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SOUTH AFRICAN NURSE´S EXPERIENCE OF GIVING SUPPORT AND INFORMATION AROUND BREASTFEEDING, IN RURAL DISTRICTS

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One of the nurses' main responsibilities is to give support and information to her patients. Breast milk is the best nutrition for an infant and it is an old tradition and exists in all countries. In South Africa dies a fifth part of the new born children who are not breastfed during the first three months and only tenth part of these are exclusively breastfed. The mother spends many hours each day feeding her child. This is one of the reasons why she should be supported in the feeding method of her choice and enabled to accomplish it with skills, knowledge, confidence and pleasure. The study's aim was to explore nurse`s experience of giving support and information around breastfeeding to newly delivered mothers in rural districts, South Africa. The study was conducted through a qualitative empirical study and the result was based on group interviews with nurses. The result showed the nurses starts to educate the mothers in antenatal-care with different approaches to reach out with their information and knowledge. Many of the difficulties they struggle with within their daily work also appeared in the result. The conclusion of the study was that the nurses understood the benefits of breastfeeding and tried spreading the significance by educating the mothers. The nurse made efforts of being available.

Keywords: breastfeeding, empirical study, group interview, information, nurses' experience, support, South Africa.

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INTRODUCTION

Department of Health in South Africa (2007) explains that 1,1 million children are born every year in South Africa, of these 20% in the age 0 to 3 months are not breastfed and only 12% are exclusively breastfed. More than half of the deaths amongst children under the age of five years are associated with malnutrition or lack of optimal breastfeeding. These findings indicate on the importance of breastfeeding and the important supportive and informative role of the nurses. Dyson, McCormick and Renfrew (2008) had made a study which proved, that support, information and practical help during pregnancy and after delivery results in a higher frequency of breastfeeding. This subject is something which will always have a great importance for humankind and this makes it important to investigate the role of nurse's in connection to breastfeeding.

BACKGROUND

According to Renfrew, Fischer and Arms (2004) is breast milk the best nutrition for an infant containing the perfect balance of fat, minerals, proteins and vitamins, except vitamin-D. The milk has antibodies that give a great protection to the baby against infections and some illnesses. During pregnancy the mother and her child are inseparable; this affinity does not end after delivery. The closeness is preserved throughout the breastfeeding. With the right breastfeeding technique the child will grow and feel content which will lead to a pleased mother. A good circle has been created and the mothers can feel that they are suitable to take care of their child. Despite benefits there are many mothers that choose not to breastfeed or stop breastfeeding after a short time. The mother is not to blame if she chooses not to breastfeed or stops early, the blame should be seen in a greater context. No mother should have bad conscience or feel less worthy because she chooses not to breastfeed. This has to be seen through our culture and social standards. The information about breastfeeding might not be valid, extensive enough, or the mother does not get the encouragement or support that she needs (Renfrew, Fischer & Arms, 2004). Dorethy, Chorpa, Nkonki, Jackson and Persson (2006) study confirms that women who have knowledge of exclusive breastfeeding are less likely to end exclusive breastfeeding early. Also the importance of not only having an instructive exercise but an interaction that allow the mothers to ask questions and confirm what she has heard (Dorethy, Chorpa, Nkonki, Jackson & Persson 2006).

Breastfeeding in South Africa

Bennett and Brown (1999) describes developing countries such as South Africa, where their knowledge have been retained within society, mothers consider it the normal thing to do. The nurses have to encourage mothers to breastfeed because of the protection against infection conferred on to the baby. On the other hand the majority of the women which choose the breastfeed do so because they regard it as the fulfillment of motherhood and are less conscious of the benefits of human milk for the babies. This explain the currently high failure rate which must in part be attributed to lack of knowledge and loss of skills with this is it

important for nurses to value the benefits of human milk because this will help to inspire them in the supportive role. This knowledge should further be shared with mothers, but should not pressure them (Bennett & Brown, 1999). Sibeko, Dhansay, Charlton, Johns and Gray-Donald (2005) study proves promotion, protection and support of breastfeeding are undeniable important especially within an HIV (Human Immunodeficiency Virus) pandemic setting, such as in South Africa.

Infant and young child policy

Guidelines have been put together in purpose to promote breastfeeding in the country. In these it is accentuated how important breastfeeding is especially in preventing the large problem of infant- and child mortality. Breastfeeding has even a significant importance in edifying the immune defense and obstruct deadly diseases. The importance of HIV is also brought up, when 23% of all children with mothers with HIV has the virus transmitted through breastfeeding. Despite this it is recommended anyway for HIV-mothers to breastfeed their children because of the outweighing advantages. The nurses follow the PMTCT- program (prevention of mother-to-child transmission) which has been set up to prevention of HIV transmission. The aim of the PMTCT program is to decrease the number of HIV infected babies born to HIV positive mothers (Department of Health, 2007).

The Department of Health (2007) has brought guidelines together for healthcare workers in twelve points:

- The promotion, protection and support should continue to be the primary focus.
- Every health establishment providing maternity services should implement the name of: The Baby friendly Hospital Initiative.
- Exclusive breastfeeding should be practiced during the first six months of life and continued breastfeeding up to two years of age or beyond.
- As an alternative to breastfeeding the health care personnel should not recommend formula feeding, unless there are legitimate medical reasons to do so.
- Health care personnel should provide evidence based information on HIV and infant feeding to pregnant woman and to support them in their decision with regard to infant feeding choice and provide continued mother follow-up.
- Infants who are not breastfed should use a suitable commercial infant formula during the first year of life. Mothers should be shown in how to prepare, store and use feeds safely.
- Specialised commercial formula, such as soya-based or low birth weight formula, should be used only under medical supervision.
- Introduction of any fluid (mix feeding) should be discouraged.
- Health care personnel should provide counselling and support to mothers during antenatal, intra-partum, postnatal and follow-up care if infant feeding practices are to be optimised.
- Special attention should be given to feeding of infants and young children in exceptionally difficult circumstances.
- The International Code of Marketing of Breast milk Substitutes and its subsequent resolution which will be superseded by South Africa Regulations Relating to Foodstuffs for Infants, Young Children and Children once these are promulgated.

- National, Provinces and Districts should implement, monitor and evaluate the implementation of this Policy.
(Department of Health, 2007)

South Africa

According to Utrikes Institutet (2007) South Africa is the most Southern country in Africa and is divided in nine provinces. It has a population of 48,5 million inhabitants. General statistic divides the population in four groups: Africans (79%), White (10%), Colored (9%) and Asians (3%). The Apartheid systems which were introduced 1948 and terminated 1990, divided the races within these groups. Measured in GDP (Gross Domestic Product) per person, South Africa is one of Africa's wealthiest countries but due to the former apartheid system, the rifts in the society are large and the country is still considered as a developing country. White South Africans' have a life standard that belongs to the highest in the world whilst nine out of ten low salaried employees are Africans. The unequal allotment of the economy is the country's leading problem. The country has 11 different spoken official languages, which might be a problem (Utrikes Institutet, 2007).

Limpopo

South African Government (2009b) explains Limpopo as the northernmost province of South Africa and has a population of 2,2 million inhabitants. The capital city is Polokwane and lies in the center of the province. Within Limpopo there are three spoken languages and the most common is Sesotho sa Leboa. The province has a strong rural basis. It's growth strategy centers on addressing infrastructure backlogs, the alleviation of poverty, and social development. Limpopo shares borders with Botswana, Zimbabwe, and Mozambique, and is the gateway to the rest of Africa. This means that the province is favorably situated for economic co-operation with other part of southern Africa (South African Government, 2009b).

The South African Health Care System

According to South African Government (2009a) is the Department of Health is the primary health authority in the country and has broad aims, such as to combat communicable and non-communicable diseases, and to strengthen health promotion and health systems. The department responsibilities are:

- formulating health policy, legislation, norms and standards for healthcare
- ensuring appropriate use of health resources
- coordinating information systems and monitoring national health goals
- regulating the public and private healthcare sectors
- ensuring access to cost-effective and appropriate health commodities
- liaising with health departments in other international agencies and countries (South African Government, 2009a).

Utrikes Institutet (2007) describes how South Africa has a high qualitative private medical service, but most of the Africans are referred to the public care.

The care situation in the country is divided between the different ethnic groups. The public primary health care is now free of charge for about four out of five parts of the population and according to national guidelines should the clinics not be more than five kilometers away from the clients' home. Apart from the primary care do many South Africans turn to the traditional healers (Utrikes Institutet, 2007). WHO (2008) describes one of the major medical problems is the lack of health care personnel. It is calculated that there are about four nurses per 1000 inhabitants. Utrikes Institutet (2007) explains further how HIV/AIDS (Acquired Immune Deficiency Syndrome) is one of the country's main health problems. It affects a large part of the medical service economy and as many as about six millions are infected by HIV in South Africa (Utrikes Institutet, 2007).

Theoretical framework

Henderson and Nite's (1978) definition of care refers to the patients individual requires to reach independence. They also explain their definition as the individual's needs in relation to health and the role the nurse plays to meet the needs. With 14 basic requirements which concerns basic human needs, such as to breathe normally, sleep and rest and so on, helps the person to be independent, whole and a complete being. Every individual must have the necessary strength, will or knowledge to attain health. The nurses' function is to assist individuals, sick or well, in performing those activities contributing to health and its recovery which individuals would perform unaided if they had the necessary strength or knowledge. The activities should be done in a way that helps individuals to gain independence as soon as possible (Henderson & Nite, 1978).

Henderson and Nites's (1978) definition is selected for the study to strengthen the importance of the nurses' support and information around breastfeeding. The provided knowledge leads to independence and confidence to the breastfeeding mothers.

Support and information

Bennett and Brown (1999) describe how the mother is spending many hours each day feeding her child. This is one of the reasons why she should be supported in the feeding method of her choice and enabled to accomplish it with skills, knowledge, confidence and pleasure.

Mother's sense of achievement and satisfaction is an added advantage when the breastfeeding goes well (Bennett & Brown, 1999). Medforth, Battersby, Evans, Marsh and Walker (2006) prove to empower mothers to breastfeed successfully is emotional as well as practical support needed. Depending up on the breastfeeding mothers social circumstance may various level of support be required (Medforth, Battersby, Evans, Marsh & Walker, 2006). According to Bennett and Brown (1999) should all pregnant women be informed about the importance and benefits of breastfeeding. At the very least the women should feel that breastfeeding is a learned skill, that it should not hurt and that the mother may receive conflicting advice. The best preparation is education, when the mothers understand how the breast milk is produced she will be on the way to feeding on her own (Bennett & Brown, 1999). The Department of Health (2007) states that the inadequate importance of support for infants and young child feeding is the main causative factor to inappropriate feeding practices. Updated evidence

skills and knowledge on appropriate infant and young child feeding practices is needed among healthcare personnel for a quality counseling and adequate support of mothers and caregivers (Department of Health, 2007). The above indicates on the weight of exploring nurses' experience around breastfeeding.

AIM

The aim of this study was to explore nurse's experience of giving support and information around breastfeeding to pregnant women and newly delivered mothers in rural districts, South Africa.

METHOD

The study has been conducted through a qualitative empirical study. Gerrish and Lacey (2006) describes empirical as something that can be observed, experienced and measured through the human senses. In qualitative interviews the data collection requirement is broad as it is necessary to understand meanings regarding the area of study from the participants' viewpoint (Gerrish & Lacey, 2006). The result has been based on interviews with nurses (appendix 1). An empirical study was preferred since the aim requires genuine information. Through the interviews were first hand information obtained directly from nurses which made the study reliable.

Data collection - Group interviews

Group interviews have been selected as suitable data collection method. Parahoo (1997) has found that some people are more relaxed about expressing their opinions in a group than on their own, with an interviewer. Reed and Payton (1997) explain how group interviews can inspire meaningful discussion among the participants, as well as more relaxed atmosphere. Participants who are in the company of friends will also feel more comfortable with the interview situation than with a single interviewer (Reed & Payton, 1997). The interviews were conducted to get first hand information and a deeper insight in the nurses' role on breastfeeding in South Africa. Group interviews were chosen to easier attain a discussion.

The first interview where made in a clinic, in their staff-room. The second and the third interview were done in an office at the University as it was easier for the nurses to gather there. The interviews were recorded on tape. Before interviewing the nurses were correctly informed around the study, the recording, its anonymity (no personal data will be shown) and everyone was free to leave whenever they wanted. The information was giving in purpose of everyone feeling comfortable. They were also handed a participation information and for everyone to sign if they agree of participant. The interviews were based on four main questions and additional questions whenever the need to specify occurred. All the nurses participated and were free to add information to every question. The interviews took around half an hour.

Data analysis- Qualitative content analysis

Qualitative content analysis has been chosen for the study. Polit and Beck (2008) describe content analysis of narrative data to enable identification of prominent themes and patterns among the text. The analysis involves different stages as; breaking down data into smaller units, coding and naming the units according to the content they represent, as well as grouping coded data based on shared concepts (Polit & Beck, 2008). The following method was conducted and also followed in the study:

- The interviews were listen through several times and written down word by word.
- The interviews were read through many times to understand the whole meaning.
- The material was discussed and the essential information which corresponds with the question at issue was under lined.
- The materials from the three interviews were compiled to one text and were discussed once more to bring out the essential sentence- units.
- The sentence- units were analyzed and condensed and divided into different codes.
- On the basis of the compilation could the text be divided in different categories which created the headlines; education the key to knowledge, satisfying support and difficulties in daily work.
- The most important was obtained from the compilation and were written in coherent text.
- Quotations were put into the text to point out the significant in the result.

Table 1. Example of analysis- procedure:

Sentence- units	Condensing	Cod	Categories
<p><i>“we teach even the technique of breastfeeding when we are teaching the mother are concerning about the attachment, the positioning because most of the mothers even find that they say, most of the teenagers will say; “my child doesn’t want to feed” recently finding that the not able to attach to the breast, so we teach them position is not okay or maybe the baby is”</i></p>	<p>The nurses educate the mothers on the technique of breastfeeding, the importance of the milk and the breastfeeding positioning</p>	<p>The mothers need to have enough education to understand the significance of the breastfeeding</p>	<p>Education the key to knowledge</p>
<p><i>“Even in group is good because it is where they are going o be free so those who are shy one can ask a question and another can grab from that question. For example, if I am shy she is able to ask any question, me being shy she, whatever they are going to explain I am able to grab something . I think by group that is very good. But as an individual also is very important there are some other issues you can’t ask being in a group”</i></p>	<p>The mothers need of knowledge depends from person to person</p>	<p>The nurses adjustment to satisfaction the mothers need of knowledge</p>	<p>Satisfying support</p>
<p><i>“The problems we are that we don’t have enough time with these mothers because of the over work. We are over-worked. The problem we are running at the clinics, we are so conscious that on short staff. So we don’t have enough time with them”</i></p>	<p>Nurse´s do not have enough time because of the short staff</p>	<p>The mothers suffer because of the over work at the clinic</p>	<p>Difficulties in daily work</p>

Participants

The selection was based on a participation of three nurses in each group interview, representing three different primary health care institutions in Limpopo province, South

Africa. It was based on three different groups and altogether nine nurses. The nurses came from rural districts and had a lot of experience around breastfeeding which suits the study. Nurses were chosen randomly and depending on their availability. The nurses were in the ages 27-50, but the selection was not based on their ages. Most of the nurses had worked for about 5-15 years practicing nursing. South African nurses were selected because of their wide knowledge. The South African nursing education is based on four years and where everyone also becomes midwives.

A lecture from the University of Limpopo contacted randomly different rural clinics in Limpopo to distinguish the possibility of conducting the interviews. The clinics were informed about the research and its content. Three clinics from different districts had time to take part in the interviews. The lecture arranged the interview location as well as occasion.

Ethical considerations

Ethical approval was obtained from the University of Limpopo and the District of Health through the assistance of the co-supervisor at University of Limpopo. Ethical clearance certificate was approved by the Ethics committee of the University of Limpopo. Issues of informed consent, confidentiality, and respect for the participants were addressed. Information concerning the purpose of the study were shared both written and verbally with the participants.

Preparations in advance to the field work were used to find relevant information for the study. The first part of the field work in South Africa was devoted to get an insight in the South African health care system. Also knowledge about support and information around breastfeeding were applied in order to get a better understanding. Library resources at the University of Limpopo were used in order to find more information connected to the field of interest; health care and breastfeeding.

In cooperation with Nursing Department, School of Health Care Sciences, University of Limpopo, suitable locations for interviews were examined followed by appointments for interviews with participants in the study. Group interviews with nurses at two to three different primary health care institutions were carried out. The clinics have been informed of the aim of the interviews well in advance. The nurses spoke English so there was no need for interpreter. No photos of any nature or video were taken from any building or people in the research area. No person has been ridiculed during this study.

Dissemination plan

The approved final study will be sent to the University of Limpopo after seminar in Sweden for dissemination to involved primary health care institutions.

RESULT

The study resulted in three categories; education the key to knowledge, satisfying support and difficulties in daily work.

Education the key to knowledge

The information starts in the antenatal-care when the women are pregnant. The clinics follow national guidelines from The Department of Health. The nurses prepare the pregnant women on the clinics where they teach them about the importance of breast milk, the advantages and disadvantages. From this the mother has to decide if she wants to opt for breastfeeding or formula feeding. The breastfeeding mothers are also taught about the technique, the importance of hygiene and the significance of feeding the child when it is hungry and not on demand. The mothers have to create time for the baby so they can satisfy the babies needs all the time. All education brings knowledge and satisfaction after delivery. If they have knowledge about breast milk they will as well opt for breastfeeding.

“we teach them about the importance of breast milk so they must know the importance of breast milk the different advantages and disadvantages of the breast milk so immediately after their knowledge the mother will able to of breastfeeding because they don't have the knowledge but immediately there are further knowledge's about the importance of breast milk then the opt for breastfeeding and the continuing breastfeeding their children, it's how we prepare them”(Interview 1).

During pregnancy all the pregnant women are council concerning the testing of HIV and aids. From there the HIV – positive women are taught about HIV and aids and from there they have to decide if they are going for formula- or breastfeeding. Their choice depends on the financial and socio- economic status of the mother. The pregnant woman has to know about the virus in her milk that can affect the baby and how she should breastfeed her child. According to the PMTCT –program the HIV –positive pregnant women are advised to exclusively breastfeed up to six months and after continue with other feeding.

Not only the HIV-positive mothers are encourage to breastfeed exclusive for six months, all mothers are recommended to breastfeed for six months then after these months the mother will continued breastfeed or stop, depending on the socio-economic status.

Satisfying support

The nurses start to educate the pregnant women in antenatal through both group- education and individual counselling. It is in the groups where they are educated and where they can learn from each other. In individual the women can get personal advice and talk about their difficulties. The group- and the individual- education complement each other.

The clinics also inform the women through posters hanging on the walls in the purpose reach out to as many people as possible. Some women learn through reading, others through pictures, it all depends on the education- level of the pregnant women. In some clinics they also give out information pamphlets to educate and inform.

Awareness- campaign such as the Breastfeeding-week is also organized at national dates to issuing the breastfeeding. This is when the breastfeeding pamphlets are taken out to the community to disseminate the message so each and every person will go to the clinics and talk about breastfeeding.

The household community component of IMCI, Integrated Management of Childhood Illnesses, is furthermore trained by nurses to support and inform pregnant women and mothers around breastfeeding. The IMCI visit the women's' houses to support the feeding of their child.

The mothers even have check-ups where the nurses can assist the feeding and to make sure how the baby is able to breastfeed. They also have time to discuss their difficulties and to get support from the nurses.

The mothers can always come or call their health provider and nearest clinics for professional help. The clinic should not be more than five kilometres away from their home so the same care is available and accessible to people everywhere.

The communities are as well provided with mobile- clinic where nurses go out by car every day. The mothers can ask the nurses at the mobile- clinics if she is having problem since they can supply with the same service as in the clinic.

Pregnant women or mothers mental statement contributes a lot. The clinic for this reason offers psychological assessment in the purpose to lay anxieties and to overcome stress because it can affect the feeding of the child.

Difficulties in daily work

The nurses experience most difficulties with the teenagers because they don't want to breastfeed. They want their breast to look nice and be that way forever so that makes them believe that bottle feeding would not make changes on their breast.

The culture can also complicate the healthcare around breastfeeding. When they for example get sore nipples they might think that it is some other cultural-disease and that can make them stop breastfeed.

Financial problem is another issue which the nurses come in contact with. Many mothers have to work and cannot be there to breastfeed her child, this mean that they have to switch to bottle feeding. The formula feeding is more expensive and a lot of mother cannot afford it.

“Breastfeeding is very important if you are in a problem area, it’s always there you know and that’s why it’s important with education. But still they breastfeed most of them because most of us here are still in low-social economic situation, we are not fine in finance, so this is the easy way for everybody to care for a child” (Interview 2).

Many pregnant women and mothers may have a preconceived knowledge. Experience from example her grandmother can clash with the nurses’ advice. Maybe her grandmother has other bad experience around breastfeeding which make the mother confuse and in a dilemma. The mothers do not know who to trust, her grandmother with proven experience or the nurses information.

A problem with many HIV-positive mothers is that they do not stop breastfeeding after six months because they are afraid that anyone will found out that they are HIV-positive. Many of the HIV-positive mothers may not have disclosed the test for relatives and friends. If they stop breastfeeding the relatives and friends become curious and suspicious. This is a contributing fact for them to continue breastfeeding to mask that they are positive.

One of the mayor problems is that there is not enough of time for the breastfeeding mothers. The clinic is over-worked because of shortness of staff. Every mother got her own problem and need their own time with the nurses. This result in clinics struggle to find time for the mother. Clinics have only 3-4 professional nurses which have to take care of around 200 different patients with diverse problems each day and the doctor only visit the clinic once a week.

DISCUSSION

Method discussion

The aim of the study was to explore nurses’ experience of giving support and information around breastfeeding to newly delivered mothers in rural districts, South Africa. A qualitative empirical study was chosen to get a deeper and personal insight in the nurses’ experience. The advantages of interviews are also the first hand and up-to-date information. In the interviews the nurses explain their daily routines and how it is at their clinic, but this information may not always accord to the evidence- based information. In this aspect could the result appear different compared to for example a literature- research. According to Holloway and Freshwater (2007) are the main and primary sources of data the qualitative interviews, the oral stories of the participants gained in interaction with the researcher. These consist of the

unique and individual accounts of people about their own experience (Holloway & Freshwater, 2007).

The material was analyzed through a content analysis according to Polit and Beck (2008). The analyses made it easier to separate the different categories and also to see the likeness and unlikeness in the interview material. The difficulties were to divide sentences- units to only one category, when they seemed to go under more than one category.

The study was based on three interviews to be able to see differentness and likeness, which made the study more reliable. The amount was considered enough because of the time pressure, ethical considerations and as well of the size of the study.

The study was conducted through group interviews. A great advantage with group interviews was to easier attain a comfortable discussion. Reed and Payton (1997) confirm the advantages of group interviews in matter of stress- free environments and the present of friends which creates a relaxed atmosphere (Reed & Payton, 1997). The experienced difficulties were to let the whole group be part of the discussion, some of the participants contributed more than others. Another difficulty was to find an occasion when everyone had time. When it was time for the interviews were the participants handed information around the participation. The information made most of the nurses 'comfortable with interviews, except the occasional nurse who would seem nervous wondering why they had to sign. The information around their anonymity was a significant fact of their contribution.

The difficulties with conducting an empirical study were to gather nurses for the interviews because of the lack of them in the clinics. Another issue was the setting as it was tough to find a peaceful and non disturbing location, so the nurses would not stress through the interview. If the nurses would have felt stressed could this have affected the outcome of the interviews. The recording could be hard to listen through when there was disturbing background noises, such as slamming doors, people talking etc. It could also be difficult to distinguish what the nurses said when they talked to fast or were mumbling. The benefit with recording was on the other side the ability to focus on the interview instead of trying to concentrate on writing down everything. Another benefit was the possibility of being able to listen through the interview as many times as needed. Being two interviewers also contributed on the chance to focus on the interview and being able to fill in on each other if something was left out.

The study was conducted with nurses in rural districts of South Africa because of the interesting significance of breastfeeding in these areas. The out coming result depended on where the study was conducted. The experienced difficulties in the rural clinic might not be the same as the ones in a private clinic. The experience can also depend from nurse to nurse which also may have a great significance. All the participating nurses spoke English so the language did not make any differences on the result. The fact of the nurse felt content and felt that they could contribute with their knowledge also made a positive impact on the result.

Result discussion

A first reflection of the result is the nurses' availability for the pregnant women and the mothers. The nurses try to satisfy everyone's need of care with different approaches. One of the important approaches is the distance to the clinics, which should not be more than five kilometers. This is an advantage when there is lack of transport and is with this, adjusted for all the different socio- economic groups. The short distance makes sure the nurses always are available for the women if they have problems, questions or need support in any way. This results in giving the mothers security in their breastfeeding and it is easier for them to bring up their problems when they arise. The problem can be resolved straight away. Just like Henderson and Nite (1979) definition also brings up the nurse important role to meet the mothers needs and help individuals to gain independence.

The nurses follow the Infant and young child Policy which are national guidelines to support the breastfeeding. National guidelines help the nurses in South Africa to promote equal health care. The nurses start to educate the women in antenatal to prepare them with knowledge around breastfeeding before delivery, which are included in the guidelines. The aim of the preparations is to satisfy and to provide knowledge which will lead to as many breastfeeding mothers as possible, especially in a South Africa with problems such as HIV. More knowledge leads to further understanding and results in successful breastfeeding. The nurses educate the mothers through group- and individual counseling which complement each other. In group counseling the nurses educates many mothers at the same time and they can find security in one and other. The group counseling can also lead to discussions and affinity among the mothers. The mothers can share experiences with each other. Individual counseling gives the nurses opportunity to discuss the mothers' personal questions and issues. The two different methods help the nurses to provide the mothers with the support and information that they need. These methods complement each other when they are combined. The information can be spread to other mothers.

The nurses use diverse approaches to give support and information with different options for the mothers to select from. Giving the mother the opportunity to choose the option which suites her need of knowledge best. Everyone learns in a different way and with diverse methods they are able to reach out to more mothers. If there only would exist one method to educate the mothers around breastfeeding they would not reach as many mothers and many of them would perhaps choose not to breastfeed. Hannula, Kaunonen and Tarkka (2008) study proves that interventions using various methods of education and supports are more effective than interventions concentrating on a single method. One of the approaches is the Breastfeeding- week, were the nurses not only educates the mother about the importance of breastfeeding but as well the whole community. This spreads the significance of breastfeeding and breast milk.

The nurses come in contact with many difficulties which can affect the giving of support and information. The toughest experienced challenges are with the teenagers because of their attitude around breastfeeding. This requires more time from the nurses to educate them. The teenagers are concerned about their appearance and do not see the advantages with breastfeeding. It is important for the nurses to spend time with them and to be aware about the problem. If the problem would not been raised would there perhaps be less breastfeeding teenagers. The nurses can also get in to a situation when her information concurs with for example the culture and relatives. In these situations it is important for the nurses to really

reach the mothers. Bland, Rollins, Coutsoudis and Coovadia (2002) conducted a study which confirmed that 92% who did not breastfeed at 16 week post delivery stated that they had been advised by someone else on the mode of infant feeding. This puts the nurse in a situation where they need to convince the mothers with her information. Many of the difficulties take a lot of time which the nurses already are short of, because of the over- work in the clinics. This can put the nurses under pressure and stress.

Henderson and Nites's definition is well implemented within the South African nurses. The nurses provides with knowledge around breastfeeding which will lead to independent and successful breastfeeding mothers. Sheehan, Schimied and Barclay (2009) conducted a study from the mothers' perspective and the most important thing was the support which received their confidence. Henderson and Nites`s definition further mentions the role the nurse play to meet the needs which can be complicated in some cases.

Conclusion

Even though South Africa struggles with many health- problems they have developed different manners to support the importance of breastfeeding. The nurses are well understood of the benefits of breastfeeding and try to spread the significance by educating the mothers. They also make efforts of being available but it is as well up to the mothers to contact the clinics if she needs help with the breastfeeding. It could be interesting to conduct a study to find out the mothers perspective, if they feel enough informed and supported. Further studies could be to explore the importance of exclusive breastfeeding, as mention before are there low rates of exclusive breastfeeding in South Africa. This study proved the nurses educate the mother around the significance of breastfeeding but it did not show how many mothers who are well informed and educated around the importance of exclusive breastfeeding for six months.

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APPENDIX 1- **Interview guideline**

Describe how the mother is prepared for the breastfeeding?

Describe how information and support is given?

Where and to whom can the mother turn to for her problem and questions?

Tell us about the difficulties of giving support and information to the mothers you experienced?