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ABSTRACT

***Objectives*: The main objective of this paper was to explore the support received by disabled mothers in exclusively breastfeeding their babies in the Kumasi Metropolis. The oppression model which outlines the stress people go through under personalities who control affairs of institutions, underpinned the study.**

***Methods*: The study used the inductive approach which relates to the qualitative methodology. In-depth interviews and focus group discussions were used in data collection. A sample of 55 made up of disabled nursing mothers, relatives of the disabled mothers and health professionals was used whilst disabled nursing mothers were traced using an official list from the Federation of the Disabled. The snowball sampling procedure was partially used to locate some disbled nursing mothers. The relatives of the disabled mothers were accidentally selected whilst the health professionals were purposefully sampled. Data were analysed thematically using the manual method.**

***Results*: Results show that the major sources of support for disabled mothers in exclusive breastfeeding are their mothers and grandmothers. It was also observed that constraints faced by disabled nursing mothers were the untoward attitude of some health professionals and discouragement by some close relatives including mothers and grandmothers.**

***Conclusions*: Disabled mothers are more likely to exclusively breastfeed their babies if they receive support from family members and health institutions. It is recommended that Ghana Health Policy on exclusive breastfeeding incorporate exclusive breastfeeding by disabled mothers. The 'oppression model' has been duly vindicated. The attitude by some health personnel and family members towards disabled lactating mothers is uncomfortable.**

INTRODUCTION

Exclusive breastfeeding (EBF) refers to the practice of giving only breast milk to infants for the first six months of life, apart from medicines and vitamins[1]. The World Health Organisation[2] defines exclusive breastfeeding as infant feeding practice in which there is "no other food or drink, not even water, except breastmilk (including milk from a wet nurse) for six months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines)". [3] recommends early initiation of breastfeeding within one hour of birth; exclusive breastfeeding for the first six months of life and introduction of complementary foods at six months together with continued breastfeeding up to two years of age.

The third UN Sustainable Development Goal (SDG), "Good health and well-being" [4] has a direct effect on the health of the child and a key factor that promotes infant and child health. Access of infants and children to breastfeeding, especially exclusive breastfeeding, is a key determinant in ensuring their health and survival[5-10]).

The [11] in its International Classification of Functioning, Disability and Health defines disability as "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them". Disability thus has three dimensions: impairment, activity limitation and participation restriction. For this study, disabled nursing mothers are those suffering from hearing impairment, physical (mobility) impairment, visual and speech impairments.

Nursing mothers with disabilities, especially in developing countries, face constraints in exclusively breastfeeding their babies. In a study on pregnancy in disability and personal experiences in a rural setting in Ghana, [12] observed that "generally there is a public perception that women living with disabilities cannot have a safe motherhood experience". Besides, the health condition of the disabled mother could discourage her from exclusively breastfeeding. A study by [13] on women with disabilities and maternity care during pregnancy, labour and birth and the postnatal period concluded that mothers with disability are more likely to have a caesarean section; therefore, more likely to stay in hospital for three or more days. This situation makes it pretty difficult for them to exclusively breastfeed their babies.

Women with disabilities have relied on the support of their family members in breastfeeding their babies. In a study on knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian lactating mothers [14] observed that mothers instead of consulting healthcare providers were more likely to consult with families on how to overcome breastfeeding difficulties. Besides, mothers are more likely to choose to breastfeed when their husbands approve [15]. Furthermore, misconceptions and socio-cultural factors serve as barriers to exclusive breastfeeding [16].

Several research works have been done on EBF in Ghana, especially around the Kumasi metropolis and its environs. Notable among them are [17] who examined the practice of exclusive breastfeeding among professional working mothers in Kumasi Metropolis of Ghana and [18] who researched the determinants of exclusive breastfeeding in two sub-districts in the Atwima Nwabiagya District of Ghana. Additionally, [14] examined knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. Of research works on exclusive breastfeeding in the Kumasi metropolis, Ghana, none focuses on support disabled mothers receive in exclusively breastfeeding hence, the need for this study.

The study was premised upon the oppression model. The oppression model is based on the societal perception of people with disabilities as "others" that can cause them to become "psychologically, socially, and economically oppressed" [19]. They are not recognised by the dominant. The epistemological perspective of this study is interpretivism in which the research networks with those they learn from interviewing or observing participants over some time [20].

MATERIALS AND METHODS

Study Context and Research Design: According to the 2010 PHC, the Kumasi Metropolitan population is 1,730,249, representing 36.2 percent of the total population of the Ashanti region, which is 4,780,380 [21]. It includes 826,479 men (47.8%) and 903,779 women (52.2%). There are 42,060 people living with disabilities (PWDs) with 23,003 being females. The research design refers to the overall strategy that you choose to integrate the various components of a study coherently and logically to ensure that the research problem would be effectively addressed [22]. This was a qualitative study that collected information from respondents in their natural settings. Qualitative research is concerned with seeing the object of study through the eyes of the people being studied [23]. It uses the inductive approach, the bottom-up approach moving from the specific to the general [24-25].

Sampling Procedure: 'Disabled mothers' is conceptualised in this study as nursing mothers who have mobility (physical) impairment as well as hearing and visual impairments. Because of the unique features of the sample, snowball, purposive and accidental sampling techniques were used to select prospective research respondents. The *Office of the Ghana Federation of the Disabled* was contacted for the list of the disabled (the physically [mobility], hearing, and visually impaired) women who were nursing mothers (49 in all) in the metropolis. The Federation permitted authors to research after the objectives of the research and the nature of data needed had been made available to the officials. The 49 disabled nursing mothers, located at Asokwa, Bantama, Manhyia, Suame, Kwadaso and Oforikrom sub-metropolises were contacted in their homes for their consent to participate in the research. Some of the disabled mothers helped locate the homes of a few of their members. Out of the number, four declined on grounds of lack of interest in the survey. The objectives of the research were laid bare to them. Confidentiality and anonymity were assured. Consent forms were prepared for those who could sign their names to do so whilst those who were illiterate thump-printed on top of their names. The health professionals including a midwife, a nurse and a paediatrician who provide support for the nursing mothers were selected through purposive sampling. The sample size for the study was 55, made up of 45 disabled mothers, 3 health service workers and seven family members who were included to know the assistance they gave to the disabled mothers in breastfeeding their newborns. The family members were selected through accidental sampling.

Data Collection Methods: FGD and interview guides were used as the main research instruments. Five focus groups were carried out among the nursing mothers in the metropolis. Each focus group was constituted by a maximum of ten nursing mothers with disability. All the disabled mothers were involved in the FGDs whilst the interviews were applied to the selected family members and health personnel. Of the seven family members, one each was randomly selected from Asokwa, Bantama, Manhyia, Oforikrom, Suame and two from Kwadaso sub-metropolises whilst the three health personnel were all selected from the Komfo Anokye Teaching Hospital (KATH). Questions posed in the FGD and interview

guides include the following: How do you breastfeed your baby? Did you exclusively breastfeed your baby? Are you assisted in breastfeeding your baby? Who assists you in breastfeeding your baby? Does your husband support you? How do you (To visually impaired [blind] mothers) see your baby to breastfeed him? Who discourages you from exclusively breastfeeding your baby and why? The co-author and an undergraduate teacher trained for the purpose conducted the interviews and FGDs. Two academics holding PhD degrees reviewed the instruments and made recommendations for minor amendments. Each interview and FGD averagely lasted for 30 minutes and one hour respectively. The interviews and FGDs lasted for two months. The instruments were pre-tested at Ejisu, a municipal settlement close to the metropolis to ascertain clarity and detect ambiguity. The interviews and FGDs were tape-recorded and transcribed.

Interviews and focus group discussions were conducted in Twi (the principal local dialect of the study area) for illiterate respondents. For those with hearing impairments, a professional was contracted to do and interpret the sign language. Questions and follow-up questions were asked to ensure that the theoretical saturation point was reached. Observations made in the field also helped revise some of the questions.

Data Analysis: Data were analysed manually using the thematic analysis approach. In other words, data were examined for patterns in what was said. Codes were formulated through a line-by-line analysis of concepts identified in the data [26]. Analysis of codes led to the development of categories. Themes were developed from the categories that emerged from the data and compared with the concepts reported in the literature. The study results were outlined in three broad sections namely: background characteristics of respondents, support for disabled mothers in exclusive breastfeeding and constraints to support.

RESULTS

Characteristics of Study Participants: Table 1 shows the characteristics of the participants (mothers with disability namely mobility, hearing, visually and speech impairments).

Table 1

Background Characteristics of Mothers with Disability

Characteristics of Participants	Number of Participants	Percentage
Age Groups (Years)		
20 to 29	5	11.11
30 to 39	20	44.44
40 to 44	20	44.44
Total	45	100
Level of Education	45	100
No Formal Education		
Primary	16	35.6
JSS/JHS/Middle School	3	6.7
Vocational School	8	17.7
First Degree	12	26.7
Total	6	13.3
	45	100
Employment Status		
Unemployed		
Employed	6	13.3
Self-Employed	12	26.7
Total	27	60.0
	45	100
Marital Status		
Never Married		
Cohabiting	21	46.7
Married	6	13.3
Divorced	12	26.7
Widowed	3	6.7
Total	3	6.7
	45	100
Type of Disability		
Visually impaired (Blind)	6	13.3
Hearing-impaired (Deaf)	18	40.0
Cerebral palsy	1	2.2
Mobility impaired (Physically impaired)	20	44.4
Total	45	100

Source: Fieldwork, 2018

The majority of the respondents were in the youth category. Over 55% were below 40 years whilst over 44% were 40-44 years. Over 55% had either no formal schooling or attained just basic education; 13.3 per cent had attained university education and 13.3% were formally employed. Only 26.6% were married. The majority (44%) of the disabled were mobility (physically) impaired; (40.0%) were hearing impaired (deaf)

and 13.3% were visually impaired (blind).

Support for Mothers with Disability in Exclusive Breastfeeding: The themes and their implications on support received by disabled mothers in exclusively breastfeeding derived from the responses are indicated in Table 2.

Table 2

Themes emerging from the Interviews/FGDs

Themes (Positive Support)	Description/Implications
Support by mothers/fathers of disabled mothers and grandmothers	Putting nipples of the breast in babies' mouths of physically challenged and blind mothers. Financial support.
Support by Extended Family Members	Food items and financial support.
Support by Husband	Holds the baby of the deaf wife for breastfeeding. Cools down baby when crying.
Support by Health Workers	Explain the need and processes of exclusive breastfeeding to disabled mothers. Some absorb the bills of poor disabled mothers.
Themes (Sources of Frustrations)	
Harsh Attitude of Health Workers	Insults by some health workers. No preferential treatment of disabled mothers.
Discouragement by some family members	Some family members (grandmothers, mothers) discourage exclusive breastfeeding.
Poor Communication Skills of Medical Staff	Some health workers cannot communicate in sign language to the deaf.

Family/Extended Family Support: In terms of family support, mothers of the disabled usually played an influential role in passing on knowledge about childcare to disabled mothers. This is shown in a narrative below:

Whenever I give birth, my mother is here to help me. She has assisted me immensely in getting to know what babies need to be healthy. She guides and supports in every way. I would not be able to do this without her assistance (FGD; Hearing impaired, Asokwa).

Interviews of the mothers of the disabled also show that some encourage their daughters to exclusively breastfeed their infants. A 72-year old mother of the deaf responded that she encouraged her daughter to exclusively breastfeed her baby because the doctor asked her to do so whilst a 68-year-old mother of a disabled reported that she had brought her daughter up to be able to do a lot of things including exclusive breastfeeding.

Besides mothers, some maternal grandmothers of the disabled mothers also provided support whilst others discouraged them from exclusively breastfeeding their babies.

A hearing impaired from Manhyia reported that her grandmother was around when she gave birth but did not understand why she wanted to exclusively breastfeed her child.

Support by Husbands: A few of the disabled mothers noted that their spouses had provided financial and other support to them in their quest to engage in EBF practices whilst others reported otherwise.

A 49-year-old husband of a hearing-impaired mother reported that he supported her disabled wife with whom she had two kids as much as he could to the extent that he took care of the baby when she travelled to buy goods to restock her shop.

Health of Disabled Mothers and Exclusive Breastfeeding: As revealed in the literature the health of the disabled nursing mother could discourage her from breastfeeding her baby shortly after birth. The mother of a disabled nursing mother disclosed her disabled daughter's inability to breastfeed her baby after birth due to the caesarean section she went through in a response below:

I have heard of EBF but I did not allow my daughter to do it because of her weight. She is a big

person and went through Caesarean Section. It took a while for her to recover and I had to look after the child. Also, she was not able to eat, and her child kept crying so after 40 days I gave the baby food (FGD; Mother of mobility impaired, Asokwa).

Support by Health Institution: Also, disabled mothers discussed the institutional support which was received from healthcare facilities and the staff therein. In terms of knowledge sharing, a few mothers had received the services needed to engage in exclusive breastfeeding. A mobility-impaired mother related her experience in institutional support as follows:

As disabled person, they help you when you go to the hospital. You do not have to queue for anything. This is one of the services I enjoy (FGD; Mobility Impaired, Bantama).

These experiences were affirmed by a health care professional as follows:

You do not need money to exclusively breastfeed. Ghana has a system, through the Ghana Health Service, to support breastfeeding as much as we can. We also give financial support to people who think they are needy. (IDI; Midwife, Animwaah Medical Centre).

Constraints to Support: Most of the disabled mothers however complained of the inadequacies in their access to information needed to breastfeed their children. Some complained of nurses mistreating them as indicated below:

Once I went with my baby and you could see I was struggling to breastfeed. The nurse looked at me and rained insults on me (FGD; Mobility Impaired, Asokwa).

Another difficulty with institutional support is the extent of support received through communication with the doctors and other medical professionals. Some of the disabled mothers noted there was a barrier in terms of communication and for this reason, they could not fully comprehend what was taught. A midwife narrated this in an IDI as follows:

I think we need a lot of education. Before we can educate disabled mothers, nurses need in-service training so that we can learn about sign languages, for example, to communicate with the deaf (Midwife, KATH).

DISCUSSION

The study has come out with several findings. Firstly, disabled nursing mothers reported that they did not exclusively breastfeed their children due to challenges they faced including inadequate finances to improve their level of nutrition, the caesarean section they went through, discouragement by some family members, bad attitude of some medical staff, poor communication strategies, among others.

It was observed that the greatest support they receive is from their mothers and grandmothers. A similar study by [27] on exclusive breastfeeding support from family and healthcare provider in Indonesia reported that support from the mother's network of relatives, friends and health care providers is likely to be important for breastfeeding success. Another study on the influence of grandmothers on exclusive breastfeeding carried out in Sao Paulo, [28] reported that mothers of the disabled play a major role in the support received and could even determine the decision of the disabled mothers to engage in EBF.

The attitude of some medical staff discourages disabled mothers from exclusively breastfeeding their babies. [29], in a study on challenges women with disability face in accessing and using maternal health care services in Ghana, reported that healthcare providers are mostly insensitive to the needs of disabled nursing mothers. Pragmatic policies are thus needed to ensure exclusive breastfeeding by disabled mothers in Ghana. The global strategy on infant and young child feeding approved by the World Health Assembly (WHA) in 2003 [30] and adopted by the Ghana government, and incorporated in the Ghana Health Policy aspects on exclusive breastfeeding (Ghana

Health Service [31] do not incorporate exclusive breastfeeding by disabled mothers, hence, a neglected area.

The findings have affirmed the oppression model based on the societal perception of people with disabilities as "others" that can cause them to become "psychologically, socially, and economically oppressed" [19]. The study observed that the attitude of some medical staff as well as some family members and wider society towards women with disability is harsh and could be a potential source of discouraging them from exclusively breastfeeding their babies.

The study has some limitations. A study of such nature could have covered several districts, both rural and urban, to give a better picture of the problem in the country. Besides, the use of the mixed method approach would have given a better explanation of the support disabled mothers receive in exclusive breastfeeding. These, notwithstanding, efforts were made to ensure that findings reflected respondents' opinions.

CONCLUSIONS

The findings support the position that disabled mothers are more likely to exclusively breastfeed their babies if given the necessary support by their families, husbands and health institutions and when frustrations they experience from some health professionals and family members were addressed. It is recommended that a policy to address the predicament of disabled mothers in feeding their children be put in place by the government. The conceptual framework and methodology serve as models for similar research to be conducted in African and developing countries having the same experience whilst the policy recommendations could be applicatble to developing countries facing a similar problem.

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