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ABSTRACT

This study determined the perceptions of obstetric physiotherapists on the state of breast-feeding in South Africa and their contribution to breast-feeding education. A questionnaire to the 134 members of the Obstetric Association of the South African Society of Physiotherapy was completed by 36 practising respondents and 23 non-practitioners. The total response rate was 44%. A significantly larger group of practising respondents who had completed their training in the seventies returned the questionnaire. About 93% of respondents felt their basic training in breast-feeding had been inadequate. Almost 56% has received further training in breast-feeding during the previous five years. Regarding the impact of the South African national breast-feeding week campaign, 47% of respondents perceived a change in attitudes toward breast-feeding and 22% a change in breast-feeding practices. It is concluded that the perceptions of other groups of health professionals, the educational needs of parents and effective educational strategies also need investigation.

OPSOMMING

Hierdie studie het die persepsies van verloskundige fisioterapeute oor die stand van borsvoeding in Suid-Afrika en hul bydrae tot borsvoedingsvoortligting ondersoek. 'n Vraelys aan al 134 lede van die Verloskundige Assosiasie van die Suid-Afrikaanse Vereniging vir Fisioterapie is deur 36 praktiserende respondente en 23 nie-praktiserendes voltooi. Die totale responskoers was 44%. 'n Betekenisvol groter groep praktiserende respondente wat hul opleiding in die sewentigerjare voltooi het, het die vraelys teruggestuur. Omtrent 93% van die respondente het gevoel hul basiese opleiding in borsvoeding was onvoldoende. Amper 56% het gedurende die vorige vyf jaar verdere opleiding in borsvoeding ontvang. Ten opsigte van die uitwerking van die Suid-Afrikaanse nasionale borsvoeding week veldtog het 47% van die respondente 'n verandering in houding teenoor borsvoeding waargeneem en 22% 'n verandering in borsvoedingspraktyke. Die gevolgtrekking word gemaak dat die persepsies van ander professionele groepe, die opvoedkundige behoeftes van ouers en effektiewe onderrigstrategieë ook verdere ondersoek verdien.

Keywords: Breastfeeding; childbirth education.

INTRODUCTION

The incidence and duration of breast-feeding in industrialised countries¹, and also among the more affluent communities in South Africa, are on the increase². This is possibly due to the influence of a complexity of factors, including an increased emphasis on promotional and educational activities. In South Africa a breast-feeding campaign has been running since 1987. Obstetric physiotherapists have also taken part in some of these activities and are particularly active in the field of childbirth education.

Since the 1980's there also appears to have been an increased interest in research related to breast-feeding. A number of South African reports on breast-feeding attitudes and practices of mothers have recently been published³⁻¹³, as well as a few reports on support for breast-feeding mothers^{9,14-16}. Although a few studies have also

been reported in the literature on the knowledge, attitudes or practices of health professionals in respect of breast-feeding, no reports on health professionals' contribution to breast-feeding education in South Africa has been published up to date. Therefore, the aim of this study was to determine the perceptions of obstetric physiotherapists on the state of breast-feeding in South Africa, and to assess their contribution to breast-feeding education, specifically in the form of ante- and postnatal classes.

SUBJECTS, METHODS AND STATISTICAL ANALYSIS

An English questionnaire, with an Afrikaans translation on the reverse side, was mailed to all 134 members of the Obstetric Association of the South African Society of Physiotherapy in March 1990. A reminder was posted three weeks after the closing date, which yielded another eight replies. The total response rate was 44% (N=59).

Table I: Demographic particulars of respondents

CURRENTLY PRACTISING AS OBSTETRIC PHYSIOTHERAPIST	Yes		No	
	61% (N=36)		39% (N=23)	
PLACE OF TRAINING	English institution		Afrikaans institution	
	54,2% (N=32)		45,8% (N=27)	
YEAR OF COMPLETION OF BASIC TRAINING	A <1960	B 1960-69	C 1970-79*	D ≥1980
	16,9% (N=10)	22,0% (N=13)	40,7% (N=24)	20,3% (N=12)
FURTHER TRAINING IN BREAST-FEEDING	Yes		No	
	55,9% (N=33)		44,1% (N=26)	
LANGUAGE IN WHICH QUESTIONNAIRE WAS COMPLETED	English*		Afrikaans	
	79,7% (N=47)		20,3% (N=12)	

* Differs from other category/ies in same group at $p < 0,05$

Questions pertaining to demographic particulars of respondents (see Table I) and to their perceptions of the impact of the national breast-feeding week (see Tables III-V) were structured. A structured question was also posed about further training in breast-feeding during the past five years – this could have been a training course in breast-feeding, a seminar, workshop or conference on breast-feeding, or other courses and seminars where breast-feeding had been included as a topic. Open-ended questions were formulated to elicit data on the socio-economic status, language and culture of clients, as well as on the educational aids used by respondents who were in practice at that stage.

The log-linear model applied to contingency tables was used to establish associations between different variables. For the analysis of two by two contingency tables, Fisher's exact test was applied. The Friedman non-parametric procedure for the two-way analysis of variance was used to identify important significant categories given by respondents in open-ended questions.

RESULTS

Respondents practising as obstetric physiotherapists (i.e. conducting ante- or postnatal classes) at the time of the survey will be

referred to as practitioners and those not practising as non-practitioners.

The demographic data obtained from the questionnaire are summarised in Table I. Of particular interest is the year in which basic training had been completed and further training received in breast-feeding. The total respondent size of Group C (i.e. respondents who had completed training between 1970 and 1979), as well as the size of the group of practising respondents in Group C, was significantly larger than those in Groups A, B and D. This was, however, not the case for non-practising respondents in Group C.

About 55,9% (N=33) of respondents had received further training in breast-feeding during the past five years and 44,1% none (N=26). Almost 75,8% (N=25) of practising respondents had received further training, compared to only 24,2% (N=8) of non-practitioners. This difference between practitioners and non-practitioners was highly significant ($p=0,009$) when Fisher's exact test (one-tail) for a two by two contingency table was applied. There was, however, no difference between those receiving further training or no further training with regard to year or place of training, or language used in the questionnaire.

Most respondents (93,1%, N=54) felt their basic training in breast-feeding had been inadequate. Slightly more practising respondents (97,1%, N=34) were dissatisfied with their basic training than non-practitioners (87%, N=20). There were no significant differences in perception of adequacy of training when results were compared to year or place of training, or language used in the questionnaire.

Other data for the practising respondents (N=36) showed that all of them lectured to private patients. Only 13,9% (N=5) conducted classes for state or hospital patients as well. The average number of private patients educated by respondents during the previous year was 67,4 (ranging between 10 and 250) and for hospital/state patients 28,2 (ranging between three and 70).

In an open-ended question about the socio-economic status of

clients, all but one respondent considered the majority of their clients to be "middle" or "upper class". Other terms used were "average", "good", "privileged", and "high". All respondents, except for two, indicated that their clients were predominantly Afrikaans or English speaking whites. Only 21,1% (N=8) mentioned that they had clients of other ethnic groups as well.

All practising respondents also indicated that they discussed breast-feeding in a special lecture or talk. Thirteen said that breast-feeding was the only topic of that session.

Thirty four of the 36 practising respondents mentioned at least one educational aid used in their breast-feeding classes. To identify the significantly more popular educational aids, a multiple comparison technique, based on Friedman rank sums, was applied at a 5% level of significance (Phase A). The item with the highest frequency, i.e. visual aids, formed a category on its own and was significantly separated from the three items with the lowest frequency. Significantly more popular educational aids at the 5% level of significance were visual aids (72,22%), hand-outs (50%), audio-visual aids (41,67%), demonstrations and props (30,56%), and reading matter (25%). A second application of the Friedman test at a 5% significance level (Phase B) to these five items showed reading matter to be significantly separated from the other four. Table II gives a further breakdown of this procedure.

Table III: Perceived changes in attitudes as a result of the breast-feeding campaign (N=55)

	Yes % (N)	No % (N)	Uncertain % (N)	TOTAL % (N)
Practitioners	34,6 (19)	5,5 (3)	23,6 (13)	63,5 (35)
Non-practitioners	12,7 (7)	1,8 (1)	21,8 (12)	36,4 (20)
TOTAL	47,3 (26)*	7,3 (4)	45,4 (25)*	100,0* (55)

* Significantly more than the "No" responses at $p<0,05$
+ Difference in table due to rounding-off error

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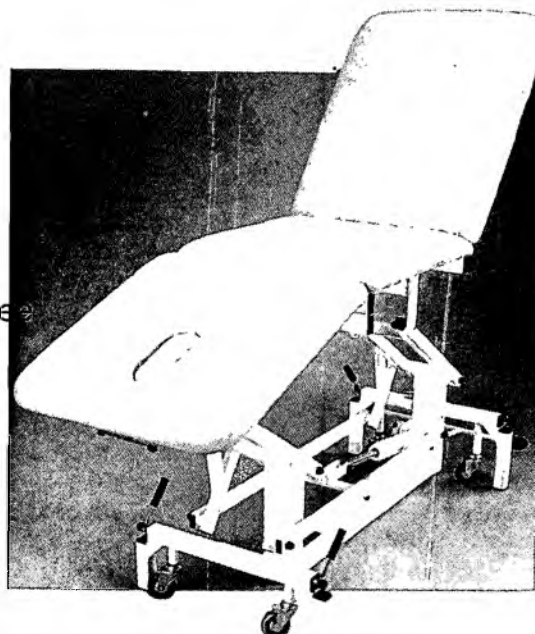


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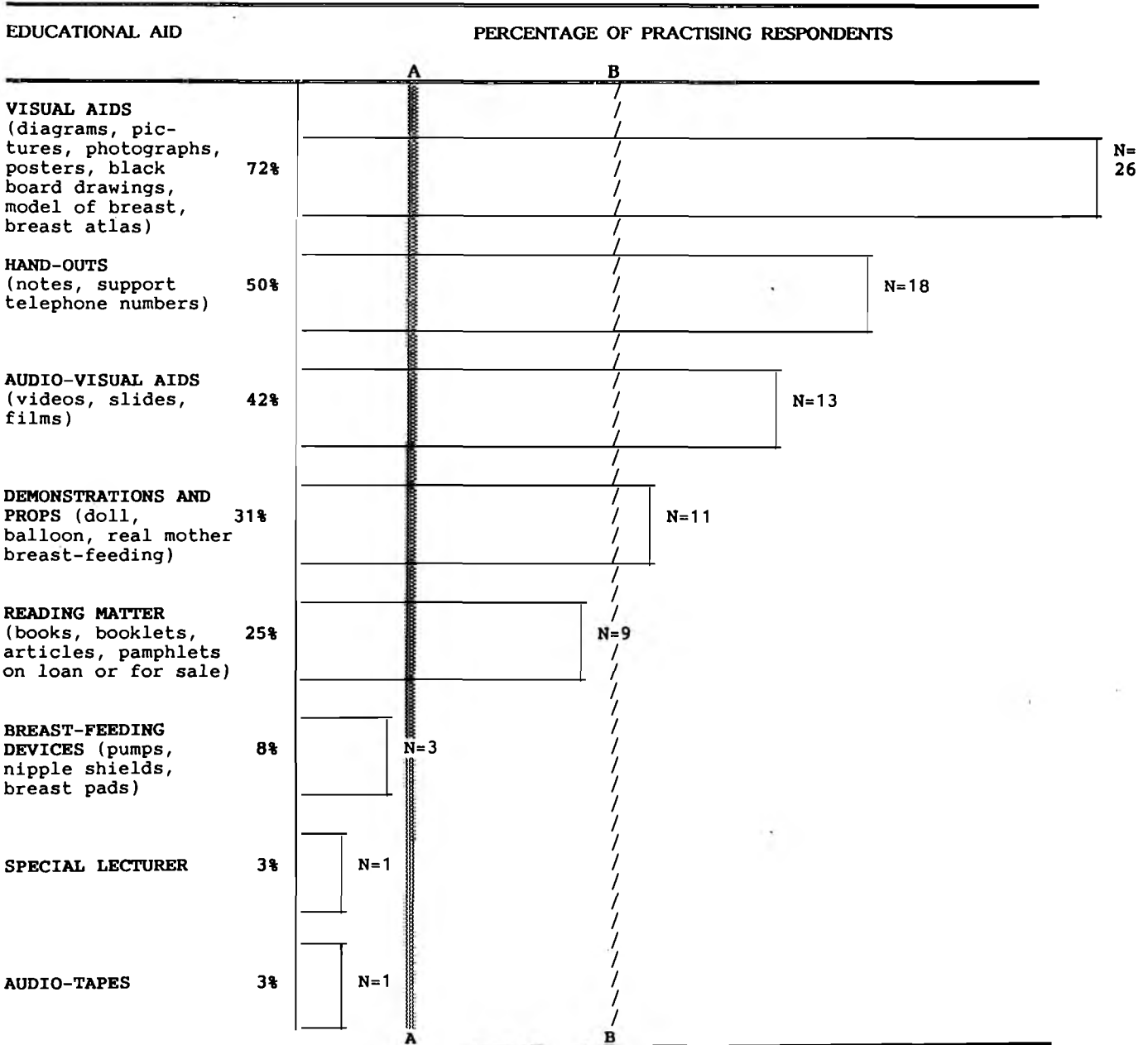
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Table II: Educational aids used by currently practising obstetric physiotherapists (N=36)



A Division by Friedman test between more and less popular educational aids at a 5% level of significance
 B Division by Friedman test between more and less popular educational aids at a 10% level of significance

Table IV: Perceived changes in practice as a result of the breast-feeding campaign (N=55)

	Yes % (N)	No % (N)	Uncertain % (N)	TOTAL % (N)
Practitioners	18,2 (10)	1,8 (1)	43,6 (24)	63,6 (35)
Non-practitioners	3,6 (2)	0,0 (0)	32,7 (18)	36,4 (20)
TOTAL	21,8 (12)	1,8 (1)	76,4*(42)*	100,0 (55)

* Significantly more than the "No" responses at p<0,05
 + Difference in table due to rounding-off error

Table V: Perception that breast-feeding is being pushed too much (N=53)

	Yes % (N)	No % (N)	Uncertain % (N)	TOTAL % (N)
Practitioners	7,6 (4)	54,7 (29)	0,0 (0)	62,3 (34)
Non-practitioners	0,0 (0)	34,0 (18)	3,8 (2)	37,8 (19)
TOTAL	7,6 (4)	88,7 (47)*	3,8 (2)	100,0*(53)

* Significantly more than the "Yes" and "Uncertain" responses at p<0,05
 + Difference in table due to rounding-off error

Respondents were also questioned about their perceptions of the impact of the national breast-feeding week campaign. The log-linear model applied to contingency tables indicated that those who thought the campaign had influenced attitudes positively and those who were uncertain, were in proportion significantly more than those who thought the campaign had not made a difference. With regard to perceived changes in breast-feeding practices, a significantly higher proportion of respondents were uncertain as opposed to the proportion who answered that there had been no change. Although the difference was not significant, 54,3% of practitioners tended to perceive changes in attitudes as a result of the breast-feeding campaign, compared to 35% of non-practitioners. Only 28,6% of practitioners and 10% of non-practitioners felt that changes in breast-feeding practices had occurred. The trend is more conspicuous with regard to changes in attitudes than to changes in practices. Neither the year or place of training, nor the language in which the questionnaire was completed, made a significant difference to the perceptions about the impact of the campaign. A more detailed analysis is given in Tables III and IV.

For both questions on the perceived changes in attitudes and practices as a result of the national breast-feeding week a space was provided for comments. A few remarks by respondents on changes in attitudes were the following:

- Breast-feeding is now more acceptable.
- More positive support.
- Information is given to the general public. They are more aware of it.
- (Breast-feeding week) reinforces correct attitudes.
- Society, especially men, are now aware that breast-feeding is a natural way to feed a baby and are slowly accepting it.
- Wish it (i.e. breast-feeding week) could be more than once a year, especially in the platteland.
- Breast-feeding rooms (should be established) at department stores.
- Not as much as one should hope. Doctors and nurses need to be more encouraging and spend more time supporting patients.
- Population groups (i.e. number of people) exposed to it (i.e. breast-feeding week) is little in comparison to the number that could be exposed to breast-feeding by the GP or the gynaecologist.
- Breast-feeding in public is still largely unacceptable for whites. To a degree (there has been a change in attitudes). There is still a greater swing to the "easier" method of bottle-feeding.
- Difficult to motivate mother, who does not wish to feed, to attend (antenatal classes?/breast-feeding week activities?).

Changes in practices were perceived by individual respondents as follows:

- (Mothers) talk about problems more easily and seek help.
- Especially among nursing staff in hospitals
- Not much, but demand feeding (is now) better accepted by doctors and nurses.

Attitudes of respondents were also probed by a question on whether they thought breast-feeding was being "pushed" too much (Table V). About 88,7% (N=47) answered "No", 7,5% (N=4) felt it was being "pushed" too much, and 3,8% (N=2) were uncertain. Applying the log-linear model, it was found that significantly more respondents answered "No" than "Yes" or "Uncertain". Four practitioners felt that breast-feeding was being "pushed" too much, compared to none of the non-practising respondents. This difference was not significant. There was also no significant difference with regard to year or place of training, or the language used in the questionnaire.

The following were a few of the comments of individual respondents to the question of whether breast-feeding was being "pushed" too much:

- Needs all the pushing it can get.
- Every bit helps.
- With more women needing to work, we need to "push" breast-

feeding.

- If things are repeated frequently enough people eventually take note.
- Medical profession needs to spend more time and effort promoting breast-feeding.
- Unless breast-feeding in "public" (i.e. facilities for feeding) becomes the norm it will not succeed well.
- Mothers made to feel guilty if they cannot breast-feed.
- (a mother) should not be made to feel inadequate if she doesn't want to feed.
- Mothers who want to feed will come for advice, but if they are against breast-feeding it will have little effect.

DISCUSSION

More practising (N=36) than non-practising respondents (N=23) returned the questionnaire, which was expected, as people in practice tend to be more interested in subjects related to their activities than non-practitioners. No further conclusions can, however, be derived since no record is available of how many members of the total population of the Obstetric Association were practising at that stage. It is also not clear how many persons practising as obstetric physiotherapists are not members of the Obstetric Association.

None of the following variables made a significant difference to the findings: language in which the questionnaire was completed; language of training institution; the year in which basic training was completed. This may be due to the relative homogeneity of a professional group and the fact that the group under study mainly serves a fairly homogenous portion of the population, namely whites from the middle and higher income groups who do not qualify for medical aid from the state.

Significantly more obstetric physiotherapists who had completed their training in the seventies responded and it could be assumed that more physiotherapists from the seventies belong to the Obstetric Association than from other periods. One explanation may be that professionals who completed their training during this period are now in the age group where professionals in general tend to belong to specialised professional associations. The group of practising respondents who had qualified in the seventies was also significantly larger than that of respondents qualified in other periods. There has, however, not been a decline in the enrolment for physiotherapy courses in the eighties and one would have expected a larger number of respondents from the eighties. It may be that physiotherapists become interested in obstetric physiotherapy at a later stage, possibly after having had their own children, and that an increase in obstetric physiotherapists completing their training in the eighties could be expected during the nineties. Cross *et al.* in their study of the continuing education preferences of dieticians, concluded that "preference for topics according to one's age appears to be related to personal life; for example, the higher preference for nutrition in pregnancy and lactation by younger members". (p. 185)²⁰

Two variables made a significant difference in some of the findings, viz. currently practising as obstetric physiotherapist, and further training in breast-feeding during the previous five years. It is to be expected that practising respondents would be more interested in attending courses, conferences and seminars where topics related to childbirth are discussed. Of some concern is the fact that 24% of practitioners had received no further training in breast-feeding during the previous five years. Approaches to breast-feeding management have changed a lot during the past 10 years and in addition, 97% of practitioners indicated that their basic training in breast-feeding had been inadequate. It is, therefore, unclear how much outdated information is still in circulation. An investigation into the practitioners' sources of information and an assessment of their knowledge on breast-feeding may provide more insight into the matter.

Most obstetric physiotherapists' clients are white and it seems necessary to reflect on whether obstetric physiotherapists form an elitist group and whether it would be possible to broaden their base.

Due to many factors, few members from underprivileged groups in this country have qualified as physiotherapists in the past. This limits the number of professionals who can practice as obstetric physiotherapists, which in turn may prevent them from rendering more community service to members of other groups. It may also be necessary to investigate the role of cultural differences in the need for childbirth education.

Catering for clients from the higher income groups also poses special challenges. Families in westernised and industrialised cultures tend to be small, nuclear families. Most girls and women are, therefore, not frequently exposed to breast-feeding, are not equipped with the basic skills for coping with a new baby, and do not always have access to breast-feeding support in everyday life. Thus, clients of obstetric physiotherapists may require more in-depth and explanatory information as well as practical training. This makes it essential for obstetric physiotherapists to provide postpartum support, to keep up to date with the latest trends and to re-evaluate educational practices from time to time.

Educational aids preferred by most practicing obstetric physiotherapists are visuals, hand-outs, audio-visuals, demonstrations and props, and reading matter. It was, however, not possible to assess the effectiveness of these aids by means of the questionnaire. Considering most obstetric physiotherapists' clients' lack of exposure to breast-feeding technique and management, effective use of educational aids is essential. More "hands-on" experience, eg. with the aid of special dolls, may also be a possibility to investigate.

Visuals are the most used educational aid. From a practical viewpoint they are easy to use, readily available and easy to transport. Most may also be a relatively cost-effective investment. Although audio-visuals may be more effective in illustrating some aspects of breast-feeding technique, the few good videos and films may not be widely available, proper equipment for showing them could be a problem, or they may be too costly to acquire. Three possible reasons why only 25% of practitioners mentioned reading matter are the following: not many clients like reading; some obstetric physiotherapists do not provide "library services" for clients; and clients obtain books and pamphlets from elsewhere.

Hand-outs were mentioned by half of the practitioners. These can be very helpful, especially if support telephone numbers are also provided so that new mothers can find help to overcome minor lactation difficulties and problems with self-confidence. Although only one respondent mentioned the use of a special lecturer for the breast-feeding class, it is a practice that could be encouraged. Such a person should preferably have personal experience of breast-feeding, a wide range of knowledge and some teaching skills.

The promotion of breast-feeding has been receiving much attention in South Africa during the past few years, for reasons which include an annual national breast-feeding week. This campaign is aimed at making the general public aware of the importance of breast-feeding. More practitioners than non-practitioners had observed changes in breast-feeding attitudes and practices as a result of the campaign. This could be explained by the fact that practitioners are more frequently and more regularly in contact with breast-feeding mothers and are in a position to personally observe minor and subtle changes.

Nearly half of all respondents felt that the campaign had contributed to a change in attitudes and just more than one fifth of respondents perceived a change in practices. This difference may be due to the fact that changes in attitudes usually precede changes in behaviour, but may also indicate that people tend to observe changes in attitudes more intuitively than changes in practices, which are easier to measure quantitatively. For instance, one respondent who felt the attitudes had changed, commented on the question about changes in practices as follows: "Possibly. It is hard to establish this on face value. A survey at clinics should be able to see the increase in breast-feeding, etc."

The positive responses with regard to perceived changes in attitudes and practices should also be evaluated against the large number of uncertain responses. For the question on attitudes, positive

and uncertain responses were nearly equal (47,3% and 45,4% respectively). For the question on practices, 76,4% of responses were uncertain, and only 21,8% positive. This phenomenon may indicate that professionals are hesitant to express an opinion not based on quantitative data. Empirical studies measuring the impact of the breast-feeding campaign would, therefore, be necessary.

The nearly 89% of respondents who felt that breast-feeding was not being pushed too much indicate a positive attitude and a commitment among obstetric physiotherapists to breast-feeding promotion. The four practising respondents who felt breast-feeding was being pushed too much may have had negative experiences in their practices.

A number of further research questions also emanated from this study. Studies similar to this one are needed for other groups such as midwives, community nurses, nutritionists, general medical practitioners, obstetricians, and paediatricians. Furthermore, it is essential to consult the consumer of breast-feeding education as well. For conducting more efficient breast-feeding education programmes, more systematic research on the following is needed: the educational needs of parents; the breast-feeding knowledge which is most beneficial for parents; and the most effective educational strategies for creating positive attitudes and improving breast-feeding practices. Further investigation into the use of the Friedman test as a statistical method for determining educational priorities also deserves consideration.

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REPORT ON THE ANNUAL GENERAL MEETING OF THE INTERNATIONAL BOBATH INSTRUCTORS ASSOCIATION FOR ADULT HEMIPLEGIA (IBITAH) HELD IN OSAKA, JAPAN 17-21 SEPTEMBER 1992

The Executive Committee Meeting was held on Thursday 17 September, followed by a "Welcome Party" at which the 43 delegates were introduced to the Japanese instructors and their colleagues. Delegates came from such diverse countries as Austria, Germany, Great Britain, Holland, Israel, Japan, Korea, South Africa, Spain, Switzerland and the USA.

The Annual General Meeting was held on the Friday and concluded on the Sunday morning. Only minor changes were made to the Bye-Laws, Rules and Regulations as these had been finalised, after several years of work, at the previous AGM in 1991. Two new sub-committees were formed - an Education Committee and a Committee for Developing Countries. Their briefs are as follows:

Education Committee

- to co-ordinate future educational seminars with the host country
- to develop bibliographies and reference lists
- to co-ordinate literature reviews
- to encourage and develop research

Committee for Developing Countries

- to support basic or advanced courses in the treatment of adult hemiplegia in countries who have no IBITAH-recognised instructors
- to facilitate training of instructors for these countries

In each case a preliminary committee was appointed and requested to formulate detailed objectives and a suggested plan of action to be put to the next General Meeting.

My proposal for collaborative research was agreed upon in principle and I shall be working with the Education Committee on its implementation.

Several proposals were put forward for courses designed for nurses and other supporting personnel. This is of particular interest for us in South Africa, where we are already considering specific courses on adult hemiplegia for physiotherapy assistants. It is hoped that the course structure and content will be finalised at the 1993 Meeting.

At the General Meeting my certification as a Senior Instructor was approved. There are three grades of instructor - Instructor, Advanced Instructor and Senior Instructor, with only Senior Instructors being allowed to train and certify instructor candidates. This means that we shall now be able to train our own instructors

I was elected Chairman of IBITAH for the next three-year term of office, and was also elected to the Committee for Developing

Countries. The next Executive Committee Meeting will be held in London in January 1993, and the Annual General Meeting in Venice in September of the same year.

The educational seminar this year was in two parts - the first part consisted of two 2-hour lecture sessions, each followed by discussions. Emeritus Professor Hiroto Narabayashi, of Juntendo University, spoke in detail on the physiological function of the thalamus and basal ganglia and followed this up with an interesting series of before-and-after videos on stereotaxic for tremor. Most of the patients in the series had showed residual tremor after the akinesia of Parkinson's disease had been abolished by medication. Very good results had also been obtained by stereotaxic surgery in abolishing the choreiform movements seen as a side-effect of medication with levodopa. Of particular interest to me was a small series of successful operations on severely athetoid cerebral palsied children. It was interesting to note that the criteria for selection in these cases were very similar to our own criteria for recommending children for selective posterior rhizotomy.

Professor Kisou Kubota, of Kyoto University, talked on motor programming in the frontal lobe and environs. His session was of particular interest to therapists interested in the retraining of functional activities and the voluntary control of movement. He enlarged upon this further when speaking of cortical control of hand function.

The second session occupied Saturday afternoon and part of Sunday. Five small groups analysed a videotape recording of upper limb function in an ambulant hemiplegic woman. Tasks set involved problem analysis and the development of appropriate treatment strategies. Analysis showed that, due largely to trunk involvement, use of the normal arm was also very restricted. Problem solving involved both postulating strategies and demonstrating activities which might be used in treatment.

On the Friday night delegates were entertained at a magnificent banquet at the top of a skyscraper overlooking Osaka Castle and park. The banquet featured a sumptuous array of Japanese cuisine, a display of ice-sculptures, several traditional Japanese entertainments and breathtaking views of the lights of Osaka through floor-to-ceiling windows on both sides of the room. Other events during the Meeting included a cruise on the Osaka river, traditional Japanese meals and a video on the work of the Bobath Hospital in Osaka. On the two days following the Meeting very enjoyable tours were arranged to Nara and Kyoto, visiting many temples and shrines and getting to know a little of the Japanese way of life.

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