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FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF REGISTERED MIDWIFERY

DIPLOMA PROGRAMMES

FACTORS INFLUENCING EXCLUSIVE BREASTFEEDING AMONG MOTHERS WITH INFANTS ATTENDING C.W.C AT BEREKUM HOLY FAMILY HOSPITAL IN BEREKUM EAST MUNICIPALITY IN THE BONO REGION OF GHANA.

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AFFILIATED TO KNUST, KUMASI.

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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in Midwifery and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

Purpose of the study: Therefore, the aim of this study is to identify the factors influencing exclusive breastfeeding among mothers with infants attending C.W.C at Berekum Holy Family Hospital in Berekum East Municipality in the Bono region of Ghana.

Basic design of the study: The study adopted a cross-sectional design with a quantitative approach.

Sampling technique: This research project utilizes simple random sampling method for recruiting mothers with infants for this study.

Data collection tool: The study adopted questionnaire as the data collection method.

Results: The survey involved 50 participants, primarily between the ages of 18 to 24 (50.0%), with a mean age of 25.8 years $\pm$ 5.5 (SD). Among the respondents, the majority (68.0%) were married. In terms of occupational sources, the "Semi-skilled" category had the highest representation at 38.0%, followed by the "Skilled" category with 22.0% of the respondents.

For religious denominations, Pentecostals were the largest group among Christians, accounting for 36%, followed by Protestants at 18%. Muslims represented 26% of the respondents. Regarding educational levels, the majority of respondents fell into the "Primary/JHS" category at 48%. In terms of ethnicity, 48% of the respondents identified as Akan. Gender-wise in infants, girls outnumbered boys, with a ratio of 58% to 42%. Infants aged 0-2.5 months constituted 70.0% of the entire sample. When determining the proportion of mothers who exclusively breastfed their infants, the results showed that the majority (68.0%) breastfed their babies during both day and night before the day of the interview. Additionally, 96.0% of the babies were not fed breast milk using a spoon, cup, bottle, or by another woman, and 56.0% of the babies did not receive any other food besides breastfeeding on the day before the interview.

Regarding exclusive breastfeeding practices, 60% of mothers were successful in this practice. This success was influenced by various socio-demographic factors, including older ages of mothers (80.0%), married mothers (76.5%), skilled workers (81.8%), professional workers (80.0%) and Other government workers (100.0%), highest educational level/Tertiary(71.4%), and lower ages of infants (68.6%). Socio-cultural factors, such as relying on midwives or nurses for information (78.0%), belonging to community groups/associations that promote breastfeeding (50.0%) and cultural support for exclusive breastfeeding for infants aged 0-6 months (90.0%).

In terms of attitudes, the majority of participants believed that exclusive breastfeeding for six months was good 92.0%, 78.0% indicated is not difficult, 94.0% felt confident in breastfeeding their babies, 46.0% did not feel confident in expressing or storing breast milk for others to feed their babies and 64.0% did not think it was good for infants to be fed formula from birth up to six months.

Conclusions: The practice of exclusive breastfeeding among patients at HFH in the Berekum East Municipality is not meeting the desired standards. These findings highlight the intricate interplay of socio-demographic and socio-cultural factors that affect exclusive breastfeeding practices and offer valuable insights for the promotion and support of infant health and nutrition within the surveyed population. To address this issue, healthcare professionals should increase awareness about the importance of exclusive breastfeeding and its benefits. Additionally, healthcare providers should help mothers develop their confidence by teaching them proper techniques for expressing breast milk, storing it, and introducing cup or spoon feeding as needed.

TABLE OF CONTENTS

CONTENTS **PAGES**

LIST OF TABLES

TABLES **PAGES**

LIST OF FIGURES

FIGURES **PAGES**

LIST OF ABBREVIATIONS

AAP: American Association of Pediatrics

ANC: Antenatal Clinic

BFHI: Baby Friendly Hospital Initiative

CWC: Child Welfare Clinic

C-IYCF: Community-Infant and Young Child feeding

DHSS: Demographic and Health Surveillance System

EMBRACE: Ensure Mother and Baby Regular Access to Care implementation research

EBF: Exclusive breastfeeding

FAO: Food and Agriculture Organization of the United Nations

GDHS: Ghana Demographic and Health Survey

GHS: Ghana Health Service

GSS: Ghana Statistical Service

HFH: Holy Family Hospital

MICS: Multiple Indicator Cluster Survey

NICU: Neonatal Intensive Care Unit

LAM: Lactation Amenorrhoea Method

KAP manual: Knowledge, Attitude, Practice manual

SDGs: Sustainable Development Goals

UN: United Nations

UNICEF: United Nations Children's Fund

WHO: World Health Organization

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To you all, We say ‘thank you’ and We wish you all the best in your endeavors; may others show you as much care and help as you showed Us

DEDICATION

We dedicate this research study to our beloved family (father, mother, brothers and sisters)

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Globally, there has been progress in improving child survival. Though the world promised to reduce child death by two thirds by 2015 from the level recorded in 1990, in the last two decades the under-five deaths was reduced by half in 2013, from 12.7 to 6.3 million. To keep the momentum of these achievements nearly 180 governments have pledged to scale up efforts to accelerate the reduction in maternal, neonatal and child deaths as part of achieving the Millennium Development Goal (MDG) (UNICEF, 2014; WHO & CHERG, 2000-2013).

Breastfeeding is a natural practice beneficial to both infant and mother. Breast milk contains all the nutrients needed by infants to grow and develop and as such, infants who are breastfed are given the opportunity to have a good start in life. Breastfeeding is a natural process of infant feeding involving two main methods; exclusive and partial with the latter being trendiest. Nevertheless, exclusivity is the absolute and suitable scheme with finest domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome (Khresheh et al., 2011). Breastfeeding definition is that internationally recommended by the World Health Organization. Full breastfeeding is breastfeeding either exclusively or predominantly. Exclusive breastfeeding means giving a baby no other food or drink, including water; in addition to breast milk (medicines and vitamin and minerals drops are permitted). On the other hand, partial breastfeeding includes other feeding methods in addition to breastfeeding (i.e. bottle, cup, lact-aid) regardless of content(WHO, 2017). The American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk has

established recommendations for exclusive breastfeeding for a baby's first six months of age, followed by the addition of complementary foods to continued breastfeeding through the baby's first year, and continuation of breastfeeding for as long as desired by both mother and infant (American Academy of Pediatrics, 2017; Eidelman et al., 2012). The World Health Organization (WHO, 2017) and (UNICEF, 2017) have offered an even stronger recommendation: Initiation of breastfeeding within the first hour after the birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month.

Infant feeding therefore should be viewed both as a lifestyle decision as well as a public health concern that is needed especially in developing countries to reduce morbidity and mortality among infants (WHO, 2016; American Academy of Pediatrics, 2012). According to WHO/UNICEF (2014), giving an infant only breast milk is exclusive breastfeeding. This infant is not given any liquid, water or solid except medicines, vitamins, mineral syrups and/or drops as well as oral rehydration solution. This practice is a process and is recommended from birth till when infant is six months old. The longer the period of breastfeeding exclusively, the better the child is able to grow and develop. Mothers who are provided with information and supported by their families, societies, communities and health systems will be in a better position to exclusively breastfeed.

There are significant benefits associated with exclusive breastfeeding to infants, mothers and the society at large. When mothers exclusively breastfeed their infants, they are protected from being exposed to harmful pathogens that may be found in other breast milk substitutes or feeds given to babies resulting in diarrhea and other infections and subsequently death (Emmanuel & Oyewole, 2012; Tadele, Habta, Akmel, & Deges, 2016). In the long term, children who are exclusively breastfed become more intelligent, are able to further their education thereby

becoming productive to themselves, the society in which they live in and the country at large (Wanjohi et al., 2017). Many infants unfortunately are denied the chance to start well in life as a result of not being exclusively breastfed. Studies have shown that only 38% of infants are exclusively breastfed globally, a decrease from 43% from previous years (Asare, Preko, Baafi, & Dwumfour-Asare, 2018). This situation is not different in developing countries including Ghana. The GDHS (2014) reported that 52% of infants are breastfed exclusively.

Infants who miss the opportunity of being breastfed are fourteen times more likely to die as compared to those who are fed breast milk only from birth till their sixth month (UNICEF, 2017; Asare et al., 2018). Exclusive breastfeeding is crucial in the early part of life as infants who are one and two months old and not exclusively breastfed are six times more prone to dying due to diseases that are infectious such as diarrhoea. The risk of dying they say is about four times when the infant is between 2 to 3 months of age as compared to infants that are breastfed (Tadele et al., 2016). Several epidemiological studies claim that breastfeeding protects infants and children from infectious diseases such as diarrhoea and acute respiratory infections (Lamberti et al., 2011; Tromp et al., 2017).The prevalence of exclusive breastfeeding is still low despite its importance in infant growth.

Globally, every year more than 10 million children under the age of five years die, mainly from one of a short list of causes which already can prevented through successful base of exclusive breastfeeding. The percentage of exclusive breastfeeding worldwide is not at an optimal level. The prevalence of breastfeeding of infants 0-6 months of age also tends to fluctuate. Although WHO and UNICEF recommends early initiation of breastfeeding (within an hour from birth) and exclusive breastfeeding for the first 6 months. The exclusive breastfeeding rate and early initiation to breastfeeding are still very low, because there are many factors that influence exclusive breastfeeding such as, lack of knowledge, lactation problems, poor family and social

support, social norms, embarrassment, employment and child care, and health services. As well, a lot of barriers to successful exclusive breastfeeding among employed mothers have been identified in the work environment such as company policies/work culture, manager support/lack of support, co-worker support/lack of support, and the physical environment of the breastfeeding space. So, we see there is a need for implementation of an educational program through primary health care settings as well mass media to improve, promote and support the exclusive breastfeeding practices, both national and international among working and non-mothers should be done (El-Houfey, Saad, Abbas, Mahmoud & Wadani, 2017). A study in China revealed 80.3 % of Hong Kong and 81.1 % of Mainland Chinese born women initiated breastfeeding. In the fully adjusted models, multiparity and maternal smoking were strongly associated with failure to initiate breastfeeding in both Hong Kong and Mainland China born participants. In Hong Kong born mothers, participants with lower maternal education and those who had a cesarean section were significantly less likely to breastfeed. For Mainland China born mothers, paternal smoking and having a pregnancy-related health problem were both additional risk factors for not breastfeeding (Lok, Bai & Tarrant, 2015). Another study conducted in Indonesia indicated low records of exclusive breastfeeding as compare to the study in China. In Palu City, Central Sulawesi, exclusive breastfeeding practice in 2014 was only 59.7% which was far below the national target of 80%. The potential factors that hindered their achievements were knowledge gap, poor attitude and practice, socio-culture, formula milk exposure to commercials, and lack of support from health professionals and family.

Sub-Saharan Africa (SSA) continues to shoulder the greatest burden where the under-five deaths are 15 times higher than deaths in an average high income country (UNICEF, 2014). A study conducted in Somaliland in Somalia revealed the prevalence rate of exclusive breastfeeding to be 20.47% which is very low embarking by the following predisposing factors such as; lack of

formal education, household monthly income 100-200, lack of husband's support, and mothers who were not counseled on breastfeeding during antenatal care (Jama et al., 2020).

Studies have shown that starting early and exclusively breastfeeding can prevent more than 800,000 deaths which represent about 13% of all deaths in children who are below the age of five years in less developed countries including Ghana (Tadele et al., 2016). Maternal level of education, age, socio-economic status, religion, ethnicity, occupation, marital status, cultural beliefs, knowledge as well as attitude have been cited in previous studies to contribute to the fewer number of infants who are breastfed exclusively (Mogre, Dery, & Gaa, 2016; Tampah-Naah & Kumi-Kyereme, 2013).

Despite all the benefits and the efforts to promote breastfeeding, Exclusive Breastfeeding (EBF) rates dropped drastically from 63.7 percent in 2008 to 46 percent in 2011 and 40 percent in 2017 according to the 2008 Ghana Demographic & Health Survey and 2011 and 2017 Multiple Indicator Cluster Surveys (GSS, 2011, 2018; GSS, GHS, MACRO, & ICF, 2015) This study therefore sought to evaluate mother's perception of insufficient breast milk, one of the maternal factors that make it difficult for nursing mothers to exclusively breastfeed their infants for six months before introducing complementary foods as prescribed by the World Health Organization(WHO, 2015). A study conducted nationwide in Ghana reported 43.7% as the prevalence rate of exclusive breastfeeding (Appiah et al., 2021). Maternal factors that influencing exclusive breastfeeding of babies up to six months of as the infant inability to suck due to certain conditions. Most mothers are known to start exclusive breastfeeding of their babies, but soon after, EBF practice is abandoned before the baby attains the six months recommended age. Studies have been conducted on the effects of socio-economic, cultural, health system and some factors on the practice of exclusive breastfeeding (EBF), in the general but little is known about the socio-demographic and socio-cultural factors, both maternal and the infantile that hinders

exclusive breastfeeding. This study sought to bridge the knowledge gap on these factors and create awareness on the effects of not initiating EBF in order to promote optimal growth of infants in the Berekum municipality and Ghana as a whole.

1.1 Problem Statement

Although exclusive breastfeeding is vital for infant development and health, its practice is low across the world. Studies have shown that the number of infants who are exclusively breastfed have seen a general decline (Asare et al., 2018). Ghana's 52% exclusive breastfeeding rate (GDHS, 2014) falls short of the 80% national target stipulated in the GHS (2016) annual report as well as the recommended 90% rate set by UNICEF (2017) for developing countries. Despite the 70% exclusive breastfeeding rate reported in the MICS (2011) for Brong Ahafo Region, the rate still falls below the targets for both national and developing countries with variations across districts and communities within the same region. Several studies that have been conducted to determine factors that influence exclusive breastfeeding were carried out in some regions. As such, there is limited evidence of the factors that pertain to the practice of exclusive breastfeeding among mothers with infants attending the Child Welfare Clinic (CWC) at Holy family Hospital Berekum resulting in less understanding and ineffective strategies to help improve the practice.

1.2 General objective

The main aim of this study was to identify factors influencing exclusive breastfeeding among mothers with infants attending C.W.C at Berekum HFH in Berekum East municipality in the Bono region of Ghana..

1.3. Specific objectives

The specific objectives of this study are:

1. To determine the proportion of mothers with infants attending C.W.C at Berekum HFH who exclusively breastfeed.
2. To identify the socio-demographic factors that influence exclusive breastfeeding among mothers with infants attending C.W.C at Berekum HFH.
3. To identify the socio-cultural factors that influence exclusive breastfeeding among mothers with infants attending C.W.C at Berekum HFH.
4. To examine the attitudes of breastfeeding mothers towards exclusive breastfeeding at the C.W.C of Berekum HFH.

1.4 Operational definition of terms

1. Exclusive; conducting a particular practice under a time frame without quitting

2.Child welfare clinic; Is a special clinic where mothers with infants are being monitored from their time of birth through to their 40 days till the child is 5 years.

3. Socio-demographic; A combination of sociological (societal happenings) and demoghraphical (details about your personality) characteristics

4. Socio-cultural; A combination of sociological and cultural (way of life) characteristics

5. Holy Family Hospital; Is a healthcare facility located in Berekum.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter takes a look at various studies that have been carried out in the area of exclusive breastfeeding. It looks at the SDGs, history of breastfeeding, the situation in the global context, in Africa and Ghana, what benefits are derived by infants, mothers and exclusive breastfeeding practices. Furthermore, this chapter entails a review of studies conducted in the areas of socio-demographic characteristics, socio-cultural characteristics and mother's attitude towards breastfeeding exclusively. The rest are interventions to improve breastfeeding exclusively as well as consequences that follow if mothers do not breastfeed their infants.

2.1 Sustainable Development Goals (SDGs) and SDG 3

The SDGs according to the UN (2017), are a set of goals put together to propel countries to work towards reducing and ultimately ending poverty, protect the planet as well as make sure that all people enjoy peace and prosperity by the year 2030. The SDGs which is also called Global Goals has 17 broad areas that are interconnected with area specific targets. Coming into effect in 2016, 193 countries including Ghana have adopted the SDGs and are working to achieve its targets. Sustainable Development Goal 3 seeks to ensure that lives are healthy as well as promote the well-being for all and at all ages. Poor nutrition from birth up to six months of an infant result in malnutrition which leads to diseases and death. In order to achieve SDG 3, countries must start right by exclusively breastfeeding infants and doing so for the first six months of the infant's life.

2.2 The history of breastfeeding

Feeding practices of infants have evolved over the years to include wet nursing, the use of feeding bottles as well as formula feeds (Stevens, Patrick, & Pickler, 2009). As far back as 2000 BC, breastfeeding was seen to be the best and as such a religious necessity for every child (Papastavrou et al., 2015). People saw the childhood period to be a period where children were weak and at risk of falling sick and being malnourished thus, breast milk was believed to contain all the infant needed to grow and develop both physically and psychologically. Mothers who were unable to breastfeed due to the inability to produce milk or resulting from death resorted to the use of wet nurses for provision of breast milk for their babies. A wet nurse is said to be any woman who breastfeeds another woman's child. To be a wet nurse means that one should have given birth and lactated before. In ancient Egypt, Greece and the Roman Empire era, both women whose social status was high as well as ordinary women and their families resorted to the use of wet nurses when they faced challenges with breastfeeding. It was during the 16_{th} century that wet nursing became a matter of concern. Many people started advocating for mothers to breastfeed their own children unless they are ill or unable to breastfeed. This was because they realized that infants bonded with whoever breastfed, cared for and nurtured them (Papastavrou et al., 2015; Stevens et al., 2009).

The industrial revolution's emergence from late 18_{th} century to 19_{th} century saw the relocation of many families from rural to urban areas. Women in these low-income families had to work for longer hours to contribute financially to the upkeep of their homes which made them unable to breastfeed. They resorted to the use of wet nurses and that in turn increased infant mortality (Stevens et al., 2009). artificial feeding dates far back to ancient times where all sorts of bottles were used to feed infants. The difficulty in cleaning these feeding bottles as well as poor

storage of milk and sterilization led to bacterial infections resulting in one third of all infants who were fed artificially in the first twelve months of their life dying (Weinberg, 1993). Justus Von Liebig, who was a German chemist invented the very first breast milk substitute in the 19_{th} century followed by a fellow German scientist named Henri Nestle who also innovated a breast milk substitute called 'farinelactee' when he arrived in Switzerland. Farinelactee was a cereal flour with milk. It was after the modification in the 19_{th} century of the feeding bottle that artificial feeding begun to replace wet nursing (Ndekugri, 2017).

In recent times, animal milk which was fed to infants dating as far back as 2000 BC as well as synthetic formulas are used to feed infants. This practice was widely spread because of many campaigns and advertisements. This affected exclusive breastfeeding practices even though there were visible differences observed between breastfed infants and those who were fed with artificial formula (Wolf, 2003). Although breast milk substitutes have undergone series of refinement over the years to make it better and a replacement for infants when breast milk is not available, the risks of morbidity and mortality are huge in artificially fed infants compared to their counterparts who are breastfed (Ndekugri, 2017).

2.3 Exclusive breastfeeding

Global exclusive breastfeeding rates of 140 countries was looked at by Cai, Wardlaw, and Brown (2012) over a 15-year period to understand the trend of performance. Analysis of the rates among infants aged five months and below showed a general increase from 33% to 39% in 1995 and 2010 respectively in developing countries. From 12% in 1995 to 28% in 2010, Central and West Africa recorded more than a hundred percent increase while Eastern and Southern Africa recorded 35% to 47% in 1995 and 2010 respectively. South Asia however recorded 40% in 1995 to 45% in 2010. According to UNICEF (2017), 40% of infants have been reported to be breastfed

exclusively from birth up to 6months. Of the 60% exclusive breastfeeding rate target set for countries to achieve by the year 2030, only 23 out of 129 countries with available data have achieved the target. Countries in the Americas are not performing well as the scorecard shows only 6% of these countries having exclusive breastfeeding rates of 60%. Similarly, the situation is not any different in some parts of the African region as countries show disparities in exclusive breastfeeding rates. According to Tampah-Naah & Kumi-Kyereme (2013), low exclusive breastfeeding rates have been recorded in countries such as Cote d'Ivoire (4%), Chad (2%), Gabon (6%), Sierra Leone (8%), Benin (70%) and Rwanda (85%). The GDHS (2008) report estimated exclusive breastfeeding rate for Ghana to be 63% which declined to 46% in 2011 and then increased to 52% in the year 2014 (GDHS, 2014). Though there was an increase and records of steady increases have been noted across Africa as a result of interventions, it still falls below the 90% exclusive breastfeeding rate recommended by WHO to improve the health and wellbeing of infants. This calls for a look into other factors that may be causing declines and small increases in order to reposition and find workable strategies to improve exclusive breastfeeding practices (Mogre, Dery, & Gaa, 2016; Tampah-Naah & Kumi-Kyereme, 2013).

2.4 Benefits of exclusive breastfeeding

2.4.1 Benefits to infant

The benefits of exclusively breastfeeding infants are enormous. The longer an infant is exclusively breastfed, the more benefits derived. Breast milk contains all nutrients required by an infant to grow and develop (WHO, 2016). Exclusive breastfeeding works to prevent morbidity and reduce mortality among infants thereby making them survive (Brülde, 2011).

Studies have shown that putting infants on the breast early, within the first sixty minutes of birth and breastfeeding exclusively helps in the process of bonding and brain development. The

suckling reflex stimulates the production of colostrum and subsequently, breast milk. The first yellowish milk called colostrum produced by the breast in the early few days after childbirth contains high amounts of fats, carbohydrates, proteins and antibodies that the mother passes on to her infant. This serves as the first immunization and protects baby from childhood diseases including pneumonia and diarrhoea. As a result, the chances that an infant will fall sick and/or die from these diseases within the first few days of life are drastically reduced. It has been estimated that infants not totally breastfed or not breastfed at all are five times more prone to die from infections and diarrhoea than those who receive only breast milk (GHANA-RAPID, 2017; Beyene, Geda, Habtewold, & Assen, 2017). Recent studies conducted by Beyene, Geda, Habtewold, & Assen (2017) in Ghana, Ethiopia, Madagascar and Bolivia revealed that breastfeeding alone could prevent deaths of neonates by about 20% to 22%. When exclusive breastfeeding and breastfeeding practices as a whole are improved, lives of many under five year-olds could be saved. As many as 823,000 infant lives could be saved as well as a reduction in the occurrence of other infant diseases. It is estimated that about one-third of respiratory infections and up to half of diarrhoea diseases are prevented when mothers breastfeed in developing countries (WHO, 2018).

Exclusively breastfed infants according to American Academy of Pediatrics (2012) during the first six months after birth are protected from all sort of diseases that plague children like diarrhoea, allergies, diabetes, obesity, gastrointestinal tract infection, leukemia in children, lymphoma bowel as well as inflammatory diseases. The American Academy of Pediatrics (2012) also reported that about 72% of hospitalization due to infections of the lower respiratory tract in the first 12 months after birth is reduced in children who are exclusively breastfed. For preterm infants, the short as well as long term benefits of exclusively feeding with human milk cannot be overemphasized as it helps in strengthening the preterm's less developed immune system thereby

reducing the rates of necrotizing enterocolitis and sepsis. It also reduces their reoccurrence thereby reducing long term growth failure, neurodevelopmental disabilities and mortality. It was also realized that, the rate of readmission to the hospital due to diseases was lower during the first 12 months after they were discharged from NICU. The intelligent quotient of an infant is increased with longer practice of exclusive breastfeeding. This improved cognitive and motor development translates into the ability to start and stay in school resulting in better jobs with higher incomes for them later in adult life. Again, exclusively breastfed infants have lower risk of becoming overweight and obese as they grow into childhood and adolescence (UNICEF, 2017; The Lancet, 2016)

2.4.2 Benefits to mother

The general well-being and mother's health are associated with breastfeeding exclusively in the few moments after birth and the future. The AAP (2012) reported an association between exclusively breastfeeding and a reduction in blood loss during postpartum as well as the quick return of the uterus to its initial and normal state.

According to Stevens et al., (2009) and Papastavrou et al., (2015), mothers who engaged in breastfeeding exclusively share a bond with their infants and this reduces the chances and episodes of postpartum depression. Prospective studies in the United States show that mothers who do not breastfeed or who stop breastfeeding too early suffer increased depression during postpartum. Reports of child neglect and abuse by mothers were also found to be high in mothers who failed to breastfeed as compared to those who did breastfeed (American Academy of Pediatrics, 2012). It has been shown that mothers recover faster when they exclusively breastfeed and weight that was gained during pregnancy is lost. They can also plan and space pregnancies using a natural birth control, Lactation Amenorrhoea Method (LAM) when they breastfeed

exclusively for six months from birth as well as protect them from aneamia resulting from iron conservation. Those who breastfeed longer have advantages such as a reduction in the risk of ovarian as well as breast cancers. As stated by The Lancet (2016), about 20 000 deaths due to cancer of the breast can be averted annually if mothers breastfeed for longer periods. Healthier mothers and infants mean less time and money will be used to treat diseases thus resulting in economic gains to families, communities and the nation (Danso, 2014; WHO/UNICEF, 2018). Bartick and Reinhold (2010) examined diseases in United States of America alongside the AHRQ (2017) report on breastfeeding and its effects on diseases and realized that if majority of women (90%) in the United States breastfeed exclusively from birth till six months, a savings of up to $13 billion would be accrued each year.

2.5 Exclusive breastfeeding practices

Breastfeeding practices lead to improved health, development and nutrition of infants, the reason why WHO/UNICEF advocate for breastfeeding infants exclusively for longer periods, that is for their first six months after delivery. The longer the period, the greater benefits derived. Few women according to Meedya, Fahy, & Kable (2010) breastfed exclusively up to six months in Western countries which is undesirable for the development as well as growth of the infant. Introducing other liquids, feeds, substitutes of breast milk and using bottles compromise exclusive breastfeeding practices. These practices occur globally, in Africa as well as Ghana which negatively influence exclusive breastfeeding thereby affecting infants, mothers, and the larger population (Meedya et al., 2010).

Studies carried out by Arts et al. (2011) among mothers of infants younger than six months in Mozambique reveled that generally, there was acceptance of the importance and benefits of exclusive breastfeeding however, mothers gave other foods such as traditional medicines, water

and porridges to their infants before they turned six months. Reasons for introducing these feeds ranged from the fact that infants need water to grow well, traditional medicines to cure or prevent certain childhood diseases sometimes caused by spirits and porridges at about months four to six so that the child can learn how to eat as well as help in child growth as breast milk alone is not sufficient.

Findings of Aborigo et al. (2012) in rural Northern Ghana also showed that though mothers know how important it is to exclusively breastfeed, their traditional practices regarding the general feeding of the infant resulted in the introduction of water and other feeds which are consistent with the above findings. Another study in South Africa by Goosen (2013) showed that mothers introduced water, formula feed and other foods to infants below the age of six months thereby hampering breastfeeding exclusively. Again, reports from studies conducted in a Military barracks in Nigeria showed that the recommended practice of breastfeeding exclusively from birth till six months was not being followed. Breastfeeding mothers introduced other feeds as well as used bottles to feed infants below six months (Akinyinka, Olatona, & Oluwole, 2016).

2.6 Factors influencing exclusive breastfeeding

2.6.1 Socio-demographic factors

Marital status, education, age and income level have been shown in studies to affect whether a mother with an infant will breastfeed or not and for how long. A literature review conducted by Meedya et al. (2010) on studies carried out around the world found that being married, being well educated, older age and receiving income that is higher were associated with breastfeeding for longer periods. Similar results by Asare et al. (2018) were consistent with studies by Meedya et al. (2010). Breastfeeding exclusively among mothers was reported to be influenced by educational

status, age as well as ethnicity and recommended that the socio-demographic factors should be looked at when strategizing to address issues of exclusive breastfeeding.

According to Diji et al. (2017), socio-demographic characteristics like age of the infant, marital status, level of education, age of mother as well as occupation type determine breastfeeding exclusively. Mogre et al. (2016) found that maternal educational level was associated with the practice of exclusive breastfeeding and Onah et al. (2014) also found that mothers with low educational levels were less likely to exclusively breastfeed compared to mothers with higher education.

According to Danso (2014) in a study conducted to know barriers to breastfeeding exclusively among professional mothers who were working in Kumasi, majority (90.5%) of the respondents said that their working status made them unable to exclusively breastfeed. The study revealed that professional mothers who work had to go back to work after their maternity leave of three months thereby compelling them to leave their infants with family members. These mothers then went home to breastfeed during break time or had relatives bring infants to them at their places of work for breastfeeding. For some mothers, their work was so demanding resulting in their inability to have breaks for breastfeeding while other mothers reported that their working environment was not conducive as it did not have a proper place for breastfeeding.

Adewuyi and Adefemi (2016) found positive association between high educational level and exclusively breastfeeding in their systematic review conducted in Nigeria. The review however revealed that mothers with high socio-economic status tended not to practice exclusive breastfeeding. It was revealed that the older the infant, the less likely mothers will exclusively breastfeed. It also reported that every mother who came to deliver were successfully breastfeeding when they were leaving a hospital in South-East Nigeria. The rate however

changed and stood at 81.4% during post natal at six weeks and 74.7% during post natal at 14 weeks which then took a nosedive to 3.9% at about six months.

Diji et al. (2017) found significant associations between age of mother, education, status of employment including age of infant and exclusive breastfeeding in their study conducted at the CWC in Kumasi South hospital. Findings showed that the age of infant as well as a mother being self-employed determined exclusive breastfeeding. Further analysis of study data showed a unit increase in infant's age in months resulted in an 18% reduction whether the mother will exclusively breastfeed whereas self-employed mothers were reported to be 2.60 times more prone to breastfeed exclusively compared to those without employment. Mothers who are in the public sector recorded increased exclusive breastfeeding at the early ages of infants, this however was reduced as they had to return to work resulting in the addition of other feeds or weaning infants before their due age. Older mothers who were well educated however tended to practice exclusive breastfeeding.

Muluneh (2023) study in Ethiopia explored the determinants of exclusive breastfeeding. Several key findings emerged, shedding light on factors influencing this crucial infant feeding practice. Mothers aged 25-34 were 1.74 times more likely to engage in exclusive breastfeeding compared to those in the 15-24 age group. Additionally, mothers with infants aged 0-1 month were 0.74 times more likely to practice exclusive breastfeeding than those with infants aged 4-5 months. Marital status played a significant role, with currently married mothers being 1.26 times more likely to exclusively breastfeed their children compared to unmarried mothers. Education, both for mothers and their husbands, was a noteworthy factor. Mothers with primary and secondary education or higher were 1.41 times more likely to practice exclusive breastfeeding, mirroring a similar trend for husbands' education, where mothers whose husbands had primary and secondary education or higher were 1.50 times more likely to engage in exclusive

breastfeeding. Wealth status had a discernible impact, as mothers in wealthier categories (poorer, middle, and richer) were less likely to exclusively breastfeed compared to those in the poorest wealth category. Access to media positively influenced exclusive breastfeeding, with mothers who had access to media being 1.77 times more likely to practice it. Family size mattered, with mothers having 3-4 children being less likely to engage in exclusive breastfeeding than those with 1-2 children. Moreover, the place of childbirth played a substantial role. Mothers who gave birth at a health facility were 1.87 times more likely to practice exclusive breastfeeding than those who gave birth at home. Lastly, an urban-rural divide was evident, with rural mothers being less likely to exclusively breastfeed their children compared to urban mothers. These findings emphasize the multifaceted nature of exclusive breastfeeding determinants and highlight various factors influencing this critical infant feeding practice.

2.6.2 Socio-cultural factors

Cultural practices and beliefs of various ethnic groups influence exclusive breastfeeding in Ghana (Asare et al., 2018). Studies carried out in Ghana showed that compared to mothers in other regions, mothers who were residing in the Volta Region were more likely to breastfeed exclusively. This disparity was associated with cultural beliefs pertaining in those regions that affected exclusive breastfeeding negatively. As part of their belief, infants were given concoctions and water because relatives and mothers of these infants thought that infants were thirsty and therefore they needed it to quench their thirst or welcome them into the world. The study concluded that the less beliefs that negatively affect exclusive breastfeeding practices, the greater the chance a mother will practice it (Tampah-Naah & Kumi-Kyereme, 2013). Influence of family members on mothers to follow their old way which is usually their traditional way of

breastfeeding involving giving water and other food supplements was recorded to be the second reason why mothers failed at exclusively breastfeeding in a study in Kumasi (Danso, 2014).

According to Nuño Martínez, Wallenborn, Mäusezahl, Hartinger and Muela Ribera (2021) who conducted semi-structured interviews with 40 mothers and 15 health personnel from local healthcare centres involved in the trial. This was to investigate socio-cultural factors contributing to breastfeeding cessation in rural high-altitude populations of the Peruvian Andes. Their study revealed, cultural beliefs on breastfeeding cessation included the perception that breast milk turned into "blood" after six months and that breastfeeding caused child diarrhoea. We identified eight local types of child diarrhoea, and women linked six of them with breastfeeding practices. "Infection" was the only diarrhoea mothers linked to hygiene and the germ disease concept and perceived as treatable through drug therapy. Women believed that other types of diarrhoea could not be treated within the formal healthcare sector. Interviews with health personnel revealed no protocol for, or consensus about, the integration of the local explanatory model of child diarrhoea in local healthcare and service provision.

According to Arts et al. (2011), the decision to give water and other foods involves key people within the family such as the grandmother of the infant who is well versed in the culture and traditions. In the findings of Diji et al. (2017), the major determinant of breastfeeding exclusively is the belief of mothers that only breast milk is not sufficient for infants to grow and properly develop. They were torn between what their culture says about exclusive breastfeeding as against what health staff tell them in a study conducted by Okafor, Agwu, Okoye, Uche and Oyeoku (2018) in Nigeria. Their cultural belief promoted breastfeeding but at the same time permitted and encouraged giving infants water as they believe infants need more water of which the breast milk falls short of. The source of information regarding breastfeeding practices, most especially exclusive breastfeeding is vital if breastfeeding exclusively is to be done by mothers of

infants. Previous studies show that mothers who relied on health facilities and qualified health staff for information on breastfeeding were more likely to exclusively breastfeed their infants compared to those who relied on other sources (Danso, 2014; Asare et al. 2018).

2.6.3 Mother's attitude

According to Meedya et al. (2010), whether a woman exclusively breastfeeds or not is shaped by her personal attitude towards it as well as of those around her. In a longitudinal study of mothers in the United States, they found a link between a mother's attitude in terms of making up her mind to exclusively breastfeed and actually breastfeeding at home. It was found that those who made up their minds to breastfeed during antenatal periods were able to breastfeed longer compared to those who did not make up their minds as a result of negative attitudes. At the least problem relating to breastfeeding, such mothers are quick to stop exclusively breastfeeding their infants. Studies conducted in Nigeria also show that mothers with low or no education are marginalized in terms of what they know hence have negative attitudes towards exclusive breastfeeding (Jacdonmi, Suhainizam, Suriani, Zoakah, & Jacdonmi, 2016). The research also found that ethnicity and culture had a paramount part to play in a mother's decision to breastfeed exclusively. The small proportion of mothers in Hausa ethnic groups who practiced exclusive breastfeeding was attributed to beliefs that mothers are not supposed to expose their breasts in public. Infants were therefore not breastfed in public affecting exclusive breastfeeding negatively. Researchers in this study noted that African societies are culturally inclined, therefore, infant feeding is influenced by these cultures. Mother's emotional stress level was also seen by Diji et al. (2017) to be impeding breastfeeding exclusively. The absence of support from significant people around mother such as members in her family, the society as well as health professionals combined with shyness and breastfeeding difficulties go a long way to influence her attitude in a

negative way concerning breastfeeding.

According to Dukuzumuremyi et al (2020), their review indicates that 42.1% of mothers disagreed and 24.0% strongly disagreed that giving breast milk for a newborn immediately and within an hour is important, and 47.9% disagreed that discarding the colostrum is important. However, 42.0% of mothers preferred to feed their babies for the first six months breast milk alone. In contrast, 55.9% of them had practiced exclusive breastfeeding for at least six months.

Generally, attitude of mothers was positive towards breastfeeding exclusively in a study among lactating mothers residing in Tuna, Ghana (Mogre et al. 2016). However, many mothers did not feel confident when it came to expressing, storing and cup or spoon feeding infants with the expressed breast milk. For mothers who had to be away and separated from their infants, exclusive breastfeeding was compromised as other feeds were fed to their infants during these periods.

2.7 Exclusive breastfeeding interventions

As part of efforts to improve exclusive breastfeeding practices as well as increase its resultant gains, implementation of several interventions have taken place globally, in Africa and Ghana. Notably among these is the Baby Friendly Hospital Initiative (BFHI).

In 1992, Nigeria introduced BFHI to educate as well as encourage mothers to exclusively breastfeed. Results from studies show that those who delivered in baby-friendly hospitals are more prone to start to breastfeed their infants including continuing for an extended time period compared to mothers who had no knowledge of BFHI and did not deliver in a baby-friendly hospital (Jacdonmi et al., 2016; Onah et al., 2014). In 1991, Ghana started implementing BFHI. The BFHI Authority was set to train and see to it that trainings were carried out in hospitals for health workers to enable them educate and support mothers in the area of exclusive breastfeeding

when they come to deliver. There have however been challenges surrounding its implementation because of negative influences from families and communities relating to exclusive breastfeeding.

The Ghana Breast-feeding Promotion Regulation 2000 also called Legislative Instrument [LI] 1667 was introduced to promote breast feeding in the country by prohibiting the aggressive marketing of breast milk substitutes. Unfortunately, Food and Drugs Board of Ghana reports that this intervention has not yielded much (Tampah-Naah & Kumi Kyereme, 2013). Community-based infant and young child feeding (C-IYCF) introduced by UNICEF (2015) in Ghana focuses on appropriate feeding practices including exclusive breastfeeding for infants below 6 months for adequate nutrition for improved growth and development. Other interventions include those implemented by Kintampo Health Research Centre (KHRC) aimed at improving health of mothers, neonates and infants in Kintampo and within the middle belt of Ghana. Notably are the Ensure Mother and Baby Regular Access to Care (EMBRACE) implementation research where it looked at continuum of care as well as how it strengthens outcomes of maternal, neonatal and child health (Kikuchi et al., 2015) as well as the New hints trial where home visits were conducted to improve child survival (Kirkwood et al., 2013).

2.8 Consequences of not exclusively breastfeeding

Breastfeeding has great implications for the future prosperity of a country. Countries however are not protecting, promoting, and supporting breastfeeding adequately through funding and/or policies. Malnutrition has been found to increase the chances of a child having to die from numerous diseases such as diarrhoea, pneumonia and measles. About 70% of neonatal deaths can be prevented when they are exclusively breastfeed (Onah et al., 2014). The global burden of diseases, injuries and risk factors reported that the second largest factor in the world regarding

children below five years is sub-optimal feeding and this accounts for a financial loss of 47.5 million. African countries that are in the south of the Sahara however are the most terribly affected recording the highest rates of burden of disease associated to breastfeeding sub-optimally (Mogre et al., 2016). Sudden infant death syndrome is also associated with non-breastfed infants (Danso, 2014). The benefits of breastfeeding exclusively derived by mother and infant as well as the consequences of not practicing it translate to families, communities and the nation at large. Less time and money will be used to treat diseases thus resulting in economic gains if exclusive breastfeeding is practiced and for longer periods otherwise, huge sums of monies and time will be spent on medicines and in the hospitals to treat diseases that could have been prevented (WHO/UNICEF, 2018; Danso, 2014). Lack of EBF increased the odds of diarrhea, fever and ARI. Among the babies aged 6 months or less 27.37% of diarrhea, 13.24% of fever and 8.94% of ARI could have been prevented if EBF was not discontinued. If EBF was terminated during 0–2 months, 2–4 months the odds of becoming underweight were 2.16 and 2.01 times higher, respectively, than babies for whom EBF was not terminated (Khan & Islam, 2017). According to UNICEF (2017), when there is commitment from countries in support of policies and programs relating to exclusive breastfeeding, the rates go up.

2.9 Summary of Literature Review

Studies have shown that there are efforts made globally to improve exclusive breastfeeding because it has become more than just a lifestyle decision but has become a public health concern (American Academy of Pediatrics, 2012). Although increases in exclusive breastfeeding rate have been recorded over the years, these increases still fall short of recommendations set by WHO to afford infants the basic nutrients they need to grow and develop. Factors shown to influence exclusive breastfeeding among mothers with infants in different locations across the

world in the above literature are socio-demographic factors, socio-cultural factors and mother's attitude towards the practice. Information on these factors as well as how they influence breastfeeding exclusively is however inadequate in Ghana and in Berekum among mothers with infant attending C.W.C. at Berekum Holy Family Hospital most especially.

CHAPTER THREE

MATERILAS AND METHODS

3.0 Introduction

This chapter focused on the methodology that was used in the study. It dealt with research design, location of the study, target population, sampling techniques and sample size, research instruments, validity instruments, reliability of instruments, data collection procedures and ethical considerations which aided in the validity of the research.

3.1 Study area

The study area is Holy Family Hospital Berekum, which is located in the Berekum municipality of the Bono Region in Ghana. The hospital is easily accessible by Berekum-Biadan road. Berekum Holy Family Hospital (HFH) is a Catholic Diocesan Hospital which serves as the Municipal Hospital. It is part of the Sunyani Diocesan Health Service (DHS) and the Diocesan Health Service Board (DHSB) serves as the Governing Board. It was established in 1948 by the Medical Mission Sisters (MMS) and became a Diocesan Hospital in 1978. HFH since 1969 has been Network with the Ministry of Health (MoH), a private hospital and community-based facilities and personnel and it is coordinated by the Municipal Health Management Team (MHMT). Holy Family Hospital is a catholic hospital which renders clinical services at a level that meets the requirement of training clinical medical and nursing students at the highest level of care in Ghana. The primary objective of the the facility is to provide quality healthcare to service personnel and the general public.

The hospital has 10 out-patient department and 7 inpatient departments (wards and emergency). It has a bed capacity of about 300 beds, estimated annual outpatient attendance of

about 10,500 visits and an annual inpatient attendance of about 5,250. About 25% of the annual attendance are referral's from other facilities. The hospital provides numerous surgical and medical care as well as the Maternal and Child Health (MCH) popularly known as A.N.C making the Hospital a top notch in the Berekum Municipal district. Annually the hospital A.N.C records about 1,500 pregnancy cases.Which made it best to suit for this study. The ANC was established to provide regular check-ups that allow doctors to treat and prevent potential health problems throughout the course of the pregnancy and to promote healthy lifestyles that benefit both mother and child.

The Holy family Hospital is made up of several departments including Dental, Surgical, Medical, Gynaecology, Paediatrics, Obstetrics, Pathology, Pharmacy, Physiotherapy, Public Health and Radiology. It also has a training institutions such as the Nursing and Midwifery Training College (NMTC).

The hospital also provide services like Reproductive and Child Health (RCH) popularly known as C.W.C which is an extended maternal child health of family welfare or safe motherhood or child survival and safe motherhood programme. The Child Welfare Clinic of Berekum HFH monitors a child's health, development and growth, as well as provides parents with guidance and counselling. At the clinic, the child will receive vaccines compliant with the vaccination programme. The selection of this study area is defined by the fact that, the C.W.C public health nurses are always ready for mothers to discuss all issues related to their child, given them the confidence and assurance they have in the health staffs.

3.2 Study Population

Mothers with infants attending C.W.C in Berekum HFH were involved in this study. An infant as defined in this study was a child from zero up to six months of age whereas a mother was a woman in the reproductive ages 15 to 49 years old (World Health Organization/United Nations Children's Fund, 2018). This target group was selected for the study because they were in the reproductive period where women gave birth and infants zero up to six months because exclusive breastfeeding was practiced within this age range. This target group afforded the researcher the opportunity to identify factors that influenced their exclusive breastfeeding practices.

3.3 Study design

A descriptive cross-sectional study design was used. Quantitative data were collected to examine how exclusive breastfeeding was influenced by the mother's socio-demographic characteristics, socio-cultural characteristics as well as their attitude towards exclusive breastfeeding.

3.4 Sampling technique and size

All reproductive women with infants attending CWC sessions held at the Reproductive Child Health in Berekum HFH during the data collection period were purposively selected to take part in the study. This technique allows researchers to select participants who have specific characteristics or experiences that are relevant to the research question. Also this method is more efficient than other sampling techniques, as it allows researchers to focus their recruitment efforts on a specific population or subpopulation. Mothers with infants who attended CWC in the Holy Family Hospital Berekum RCH were consecutively sampled to participate in the study. On the

day of interview, the first participant was the first mother with an infant who had successfully gone through the CWC process and met the inclusion criteria at the time interviewers were ready to commence. Subsequently, any mother with an infant who had just finished the CWC process when interviewers were ready to conduct the next interview was screened by interviewers using the inclusion and exclusion criteria before conducting the next interview. This process continued at the clinic until the desired total sample size was achieved. Interviews were conducted outside but close to health facility and under a tree or shed where interviewer and respondent were comfortably seated. This provided the necessary privacy for participants to respond to questions without any form of intimidation. Based on the GDHS (2014) Brong Ahafo Regional prevalence of exclusive breastfeeding of 70%, a sample size for the study was calculated using the Cochran (1977) formula: $n = (z^2 * pq) / d^2$ Where n is the required sample size, z is the standard normal deviate whose value at 95% confidence level is 1.96, p is the exclusive breastfeeding rate 0.7 and q = 1-p = 0.3 and d, the margin of error (absolute precision), 0.05. The sample size n was calculated as follows:

$n = (z^2 * pq) / d^2$

$n = [(1.96)^2 * (0.7) * (1-0.7)] / (0.05)^2$

$n = 323$

The sample size was therefore divided into eight (n/8) and one out of the eight was chosen as this study will be conducted in one facility and also due to limited time for the researchers in order to work on the questionnaires.

=323/8=40.38

In order to cater for non-response and errors due to recording, a 25% adjustment was calculated. A total sample size of 50 of participants were interviewed and questionnaires presented to.

3.5 Data collection methods and instruments

The KAP manual, adapted from FAQ (2014) was adapted to collect quantitative data from sampled participants to determine factors influencing exclusive breastfeeding practice among mothers with infants attending C.WC. at HFH Berekum. Interview and questionnaire was the data collection instrument employ to gather the quantitative data. A closed-ended questionnaire was designed in line with the study objectives. Questions were asked in English and in the local language 'Akan' which was commonly spoken in the study area. Akan responses were translated back to English by interviewers and ticked appropriately on the questionnaire. Breastfeeding practices were assessed based on feeding practices in the last 24 hours prior to the interview. Questions covered four (4) sections; a socio-demographic characteristics of respondents, proportion women exclusively breastfeed their infants, socio-cultural characteristics and mother's attitude towards exclusive breastfeeding with options to choose from. The data collection took a period of one week to complete.

3.6 Data analysis technique

Collected quantitative data were cleaned, coded and entered into Microsoft Excel. Analyses was carried out using STATA version 15 (STATA, 2017). Descriptive statistics was used to summarize socio-demographic characteristics, socio-cultural characteristics and mother's attitude toward exclusive breastfeeding. Categorical variables were summarized as proportions whiles mean and standard deviation were used to summarize continuous variables. Statistically significant variables were then selected and Logistic regression analysis applied to examine the strength of association of socio-demographic characteristics, socio-cultural characteristics and attitudes of participants with exclusive breastfeeding among mothers with infants.

3.7 Ethical Clearance

Ethical clearance was obtained from the management of Holy Family Hospital Berekum for this study before data collection commenced. The respondents/ participants were assured of confidentiality and privacy throughout the study. Each respondent's consent was also sought before the research was started though explanations were given to the respondents before they accepted to participate in the study. Also, respondents were made aware of their rights to withdraw from the study anytime as they wish to. They were assured that no harm physically, psychologically or emotionally would be inflicted on them. They were also made aware that no material benefit was going to be given to them for taking part in the study.

3.8 Limitations of the Study

There was limited time schedule for the research work to be carried out. Funding of the research was so limited and that it was not possible to use a large sample size. Some of the subjects were reluctant in spending time in answering the questions. Another limitation was searching for information on the internet. Also, collecting of the questionnaire after distribution was a problem on its own.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter analyzes data collected from the field of study and the results. The reporting format includes written, tabular, and graphical representations. Out of 50 surveys distributed, 50 completed questionnaires were returned, indicating a 0% non-response rate. As a result, the survey's representation was 100% based on the number of respondents that participated. The findings of this study are presented in this chapter. The results are presented in the following order: mother's socio-demographic traits, socio-cultural practices, and mother's attitude toward exclusive breastfeeding.

4.1.0 Background Information / Demographical Data

4.1.1 Ages of respondents

The age group 18-24, emerges the highest percentage representing 50.0% of the total sample followed by the 25-30 age group representing 30.0%. Finally, the least age group was 31-39 making up to 20.0% of the total sample as shown in the table 4.1 below. The mean age is 25.8 $\pm$ 5.5 of standard deviation.

Table 4.1: Ages of respondents

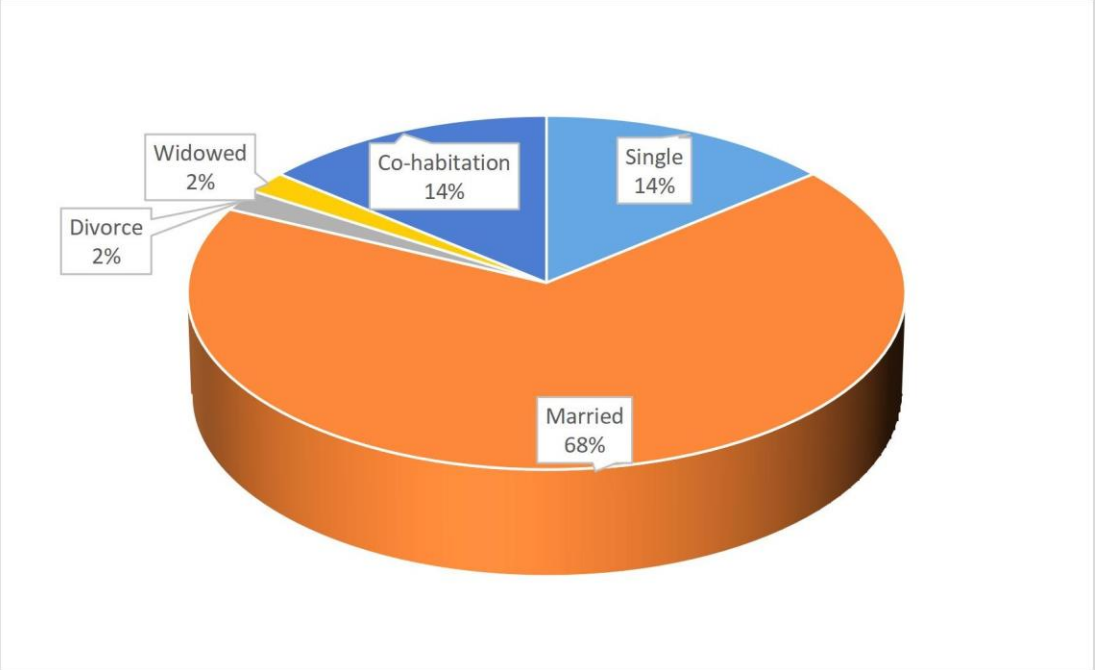
Variables	Frequency	Percentage
18-24	25	50.0%
25-30	15	30.0%
31-39	10	20.0%
Total	50	100%

Field study (2023).

4.1.2 Marital Status:

In the Married category, there are 34 respondents, which accounts for the majority at 68.0% of the total followed by Co-habitation and Single categories each have 7 respondents, representing 14.0% each. The Divorced and Widowed categories each have 1 respondent, representing 2.0% each as shown in figure 4.1 below.

Figure 4.1: Marital Status

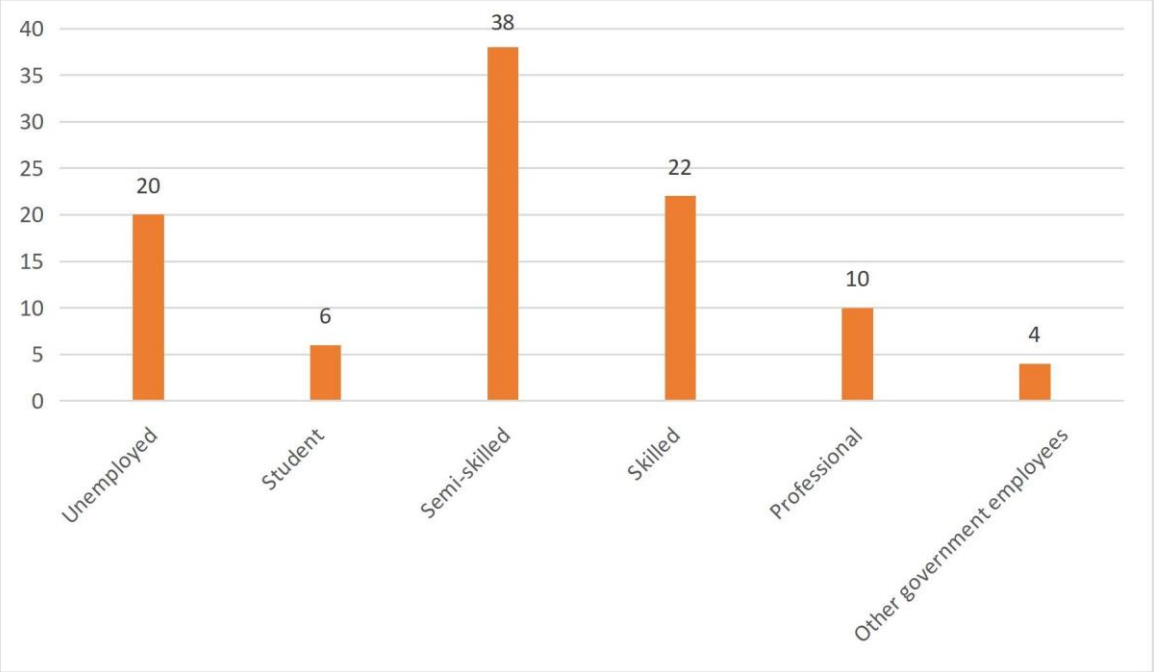


4.1.3 Usual occupational source

The Semi-skilled category has 19 respondents, accounting for the highest proportion at 38.0% followed by the "Skilled" category which contains 11(22.0%) respondents. In the "Unemployed" category, there are 10(20.0%) respondents. Respondents in the Professional category was 5(10.0%) and Student category 3(6.0%) of respondents with the least being Other governmental

employees" category with 2 respondents, contributing 4.0% to the total sample as shown in figure below.

Figure 4.2: Usual occupational source



4.1.4 Religious affiliation

Majority of the respondents were Pentecostals 18(36%) followed by Protestants representing 9(18%). Those in the Catholic category, were 8(16%) of the respondents. The Muslim category contains 13(26%) respondents. Traditional and Other (specify) had 1(2%) respondent each.

Table 4.2: Religious affiliation

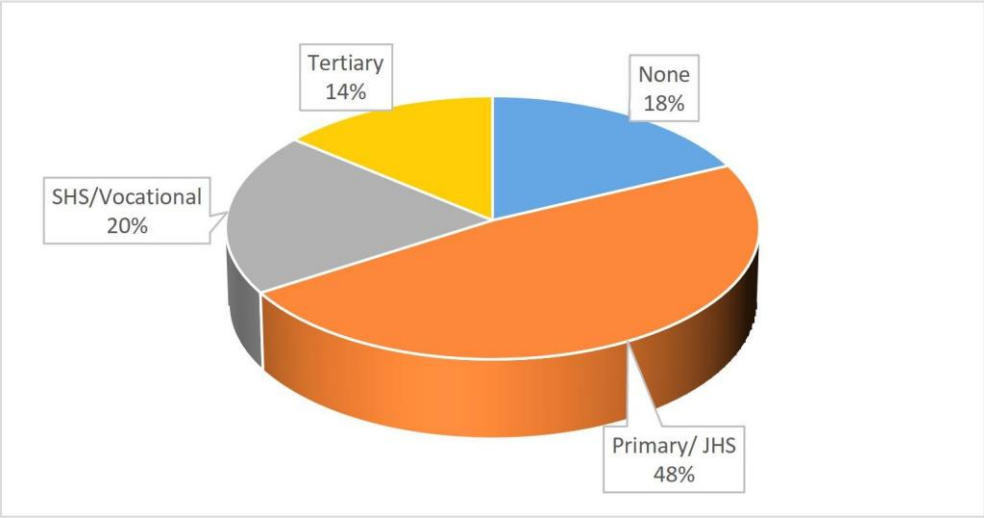
Variables	Frequency	Percentage
Catholic	8	16%
Protestant	9	18%
Pentecostal	18	36%
Muslim	13	26%
Traditional	1	2%
Other (specify)	1	2%
Total	50	100%

Field study (2023).

4.1.5 Highest level of education

In the context of highest educational level, respondents in the Primary/JHS category were the majority 24(48.0%) of the total sample followed by respondents in the SHS/Vocational level 10(20%). The None category, comprised of 9(18%) respondents and with respondents in the Tertiary category being the least containing 7(14%).

Figure 4.3: Highest level of education



4.1.6 Ethnicity

Regarding ethnicity of the respondents, majority of the respondents belonged to the Akan 24(48%) followed by the Ga/Adamgbe group 8(16%). Gonja/Dagomba/Mamprusi and Other (specify) ethnic group had 5 respondent each contributing 10% of the total sample. Dagarti/Frafra and Sisala/Wala also had the same number of respondents belonging their ethnic groups 3(6%) each. The ethnic group with the lowest respondents was the Banda/Pantra 2(2%) as shown in table 4.3 below.

Table 4.3: Ethnicity

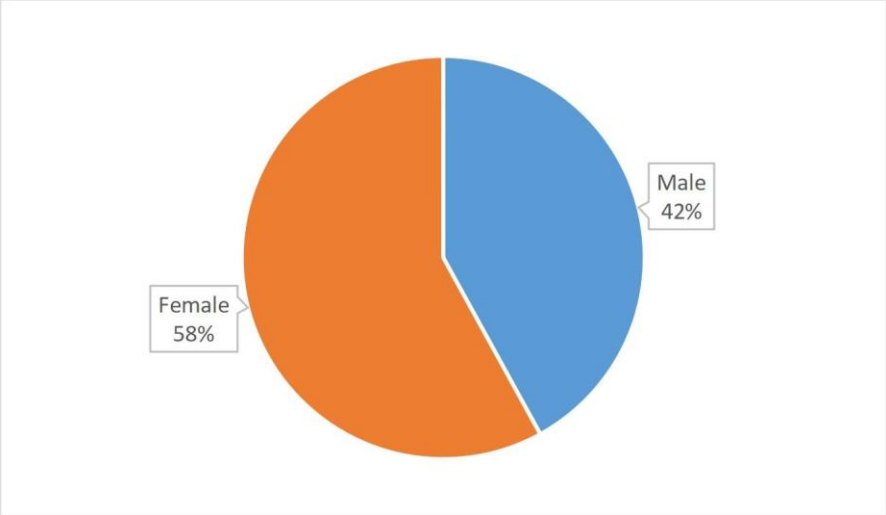
Variables	Frequency	Percentage
Akan	24	48.0%
Ga/Adamgbe	8	16%
Gonja/Dagomba/Mamprusi	5	10.0%
Dagarti/Frafra	3	6.0%
Banda/Pantra	2	4.0%
Sisala/Wala	3	6.0%
Others (specify)	5	10.0%
Total	50	100%

Field study (2023).

4.1.7 Sex of the infant

According to the gender of the infant, girls outnumbered males 29(58%) to 21(42%) as shown in the figure 4.4 below.

Figure 4.4: Sex of the infant



4.1.8 Age of baby in completed months.

According to the ages of respondents' infants in months, 35 respondents said their infants were in the "0-2.5 months" category, accounting for 70.0% of the entire sample. The "3-5.5 months" category had the fewest respondents 15, accounting for 30.0% of the total as shown in table 4.4 below.

Table 4.4: Age of baby in completed months.

Variables	Frequency	Percentage
0-2.5 months	35	70.0%
3-5.5 months	15	30.0%
Total	50	100%

Field study (2023).

4.2 Breastfeeding Practices Influencing Exclusive Breastfeeding

In determining the proportion of mothers with infants who exclusively breastfeed, results showed that majority (68.0%) of participants breastfed their babies during the day and night prior to the day of interview. Most (96.0%) of participant's babies did not consume breast milk by spoon, cup, bottle or breastfed by another woman and 56.0% of babies were not fed anything in addition to breastfeeding the day before the interview. Majority (80.0%) of participants reported that no one feeds the baby when they are not home or cannot feed baby and more than half (76.0%) of participants indicated that their babies were not fed anything if they are not there to feed their babies. (See Table 4.5 for detailed results).

Table 4.5: Proportion Of Exclusive Breastfeeding Practices

Variable	Frequency	Percentage
Was baby breastfed yesterday during the day or at night?		
Breastfed	34	68.0%
Not breastfed	16	32.0 %
Did baby consume breast milk by spoon, cup, bottle or breastfed by another?		
Consumed	2	4.0%
Did not consume	48	96.0%
Apart from breastfeeding, what type of food was your baby fed with yesterday during the day or at night?		
Breast milk by spoon, cup or bottle	1	2.0%
Infant formula by spoon, cup or bottle	10	20.0%
Porridge by spoon, cup or bottle	10	20.0%
Other	1	2.0%
Nothing	28	56.0%
When you are not home or cannot feed the baby yourself, who does it?		
Father	2	4.0%

Grandmother	4	8.0%
Other children	1	2.0%
Other	3	6.0%
No one	40	80.0%
If you are not there to feed the baby, what type of food is the baby fed?		
Breast milk by spoon, cup or bottle	4	8.0%
Infant formula by spoon, cup or bottle	3	6.0%
Porridge by spoon, cup or bottle	4	8.0%
Other	1	2.0%
Nothing	38	76.0%
Total	**50**	**100%**

Field study (2023).

4.3 Association Between Socio-Demographic Factors And Exclusive Breastfeeding Among Mothers With Infants

The practice of exclusive breastfeeding is influenced by a multitude of socio-demographic characteristics, and understanding these influences is essential for promoting and supporting this important aspect of infant care. The association was calculated based on answering correctly the proportion of breastfeeding scores(5-item) and attitudes of mothers towards exclusive breastfeeding practices scores(7-item), this were sum up and rated in percentage. Therefore scoring 9 out of 12 (75%) was the cut off point, ≥75% indicating pass and <75% indicating fail. Therefore only 30 participants, representing 60% passed indicating their success in exclusive breastfeeding practices.

Regarding the age of the mothers, which is an important socio-demographic factor determining exclusive breastfeeding behaviors. The findings show, younger mothers aged "18-24" have a more even distribution, with 48.0% passing and 52.0% failing. The "25-30" age group, on the

other hand, has a higher pass rate of 66.7%, showing that a considerable proportion of mothers in this age range are successful in exclusive breastfeeding. Furthermore, the "31-39" age group has the highest pass rate of 80.0%. These data imply that a mother's age may be related to effectively practicing exclusive breastfeeding as older mothers are more likely to practice.

In the context of marital status of the mothers, the data shows that "Married" mothers have a pass rate of 76.5%, which is notably higher than the pass rates of "Single" and "Divorce" mothers at 42.9% and 0.0%, respectively. Furthermore, there is one "Co-habitation" mother who has passed. These findings indicate that marital status may have a significant impact on exclusive breastfeeding practices.

Concerning the usual occupational source of mothers, it also appears that, mothers classified as "Unemployed" exhibit a pass rate of 30.0%, while those categorized as "Skilled" showed a higher pass rate at 81.8%. The "Semi-Skilled" and "Professional" categories fall in between, with pass rates of 57.9% and 80.0%, respectively. Moreover, all "Other government employees" mothers pass exclusive breastfeeding. These findings suggest a connection between a mother's usual occupational source and her success in exclusive breastfeeding. Skilled and professional mothers have the highest pass rates, possibly due to better access to resources and more flexible schedules, while unemployed mothers may face challenges in balancing work and breastfeeding.

With respect to highest level of education achieved by mothers, the data reveals that, mothers with "Tertiary" education have the highest pass rate at 71.4%, while mothers with "Primary/JHS" education exhibit a pass rate of 25.0%. The "SHS/Vocational" category shows a pass rate of 70.0%, and "None" education level mothers have the lowest pass rate at 22.2%. These findings suggest that a mother's level of education is associated with her success in exclusive breastfeeding. Mothers with higher education levels are more likely to practice exclusive breastfeeding. (See Table 4.6 for detailed results.)

Considering the ages of infants associated with exclusive breastfeeding infants in the "0-2.5 months" category, were exclusively breastfeeding according mothers accounting for 68.6% as compare infants in the "3-5.5 months" category accounting for 33.3%.

Table 4.6: Association Between Socio-Demographic Factors And Exclusive Breastfeeding Among Mothers With Infants.

Socio-demographic characteristics influencing exclusive breastfeeding			
Variables	**Pass(n=30)**	**Fail (n=20)**	**Total(n=50)**
Ages of respondents			
18-24	12(48.0%)	13(52.0%)	25
25-30	10(66.7%)	5(33.3%)	15
31-39	8(80.0%)	2(20.0%)	10
Marital Status			
Single	3(42.9%)	4(57.1%)	7
Married	26(76.5%)	8(23.5%)	34
Divorce	0(0.0%)	1(100.0%)	1
Co-habitation	1(100.0%)	0(0.0%)	1
Usual occupational source			
Unemployed	3(30.0%)	7(70.0%)	10
student	1(33.3%)	2(66.7%)	3
Semi-Skilled	11(57.9%)	8(42.1%)	19
Skilled	9(81.8%)	2(18.2%)	11
Professional	4(80.0%)	1(20.0%)	5
Other government employees	2(100.0%)	0(0.0%)	2
Highest level of education			
None	2(22.2%)	7(77.8%)	9
Primary/ JHS	6(25.0%)	18(75.0%)	24
SHS/Vocational	7(70.0%)	3(30.0%)	10
Tertiary	5(71.4%)	2(28.6%)	7

Ages of Infants			
0-2.5 months	24(68.6%)	11(31.4%)	35
3-5.5 months	5(33.3%)	10(66.7%)	15
Total	**30(60%)**	**20(40%)**	**50(100%)**

Field study (2023).

4.4 Socio-Cultural Practices

Regarding socio-cultural factors that influence exclusive breast feeding, results showed that more than three-quarters (78.0%) of mothers with infants zero to six months relied mostly on Midwife/Nurse for breastfeeding information. About half (50.0%) of participants belonged to a community group/association and a little over half (52.0%) of these groups/associations gave information on breastfeeding. Giving water to drink before/during bathing was stated by most (30.0%) mothers as a belief of their culture that made practicing exclusive breastfeeding difficult. Regarding what the culture of mothers said about breastfeeding infants 0-6 months, majority (90.0%) of mothers stated their culture indicated that it was good for the infant. (See Table 4.7 for detailed results).

Table 4.7: Socio-Cultural Practices

Variables	Frequency	Percentage
Source of information on breastfeeding		
Mother in-law	3	6.0%
Friends	1	2.0%
Midwife/Nurse	39	78.0%
Mother support groups	1	2.0%
Community based health volunteers	1	2.0%
Other	5	10.0%
Membership of community group		
Belong	25	50.0%
Do not belong	25	50.0%
Group giving information about breastfeeding		
Gives	26	52.0%
Do not give	24	48.0%
Beliefs/taboos and cultural practices that make breastfeeding difficult		
Naming ceremony	13	26.0%
Rituals (giving herbal water)	5	10.0%
Water to drink before/during bathing	15	30.0%
Other	5	10.0%
Beliefs disallowed	12	24.0%
What culture says about breastfeeding infants 0-6months		
Not good for infant	5	10.0%
Good for infant	45	90.0%
Total	50	100%

Field study (2023).

4.5 Mother's attitude influencing exclusive breastfeeding

The fourth objective was to examine attitudes of mothers with infants towards exclusive breastfeeding. Results showed that majority (92.0%) of participants said they thought it was good to breastfeed exclusively for six months and most (78.0%) said it was not difficult for them to breastfeed exclusively for six months. Most (94.0%) participants said they thought it was good to breastfeed their babies on demand, anytime the baby wants to breastfeed and majority (88.0%) said it was not difficult to feed their babies on demand. Regarding being confident, 94.0% of participants said they felt confident in breastfeeding their baby, majority (46.0%) stated they did not feel confident to express as well as store breast milk for themselves or someone else to feed their babies. Majority (64.0%) of participants said that they felt it was not good for infants to be fed formula from birth up to six months. (See Table 4.8 for detailed results).

Table 4.8: Mother's Attitude Towards Exclusive Breastfeeding

Variables	Frequency	Percentage
Good to exclusively breastfeed baby for six months		
Not good	2	4.0%
Not sure	2	4.0%
Good	46	92.0%
Difficult to exclusively breastfeed baby for six months		
Not difficult	39	78.0%
Not sure	1	2.0%
difficult	10	20.0%
Good to breastfeed baby on demand		
Not good	1	2.0%
Not sure	2	4.0%
Good	47	94.0%
Difficult to breastfeed your baby on demand		
Not difficult	44	88.0%
Not sure	1	2.0%
Difficult	5	10.0%
Confident breastfeeding your baby		
Not confident	2	4.0%
Not sure	1	2.0%
Confident	47	94.0%

Confident expressing and storing breast milk for someone else to feed the baby		
Not confident	23	46.0%
Not sure	9	18.0%
Confident	18	36.0%
Good to formula feed your baby for the first six months		
Not good	32	64.0%
Not sure	9	18.0%
Good	9	18.0%
Total	**50**	**100%**

Field study (2023).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section includes the discussion, conclusion and recommendation of the principal discoveries previously delineated in chapter four. The discussions rely on the investigation's findings juxtaposed with pre-existing studies and theories, elucidating possible rationales for both similarities and dissimilarities between them. These discussions about the mother's socio-demographic characteristics, socio-cultural behaviors, and attitude toward exclusive breastfeeding form the basis for this chapter's final conclusions and recommendations.

5.1 Discussion

5.1.1 Demographical distribution of respondents

The age distribution of the respondents reveals that the majority, representing 50.0% of the total sample, falls within the "18-24" age group, pointing to the fact that young mothers contributed much to this study with mean age 25.8 $\pm$ 5.5 of standard deviation. Among the respondents, those categorized as "Married" are the most prevalent, representing 68.0% of the total as procreation is one of the major priority in marriage.The data further reveals that respondents in the "Semi-skilled" category constitute the highest proportion, at 38.0% as most of the women in Berekum are mostly farmers and traders. The religious affiliation of the respondents shows that the majority, 36.0%, identify as "Pentecostal. This implies Pentecostal churches are the mostly attend church by respondents. Regarding the highest educational level attained, the majority of respondents, 48.0%, fall into the "Primary/JHS" category as it forms the basis of the academic cycle. The ethnic composition of the respondents indicates that the majority,

48.0%, belong to the "Akan" ethnic group. In terms of the gender of the infants, girls outnumber males, with 58.0%. Among the respondents, 70.0% stated that their infants fell into the "0-2.5 months" category, while 30.0% reported their infants to be in the "3-5.5 months" category. This means many of them were in their early months of child birth.

5.1.2 Breastfeeding practices influencing exclusive breastfeeding

The findings of this study provide further confirmation of the existing challenge of variations in exclusive breastfeeding rates across the country. Among the sampled population, it was observed that 60% were likely to practice exclusive breastfeeding. Also, the proportion of mothers who exclusively breastfed their infants prior to the day of interview was 68.0%. In line with the challenge of low (52%) rate of exclusive breastfeeding across Ghana (GDHS, 2014) which is lower than the recommended 80% and 90% rates stipulated by FHD (2016) and UNICEF (2017) respectively. The 68.0% of participants who breastfed their infants exclusively prior to the day of the interview in this study compares with 66.0% and 66.7% found in studies in Ghana by Asare et al., (2018) and Diji et al., (2017) respectively but higher than 58.0% found in Ghana (Mogre et al., 2016) and 33.5% in Nigeria by Onah et al., (2014). This rate is more than the 52% national figure that was reported by GDHS (2014) and slightly lower than the 70% recorded by Multiple Indicator Cluster Survey (MICS) (2011) for Brong Ahafo Region. All these rates however, fall short of the above recommended targets. The study's high rate compared to the national figure might be caused by implementation of interventions targeted at neonatal, child as well as maternal health in the study area by GHS, Ministry of Health (MOH), and partners. These include C-IYCF, BFHI, Newhints home-visits and Ensure Mother and Baby Regular Access to Care (EMBRACE) implementation research that resulted in the adoption of the combined maternal and child health record book (UNICEF, 2015; Onah et al., 2014; Jacdonmi et

al., 2016; Kirkwood et al., 2013; Kikuchi et al., 2015). The rest include routine awareness creation at ANC, postnatal and CWC on the importance of breastfeeding exclusively. Failure of mothers to express and cup/spoon feed babies because they either lack the necessary techniques, are not confident to express or as a result of both might be contributory factors to the low rate of breastfeeding exclusively. From this study, a handful of babies were fed expressed milk (8%), infant formula (6%) and porridge(8%). Expressed breast milk can be fed to these infants in place of infant formula and porridge which will foster exclusive breastfeeding. This finding is consistent with findings in similar studies carried out by Arts et al., (2011) in Mozambique among mothers with younger than six months old infants and Akinyinka et al., (2016) also among mothers of infants below six months at a Military barracks in Nigeria where infants were fed other foods such as porridge and formula. Fewer women practicing exclusive breastfeeding implies poor nutrition to infants below six months resulting in malnutrition, diseases and ultimately death as stated by UN (2017). This situation stalls efforts towards the achievement of goal 3 of the SDG that seeks to make sure that lives are healthy and the well-being for all at all ages are promoted which include breastfeeding exclusively infants from birth up to six months. The low proportion of participants who engaged in breastfeeding exclusively from the study resonates with findings from previously conducted studies in Western countries by Meedya et al., (2010). It revealed that few women breastfeed their infants from birth up to six months resulting in poor growth that affects not only infants but also mothers and the entire population. Similar findings were recorded in South Africa by Goosen (2013) where mothers gave other foods to infants below six months thus affecting exclusive breastfeeding.

5.1.3 Association Between Socio-Demographic Factors And Exclusive Breastfeeding Among Mothers With Infants.

One of the key socio-demographic factors influencing exclusive breastfeeding practices is the age of the mothers. The data reveals distinct patterns in exclusive breastfeeding pass rates across different age groups. The age groups "31-39", "25-30" and "18-24" had the following rates 80.0%, 66.7% and 48.0% respectively. This implies the age of the mother is proportional increasing her likelihood to practice exclusive breastfeeding as the older the age, the likel the practice. These findings suggest that there is a strong association between a mother's age and her likelihood of successfully practicing exclusive breastfeeding. The higher pass rate in the older age group could be attributed to greater maternal experience and awareness of the benefits of exclusive breastfeeding. This study supported the findings of Muluneh (2023) study, which showed that mothers aged 25 to 34 had 1.74 times higher probabilities of practicing exclusive breastfeeding with their child than mothers in the 15 to 24 age range.

About the relationship between exclusive breastfeeding practices and marital status. Mothers who were classified as "Married" in the survey had an exceptionally high pass rate of 76.5% as compare to "single" and "divorced" mothers who identify as had lower pass rates 42.9% and 0.0%, respectively. Also those living together as potential husband and wife (cohabiting) attained 100% passed rate as only one participant represented such category. These findings demonstrate the impact of marital status on exclusive breastfeeding. Marital mothers appear to have a higher success rate with exclusive breastfeeding because they have access to more resources and assistance in a marital relationship. This study is a reflection of Muluneh (2023) study, which found that mothers who are married are three times more likely to breastfeed their kid exclusively than single mothers.

Findings of socio-demographic factors showed that out of the total 50 mothers with infants interviewed, few had their highest education level to be tertiary whiles the majority had up to primary/JHS level. It demonstrates a strong association between participants being well educated and exclusively breastfeeding as participants who were well educated were found to be three times more likely to breastfeed exclusively compared to those who had no education at all. Mother's ability to understand literature and messages on how important and beneficial it is to exclusively breastfeed for both infant and mother including being motivated may be contributory factors to what we observe in findings (Onah et al., 2014). This finding resonates with similar studies by Asare et al. (2018), Meedya et al. (2010), and Mogre et al. (2016) who found that mother's with high educational status were more likely to breastfeed exclusively and mothers with low education, less likely to do so.

Another important factor that influenced exclusive breastfeeding was most usual occupation source. Participants who were semi-skilled (farmer, food vendor, trader) and students and unemployed were negatively inclined towards practicing exclusive breastfeeding. Professionals (Nurse, administrator, teacher), skilled (seamstress, hair dresser)and other government employees (receptionist, clerks, messengers) were however positively inclined towards breastfeeding exclusively. Most prominent in the results was that receptionists, clerks and messengers were most inclined to breastfeed their babies exclusively compared to participants who were unemployed. Suggestive of the factors contributing to this might be that these caliber of workers have flexible and less stressful work schedules. They may not be overly pressured and therefore have time to be with infants, breastfeeding them and for longer periods. Similarly, Adewuyi & Adefemi (2016) showed that those with low economic status were more likely to breastfeed. Public sector workers were also shown to be more inclined to breastfeed exclusively but this

reduced when they resumed to their busy and tight schedules however, this was an exception for receptionist, clerks and messengers (Diji et al. 2017).

Nurses, administrators and teachers showed tendencies to exclusively breastfeed in the findings most likely because some lived in the bungalow in their workplace and home distance was short allowing frequent visits to breastfeed or a caretaker to bring baby to mother for breastfeeding even when they have resumed work after maternity leave. Again, there may be less strict enforcement of regulations that prohibit bringing babies to work after the three months maternity leave and this gives mothers some liberty to be with their babies all through working hours and breastfeed in some instances. However, this finding contradicts findings from a study conducted by Danso (2014) in Kumasi metropolis among professional working mothers where majority of mothers did not breastfeed exclusively because they returned to work after their maternity leave. Farmers, food vendors, traders, seamstress and hairdressers usually self-employed were found to be less likely inclined to breastfeed exclusively. This may have been so because they have to work longer hours, usually out of home which may involve having to leave their babies at home with relatives or caretakers whiles they engage in their work. This however contradicts with the study by Diji et al. (2017) where strong associations was found between mothers who were self-employed and tendencies to breastfeeding exclusively.

The data related to the ages of infants associated with exclusive breastfeeding reveals an interesting pattern. It shows that infants in the "0-2.5 months" age category have a significantly higher rate of exclusive breastfeeding, with 68.6% of mothers reporting this practice. This is a substantial proportion and indicates that exclusive breastfeeding is commonly initiated during the early months of an infant's life. In contrast, infants in the "3-5.5 months" category have a lower rate of exclusive breastfeeding, accounting for only 33.3%. This decline in exclusive breastfeeding rates can be due to certain factors such as lack of knowledge and mother perceiving

that breast milk along cannot satisfy the infants as he ages and begin to transition to complementary foods alongside breast milk. This study was in line with Diji et al. (2017) who showed a unit increase in infant's age in months resulted in an 18% reduction in exclusive breastfeeding practices.

5.1.4 Socio-cultural factors that influence exclusive breastfeeding

According to the findings of socio-cultural factors that influence breastfeeding exclusively, relying mostly on Midwife/Nurse (78.0%) for breastfeeding information, cultural practice of giving water to drink before/during bathing (30%), membership group giving information about breastfeeding (52.0%) and mother's culture indicating that it is good for infants to be breastfed exclusively from 0-6months (90%) were all associated with the practice of breastfeeding exclusively. Similar to findings of studies conducted in Ghana by Asare et al. (2018) and Danso (2014), the reliance on health staff resulted in mothers being more likely to exclusively breastfeed. Contributing factors to this inclination may include the fact that mothers receive clear, concise and consistent information and advice on breastfeeding from trained health staff, taught appropriate breastfeeding techniques, supported and get help to prevent and manage breastfeeding complications. Again, during counselling, mothers could ask questions and find answers to their challenges regarding breastfeeding compared to other sources of breastfeeding information.

Mother's culture that allowed giving water before/during bathing to baby (30.0%) however did not prevent some mothers from breastfeeding exclusively in this study. This did not resonate with similar findings in Ghana by Tampah-Naah & Kumi-Kyereme (2013), Aborigo et al. (2012) and Mozambique by Arts et al. (2011) where mothers, due to cultural beliefs and practices resorted to giving water which hampered exclusive breastfeeding. Participants live within families and

society shaped by culture with practices that everyone who wants to feel a sense of belongingness must try to follow and practice. Grandmothers and relatives assist in bathing baby especially in the first few months after delivery. Mothers and relatives who may want to follow cultural practices may give water. However, this was not the case in this study. Participant's reliance on Midwife/Nurse mostly for breastfeeding information may have contributed to mother's decision to exclusively breastfeed even though her cultural belief encourages giving water before/during bathing. Breastfeeding awareness including its benefits during counselling may have equipped participants to choose to exclusively breastfeed despite what their cultural belief indicated. These mothers may have also explained its benefits to and/or told relatives insisting that their babies are not given water when it is time to take a bath. Consistent with findings from studies in Nigeria by Okafor et al. (2018), results from this study indicated that how and what a mother's culture sees and says about exclusively breastfeeding infants 0-6 months influences whether a mother will practice it or not.

Participants (90.0%) whose culture indicated exclusive breastfeeding was good were more likely to breastfeed exclusively compared to participants whose culture said it was not good for the infant. Cultures will put in mechanisms to get its people to practice what it sees and says to be good. Grandmothers, relatives and people held in high esteem will encourage mothers to exclusively breastfeed because it is culturally good to do that. Mothers on the other hand who would like to be seen as a part of the family and society will try to act by exclusively breastfeeding to conform to the cultural practice.

5.1.5 Mother's attitude towards exclusive breastfeeding

Mother's attitudinal factors found to be associated with breastfeeding exclusively included participants feeling it was difficult to breastfeed their babies exclusively for 6 months as well as they feeling it was difficult to breastfeed their babies on demand. Participants who felt this way were negatively inclined towards practicing exclusive breastfeeding. How a mother feels greatly impacts her decision and ability to carry out the desired practice. This is consistent with previous studies and literature reviews by Meedya et al. (2010) but differ from findings by Mogre et al., (2016) where few mothers did not feel confident to express and spoon or cup feed their babies. Factors that contribute to mothers feeling the difficulty may entail lack of or inadequate support from family and community to encourage and help with household chores as well as inadequate information provided by health staff on breastfeeding, teaching the right breastfeeding techniques to prevent and manage breastfeeding difficulties as well as being available to listen to concerns of breastfeeding mothers and to build their confidence. Providing mothers with the necessary information to acquire knowledge and build their skills will boost their confidence to practice exclusive breastfeeding (Jacdonmi et al., 2016).

5.2 Conclusion

The proportion of mothers with infants who exclusively breastfeed is sub-optimal. Educational level, occupation source, most relied source of information on breastfeeding, cultural beliefs and what culture indicates about breastfeeding exclusively also influence the practice of exclusive breastfeeding. Furthermore, how difficult it was for mothers to exclusively breastfeed their babies for six months and how difficult it was for them to breastfeed on demand influence the practice of exclusive breastfeeding.

5.3 Recommendations

5.3.1 Recommendation for practice

1. Health staff should intensify awareness of exclusive breastfeeding and its benefits to all stakeholders including mothers, their spouses, families, traditional leaders and influential persons in community.
2. Collaboration between health staff, women, spouses and family members to empower women through education and skills acquisition.
3. All stakeholders should team up to discuss and modify beliefs that hamper the practice of exclusive breastfeeding.
4. Health staff should build mother's confidence by teaching appropriate techniques in expressing, storing and cup/spoon feeding.

5.3.2 Recommendation for policy

The Ministry of Health (MOH) and Ghana Health Service (GHS) should scale up baby friendly hospital initiatives (BFHI) to cover all health facilities to ensure improved access, coverage and care including improved breastfeeding counselling and support for all mothers, families and communities.

The MOH and GHS should advocate and engage the National House of Chiefs to discuss avenues for the adoption, institutionalization and traditional/cultural support for exclusive breastfeeding.

5.3.3 Recommendation for future research

Further research into socio-cultural practices such as beliefs, taboos, norms and values that influence practicing exclusive breastfeeding should be conducted across Ghana and Africa to unearth and find ways to mitigate to improve its practice.

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APPENDIX

QUESTIONNAIRE

Dear respondent,

We are final year students from the Holy Family Nursing and Midwifery Training College, Berekum, conducting a research to assess the factors associated with exclusive breastfeeding practices for women with infants attending C.W.C at Holy Family Hospital Berekum. It is for academic purpose and your identity will not be disclosed so please be at ease and co-operate by giving us your best and honest opinion. Please tick [√] or write as appropriate.

A. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF MOTHER

1. How old are you? ……..

2. What is your marital status? (Tick √ where appropriate)

Single/Never married (1)	Married (2)	Separated/Divorced (3)	Widowed (4)	Co-habitation (5)

3. What is your most usual occupational source? (Tick √ where appropriate only once)

Unemployed (1)	Student (2)	Semi-skilled (Farmer, food vendor, trader) (3)	Skilled (Seamstress, hair dresser) (4)	Professional (Nurses, administrators, teachers) (5)	Other government employees (receptionist, clerks, messengers) (6)

4. What is your religion/denomination? (Tick √ where appropriate)

Catholic (1)	Protestant (2)	Pentecostal (3)	Muslim (4)	Traditional African (5)	Other (specify) (6)

5. What is your highest level of education? (Tick √ where appropriate)

None (1)	Primary school/JHS (2)	SHS/Vocational Training (3)	Tertiary (4)

6. What ethnic group do you belong to? (Tick √ where appropriate)

a) Akan [ ]

b) Ga/Adamgbe [ ]

c) Gonja/Dagomba/Mamprusi [ ]

d) Dagarti/Frafra [ ]

e) Banda/Pantra [ ]

f) Sisala/Wala [ ]

g) Others (specify) [ ]

7. Is your baby male or female? (Tick √ where appropriate)

A. Male [ ]

B. Female [ ]

8. What is the date of birth of your baby? (Confirm from maternal and child health record book)

Day……/Month……./Year……..

9. How old is your baby in completed months? (calculate number of completed months)..... completed months

B. PROPORTION OF EXCLUSIVE BREASTFEEDING PRACTICES

10. Was your baby breastfed yesterday during the day or at night? (Tick √ where appropriate)

1. Yes [ ] 0. No [ ]

11. Did your baby consume breast milk by spoon, cup, bottle, or breastfed by another woman yesterday during the day or night? (Tick √ where appropriate)

1.Yes [ ] 0. No [ ]

12. Apart from breastfeeding, what type of food was your baby fed with yesterday during the day or at night? (Tick √ for as many options as appropriate)

Breast milk by spoon, cup or bottle (1)	Infant formula by spoon, cup or bottle (2)	Porridge by spoon, cup or bottle (3)	Other(specify) (4)	Nothing (5)

13. When you are not home or cannot feed the baby yourself, who does it? (Tick √ for as many options as appropriate)

Father (1)	Grandmother (2)	Other children (3)	Other(specify) (4)	No one (5)

14. If you are not there to feed the baby, what type of food is the baby fed? (Tick √ for as many options as appropriate)

Breast milk by spoon, cup or bottle (1)	Infant formula by spoon, cup or bottle (2)	Porridge with spoon, cup or bottle (3)	Other(specify) (4)	Nothing (5)

C. SOCIO-CULTURAL PRACTISES

15. Who do you rely on mostly for information on breastfeeding? (Tick √ where appropriate only once)

Mother in-law (1)	Friends (2)	Midwife/ Nurse (3)	Mother support groups (4)	Community based health promoters (5)	Others (specify) (6)

16. Do you belong to any community group/association? (Tick √ where appropriate)

1. Yes [ ] 0. No [ ]

17. If Yes, does the group give information about breastfeeding? (Tick √ where appropriate)

1. Yes [ ] 0. No [ ]

18. What beliefs, taboos and cultural practices of yours make practicing exclusive breastfeeding difficult? (Tick √ for as many options as appropriate)

Naming ceremony (1)	Rituals (giving herbal water) (2)	Water to drink before/during bathing (3)	Other (specify) (4)	No belief (5)

19. What does your culture say about breastfeeding infants 0-6months? [CULBF] (Tick √ where appropriate)

It is not good for the infant (1)	It is good for the infant (2)

D. MOTHER'S ATTITUDE TOWARDS EXCLUSIVE BREASTFEEDING

20. How good do you think it is to breastfeed your baby exclusively for six months? (Tick √ where appropriate)

Not good (1)	Not sure (2)	Good (3)

21. How difficult is it for you to breastfeed your baby exclusively for six months? (Tick √ where appropriate)

Not difficult (1)	Not sure (2)	Difficult (3)

22. How good do you think it is to breastfeed your baby on demand that is when your baby wants to feed? (Tick √ where appropriate)

Not good (1)	Not sure (2)	Good (3)

23. How difficult is it for you to breastfeed your baby on demand? (Tick √ where appropriate)

Not difficult (1)	Not sure (2)	Difficult (3)

24. How confident do you feel in breastfeeding your baby?(Tick √ where appropriate)

Not confident (1)	Not sure (2)	Confident (3)

25. How confident do you feel in expressing and storing breast milk so that you or someone else can feed your baby? (Tick √ where appropriate)

Not confident (1)	Not sure (2)	Confident (3)

26. How good do you think it is to formula feed your baby for the first six months? (Tick √ where appropriate)

Not good (1)	Not sure (2)	Good (3)

Thank you for taking time to complete this questionnaire.

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
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Our Ref. HFNMTC/GC/011/090423
Your Ref. .....

Date September 4, 2023

The Nursing Administrator
Holy Family Hospital
P.O. Box 21
Berekum

Dear Nursing Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year students of the College:

1. **Theresa Gyaamah**
2. **Priscilla Kyeremaa**
3. **Naomi Opoku Boahemaa**

As part of the pre-requisite for the award of Diploma in Midwifery they are to conduct a research study, on the topic **'Factors that influence Exclusive Breastfeeding among Mothers at ANC in Holy Family Hospital, Berekum.'**

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours sincerely

.....
Celestine Ahiawornu
Supervisor

For: Principal