you think about the baby?

See the baby bottle. The bottle shouldn’t be in the dirt. The mother should take it away.

She shouldn’t leave the bottle on the ground.

Right.

Right.

And the fowls them. And dirty things. Flies.

R: What would be the problem with the bottle on the ground like that?

Can get germs.
R: Do you think that can happen, that a mother might be so busy with her wash that...

She should be paying attention!

R: She should be paying attention?

And leave the washing.

R: So you don’t think that happens really, that a bottle might get left on the ground and a fly pitch on it?

It happens. It does happen.

It happens.

Yes!

But I think she should be giving the baby some attention.

But the amount of work she must do. She hasn’t got enough time take care the baby. She must feed the baby, put the baby to bed and wait until the baby’s asleep. Then she’ll be able to do her washing, her chores.

R: So you say that if the bottle’s on the ground like that it could give germs to the baby. Then what would happen?

Diarrhea.

You see the fowls around.

Can get a sore mouth.

R: From the germs from the bottle?

Yes, and from dirty hand.

R: Is there any other way that a baby could get germs from a bottle?

Not the bottle. But putting dirty fingers and dirty things in his mouth.

R: Is there any other problem that can come from a feeding bottle, even if it’s not on the ground?

Yes, if it’s not washed.
You must wash it out.

Sterilize it.

R: I see. How do mothers generally sterilize the bottle?

You put the bottle in the water and boil it. Each feeding.

R: So, each time the baby has a bottle?

Yes, sterilize it.

R: That's a lot of work.

Well, you can pour hot water on it if you don't sterilize it. If you don't sterilize it you can just wash it with water and wash inside the nipples them.

(all talking at once, explaining about rinsing bottles)

R: So you don't have to sterilize it each time if you rinse it out?

(response unclear)

They never usually get germs.

R: You don't think they really get germs so easily?

No.

I saw many kids grow up, you know. I saw one mother never sterilize baby bottle and the baby never sick. Child grow strong. And the next one, now can get sick, just any little thing. The child's puny.

Yes. (general agreement that some children seem to be vulnerable and others thrive no matter what the mother does)

R: So then the mother might be very careful and sterilize it and the child gets sick or is puny and the next mother doesn't pay any mind but her child never gets sick?

Yes, yes, that's true.

R: I'm wondering now if you could tell me what a baby needs to grow well until he is one month old.
perhaps you could give me your ideas about what a baby needs from when he's born till one month old.

Breastfeeding.

Breast.

Breast is best.

R: So, in the first month is it only breast or something else, too?

A little tea.

R: You give them tea?

Yes, or juice.

Sometimes can give fresh cows milk.

Porridge.

R: Do you think a baby can grow alright on just breast milk?

Yes.

Yes! Yes. (general agreement)

R: Do you think many mothers in Jamaica give just breast milk?

No.

No, no.

They really don't have the time to sit. They just push a bottle into his mouth and the baby can drink all of it off. Some of the mothers start to give the baby breastfeed and their breast it drop.

I breastfeed my baby ten months and my breast not drop. And you see girls have the baby one week and stop feed the baby. Don't breastfeed, just stop.

Well you know what I think the cause of it, the mother is not ah, she meager. Her body not build up properly.

You can't feed the baby and you not have anything yourself.
Yes, yes.

Right. (general agreement)

R: So you think it's important for the mother to be well fed?

Right, right.

R: Did you say that that also has to do with the breast dropping?

No, no.

(laughter)

I don't think so.

R: I wasn't sure whether I understood that.

(laughter)

R: So then a baby could grow well on breast milk alone, but you say that most mothers you know give them the bottle too?

Yes. (general agreement)

What they could do...(interrupted)

What they are doing now is squeeze the breast milk into a bottle and if you are going out, give it to the baby.

You can squeeze the milk out like that?!

R: Do you know any mothers who do that?

No.

Yes. You get maybe two bottles if you are going out for the day and squeeze the milk. (In this dialogue, it is only one mother who believes that breast milk can be expressed)

I don't think you can do that.

Two bottles!!

I don't think you can get the milk out like that. The baby must suck it.
Right.

No.

It depends on the amount of milk that you have in the breast. That is why it is important that you have a lot of liquid.

Before you breastfeed the baby you should have something cold to drink.

And when you are feeding the baby you should be well relaxed.

Right.

Relaxed and have something to read.

When you are relaxed the milk just comes.

(interrupted by another mother joining the group; she is introduced and some mothers get distracted)

R: OK. You were saying that a lot of mothers want to start giving their babies something besides the breast. What do mothers you know give to a baby, a young baby up to one month old?

Some give them tin feed.

Cow and Gate, Infamil, tin feed.

Sometimes the milk don’t mix good and the child puny. [The puniness] start from the tin feed. They don’t know how to mix it.

R: They don’t know how to mix the proper amount of feed and water?

Sometime they may put more or not enough. The baby may suck more than the right amount.

R: How do mothers learn to mix it?

The instructions. You must read it.

On the tin.

R: Do you think everybody knows how to read well enough to understand the instructions?
No.

Generally they instruct them at the clinic.

R: I see. I wonder, is the tin feed expensive in Jamaica?

Yes, yes.

Yes. (general agreement)

R: So maybe some mothers feel that...(interrupted by mother)

They can’t afford to mix it properly.

They stretch it.

Sometime they can’t afford it so just give sugar water.

Just mix sugar and water. (general agreement)

Sometime you may give the baby tin feeding and he don’t want it. You have to give him sugar and water.

Even porridge. (ie baby may even refuse porridge and want sugar water)

Yes.

So you give them porridge and sometimes them don’t want it. They get used to the sugar water. Just water and sugar in their bottles.

R: They prefer that to tin feed or porridge?

Yes, because they become accustomed to that.

They are used to it.

You have that baby and she start giving that baby sugar and water and she automatically take up that preference. Then when she give that baby other food she don’t want it.

R: I see.

Maybe they love the sweet, you see.

Yes, because they accustomed to it.
Become more accustomed to the taste of the sugar.

R: So they could have tin feed or sugar and water or porridge... (interrupted by mother)

Not sugar water. That's not right.

No, that's not right. They give it because they can't afford the feed.

(general agreement)

What I think you could do instead of the sugar and water you give them a little honey.

Or glucose. (general agreement regarding giving glucose)

R: Is that something you buy at the store?

Yes.

Glucose, and you mix it with water.

R: How about cornmeal porridge, someone mentioned that...

Yes!

Yes! Cornmeal porridge. (general agreement)

R: From what age do mothers start giving porridge?

About three months.

Three months.

Four.

Three.

Some give at three months.

Two months.

Thin, make it thin.

And they get a little juice, orange juice.

R: When mothers make up the porridge, do they make it with cornmeal and water or milk?
Cow’s milk.

Milk, powder milk.

You make it with milk.

R: Is there any problem giving that in a bottle; can they get running belly from that?

From the porridge?

Out of the bottle. If the bottle is not clean can get germs.

Must keep it covered.

Or if it not cooked properly.

R: Now, what if the baby doesn’t drink off all the porridge, is it safe to set it aside?

No.

Can’t do that.

Sour. Sour in the bottle.

R: Some mothers told me that the formula can get sour, but the porridge can get sour too?

Yes.

R: OK. So do you think mothers might feel bad to waste all that porridge?

Can give it to other children to drink.

Or you can drink it.

Yes. (general agreement)

R: A little while ago when you were talking about squeezing out breast milk, someone mentioned "if you have enough." I’m wondering if a mother really wants to breastfeed what she can do to have enough milk.

Eat more.

Eat more, eat and drink.

Eat properly.
You have to eat the proper foods.
Drink porridge.
Yes, lots of porridge.
Soup.

R: What sort of food does a mother have to eat?
A proper diet.
A proper diet with vegetable and meat and chicken and thing like that.

(all saying "a proper diet")

R: Do you think that most mothers in this area can afford to get a proper diet?
No!
No! (all agree)

R: Then if a mother couldn't really buy meat and chicken, is there any way she could breastfeed on the little money she has?

She can eat vegetables and there is goat (goat meat).
Yes, yes.

R: So then if a mother couldn't buy meat, for example, or other foods that cost a lot she could still make enough breast milk?

Eat vegetables, yes.
Callaloo, cabbage.
Salad and thing like that.
Cows milk and cornmeal porridge.
And cheese.
Drink milk.
Cornmeal porridge, very nutritious.

R: So most mothers can afford these things?
Yes.

R: Which would cost more--for the mother to buy tin feed for her baby or for her to eat more food herself?

Tin feed.

The tin feed going to cost more.

(all agree)

Because you find the tin feed can't serve for the whole week.

R: I've heard some mothers say that some babies just won't suck the breast...

Right.

Yes, yes.

R: I'm not sure I understand that...

They don't want the breast none at all.

Right, right.

R: How do you know that they don't want the breast?

They don't suck it.

You give them it and they don't suck it none at all.

R: Is that from when they're very first born?

Yes.

Yes.

The mother try and they don't want it. They don't suck it.

And still, some mothers don't have any milk.

Some of them don't have any milk.

R: Some mothers have no milk at all?

Yes, this is it.

Yes, yes. (general agreement).
R: From the very first?
Yes.
First, yes.

R: Now, at the very beginning do mothers have the regular full milk, or is there something else in the first day or two?

You have something...what is it called?
Glucose?
No.

A little yellow substance.

Yes, a little yellow substance.

Yellow, yellow.

R: Before the milk comes in?
Yes.

R: So could the baby suck that?
Yes. (all agree)

Because, you see, that will bring down the milk.

R: So the baby sucks that and that makes the milk come?
Yes.

R: I'm still trying to understand about the babies that don't want to suck. You mean you give them the breast...(interrupted)

And they don't take. They don't take it.

R: Could it be that they are just a little sleepy at first?

No, no.

(laughter)

R: After a baby seems to not want to take the breast, what does a mother do?
Give him the formula.

Some formula.

R: What if a mother really wants just to breastfeed and doesn't want to give no bottle and the baby turned his head away. Is there anything she could do then?

You could still try.

(laughter)

R: You could still try?

Try and try.

When the baby is crying.

Because as soon as the baby becomes hungry, he will take it.

No.

(all talking at once, discussing whether or not a baby will take the breast if he becomes hungry enough--no consensus)

As soon as they are hungry...(interrupted)

One of my friends, when she had her baby she gave him the breast and he wouldn't take it. And she gave him the bottle instead. He prefer that.

R: He preferred the bottle?

Yes.

R: Is there anybody that mothers could turn to for help if the baby turn his face away and won't suck?

She could give the baby to a next mother and let the baby suck the next mother breast.

(laughter)

R: OK. I was thinking about someone who could give her some advice.

Oh.
R: Maybe advise her how to get the baby to suck the breast.

When you go to the clinic.

Your parents, like your mother.

Or if you have a nurse nearby you, you could ask her.

R: Do you think that there are many babies that don't take the breast?

Yes, yes. (general agreement)

R: And so the baby gets the bottle?

Yes.

R: I'm wondering what grandmothers advise about feeding babies.

Breast.

R: They would say to give the breast?

At least the older set of grandmothers.

(laughter)

Well, maybe the older set of grandmothers, but not the young ones.

The grannys say breast...(interrupted)

But the young grandmothers...(interrupted)

Some of them older ones say, "No, girl! If you go on breastfeeding you going to make your collar bone sink!!"

(laughter)

Them say your collar bone will sink.

(laughter)

R: They say if you breastfeed, it will make your collar bone sink?

Yes.
Some people breastfeed a lot. Baby suck the breast hard.

R: And that will make the collar bone sink?

It's not that so much. You need the proper diet.

Yes, proper diet.

If you are going to breastfeed the baby, you have to eat good.

Them a stretch it, stretch it. (suck hard on the breast)

R: I'm missing some of what you say. Let's talk one at a time.

(laughter)

What I was saying is that breastfeeding you need a proper diet.

To build up the body.

Build up the body.

Because if you don't do it you find yourself letting the baby suck and suck and you get thin.

Thin, thin.

The baby satisfy himself and you get thin.

R: So if a mother doesn't eat well, she will get too thin.

Right.

Yes.

R: Now is that what you were saying, ____? Will you tell me again what you were saying?

(laughter)

I was saying that it's not due to the sucking of the breast, when the baby suck breast hard make the collar bone long. It just you want more nourishment.

Food, food.
R: It’s not the sucking, it’s that they’re taking the mother’s nourishment?

Right.

R: I see. And it can make mothers feel kind of worn out?

Yes.

Or some mothers just give up themselves (don’t take care of themselves), you know. So they become old before their time. Suckling the baby, so you think it’s the baby sucking. But they just give up themselves. Just feel so them have one [baby], them turn old; don’t care what you say (no matter what friends may suggest to them).

R: I see.

So them look (unclear; comments about mother looking tired or unattractive).

(laughter)

Along with the little sleep at night. Taking care of the baby.

R: Oh yes, that can wear you out.

Sometime you just find that you have to think about the baby instead of thinking about yourself. You have to be thinking about the baby. So it’s not just that they give up themselves.

And you don’t content to do it. Sometimes that is why... (interrupted)

That is why you should not have a child until you are ready!

It is not so. Because some baby mother are young. They get the money to feed the baby and they buy clothes for themselves. And not feed.

Not feed, right.

The clothes what they buy look good, nice. But they not buy food for the baby.

And they just go to the store and buy pretty clothes.
And baby at home and they say "baby don't grow."

For true. Some of them leave the baby at home. She don't feed it. Just sugar and water. She don't want it.

Yeah, sugar and water.

Or leave a little smaller one to make the feeding. They mix dirty water, you know.

Dirty water. They just strain it and they mix it.

R: So if they leave the baby at home with children, the children may not prepare the bottle properly?

Yes.

And sometimes the baby doodee and eat it (eats its feces).

R: They're curious and put things in the mouth...

Yes, they may eat it.

R: You would say that the older set of grandmothers recommends breastfeeding?

Yes.

R: And then what do some of the others who aren't quite so old advise?

Use the bottle.

R: Pure bottle?

Some bottle, some breast.

Yes.

Some bottle, some breast.

You see, if you have to work out, it is not advisable to just give the baby the breast. You mix it (bottle and breast). You have to use the bottle.

The bottle.

Then they get used to the bottle and you give the breast at night. And now, like you come home and breastfeed.
I don't think that bottles should be used!

(loud background noises; unclear)

R: Do many mothers that you know work outside the home?

Yes.

Yes.

Some bring the baby. They have a day care place. Or some bring the baby to a lady home like Mrs. ____.

Right.

R: So then some mothers who want to breastfeed need to give the bottle too so they can work.

Yes.

R: When grandmothers advise to give a bottle, what do they generally tell you to put in it?

Porridge.

Cornmeal porridge.

Formula.

Arrowroot porridge.

Can give a little corn starch, cassava starch.

Tapioca pudding.

R: I'm also interested in bush tea. Some mothers say to give bush tea...

In the morning.

When the baby wake up.

Or when the belly paining them.

Right, give them gripe bush.

Or cerasse.

R: Do many mothers in Jamaica give bush tea in the morning time?
Some.

Some.

The, what do you say, unprivileged mothers use it, give their babies that.

Those that can't afford, I mean at night to give the regular formula feeding, will give them cerasse.

(all talking at once)

If you can afford the tin feed, you don't give them the bush tea.

R: So you don't think that some mothers feel bush tea is a good medicine?

They do. It is good when the baby has gripe.

Yes. give cerasse or gripe bush.

(lots of background noise; mothers arguing, some or maybe only one saying that bush tea is given only because mothers can't afford formula, others disagree)

No. It's not that I can't afford it. Every morning I give my baby some bush tea.

Even if it's one leaf.

Yes. Boil the water and throw it on it and let it steam. I just feel so the tin feedin is not the right thing first [in the morning]. So I feel.

Give them first (give bush tea first).

It's not good for them, you know!

(all talking at once, discussing various bush teas and their uses for teething and colic, etc.)

R: What do people your own mothers' age advise about feeding babies?

Well, breastfeed.

Breastfeed four months.

At least four months.
R: Up until four months?
Breastfeed and bottle at four months.
Six months.
You have some baby suck it all two year, don't stop.
One year!
Don't stop at four months. Breastfeed and give regular feeding too.
It depends on how they develop.
R: Now, how about feeding a baby porridge from a cup and spoon. Can you do that?
Yes! (all agree)
R: At what age?
Close to four months.
Four months.
Sometimes you can't feed them out of a cup.
Yes, because you can boil the porridge thin so they can draw it out.
They want it thicker.
So you must use a spoon.
If you make it thicker, they won't eat that often.
R: Do you think most mothers feed porridge with a cup and spoon or bottle?
Cup and spoon.
Bottle.
The lazy ones use the bottle.
Yes.
(laughter)
They don't have time to take care of them.
R: I see. Do baby fathers like mothers to breastfeed, or do they prefer the bottle?

Some breast, some bottle.

Some, if they hear the baby cry say, "Come, come! Give the baby the breast!"

(laughter)

They say the baby want the breast!

Some, now, when the mother is asleep at night will get up and mix the feeding bottle and let the mother rest.

When my children cry at night, I don't wake up, you know!

(laughter)

My babies didn't give me any trouble, just suck and go back to sleep.

(discussion about babies sleeping through the night; unclear)

R: The baby fathers, then, often encourage the mother to breastfeed?

Some.

When they don't have money to buy the feeding.

R: They encourage mothers to breastfeed when they can't afford to buy tin feed?

Yes.

R: If a mother doesn't give any tin feed, are her neighbors going to say anything about her?

No!

Well, they aren't going to know what is going on in your house.

Only thing them will say, them say, "Them poor."

R: Tell me some of the reasons that mothers give bottles to their babies.

When them too craven.
Yes, them boy pickneys.

(laughter)

R: What does a baby do that makes a mother know he is craven?

Him draw hard.

Suck hard, man.

(laughter)

Suck the breast, then cry for food.

R: I'm wondering how mothers know the cry is for food.

Him just want to eat all the time.

Mother's supposed to know what her baby cry for.

R: Could a baby cry for any other reason after breastfeeding?

Maybe teething.

Or gripe.

Yes, the gripe will do it.

R: Do babies cry if they need to burp?

Can be.

R: Is there a certain age when babies get craven?

Some babies just like that.

Boy pickneys more craven. Draw hard, you know. When them ready for biscuit or ripe banana, them just take it. Reach out him hand and take it.

And some babies not craven.

At the clinic, you see, the nurse say four months. Give other feeding at four months.

Yes, four months.

Some mothers don't have enough milk.
R: I see, so that's another reason mothers may give a bottle?

True.

Some of them not have plenty milk, you know.

R: Do you know any mothers who didn't have enough milk?

Yes, yes. (general agreement)

My sister, now, she breastfeed but baby just seem to prefer the bottle. She give the breast and him still hungry.

This is it, still hungry.

R: Was that from the beginning, when her baby was just born?

Yeah, man.

Some mothers, you see, I think really don't like breastfeeding.

I never like it.

R: You don't like breastfeeding, ____?

No, me no know. Don't like it. Don't feel nice. Don't like to sit all the while. Them just keep suck, suck all day.

Yes, you have some mothers just don't like it.

R: I see. It takes a lot of the mothers time to breastfeed. Are there other reasons mothers may not want to breastfeed?

Baby can bite!

(laughter)

Them don't want their breast to get tall.

The young girls, them. Don't want man to know them have baby, so just breastfeed one week, two week, then pure bottle.

Can make the mother too thin.
Must have a proper diet.

Yes, yes. It take a lot from the mother.

R: OK. Are there any advantages, then, to breastfeeding? I mean are there good things about breastfeeding?

Cheap.

(laughter)

Mother can eat any little thing and it make nourishment for the baby.

Breast is best.

Yes, best for the baby.

R: Anything else about breastfeeding that is good?

It always ready.

(laughter)

Don’t need to sterilize bottles.

Keep them from running belly.

R: When babies breastfeed, they don’t get running belly?

Right. Germs on the bottle give the running belly.
R: What do you think of when you look at this picture?

It's typical Jamaican.

R: Can you tell me just how you mean when you say it's typical Jamaican.

Having children that age moving around, creeping them. You find them want to go out with the mother. Don't have anywhere like a crib to put them in and they go out. Normally you would find them creeping outside...(interrupted by another mother)

Like you see the mother there with the washing. See the mother feels more happy to know that the child is beside her, and she can even see the child while she is working.

R: So it's nice that, even though she has lots of work to do, the child can be near her?

Yes.

Yes.

It's close to her. She's still watching the child.

She can keep her eye on him. While she's washing, can check on him. At least she can watch him. And I like the smile on her face.

(laughter)

Content.

Yes.

Serenity.

R: I'm wondering what a baby needs to eat in order to grow well for the first month, from when the baby born till one month old.

The breast.

Breast. (general agreement)
The breast is always for the baby.

I think we have seen where it (breast) is the best.

A mother can't really say that she won't breastfeed the baby unless that mother has to go out to work. Then she has to fix up a bottle for the baby. Maybe she doesn't really want to do that, but that's the only alternative because she has to work.

R: And she has to leave the baby?

Yes. When she comes home she can have time to breastfeed.

You breastfeed at night. Especially for working mothers. It is easier to bottle feed than breastfeed when you go to work. Because I have to go to work.

I have a few months to spend with him (baby). When September comes I have to go out to work.

R: I see.

I'll have to leave him at home and that is very heart rendering.

Yes. (general agreement)

You have to separate from the baby, and that is hard. At least you have somebody comfortable for him.

R: Do others of you have to work away from your home?

Yes.

Yes. (total of three mothers who work away from home)

R: For those of you who don’t go out away from your home to work, do you give your baby anything beside breast milk?

Feedings.

Feeds.

R: Is that the tin feed?

Yes.

R: And from what age do you start that?
One week.

R: How about the others of you. Do you start any feedings in the first month?

Yes.

R: OK. About when?

Three months.

R: How about other mothers in this area--what do they usually feed their babies in the first month?

Some give the bottle early.

R: Early, like...

Some give bottle to baby from four weeks, others not that early.

R: In your opinion, then, when do most mothers start giving the bottle?

Three months.

R: So is it tin feeding that goes in the bottle then or...

Tin feed.

R: Anything else?

(reply unclear)

R: Do they ever give cornmeal porridge?

Yes. (general agreement)

R: Do you think mothers in this area prefer cornmeal porridge more or tin feed more?

Some like cornmeal. Some like tin feed.

R: So it just varies from one mother to the next?

Yes.

R: I'm wondering what people your grandmother's age advise about breastfeeding or bottle feeding.
You have some that advise cornmeal porridge because in their day they didn’t have tin feed.

Right.

So they say to rely on the breast and some porridge.

R: I’m also interested in the bush tea. Some of the mothers have been telling me about that.

Well, you have cerasee, mint.

  (background noise; can’t hear mothers’ comments, but can hear my paraphrasing)

R: Cerasee in the morning?

Yes.

R: First thing?

Yes.

R: I see. Is it common here to give bush tea in the morning?

Yes.

R: How about people your own mother’s age—what do they recommend for feeding babies?

  (can’t hear mothers, but hear my paraphrase again)

R: So they make the same suggestions as the grandmothers?

Yes.

R: Are there some mothers who do not give their babies any tin feed at all?

Yes.

Yes. (general agreement)

R: Is that something that neighbors are going to look down on or feel any way?

No. (general agreement)
R: I'm also wondering about the baby fathers; do they seem to encourage breast or bottle feeding?

I think it varies, you know.

There are some who will recommend that you breastfeed and others say the bottle.

(general agreement)

R: Some mothers I've talked with say there are some babies who just won't take the breast. Do you find that?

I know of a case right now in my area where the baby will not take the breast, so he has to be on tin feed.

(general agreement)

R: I'm curious to know more about that--when you say a baby won't take the breast. Does it mean he can't suck the breast or...

When it goes in his mouth he always take it out.

R: Oh. Now does that happen with babies that get the bottle first in the clinic or hospital?

No.

R: Just on their own they turn away?

Yes.

Some do it the other way around. You cannot introduce the bottle to them. They won't take it at all.

They won't take it (bottle).

R: Do you find that there are very many babies that won't take the bottle?

I don't know. I can only speak for myself. I have given her a bottle from the day I came home, and she took it. No problem. She also take breast.

R: Yours will take either one?

Yes.

I have another one who would never take the bottle.
R: How about the breast? I meant to ask if you know very many mothers whose babies just won't take the breast.

No, not many.

R: I'm wondering, if a mother sometimes feels she doesn't have enough breast milk, is there anything she could do to give her more milk?

More liquids.

Drink liquids. (general agreement)

R: Anything else that mothers here do?

(interrupted by staff)

R: What is it about breast milk that makes people say "breast is best"?

You don't need to do sterilizing.

It is more nutritious for the child because the mother will most likely take the proper food, and whatever the mother takes in, well that goes through the breast milk. The child is better nourished from breast milk at an earlier age than if you should begin at, before the time.

It helps the mother and child to be more unionized. Because when the baby is sucking and looking up in your face you get to know each other more better. You get more accustomed. I appreciate breastfeeding.

R: Do you find that babies get running belly from the bottle much around here?

That's one of the things that happens with the bottles. Some of the mothers cannot prepare the feeding. And some of them cannot keep the bottles clean.

Some mothers just rinse the bottle out, you know.

She don't wash it out and boil it.

She may feel she don't have the time and not wash it out properly. She just pour the feeding in.

And you know that will cause the baby stomach trouble. The germs. It can kill the baby.
R: Do you know of any children that have died from that?

There are children who never come back from the hospital and die. The running belly.

R: I also have a question about the way you make baby's porridge. Do mothers make it with cornmeal and water, or do you also put milk in it in the bottle?

We use cornmeal with a little fresh milk, cow's milk. Or skimmed milk.

R: So mothers here put milk in the porridge?

Yes. And make it thick.

Use sugar and milk and other little spices. And feed them from a cup and spoon.

Right. The porridge must be thick to be properly nutritious.

Thick. They say it must be thick, very thick, so you can give it from a cup and spoon.

R: And that's what they teach in the clinic?

Yes.

R: I find some mothers who say that sounds alright, but they say it really takes so long to feed by cup and spoon.

But that's a mother's duty!

Yes that's what a mother needs to do. (general agreement)

Sometimes that makes a mother get some rest.

You can sit down.

Right!

You sometimes get no rest, going up and down in the house doing this, doing the other thing. Then the baby hollers, you find time to rest. Sometimes you lie down with him and fall asleep. And you never know you were so tired until you take up the baby. After
you feed the baby till him full and let him burp and you put him to rest, sometime you fall asleep.

R: How do mothers who breastfeed decide to start giving other feeding to the baby?

She can go to the clinic and get some advice from the nurse. And another important thing that we are told is that when you breastfeed you should also give the child some water.

Yes. Boil water, let it cool that the child can get it to drink.

R: And is that what they tell you at the clinic?

Yes.

Yes.

R: Is that water that you use in a bottle or with a cup and spoon?

You can use either bottle or cup and spoon, which ever way they take it.

I have a problem here, because [my baby] doesn’t take water.

She don’t get used to it yet.

She has refused to take the bottle.

Maybe she don’t like to drink water.

R: It may be that she’s getting plenty in the breast milk, because there is water in it.

Yes.

She just don’t like the plain water.

R: She looks like she’s growing well.

R: Some mothers the other day were talking about giving glucose to their babies. Do people do that here?

Yes.

Yes.
R: Is that where you just put some sugar in the water?

You can do that.

Or buy the powder.

R: And why do mothers give glucose to the baby?

Energy.

And I think it helps the child against some diseases.

Normally, if the child has running belly or vomiting, they say you could give the child glucose.

R: Do mothers give it every day?

No.

R: Just as a medicine?

You prepare the feeding and you could put a little glucose in it.

R: In the tin feed?

Yes.

R: Is that something mothers do a lot?

I don't know.

Not really.

R: I see, but you've heard of that.

Yes.

R: You've answered all of my questions. Is there anything else that you'd like to say about feeding your babies?