**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**

# BARRIERS TO EXCLUSIVE BREASTFEEDING AMONG NURSING MOTHERS AND ITS INFLUENCE ON INFANT MORBIDITY A STUDY AT MPATASIE

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## DECLARATION

We declare that this is our own work toward the Diploma in General Nursing and that, to the best of our knowledge, it does not contain any material that has been accepted for the University's diploma award, with the exception of where appropriate acknowledgement is made in the text.

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## ABSTRACT

The study focused on the knowledge on exclusive breastfeeding among nursing mothers at mpatasie.

A descriptive cross-sectional study using quantitative method was employed. Convenience sampling technique was used to select fifty data. Data collection was done through the use of structured and semi structured questionnaires. Sixty-six percent of respondents were unsure whether exclusive breastfeeding lowers a child's risk of allergic disease, obesity, type II diabetes, hypertension, and high cholesterol later in life. Eighty-two percent of respondents were unsure whether exclusive breastfeeding lowers the risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and high blood pressure. 60% were unsure whether exclusive breastfeeding enhances cognitive development and strengthens maternal-child bonds if exclusively breastfeeding reduces the severity or frequency of bacterial meningitis, bacteremia, diarrhea, and urinary tract infections; Eighty percent of respondents were unsure.

More than half of those polled were aware of the following obstacles to exclusive breastfeeding: environmental and cultural influences, maternal employment, biological factors (such as breast engorgement, nipple problems, etc.), and inadequate information

94% of respondents were unsure whether exclusive breastfeeding reduces obesity and ovarian cancer based on their beliefs and practices. Four-fifths of respondents were aware that the mother benefits emotionally from exclusive breastfeeding. 96% of respondents had no idea whether exclusively breastfeeding lowers the risk of developing breast cancer.

The study recommended that nursing mothers practice exclusive breastfeeding for their infants up to six months of age, as recommended by the World Health Organization (WHO)

and other health organizations. It's important for nursing mothers to understand the proper technique for breastfeeding and seek help from lactation consultants or healthcare professionals if they are experiencing any difficulties. It's also important to ensure that they maintain a healthy and balanced diet to support their own health and the production of breast milk.

Nursing mothers should feel supported and encouraged to breastfeed, as it is a natural and beneficial way to feed their infants. However, it's important to acknowledge that some mothers may not be able to breastfeed exclusively due to medical or personal reasons, and in those cases, appropriate alternatives should be sought with the guidance of a healthcare professional.

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## ABBREVIATION

AAP - American Academy of Pediatrics

WHO- World Health Organization

BFHI- Baby Friendly Hospital Initiative

UNICEF - *United Nations International Children's Emergency Fund*

NHMRC-National Health and Medical Research Council

CINAHL- *Cumulative Index to Nursing and Allied Health Literature*

## ACKNOWLEDGEMENT

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Finally, we would like to express our sincere gratitude to the publishers and authors of the pieces of literature that were utilized in the study. God bless you all, and thank you all.

# CHAPTER ONE

# BACKGROUND INFORMATION

## 1.0 Introduction

Over the last couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. In resource limited settings where poor and suboptimal breastfeeding practices frequently result to child malnutrition regarded as a major cause of more than half of all child deaths (Sokol et al. 2007), exclusive breastfeeding is considered imperative for infants' survival.

Breastfeeding provides a wide array of physical and psychological short-term and long-term health benefits for mothers, infants, and young children. According to the American Academy of Pediatrics [AAP], (2005) and the World Health Organization [WHO], (2001), there is strong evidence that infants receiving only breast milk with no other liquids or solids known as exclusive breastfeeding, have many health benefits to mothers, babies, the environment, and society. Exclusive Breastfeeding is recommended for the first six months of life as the best way of feeding an infant (AAP, 2005; WHO, 2003).

Indeed, of the 6.9 million under five children who were reported dead globally in 2011, an estimated 1 million lives could have been saved by simple and accessible practices such as exclusive breastfeeding (WHO, 2012).

Exclusive Breastfeeding in the first six months of life and continued breastfeeding from 6-11 months, has shown to be the single most effective preventive intervention for reducing child mortality, with the potential of saving 1.3 million lives worldwide each year (Bai, el; 2011).

Among the numerous benefits of breastfeeding, UNICEF in a breastfeeding Campaign in 2013, termed the essence of breastfeeding as a “first immunization and an inexpensive life saver”. Mortality among newborns accounts for almost half of child deaths in the world. However, previous studies have shown that placing a newborn to the mother’s breast shortly after delivery help reduce mortality to a very large extent (UNICEF, 2015; WHO, 2016). Breastfeeding promotes the health of mothers as well. At current breastfeeding rates, WHO, in 2016, had reported that “close to 20,000 breast cancer deaths can be prevented and an additional 20,000 will be saved if breastfeeding conditions are improved”. Also exclusive breastfeeding has been found to reduce the risk of post-partum hemorrhage, protects mothers against the risks of ovarian and breast cancer and increases the bond between a mother and child (NHMRC, 2012).

In low income and developing countries, due to poor sanitation conditions, high disease burden and limitedness in the availability of clean drinking water, it is more necessary to practice exclusive breastfeeding in the initial stages in life (first six months of the child’s life). This practice of exclusive breastfeeding is more safer, hygienic and the most economical way of providing food for the newborn (UNICEF 2013). It has been reported in several articles on breastfeeding that proper practice of breastfeeding can save about 800,000 infant lives in the developing world alone (UNICEF 2015, WHO 2016).

Breastfeeding exclusively will be much easier and attractive to mothers if the right health education, support and motivation are given (Mogre et al. 2016). An idea about the barriers to exclusive breastfeeding and its influence on infant morbidity is imperative for improvement in breastfeeding practices. It helps in reducing child mortality, promotes growth and immunity (AAP, 2012).

## 1.1 Problem statement

Breastfeeding is the usual way of providing infants with the nutrients needed for growth and development. The benefits of breast-feeding to the infant and mother have long been identified and are widely acknowledged. The benefits are nutritional, developmental, emotional, immunological, social, economic, and environmental benefits (Earle, 2012). Breast milk provides complete and perfect nourishment for infants, boosting their immune system and protecting them from potential killers such as diarrhea and pneumonia .Exclusive breastfeeding also minimizes an infant's exposure to potentially unsafe food or water, and now saves an estimated six million lives every year (Brien, 2010).

World Health Organization guidelines for feeding and nutrition of infants and young children recommend that all infants be breastfed exclusively for the first six months of life**.** Infants when exclusively breastfed for the optimal duration of six months are significantly protected against the major childhood diseases conditions such as diarrhea, gastrointestinal tract infection, allergic diseases, diabetes, obesity, childhood leukemia and lymphoma, inflammatory and bowel disease**.** In particular, the risk of hospitalization for lower respiratory tract infections during the first year of life is reduced by 72% when infants are exclusively breastfed for more than 4 months also found exclusive breastfeeding to be protective against single and recurrent incidences of otitis media (WHO, 2012 & Gartner, 2005).

Early initiation of breast feeding within thirty minutes of delivery is one of the steps initiated by WHO\UNICEF's Baby Friendly Hospital Initiative (BFHI) to achieve a successful breastfeeding of the newborn baby because colostrum, the yellowish, sticky breast milk formed immediately after delivery. Colostrum is recommended by WHO as the most excellent food for the newborn. Additionally, early initiations of breastfeeding and continued

exclusive breastfeeding for the first six months have been found to have beneficial effect in improving vaccine response (WHO\UNICEF, 2009).

Barriers to exclusive breastfeeding including biological factors (breast engorgement, nipple problems, etc ), maternal employment and inadequate information on benefits of exclusive breastfeeding were paramount in our findings.

This project is to identify the practice of exclusive breastfeeding among nursing mothers at Mpatasie.

### 1.2 General Objective

To assess barriers to exclusive breastfeeding among nursing mothers and its influence on infant morbidity

### 1.3 Specific Objectives

- To assess the knowledge of breastfeeding mothers on exclusive breastfeeding at Mpatasie.
- To assess barriers for continuation of exclusive breastfeeding among nursing mothers at Mpatasie.
- To determine the beliefs and practices of exclusive breastfeeding among nursing mothers at Mpatasie.

## OPERATIONAL DEFINITION OF TERMS

The following terms and phrases are defined as used in this study:

*Breastfeeding:* The act of giving breast milk to a baby.

*Breastfeeding duration*: Duration is the length of time for any breastfeeding, including breastfeeding through the initial stage of exclusive breastfeeding and any period of complementary feeding until weaning (WHO, 2001).

*Breastfeeding initiation:* The act of beginning feeding with breast milk.

*Exclusive breastfeeding* is defined as the "newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines" (Joint Commission, 2010).

*Maternal parity:* The number of times a woman had given birth to a fetus with a gestational age of 24 weeks or more (WHO, 2003).

*Postnatal period* (or called postpartum, if in reference to the mother only) is defined by WHO as the period beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after delivery (WHO, 1998).

*Solid or semi-solid foods*: Any food or liquid including non-human milk and formula (WHO, 2001).

# CHAPTER TWO

# LITERATURE REVIEW ON EXCLUSIVE BREASTFEEDING

## 2.1 Introduction

A review of the literature was performed in a systematic manner guided by the research questions following established search strategy methods. The literature review was primarily focused on the barriers to exclusive breastfeeding and the benefits of exclusive breastfeeding on the health of the infant and mother. A literature search was performed by using research databases from the subject areas of health science and nursing, behavioral studies and psychology, and multidisciplinary literature from electronic databases.

A review of the literature databases included MEDLINE, Pub Med, CINAHL, Cochrane Library, Academic Search Primer, and PROQUEST. Other search strategies included the reviewing of credible websites on the topics of breastfeeding, the theory of planned behavior, barriers, enablers, state and national breastfeeding supporting organizations, supporting programs, breastfeeding initiation, early breastfeeding discontinuation, breastfeeding knowledge, and healthcare professional guidance and education on breastfeeding.

It also included hand searching relevant journals and searching article reference lists on the prevention of infant mortality and morbidity. These terms were searched in combination using the Boolean operators AND and OR.

The inclusion criteria for articles included all peer-reviewed research articles published in English, between 1991 and 2018, and primary study theses published at Walden. A literature review is summarized under various headings on the topics of conceptual framework, benefits, and barriers to exclusive breastfeeding

## 2.2 REVIEW RELATED TO BARRIERS TO EXCLUSIVE BREAST FEEDING

### Determinants of Exclusive Breastfeeding

Determinants of Exclusive Breastfeeding are the factors or conditions that might lead to some changes in the practice by for instance encourage or impede it. The extent to which these determinants or factors affect exclusive breastfeeding is fairly complex and varies from one country to another and/or between different groups in the same country. Some are biological and beyond women's control (e.g. Breast engorgement, nipple problems etc.) while others are combinations of economic, environmental, cultural, social etc. Albeit with quantitative approaches, several of these determinants have been extensively studied and documented in recent years.

An earlier study by Perez-Escamillia, et al. (1995) in three Latin American countries (Brazil, Honduras and Mexico) also revealed that lower socioeconomic status (in Honduras and Mexico), prior planning on EBF duration (in all the 3 countries), maternal unemployment (in Brazil and Honduras), hospital delivery facilities that had breastfeeding promotion services, and having a baby girl (in Brazil and Honduras) were all positively associated with Exclusive breastfeeding.

Further research in Mazabuka of Southern Zambia by Fjeld et al. (2008) similarly found feelings of breast milk inadequacy, perception of 'bad milk', limited knowledge about Exclusive breastfeeding, and conventional family expectations as obstructions to Exclusive breastfeeding. Indeed, several other researchers (Senerath, Dibley and Agho, 2010; Arora, Mcjunkin, Wehrer and Kuhn, 2000; Alemayehu, Haidar and Habte, 2009) have also linked the practice of Exclusive breastfeeding to factors similar to the aforesaid. Whereas some of the aforementioned determinants have been consistently recognized as barriers to Exclusive

breastfeeding (e.g. perception of milk insufficiency, maternal employment, inadequate knowledge etc.) others have been less straight forward.

In a research to examine the perceive incentives and barriers to exclusive breastfeeding among pre-urban Ghanaian women, Otoo, Larty and Perez-Escamilla (2009) found supposed milk insufficiency, family pressure, breast and nipple problems, and maternal employment as barriers to exclusive breastfeeding. The risk of diseases resulting from poor sanitation, readily availability of breast milk after birth and the high cost of infant formula were also inter alia identified as motivations to Exclusive breastfeeding.

In a similar study to assess factors associated with Exclusive breastfeeding in Accra, Ghana, Aidam and colleagues (2005) too reported delivery at hospital/polyclinic, prior intention or planned Exclusive breastfeeding at birth, higher education, socioeconomic status, and positive attitudes towards Exclusive breastfeeding as the most essential support factors for Exclusive breastfeeding .

Again, studies that have identified socioeconomic status as a determinant of Exclusive breastfeeding are as well inconsistent and appear to be tentative or relevant to the specific study areas; high socioeconomic status for instance was found to be an enabling factor for exclusive breastfeeding in Ghana by Aidam et al. (2005) while the reverse was found from the Latin America study by Perez-Escamilla et al (1995).

## 2.3 REVIEW RELATED TO PRACTICES AND BELIEFS

### Breastfeeding Recommendation

Breastfeeding is an act of lactation whereby a baby is fed from a female breast, it can be done directly by putting the baby to the mother’s breast or indirectly by expressing the milk using breast pump and giving it to baby through bottle feed (WHO 2017). Health care agencies

advocate an early initiation of breastfeeding during which infants should be fed on demand unless for exceptional reasons (Fosu-Brefo & Arthur 2015). It is very necessary to feed directly from the breast to avoid the transfer of contaminants to baby, however busy or working mothers can express breast milk for use in future ensuring that breast milk is kept clean and stored depending on the length of time intended for its use.

Exclusive breastfeeding is defined by UNICEF (2015) as an act of feeding whereby "infant receives only breast milk (includes breast milk which has been expressed or from a wet nurse) and nothing else except for Oral Rehydration Salt (ORS), medicines, vitamins and minerals". UNICEF and WHO (2016) recommend that babies should be given only breast milk for the first six months of their lives, after which breastfeeding should be continued in addition to appropriate complementary food until the baby is 24 months old. Although breastfeeding for six months is a desirable goal, breastfeeding in general is a very important exercise.

HIV/AIDS is a prevalent issue in Ghana. In 2015, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that 270,000 people were living with HIV/AIDS of which 19000 were children aged 0 to 14 years. Due to improved research about the effectiveness of exclusive breastfeeding; WHO recommends that with continuous intake of antiretroviral drugs during pregnancy, after birth and during breastfeeding, an HIV- infected mother can breastfeed her baby.

In such condition, the baby should be breastfed exclusively for six months after which there should be a continual feed in addition to complementary food till twelve months (WHO 2010). This practice is likely to reduce the risk of mother-child infection by 42% (Siegfried 2011, White et al. 2014).

## 2.4 REVIEW RELATED TO EXCLUSIVE BREAST FEEDING AND INFANT MORBIDITY.

### Benefits and practices of Exclusive Breastfeeding.

Breastfeeding is considered as one of the major public health strategies for improving infant and child morbidity and mortality, improving maternal morbidity because of the wide range of benefits of exclusive breastfeeding to the mother and infant (AAP, 2005; Piñeiro-Albero et al., 2013; USBFC, 2014). The positive aspects of breastfeeding include advantages in nutrition, promotion of infant growth, and development and improvements to social, psychological, and educational interactions. A wide range of health benefits of exclusive breastfeeding to the infant and mother have been well documented in various evidence-based research studies (AAP, 2005; WHO,2003). **Infant benefits.** Exclusive breastfeeding between six months and two years old has been associated with reducing the risk of allergic disease, obesity, type II diabetes, hypertension, and hypercholesterolemia in the later lives of children (Godfrey, & Lawrence, 2010). There is convincing evidence stating that the risk of occurrence of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension is decreased with exclusive breastfeeding (Al Binali, 2012). Evidence also shows that breastfed babies have improved cognitive development and increased bonding with the mother (Rempel & Moore, 2012). Exclusive breastfeeding has been shown to decrease the incidence or severity of bacterial meningitis, bacteremia, diarrhea, and urinary tract infection, late onset sepsis in preterm babies, lymphoma, leukemia, Hodgkin's disease, and asthma (Kramer & Kakuma, 2012).

**Maternal benefits.** Exclusive breastfeeding decreases the chance of developing chronic illnesses related to obesity and the development of ovarian and breast cancer among women (Stevens et al., 2008). Breastfeeding reduces the incidences of postpartum bleeding, maternal

obesity by an earlier return to pre-pregnancy weight, and developing breast and ovarian cancer (Godfrey & Lawrence, 2010). Exclusive breastfeeding provides additional emotional benefits to the mother. In addition, evidence shows that exclusive breastfeeding mothers are less likely to develop depressive symptoms (Stuebe, Grewen, & Meltzer-Brody, 2013).

**Social benefits.** There is strong evidence that breastfeeding has many health benefits other than maternal and infant and includes economic and social benefits to the family, the healthcare system, and the employer (Ma, Brewer-Asling, & Magnus, 2013).

### 2.4 Breast milk – Composition, nutritional value and storage

Breast milk is a natural food and nourishment for newborns; it forms the main source of nutrients, energy and vitality for an infant. It is considered as the most convenient and safest means of feeding an infant because it is ready made, at the right temperature and usually available when needed (AAP 2012, UNICEF 2013). Additionally, breast milk contains antibodies needed for protection of the newborn, hence a perfect food for babies (Munblit et al. 2017). The quantity, quality and production of breast milk varies to meet the nutritional and fluid needs of an infant; it is evident that mother's poor feeding habits, high intake of caffeine and other products can affect the production and quality of breast milk (Ballard & Morrow 2013).

A yellowish, sticky milk called colostrum produced during the latter part of pregnancy through to delivery; is highly recommended by WHO to be given to babies within the initial hours following delivery. Colostrum is very definite in volume, appearance and composition, it contains an elevated level of immunologic components like secretory immunoglobulin A (IgA), lactoferrin, leukocytes and epidermal growth factor for development. After the first days of postpartum, this process of breast milk (colostrum) transformation continues into a

transition milk, which lasts for eight to twenty days until it transforms into a mature milk. Each stage of breast milk composition contains nutrients, which are needed for the nourishment and growth of a baby (Mondker et al. 2009, Ballard & Morrow 2013, Munblit et al. 2017.).

Hormones within the human body enhance the growth of breast milk duct; progesterone, estrogen, prolactin and others promote lactation before birth. However, the level of hormones reduces to enable the flow of milk. Nutrients contained in human breast milk include water, protein, fats, carbohydrates, minerals and vitamins (Ballard & Morrow 2013, Infant Nutrition Council 2016). Each nutrient in breast milk plays a role in nourishing the baby, a breastfed child is protected against diseases through a chain of biomedical reactions which enable enzymes, hormones and immunologic substances to protect the baby against diseases while enhancing the survival of the newborn (Ballard & Morrow 2013, UNICEF 2015).

Breast milk has a unique and dynamic composition, which unlike formula milk with a constant nutritional composition, is usually affected by the routine of feeding, and differs per mother and even population (Ballard &Morrow 2013). Table 1 below illustrates the average composition of nutrients in breast milk.

# CHAPTER THREE

# METHODS

## 3.0 Introduction

The chapter reveals how the study was conducted. It includes study design, study setting, study population, sampling and sampling technique, pretesting of instrument, data collection instrument and procedure, data analysis, and ethical consideration.

Accordingly, major issues considered under this heading are: research design, target and study population, sampling procedure and sample size, type and sources of data, research instrument, and administration of research instrument, data handling and finally ethical consideration.(Cudjo, 2015).

## 3.1 Study design

A descriptive cross-sectional study using quantitative method was employed to determine exclusive breastfeeding among nursing mothers at Mpatasie. A house to house survey was conducted using a structured questionnaire and interview.

## 3.2 Study area

Mpatasie Community is located in the Berekum Municipality. Geographically the community is located more to the south west of Berekum town, it is situated about 10 minutes' drive from Berekum township, on the Nyamebekyere road. Its nearby communities are Akrofro to the North, Tewbabi to the West and Nyamebekyere to the South. The community has people of different ethnicity Akan dominating. The community has a population size of about 5,321 people. Most of the people in Mpatasie are farmers with few of them in government sector. The community is blessed with clinic, good water supply and electricity.

### 3.4 Study population

Population is all the elements (individuals, objects or substances) that meet certain criteria for inclusion in a given universe (Nancy & Susan, 2005). Participants in the study were women over the age of 16 years and have given birth before. Data was collected from only those who agreed orally. However, individuals who have not stayed in the community for the past 3 months before the day of the study were also excluded from the study.

### 3.5 Sample Size

A sample size of minimum of 50 was recruited for the study. Participants age range between 16 to 50 years.

### 3.6 Sampling Technique

This is the process of using techniques in selecting a portion of the population to obtain data regarding a problem (Laura, 2006).

A convenient sampling technique was used to obtain 60 respondents who have their ages between 16-50 years. This entails the use of the most conveniently available people as subjects in the study.

### 3.7 Variables

Variables are qualities, properties or characteristics of persons, things or situations that change or vary in a study (Nancy & Susan, 2005).

The dependent variables of this study were barriers to exclusive breastfeeding. The independent variables were socio-demographic (such as sex, age, marital status, etc.).

### 3.8 Data collection procedure/tools

#### 3.8.1 Technique

Interviews and questionnaires were used to obtained data from study participants on barriers to exclusive breastfeeding and its influence on infant morbidity through self-administration. Questionnaires were handed to respondents personally and they contained both closed and opened ended questions for them to express their views. Questionnaires were translated to local language for youth who could not write and read before they were interviewed.

#### 3.8.2 Quality control

Questionnaires were pre-tested on 10 nursing mothers who attended antenatal care at Holy Family Hospital, Berekum to check for its validity and accuracy after which adjustments were made before being administered to the target study participants.

### 3.9 Ethical consideration

Permission was obtained from the opinion leaders of the community given that the nursing mothers will be used as study participants for the study. The consent of the participants was sought verbally before the study was conducted. The benefits as well as duration of the study was clearly spelt out in the consent form. Information on requirements of the study was as a matter of fact well explained to the participants before they enrolled into the study. Ethical issues in research such as voluntary participation, confidentiality, refusal rights, safety of procedure and benefits were all considered.

### 3.10 Limitation of the study

Some of the respondents were reluctant to give the accurate information even though they were educated on the need to provide accurate information on the questionnaire with regard

to the study. Since some of the respondents did not understand the English Language and were translated to, there was the tendency that the information provided might be altered. The time and nature of our academic program was hindrance to the conduct of this research work as desired.

# CHAPTER FOUR

# RESULTS AND DISCUSSION

## Introduction

The study's findings and discussion are presented in this chapter. Mpatasie was the location of the research. It provides a descriptive summary of what breastfeeding mothers generally know about exclusive breastfeeding. This study's respondents were breastfeeding mothers who had remained in the community for the previous three months.

Within a day, the data were collected. The nursing mothers provided an explanation for their responses to the structured questionnaire, which had sixteen (16) variables. The demographic characteristics, knowledge of exclusive breastfeeding, barriers for continuation of exclusive breastfeeding, and beliefs and practices of exclusive breastfeeding were the four sections of the questionnaire. The responses to the questions were either scaled or simple binary. A total of fifty questionnaires were returned and sixty were sent out. Because the study had a minimum of fifty participants, the sample was sufficient for the analysis.

## SECTION A

## AGE DISTRIBUTION OF RESPONDENTS

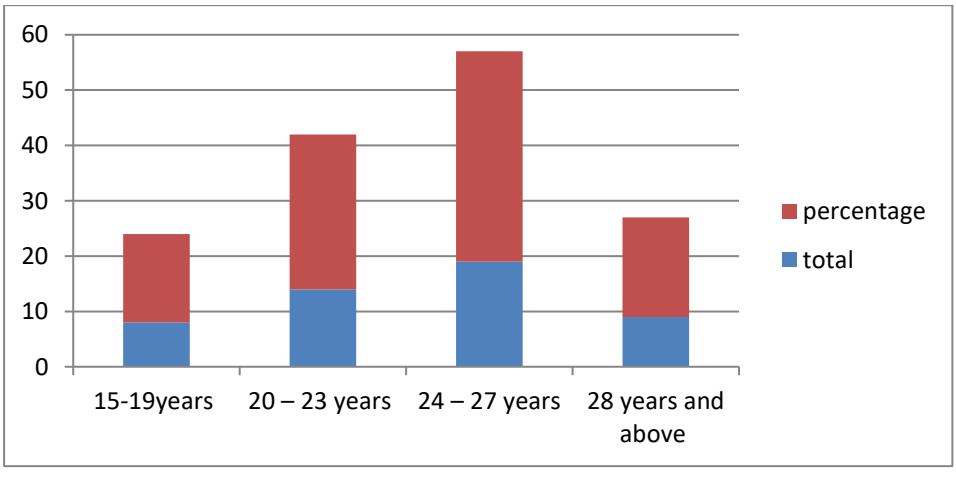


***Figure 1. Age distribution of respondents (n=50)***

*Source :* ***Field Study, 2022***

Figure 1 above shows the age distribution of respondents. Majority of the participants were between the ages of 24-27 years (38%), followed by 20-23 years (28%), 28 and above recorded 18% then 15-19 years recorded 16% respectively.

**MARITAL STATUS OF RESPONDENTS**

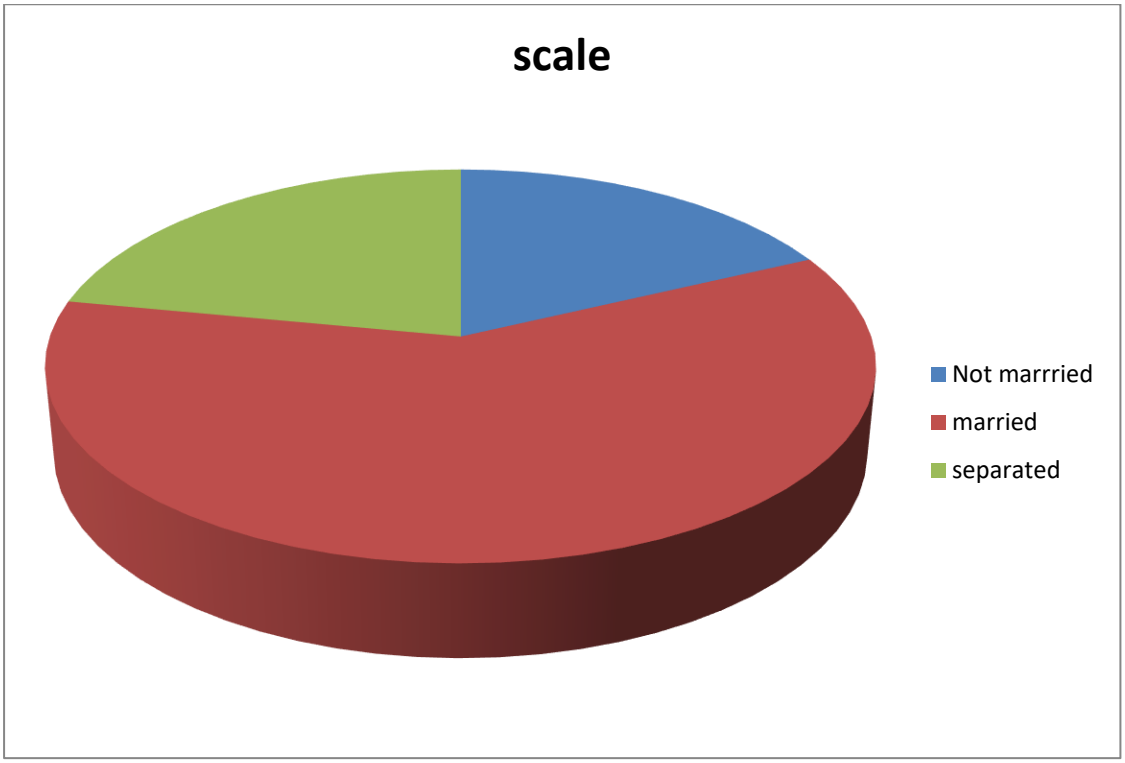


***Figure 2. Marital status of respondents (n=50)***

Source : **Field Study, 2022**

Figure 2 above shows the marital status of respondents. Majority of the participants were married recording a percentage of 60 followed by those are not married with 22 percent. Those separated and are no more under the wings of married recorded 18 percent.

**Religious background of respondents**

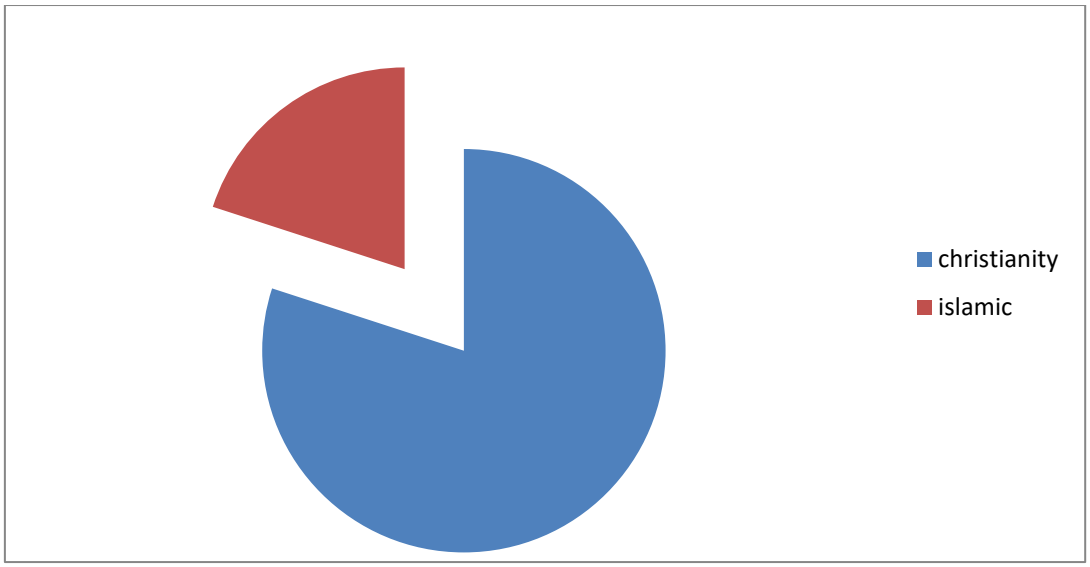


***Figure 3. Religious background of respondents (n=50)***

*Source :* ***Field study, 2022***

Figure 3 above shows the religious background of respondents. Majority of the participants were Christians (80%) followed by Muslims 20%. None of them was a traditionalist or belonged to any other religion apart from Christianity and Islamic.

**Occupation of respondents**

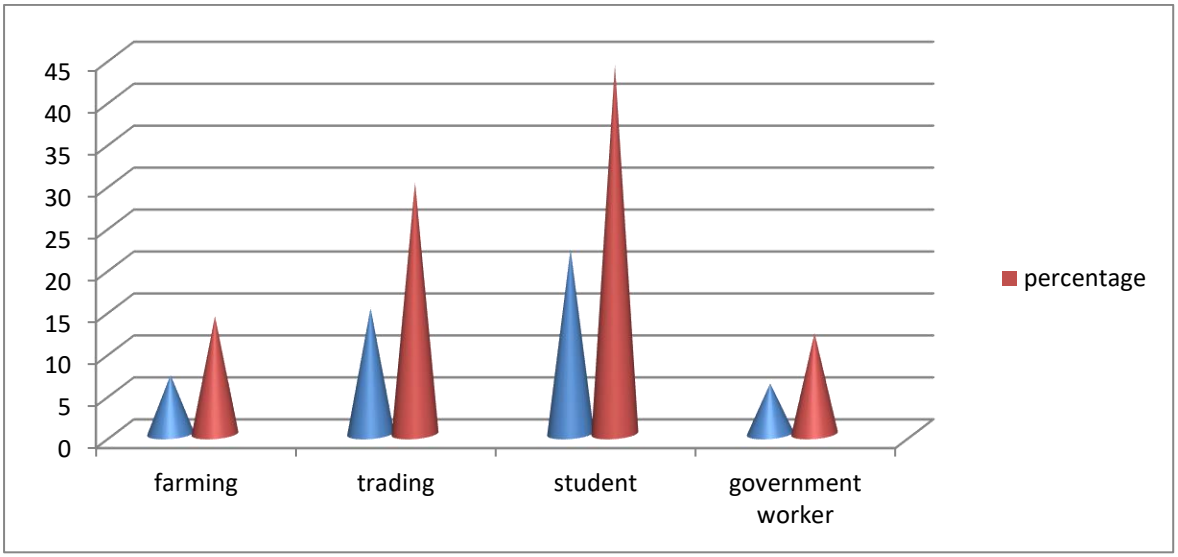


***Figure 4. Occupation of respondents (n=50)***

Source : **Field Study, 2022**

Figure 4 above shows the occupation of respondents. Majority of the participants were students followed traders, farmers and government workers. Their percentages are 44, 30, 14 and 12 respectively.

**Parity of respondents**

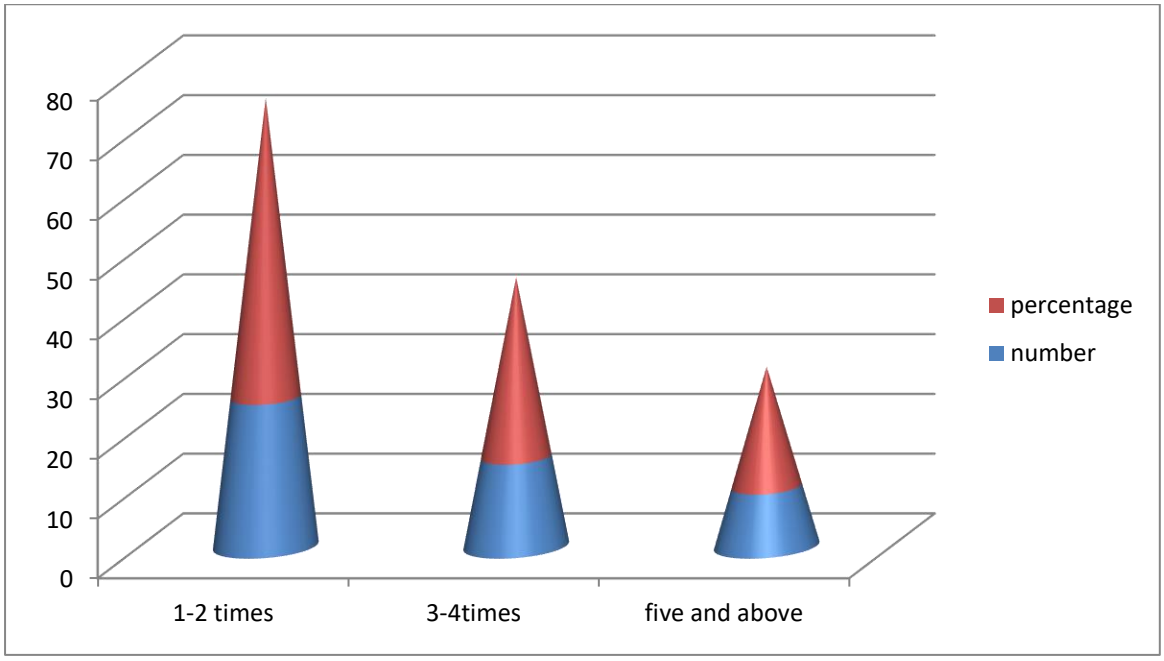


***Figure 5. Parity of respondents (n=50)***

***Source: Field study, 2022***

Figure five demonstrates that fifty percent of the respondents had delivered 1-2 times. Thirty percent also had a range of 3-4 and twenty percent had deliveries of 5 and more.

**SECTION B: Respondents Knowledge on Exclusive Breastfeeding**

**Table 1 : Respondents Knowledge on Exclusive Breastfeeding**

| **Variable** | **Number and Percentage** | | |
|---|---|---|---|
| | **Disagree** | **Not sure** | **Agree** |
| Exclusive breastfeeding reduces risk of allergic disease, obesity, type II diabetes, hypertension, and hypercholesterolemia in the later lives of children | 2(4) | 33(66) | 15(30) |
| Exclusive breastfeeding reduces the risk of occurrence of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension. | 2(4) | 41(82) | 7(14) |
| Exclusive breastfeeding improves cognitive development and increased bonding with the mother | 4(8) | 30(60) | 16(32) |
| Exclusive breastfeeding decreases the incidence or severity of bacterial meningitis, bacteremia, diarrhea, and urinary tract infection | 2(4) | 40(80) | 3(6) |

***Source: Field study, 2022***

Table 2 demonstrates that more than half of the respondents (66%) were not sure exclusive breastfeeding reduces risk of allergic disease, obesity, type II diabetes, hypertension, and hypercholesterolemia in the later lives of children. 30% had insight of the benefit and 4% disagreed.

Again, 82% forming four-fifth of the respondents were not sure exclusive breastfeeding reduces the risk of occurrence of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension. 14% agreed while 4% disagreed.

To add up, 60% of the respondents making a total of three-fifth of the respondents were not sure exclusive breastfeeding improves cognitive development and increased bonding with the mother. 32% had knowledge on this benefit while 8% disagreed.

In the case of exclusive breastfeeding decreasing the incidence or severity of bacterial meningitis, bacteremia, diarrhea, and urinary tract infection; 80% forming four –fifth of the respondents were not sure, 6% agreed and 4% disagreed.

**Table 2. Respondents on barriers for continuation of exclusive breastfeeding.**

| Variable | Number and Percentage | | |
|---|---|---|---|
| | **Disagree** | **Not sure** | **Agree** |
| Biological factors (breast engorgement, nipple problems, etc ) affects exclusive breastfeeding | 4(8) | 2(4) | 44(88) |
| Environmental and cultural influences is among the barriers to exclusive breastfeeding | 8(16) | 11(22) | 31(62) |
| Maternal employment is paramount in exclusive breastfeeding | 6(12) | 4(8) | 40(80) |
| Inadequate information on benefits of exclusive breastfeeding affects exclusive breastfeeding. | 2(4) | 2(4) | 46(92) |

**Source: Field study, 2022**

Table 1 demonstrates that 88 percent of the respondents knew that biological factors (breast engorgement, nipple problems, etc) affects exclusive breastfeeding. 8 percent disagreed and 4 percent were not sure.

Again, 62 percent also knew that environmental and cultural influences are among the barriers to exclusive breastfeeding. 22 percent were not sure while 16 percent disagreed. 80 percent of the respondents said maternal employment is paramount in exclusive breastfeeding. 12 percent disagreed and 8 percent were not sure. Inadequate information on

benefits of exclusive breastfeeding affects exclusive breastfeeding was agreed by 92 percent. Those who disagreed and those who were not sure recorded 4 percent each.

**Table 3. Respondents of beliefs and practices to exclusive breastfeeding.**

| **Variable** | **Number and Percentage** | | |
|---|---|---|---|
| | **Disagree** | **Not sure** | **Agree** |
| It decreases obesity and ovarian cancer | 0(0) | 47(94) | 3(6) |
| It provides emotional benefits to the mother | 0(0) | 6(12) | 44(88) |
| It reduces the development of breast cancer | 0(0) | 43(96) | 2(4) |

***Source: Field study, 2022***

The table above demonstrates that 94% of the respondents forming the majority were not certain as to whether exclusive breastfeeding decreases obesity and ovarian cancer. Nobody disagreed but only 6% agreed.

Again, 88% forming more than four-fifth of the respondents knew that exclusive breastfeeding provides emotional benefits to the mother. 12 percent were not sure while 0 percent disagreed.

Lastly, 96% were not sure exclusive breastfeeding reduces the development of breast cancer. Nobody disagreed but only 4% knew this benefit.

**Discussion**

This section presents the discussion of the actual data collected from the field with related studies reviewed.

**Demographic characteristics of respondents**

The study set out to find out knowledge to exclusive breastfeeding. It also sought to identify some of the benefits to both infants and mothers.

Majority of the participants were between the ages of 24-27 years (38%). The study pinpointed that 60% of the respondents were married forming a fraction of three-fifth. Christianity became the paramount religion in the community forming (80%) of the total percentage.

Trading dominated the community in terms of occupation. This finding was supported by study that reported that women who have low incomes and low social support and belong to ethnic minorities are least likely to breastfeed. ( Textor et al. 2013). In a national study of Canadian mothers found that women who were educated, were older and had a high level of income were most likely to breastfeed. (Chalmers et al. 2009)

It recorded a percentage of 40. Fifty percent of the respondents had delivered 1-2 times.

**Respondents Knowledge on Exclusive Breastfeeding**

More than half of the respondents (66%) were not sure exclusive breastfeeding reduces risk of allergic disease, obesity, type II diabetes, hypertension, and hypercholesterolemia in the later lives of children. This finding was in contrary to studies by Wiener & Wiener (2011) who had the aforementioned diseases to be reduced by exclusive breastfeeding. (Godfrey, & Lawrence, 2010).

To add up, 82% forming more than four-fifth of the respondents were not sure exclusive breastfeeding reduces the risk of occurrence of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension.

This finding was in contrary to earlier findings by Dudenhausen ( 2014), Al Binali (2012) and Silfverdal (2011) which unearthed these conditions to be reduced through exclusive breastfeeding.

Again, 60% of the respondents making a total of three-fifth of the respondents were not sure exclusive breastfeeding improves cognitive development and increased bonding with the mother. The findings in this study was against Rempel & Moore (2012), who had a positive blueprint on exclusive breastfeeding improving cognitive development and increasing bonding with the mother.

In the case of exclusive breastfeeding decreasing the incidence or severity of bacterial meningitis, bacteremia, diarrhea, and urinary tract infection; 80% forming four –fifth of the respondents were not sure. The finding in this study was also against the findings by Kramer & Kakuma (2012) which had a positive ending of exclusive breastfeeding in decreasing the aforementioned diseases.

**Respondents knowledge on Barriers for Continuation of Exclusive Breastfeeding**

Majority of the participants (88%) of the respondents knew that biological factors (breast engorgement, nipple problems, etc ) affects exclusive breastfeeding. This was in affirmation with the studies which highlighted that insufficient breast milk and painful breastfeeding associated with incorrect infant position and latch (Li, Fein, Chen, & Grummer-Strawn, 2008; Ogbuanu, Glover, Probst, Liu, & Hussey, 2011).

More than half of the respondents (62%) knew that environmental and cultural influences are among the barriers to exclusive breastfeeding. This entity was documented in the findings in Mazabuka of Southern Zambia about the perception of breast milk as being ‘bad milk’ therefore hindering the practice of breastfeeding. ( Fjeld et al.,2008).

A vast number (80%) of the respondents said maternal employment is paramount in exclusive breastfeeding. The study was in accordance with (Wiener & Wiener, 2011) which brought out maternal characteristics such as low income and less maternal education were associated with lower breastfeeding prevalence among women.

Inadequate information on benefits of exclusive breastfeeding affecting exclusive breastfeeding was agreed by 92% which makes it most outstanding number. This finding was chaptered by Alemayehu when it showed that limited information given to pregnant women during ANC visits exclusive breastfeeding. ( Alemayehu, et al., 2009).

**Respondents Belief and Practice of Exclusive Breastfeeding**

The study showed that 94% of the respondents forming the majority were not certain as to whether exclusive breastfeeding decreases obesity and ovarian cancer. This finding was in contrary to studies by Stevens (2008) which showed that exclusive breastfeeding in the case of decreasing obesity and ovarian cancer was noted.

This study showed that, four-fifth of the respondents knew that exclusive breastfeeding provides emotional benefits to the mother and was in the same direction of the evidence showing that exclusive breastfeeding mothers are less likely to develop depressive symptoms (Stuebe, Grewen, & Meltzer-Brody, 2013).

In this study, 96% did not have an idea as to whether exclusive breastfeeding reduces the development of breast cancer. This study was in direct opposite to the work by Godfrey & Lawrence (2010) indicating that breastfeeding reduces the incidences of postpartum bleeding, maternal obesity by an earlier return to pre-pregnancy weight, and developing breast and ovarian cancer.

# CHAPTER FIVE

# SUMMARY AND CONCLUSION

## Introduction

A summary of the study and its findings are presented in this chapter. Following that, it offers suggestions based on the findings of the study. Based on the study's findings and recommendations, the researcher hopes that public attention will be paid to the issue of youth safety because today's youth are tomorrow's leaders.

## Summary of the study

At Mpatasie, researchers looked at nursing mothers for the study. on the understanding of exclusive breastfeeding; Sixty-six percent of respondents were unsure whether exclusive breastfeeding lowers a child's risk of allergic disease, obesity, type II diabetes, hypertension, and high cholesterol later in life. Eighty-two percent of respondents were unsure whether exclusive breastfeeding lowers the risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and high blood pressure. 60% were unsure whether exclusive breastfeeding enhances cognitive development and strengthens maternal-child bonds. if exclusively breastfeeding reduces the severity or frequency of bacterial meningitis, bacteremia, diarrhea, and urinary tract infections; Eighty percent of respondents were unsure.

More than half of those polled were aware of the following obstacles to exclusive breastfeeding: environmental and cultural influences, maternal employment, biological factors (such as breast engorgement, nipple problems, etc.), and inadequate information

94% of respondents were unsure whether exclusive breastfeeding reduces obesity and ovarian cancer based on their beliefs and practices. Four-fifths of respondents were aware that the mother benefits emotionally from exclusive breastfeeding. 96% of respondents had no idea whether exclusively breastfeeding lowers the risk of developing breast cancer.

## Conclusion

The nursing mothers were informed of the significance of exclusively breastfeeding. The nursing mothers' barriers to exclusive breastfeeding were taken into consideration. According to their beliefs and practices, almost all of the mothers-to-be did not know about the benefits.

## Recommendation

I highly recommend that nursing mothers practice exclusive breastfeeding for their infants up to six months of age, as recommended by World Health Organization (WHO) and other health organizations.

It’s important for nursing mothers to understand the proper technique for breastfeeding and seek help from lactation consultants or healthcare professionals if they are experiencing any difficulties. It’s also important to ensure that they maintain a healthy and balanced diet to support their own health and the production of breast milk.

Finally, nursing mothers should feel supported and encouraged to breastfeed, as it is a natural and beneficial way to feed their infants. However, it’s important to acknowledge that some mothers may not be able to breastfeed exclusively due to medical or personal reasons, and in those cases, appropriate alternatives should be sought with the guidance of a healthcare professional.

**Implications for Public Health**

Efforts should be made to encourage exclusive breastfeeding.

**Implications for Policy and Research**

- The government through the Ministry of Health should be more committed to educating people especially nursing mothers adhere to exclusive breastfeeding.
- More research should be conducted into the importance of exclusive breastfeeding.
- The Community authorities could also conduct further research into the effectiveness of education on exclusive breastfeeding.

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## APPENDIX

## QUESTIONNAIRE

Dear Respondent,

We are final year students of Holy Family Nursing and Midwifery Training College, Berekum conducting research on the topic: Knowledge of exclusive breastfeeding among nursing mothers at Mpatasie. Any information provided shall be treated privately and securely. For the purpose of confidentiality and anonymity, no name and address are required. Please note that you have the right to withdraw from participating anytime you feel like. Please thumbprint or sign to conform your participation.

…….....

**SIGNATURE OR THUMBPRINT**

**PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE.**

**SECTION A: Demographic Data**

1. Age at my last birthday in years is a. 16 – 25 years [ ] b. 26 – 35 years [ ]

   c. 36 –45 years [ ] d. 46 years – 50 years [ ]

2. Marital status: a. Never Married [ ] b. Married [ ] c. Divorced [ ] d. Separated [ ]

   e. Widowed [ ] f. **Other** (**specify**)

   ……...

3. Religious background: a. Christianity [ ] b. Islam [ ] c. Traditional [ ]

   d. **Other** (**specify**)……..

4. Occupation: a. Farming [ ] b. Trading [ ] c. Student [ ] d. Government worker[ ]

Others (**specify**)……..

5. Parity : a. 1-2 [ ] b. 3-4 [ ] c. 5 and above [ ]

**SECTION B: Respondents knowledge of exclusive breastfeeding**

| No | Statement | Disagree | Not sure | Agree |
|---|---|---|---|---|
| **6** | Exclusive breastfeeding reduces the risk of allergic diseases, obesity, type II diabetes,bhypertension. and hypercholesterolemia in the later lives of children | | | |
| **7** | Exclusive breastfeeding reduces the risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis and obesity. | | | |
| **8** | Exclusive breastfeeding improves cognitive development and increases bonding to mothers | | | |
| **9** | Exclusive breastfeeding reduces bacterial meningitis, bacteremia, diarrhea and urinary tract infection | | | |

**SECTION C: Respondents knowledge on barriers for continuation of exclusive breastfeeding**

| No | Statement | Disagree | Not sure | Agree |
|---|---|---|---|---|
| **10** | Biological factors (breast engorgement, nipple problems etc) affects exclusive breastfeeding | | | |
| **11** | Environmental and cultural influence is among the barriers to exclusive breastfeeding | | | |
| **12** | Maternal employment is paramount in exclusive breastfeeding | | | |
| **13** | Inadequate information on exclusive breastfeeding affects exclusive breastfeeding | | | |

**SECTION D: Respondents belief and practice of exclusive breastfeeding to exclusive breastfeeding.**

| No | Statement | Disagree | Not sure | Agree |
|---|---|---|---|---|
| **13** | It decreases obesity and ovarian cancer | | | |
| **14** | It provides emotional benefits to the mother | | | |
| **15** | It decreases depression syndrome | | | |
| **16** | It reduces the development of breast cancer | | | |

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Your Ref. .....

January 30, 2023

Date .....

The Honorable Member
Mpatasie Community
Berekum Municipality
Berekum - Bono Region

Dear Honorable Member

**PERMISSION TO CONDUCT RESEARCH**

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

1. **Werekowaa Elsie Precious**
2. **Yeboah Isaac**

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic **'To determine the Practice of Exclusive Breastfeeding among Nursing Mothers; A Study at Mpatasie.'**

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

Thank you.

Yours faithfully

.....
**Samuel Osafo Asare**
Supervisor

**For: Principal**