KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

KUMASI - GHANA

COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICAL SCIENCES

DEPARTMENT OF COMMUNITY HEALTH

EXCLUSIVE BREASTFEEDING AMONG POSTNATAL MOTHERS OF INFANTS AGED BETWEEN 0 TO 12 MONTHS AT THE UNIVERSITY OF CAPE COAST HOSPITAL, CENTRAL REGION, GHANA

BY

BOAKYE SAMUEL

(BSc. HUMAN BIOLOGY)

JUNE, 2019

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A DISSERTATION PRESENTED TO THE DEPARTMENT OF COMMUNITY HEALTH, SCHOOL OF MEDICAL SCIENCES, THE COLLEGE OF HEALTH SCIENCES, KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, IN PARTIAL FULFILMENT OF MBChB DEGREE

PRESENTED BY

BOAKYE SAMUEL

(BSc. HUMAN BIOLOGY)

JUNE, 2019

DECLARATION

This dissertation entitled perception of exclusive breastfeeding among postnatal mothers of infants aged between 0 to 12 months at the University of Cape Coast Hospital, Central Region, Ghana was carried out entirely by me and under the supervision of Dr Kofi AkoheneMensah.

I hereby do declare that this submission is original and has not been submitted in part or in full to any other university/institution for the award of any degree or diploma, except were due acknowledgement has been made in the text.

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BOAKYE SAMUEL DATE

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DR. KOFI AKOHENE MENSAH DATE

ACADEMIC SUPERVISOR

……..…….. ……..

DR YEETEY ENUAMEH DATE

HEAD OF DEPARTMENT

SCHOOL OF PUBLIC HEALTH

DEDICATION

To my dear father, DSP Kingsley Kawudie for all your support.

To my siblings, Joseph, Benedict, Benedicta and Christiana. I love you all

ACKNOWLEDGMENTS

I am extremely grateful to the Almighty God whose grace, mercy and favour has brought me this far in my academic pursuit. I acknowledge the support, guidance and patience of Dr. Kofi Akohene-Mensah my supervisor, whose excellent supervision has brought me to a successful completion of my project work.

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My heartfelt appreciation and thanks goes to the Management and Staff of University Of Cape Coast Hospital for their hospitality during my stay there for my District posting.

Thank you all and may God richly bless you.

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LIST OF ABBREVIATIONS AND ACRONYMS

EBF: Exclusive Breastfeeding

GHS: Ghana Health Service

MDG: Millennium Development Goals

MOH: Ministry Of Health

UN: United Nations

UNICEF: United Nations Children‟s Fund

WHO: World Health Organization

ABSTRACT

INTRODUCTION

Exclusive breastfeeding is defined as giving only breast milk to babies, no other liquids or solids are given with the exception of oral rehydration solution, drops or syrups of vitamins, minerals or medicines. WHO recommends that it‟s practiced for the first 6 months of life of every baby.

The study assessed the perception of postnatal mothers of infants aged 0 to 12 months on exclusive breastfeeding at the University Of Cape Coast Hospital, Central Region, Ghana**.**

METHODS

The study was quantitative using descriptive cross-sectional study design. A structured questionnaire was used to collect data from 200 post- natal mothers of infants aged between 0 and 12 months at the University of Cape Coast Hospital. Data were entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 20 for Windows and presented using frequencies, percentages and tables.

RESULTS

Majority of the mothers (90.5%) responded to have heard about exclusive breastfeeding while only 76.0% understood what it actually meant. Majority of the respondents (82.9%) believed exclusive breastfeeding was good, 3.6% of them believed it was a bad practice and the remaining 13.5% of them remained neutral. Some challenges to EBF included; insufficient breast milk (29.2%) and sore nipples (31.7%). Finally, majority of the mothers (87.6%) acquired knowledge on exclusive breastfeeding through antenatal clinic attendance.

CONCLUSION AND RECOMMENDATION

Majority of mothers had heard about exclusive breastfeeding through antenatal clinic.

However, not all of them understood what it meant. Therefore, healthcare providers through antenatal clinics should educate the mothers on importance of EBF to the mother and baby.

CHAPTER 1.

INTRODUCTION

1.1.BACKGROUND OF STUDY

Breast milk is an ideal way of providing food for the health, growth and development of infants, and it is also an integral part of the reproductive process with important implications for the mother‟s health (Mahesh et al., 2018). Childhood mortality is high in countries where the practice of exclusive breastfeeding is low (Cock et al., 2000). The beauty and value of breastfeeding is such that immediately after birth, the baby is placed on the mother‟s breast and it knows instinctively to latch on and start sucking (Raylene et al., 2013). When baby latches on the mother‟s breast, the baby feels very good and comfortable, this also creates bonding and security (Lawrence et al., 2010). Additionally, the World Health Organization (WHO) and the United Nations Children‟s Fund (UNICEF) have recommended exclusive breastfeeding for the first six months of a baby‟s life in view of its health benefits such as prevention of some childhood diseases and allergies, freedom from contamination, and prevention of future obesity, among others (WHO and UNICEF, 1990). Exclusive breastfeeding effectively reduces the likelihood of mortality in childhood which is millennium goal 4, with the potential of saving 1.3 million lives every year (Jones et al., 2003). The benefits above have caused Knaak (2005) to describe exclusive breastfeeding as the medical golden standards for infants. Exclusive breastfeeding (EBF) means that an infant is given only breast milk (including expressed breast milk), from his or her mother or a wet nurse and no other foods or drinks with the exception of vitamin supplements and medication (Mahesh et al., 2018). Breastfeeding is very important for mothers, families and communities. Compared to women who breastfeed, failure to breastfeed may increase the risk of breast cancer and some forms of ovarian cancer (Mora et al., 2013). Also, children who are not breastfed have increased illness which increases the burden on healthcare service provision and increase in healthcare

costs (Ball et al., 1999). In addition healthy infants grow to become healthy and intelligent adults in the nation. With respect to the well proven benefits of practicing exclusive breastfeeding, WHO recommends that infants should be exclusively breastfeed for the first six months of life and thereafter to commence complementary feeding while continuing to breastfeed for a minimum of two years.

Empowering women with knowledge enable them to make informed decision and therefore improve the rates of exclusive breastfeeding. Inadequate knowledge on exclusive breastfeeding is one of the factors that hinder exclusive breastfeeding practices (Susilowati et al.,2018).

1.2.PROBLEM STATEMENT

Numerous studies have shown the numerous benefits of exclusive breastfeeding and its relevance in infants and maternal outcomes. However, there hasn‟t been any mechanism put in place to keep proper records on the activities as well as indicators of the practice of Exclusive breastfeeding and the various support groups for mothers in hospitals and health centers in Ghana. There has however been occasional figures produced from special exercises carried out. A study conducted in the upper east region in Ghana showed that among children less than two months old. 43% are exclusively breastfed, by the fourth to fifth month, the figure drops to 22%. Moreover, globally on the average, only 39% of breastfeed exclusively, even in the first four months of life (UNICEF; WABA, 2003). There is evidence for the delay of menstruation with an additional two months of breastfeeding (Kramer et al., 2003) from the previous four months of exclusive breastfeeding. This prolonged amenorrhea helps to increase birth spacing and reduced blood loss during delivery, which helps to reduce the increased requirement for iron during lactation because of reduced blood loss during delivery (Dewey et al., 2001). Exclusively breastfeeding an infant also offers protection against gastrointestinal tract infections (Kramer et al., 2003). There has been consistency in various researches indicating

that young age, being single, a black, having a low socio economic status and nulliparous women are at risk of early cessation of practicing EBF (Guendelman et al., 2009). Also for mothers who are working, it is not easy balancing breastfeeding and enough working hours, this is associated with high chance of ceasing the practice of exclusive breastfeeding. WHO and UNICEF recommend that babies should be exclusively breastfed from birth to at least they are six months of age. Such a long period of practicing exclusive breastfeeding may be difficult to achieve, hence support from family members, coworkers, employers, friends, society, health care professionals and lactation specialists can enable mothers practice exclusive breastfeeding (Bai et al., 2009).

Although there are so many benefits associated with the practice of exclusive breastfeeding, many researches have shown that there are a number of factors that hinder the practice of exclusive breastfeeding. Some of these barriers include maternal or individual factors such as insufficient breast milk, sore nipples, uncooperative child and mother‟s occupation. Societal factors such as pressure from family and society to introduce complementary feeding. Many studies have been done on factors affecting the practice of EBF, but little studies have been done on sources of information and the influence of maternal knowledge on the practice of EBF. The question therefore is what the contemporary views of mothers are and helpers about the practice of exclusive breastfeeding, the challenges associated with the practice of EBF and the various sources of information and support systems available to breastfeeding mothers at University of Cape Coast hospital, although without previous concrete reports or records in place.

1.3.STUDY SIGNIFICANCE

The findings of the study may be useful to the Ministry of Health and other similar agencies working on child health and survival programs. The findings are also going to enable the reorientation of the various strategies on the promotion of exclusive breastfeeding by also

focusing on sources and content of information, barriers or challenges associated with the practice of EBF. It is hoped that the findings of the study will provide a database that is perceptual and current, which will inform us all to contribute in raising the rate of practice of exclusive breastfeeding in the area and other similar areas, more importantly the policy makers on perception of exclusive breastfeeding so that appropriate alternatives are made available to motivate the indulgence of exclusive breastfeeding, deal with the various challenges associated with the practice and also reinforce the various support systems available for mothers in terms of the practice of EBF.

1.4. RESEARCH OBJECTIVE

1.4.1. MAIN OBJECTIVE

The main objective of the study is to find out the perception on exclusive breastfeeding among postnatal mothers of infants between the ages of 0 to 12 months.

1.4.2. SPECIFIC OBJECTIVES

1. To assess the level of knowledge, attitude and practice of exclusive breastfeeding among post natal mothers.
2. To assess the challenges associated with exclusive breastfeeding among postnatal mothers.
3. To identify the sources of information and support systems available for mothers practicing exclusive breastfeeding.

1.5. LIMITATION

1. The sample size was not statistically deduced, hence the results of this study can‟t be generalized.

2. The short time frame and limited resources did not allow for a comparative study.

1.6. DELIMITATION

1. Most of the respondents couldn‟t read and write, however the questions were read and explained to them.

1.7. DEFINITION OF TERMS

Breastfeeding: this refers to the normal way of providing young infants with the nutrients they need for healthy growth and development via breast milk.s

Exclusive breastfeeding: mode of breastfeeding whereby the infant only receives breast milk without any additional food, drink or water.

Knowledge: facts, information and skills acquired through experience or education. It is the practical understanding of a subject.

Attitude: a settled way of thinking or feeling about something.

Practice: the actual application or use of an idea, belief or method, as opposed to theories relating to it.

Challenge: anything that sets one back or prevent him or her from practicing or achieving something.

CHAPTER 2.

LITERATURE REVIEW

2.1.INTRODUCTION

According to (WHO, 2017), Convention on the rights of child, every infant born has the right to food and nutrition, however, very few children meet their nutritional requirements appropriate for their age. Inadequate or poor nutrition is responsible for a number of childhood mortalities worldwide. Per WHO fact sheets on infant and young child feeding, malnutrition

accounts for 2.7 million infant mortalities every year and more than 800,000 infants are likely to survive yearly if all children aged 0 to 23 months receive adequate breastfeeding.

2.1.1.KNOWLEDGE

Numerous studies conducted on exclusive breastfeeding in the past years have shown rates that are progressive in maternal knowledge in exclusive breastfeeding among mothers (Mogre et al., 2016). Knowledge is a perquisite for practice, and it has been realized that maternal choices and practices are basically influenced by maternal knowledge on EBF (Lutter, 2000). A study by Oche et al. in 2011 showed a rate of 54 % of knowledge in exclusive breastfeeding among mothers. In 2016, a study conducted by Mogre et al. among rural breastfeeding mothers in Ghana reported that 74 % of mothers who participated in the study had general knowledge in exclusive breastfeeding. Another study conducted among professional mothers in Ghana by Dun-Dery & Laar in 2016 reported that almost all mothers

(98 %) who participated in the study had adequate knowledge about exclusive breastfeeding. According to mothers, information on exclusive breastfeeding were gained through their healthcare providers during prenatal and postnatal lessons (Mogre et al., 2016).

In Bangladesh, mothers agreed that breast milk was very good for the babies but their knowledge on the health benefits of breast milk were limited. Eighty six per cent (86%) of the mothers knew about EBF but many assumed it meant breast milk and other liquids (usually water or cow‟s milk) during the first 6 months. The knowledge gaps identified among young mothers in Bangladesh were: misinterpretations of what EBF meant, confusion regarding suitable timing of initiation and duration of breastfeeding and negative expectations they had regarding breast milk production (Hackett et al., 2012). In Nigeria, studies showed that maternal knowledge and awareness does not translate to practice of exclusive breastfeeding (Onah et al., 2014).

In Kibera slums, Nairobi, breastfeeding knowledge among breastfeeding mothers was found to be inadequate. About two-thirds (65.3%) of the mothers knew babies should be breastfed for a period of 2 years or more; 88.3% knew that babies should be breastfed on demand. In contrast, only 22.2% of the mothers stated babies should be exclusively breastfed for 6 months, whereas about a third (32.2%) stated that EBF should be done for a period of 1 to 3 months (Ochola, 2008). It was established that high knowledge on exclusive breastfeeding does not necessarily influence EBF (Ochola, 2008). A number of studies across Kenya have demonstrated high knowledge on breastfeeding among breastfeeding mothers (Ogada, 2014).

2.1.2.ATTITUDE

In the United Kingdom, a positive attitude towards breastfeeding was associated with a longer duration of practice of breastfeeding in general. In the same way, positive attitudes were associated with high level of support, confidence and a natural determination to breastfeed (Brown et al., 2011). Majority of adolescents who are living in many sub-Saharan African settings are likely to have norms that are internalized and models of child feeding behaviors quite early before they have had a child and this a negative impact on their attitude towards EBF henceforth. These are norms that are widely agreed upon by members of the community as the „right" way to do things and forms a basis that mothers refer to when making child care decisions. Since these cultural models are widely agreed upon by other members of the community as the „right" way to do things, they are given a directive force
(Hadley et al., 2008). In Ethiopia, adolescents" attitudes towards early child feeding behaviors deviated substantially from the current international recommendation that infants be breastfed exclusively for the first six months. Mothers living in the urban areas and in small towns were more likely than those in rural areas (22%) to report planned breastfeeding durations of less than one year. Respondents in their late teens were more likely to report their planned duration of breastfeeding as less than one year (Hadley et al., 2008). In southwestern Ethiopia, the

attitude of the community towards breast feeding, majority of mothers (87.3%) had good attitude and strongly agree with the advantages that EBF offers infants aged less than 6 months. On the other hand 12.7% disagreed and had negative attitude towards EBF. More than 30% indicated that colostrum should be discarded (Wolde et al., 2014). A study conducted on mothers‟ previous breastfeeding practices and EBF in the United States showed that, mothers‟ experience influenced their attitudes and practices by having them repeat the EBF of their previous child (Phillips et al., 2011).

2.1.3.PRACTICE

The global exclusive breastfeeding rate is 38%, however the World Health Assembly in 2012 set a target to increase the rate of practice of exclusive breastfeeding by at least 50% by 2025 (WHO, 2017). Within the Ghanaian society, the perception of breast milk as an ideal food for babies is farfetched. It used to be a very common practice for mothers to breastfeed their babies from birth until the child is 2 or more years, however due to barriers faced in exclusive breastfeeding, the need to perform other duties, coupled with the various advertisements on national concerning infant commercial food products, a lot of mothers have given in to feeding their babies with breast milk substitutes (Fosu-Brefo and Arthur, 2015). The option of bottle feeding in a child with expressed breast milk in the mother‟s absence, the lack of knowledge on the right way to breastfeed a child especially during the first six months of an infant‟s life are also among the reasons for the reduction in the rates of practice of exclusive breastfeeding (Morgre et al., 2016). According to reports from the Ghana Demographic and health survey in 2014, exclusive breastfeeding rate among children less than 6 months was 52 % with 4 months mean duration. This portrays slow growth of the country in reaching the target of achieving a total national coverage as set by WHO/UNICEF. The demographic and health survey indicated a high rate of childhood malnutrition which accounted for 66 % anaemic rate among children under 5 years which could have been prevented through proper child feeding practices

including breastfeeding. Reports from a study conducted by Dun-Dery and Laar (2016), showed that about 99 % of Ghanaian children who are under 6 months were breastfed. However, within this period, 63 % of these children were given only breast milk. For those who give supplementary food to their babies before they attain 6 months of age, the distribution of complementary food added to breast milk were, 7 % of other milk, 18 % water, 4 % other liquids and 19 % of mashed meals (GDHS, 2014). This early introduction of breast milk substitutes, water and food normally increases the baby‟s risk of infections which leads to high incidences of diarrhea and child mortality (Aidam et al., 2005). Poor nutrition has been identified as one of the causes of under five deaths in Ghana. Insufficient food nutrients and poor feeding habits reduce the body‟s ability to fight against diseases, which causes impaired physical and mental development (Arthur et al., 2015). A study by Gyampoh et al. (2014), reported that 13 % of children less than 5 years are underweight in Ghana. The country recorded a very slow decrease in the death of neonates compared to under five mortalities over the past years (Ghana Health Service, 2016). A study conducted in Northern part of Ghana showed that children who are introduced to complementary foods after 6 months of life had protection from chronic malnutrition (Saaka et al., 2015). A study by DunDery et al (2016), also reviewed that professional mothers are very much aware of the concept of exclusive breastfeeding and its recommendations; however, its practice was low (10.3 %). Notwithstanding these current trends, the Ghana Child Health Policy regarding recommendations by WHO and UNICEF encourages mothers to breastfeed exclusively for the first six months of their babies‟ life (GHS, 2015).

2.2. THE CHALLENGES ASSOCIATED WITH EXCLUSIVE BREASTFEEDING AMONG POSTNATAL MOTHERS

The methodologies attempted to address the factors influencing the continuation of exclusive breastfeeding that will provide knowledge to improve education, and policy planning to the postnatal breastfeeding women who are facing challenges to continue exclusive breastfeeding

for the first six months (Wambach et al., 2016). A study conducted by using a secondary analysis of data from a longitudinal study of postpartum depression to examine factors related to early discontinuation of breastfeeding following hospital discharge showed that professional or personal support systems have an effect on both the initiation and duration of breastfeeding (Teich et al., 2014).

2.2.1. INDIVIDUAL (MOTHER) FACTORS

Some of the reasons for not practicing exclusive breastfeeding were personal. Some women claimed not to have enough breast milk for their baby or that their breasts or nipples are painful (Lindberg, 1996). Maternal knowledge and comfort (acceptance) with the practice of exclusive breastfeeding affect prenatal feeding intentions, and these intentions are very strong predictors of feeding outcomes (Stuebe and Bonuck, 2008). One reason why mothers introduced complementary foods to children below six months was that the mother had no or little breast milk (Kimani-Murage et al., 2011). They tend to report more child-centered reasons such as "child did not want the breast" or reasons beyond the mother‟s control, notably, insufficiency of breastmilk (Lindberg, 1996). Insufficient milk is said to be one of the commonest reasons women give for stopping breastfeeding, yet evidence indicates that less than five (5) percent of women are physiologically incapable of producing an adequate supply of milk. The explanation of insufficient milk therefore masks a range of underlying factors that undermine the practice of exclusive breastfeeding (Lindberg, 1996).

Other personal reasons for the practice of exclusive breastfeeding challenges are inability to breastfeed due to inverted nipple, sore nipples, and breast engorgement. These problems are usually overcome when the right positioning, timing and techniques is applied in the practice of breastfeeding (Nankunda et al., 2006). Some factors that are also responsible for inability to practice exclusive breastfeeding have been identified in various settings. These are maternal

characteristics such as age, occupation, marital status and education level, antenatal and maternity health care, health education, exposure to the media, mode of delivery, birth order, and the use of pacifiers (Kimani-Murage et al., 2011).

2.2.2. GROUP FACTORS (WORK AND/OR HOME)

Some studies mentioned the lack of support at home as a factor preventing mothers to practice exclusive breastfeeding. The explanation given was that, women are reluctant to accuse people they love being the husband, close relatives for not giving the needed support at home for a successful practice of exclusive breastfeeding (Cummings et al., 1999). Some other studies on the other hand address the role of workplace environment in the practice of breastfeeding. Some may become pregnant while in employment and deliver. Without support from their employers and fellow employees, these mothers might not practice exclusive breastfeeding when they resume work and as a result, the duration and exclusivity of breastfeeding to the recommended age of the babies would be affected (Abdulwadud &
Snow, 2008). In the workplace, some employers hold a range of attitudes about nursing mothers who are working, and they offer varying degrees of support for breastfeeding (Brown et al., 2001). Breastfeeding mothers express concerns about the difficulties of providing breastfeeding support, including monetary constraints, challenges of them not being provided with breaks, and space limitation. Even when generally positive, employers‟ attitudes about breastfeeding have not translated into practices supporting breastfeeding mother in the workplace (Stratton & Henry, 2011).

Workplace programs could help women to continue or even practice exclusive breastfeeding, and some programs may help mothers to initiate breastfeeding. Employers may in a way be able to influence the duration of exclusive breastfeeding by promoting and supporting the programs, and so improve the health of both and baby, but also benefit from less work

absenteeism. A study from Abdulwadud & Snow showed that among working mothers enrolled in an employer-sponsored lactation program; breastfeeding was initiated by 97.5 percent of the women (Abdulwadud and Snow, 2008). The practice of breastfeeding in general at the work place challenge the myth of separate worlds in which employment and family exist separately. This clears boundaries between women‟s private roles as mothers and public roles as workers (Lindberg, 2006). However if there are nursery breaks and child care provisions at the workplace, even urban employment can be compatible with breastfeeding (Yimyam and Morrow, 1999).

2.2.3. SOCIETAL FACTORS (POLICY PLANNING)

Efforts towards promoting the practice of breastfeeding led to the 1990 Innocenti Declaration which states that "all governments should create an environment enabling women to practice EBF for the first 6 months of life (Uchendu et al., 2009). The Labor Law provisions in the constitution sets up the legal framework for "labor" for the citizens of the country. Here in Ghana, there are Labor law provisions related to Exclusive breastfeeding and working mothers. PNDC 305B section 3 on Deception of consumers stipulate that : a person who manufactures, packages, labels sells or advertises a food in a manner that is false, misleading or deceptive as regards its characters, nature, value, additives, substance, quality, composition or safety commit an offence. This law was implemented to prevent manufacturers to deceive the public about the benefits of infant formula versus Exclusive Breastfeeding

The WHO and UNICEF have initiated the Global Strategy for Infant and Young Child Feeding. The strategy highlights the priority actions, duties and responsibilities of various organizations and calls for governments to pass imaginative legislation to protect the rights of working women to breastfeed, and to establish the means to enforce these policies, which are consistent with international labor standard (Abdulwadud and Snow, 2008). In most

industrialized countries, there is workplace-related legislation or regulation to support women employees to continue breastfeeding on their return to work. Legislation has been passed to have an effect on breastfeeding (Abdulwadud & Snow, 2008). Some developing countries are also making some efforts in the promotion of Exclusive breastfeeding. For instance, Agho et al (2011) report that the Nigerian government supported the Baby Friendly Hospital Initiative (BFHI) with the aim of providing mothers and their infants a supportive environment for breastfeeding. Some nursing mothers who are working commended the federal government (In Nigeria) for increasing the maternity leave from 12 to 16 weeks, calling for more babyfriendly policies to help nursing mothers to devote more time to their babies at the very crucial stage of the babies‟ lives (Sheyin, 2012). The purpose of BFHI is to actively protect, promote, encourage and support breastfeeding through education of health care workers in maternity and neonatal services. It also accredits those meeting the WHO/UNICEF criteria as a BFHI (Nankunda et al., 2006).

2.3. SOURCES OF INFORMATION AND SUPPORT SYSTEMS FOR MOTHERS PRACTICING EXCLUSIVE BREASTFEEDING.

One major important factor to the practice of exclusive breastfeeding are sources of information for breastfeeding mothers. Some get information from health facilities in their districts, antenatal visits, friends, and the media and mostly from family members too, including parents and grandparents, mother in laws and traditional birth attendants, the media has been helpful in terms of educating mothers on exclusive breastfeeding because they have helped increase the awareness and the use of various health intervention strategies (Balogun et al., 2014). It is therefore essential to encourage the use of radio and television among mothers as an additional source of health information because of their wide coverage. It was realized in this study that, most mothers did not fully understand the health benefits of practicing exclusive breastfeeding

to both mother and baby, hence there is also the need to emphasize this information in education on exclusive breastfeeding (Mbwana et al., 2013).

Depending on the education, information and communication strategies, the content given is varied. Providers of health care also require training and education in breastfeeding management and support. However there is the need to do more research on the reasons why some healthcare providers fail to discuss the importance of practicing exclusive breastfeeding among postnatal mothers. Other studies on exclusive breastfeeding have shown that support from healthcare providers have the propensity to substantially increase the duration for which mothers practice exclusive breastfeeding (Declercq et al., 2009).

CHAPTER 3.

PROFILE OF STUDY AREA

3.1. LOCATION AND SIZE

Cape Coast, the capital of Central Region in Ghana. It is bounded to the South by the Gulf of Guinea, to the West by the Komenda Edina Eguafo Abrem Municipality, to the East by the Abura Asebu Kwamankese District and to the North by the Twifo Heman Lower Denkyira District. It is located on longitude 1° 15‟ W and latitude 5°06‟N. It occupies an Area of approximately 122 square kilometres with the farthest point at Brabedze located 17 kilometres from Cape Coast, the Central Region capital.

3.2. DEMOGRAPHIC CHARACTERISTICS

3.2.1. POPULATION SIZE, STRUCTURE AND COMPOSITION

The population of the Cape Coast Metropolis, according to the 2010 Population and Housing Census, is 169,894 representing 7.7% of the region‟s total population. Males constitute 48.7% and females represent 51.3%. 23% of the population live in rural localities. The metropolis has a sex ratio (number of males per 100 females) of 95. the proportion of the metropolis youth(less

than 15 years) is 28.4% depicting not too broad base a population pyramid which tapers off with a small number of elderly(60years and older) persons(4.5%). The total age dependency ratio for the metropolis is 49.1, the age dependency ratio for males is lower (48.2) than that for females (49.9).

3.2.2. HOUSEHOLD SIZES AND CHARACTERISTICS

The household is defined as "a person or a group of persons, who live together in the same house or compound, share the same house-keeping arrangements and recognise one person as the head of household". According to the 2010 Population and Housing Census, there are 40,386 households in the metropolis of which 30,354(three-quarters) reside in urban areas with rest in rural settlements.Out of 169,894 persons in the Metropolis, 82.6%(140,405)of them live in households while the rest constitute non household population. The extended family system is revered and widely practiced in the Metropolis with more than half(52.3%) of all household members constituting different compositions of this system, while 47.7% constitute nuclear families.

3.2.3. RELIGIOUS COMPOSITION

The Metropolis served not only as historical sight for slave trade but also as a centre for the early Christian missionaries, notably the Basel Missionaries. Christianity, which is the dominant religion in Ghana started in Cape Coat Metropolis. Christianity is the main religion(85.1%), followed by Islam(9.7%). Traditionalist constitutes only 0.3% of the population. However, 3.9% of the population have no religious affiliation with more males than females.

3.2.4. OCCUPATIONAL DISTRIBUTION

32.5% of the employed 15 years and older are service and sales workers, 23.6% are craft and related trades workers and 13.2% are professionals. Other occupational categories include

elementary occupation(8.2%), skilled agricultural, forestry and fishery workers(6.8%), plant and machine operators and assemblers(4.9%), managers(3.7%), clerical support workers(3.5%) and technicians and associates professionals(3.5%).

3.2.5. CULTURE AND ETHNICITY

The people of Cape Coast are a part of a larger group of people known as Fantes found in the central part of Southern Ghana and are among the Akan ethnic group of Ghana. The language spoken by the people is Fante. People belonging to other ethnic group are found in the Metropolis. The entire Metropolis constitutes one traditional area with the Oguaa Omanhen as the Paramount Chief. The matrilineal system of inheritance is practised by the people. The "Odikro" or chief is the political head of a town or village. The main festival celebrated is the "Oguaa Fetu Afahye", which is celebrated in the first Saturday of September every year and usually attracts people from all walks of lives, both near and far.

3.3. LITERACY AND EDUCATION

3.3.1. LITERACY

According to 2010 Population and Housing census, 9 out of 10 persons in the Cape Coast Metropolis who are 11years and older are literate, that is, they can read and write. This is against a regional average of 78.2% and a national average of about 74.1%. Literacy is nearly universal among the youth population of the Metropolis. The population in the age group 1124 years have a literacy rate of about 97%. Except in the older ages of 60years and beyond, the Metropolis have a high literate population where four out of every five persons can read and write in one language or the other.

3.3.2. EDUCATION

Among the population in school, more than one-third(34.4%) are in tertiary institutions, 27% in primary, 13.1% in Junior High School and 11.4% in Senior High School. There are currently

more males (40.4%) in tertiary institutions, a relatively smaller proportion of females (28%) are in this level of education. Contrarily, the proportion of females in primary, Junior High School and Senior High School are higher. The highest level attained by most of those who attended school in the past is Middle/JSS/JHS (46.1%), while 16% attained SSS/SHS level.

3.4. HEALTH SECTOR

Table 3.0.1 HEALTH FACILITIES IN THE DISTRICT

Facility	Number	Location
Hospital	3	UCC, Bakaano, Pedu
Teaching Hospital	1	Pedu
Health Centre	2	Ewim and Adisadel
Reproductive and Child Health Centre	1	Jubilee School
Private Maternity Home	1	Brofoyedur
CHPS compound	9	Ekon, Nkanfoa, Brofoyedur, Essuekyir, Akotokyir, Amamoma, Ola, Duakor, Mpeasem

Source: District Profile

CHAPTER 4.

METHODOLOGY

4.1. STUDY TYPE AND DESIGN

The study was quantitative using descriptive cross -sectional study design. The study began on the 19th of March 2018 and ended on 9th April 2018. A cross-sectional study is a type of

observational study that analyzes data collected from sample of persons from a population and their exposures and health outcomes measured simultaneously (CDC, 2012). This method of study was used because it is less costly.

4.2. STUDY POPULATION

The study targeted nursing mothers with infants between the ages of 0 and 12 months in University of Cape Coast Hospital in Cape Coast metropolis located in the Central Region of Ghana.

4.3. SAMPLE SIZE

Sample size was 200, however it was not statistically deduced.

4.4.SAMPLING METHOD

Convenient sampling method was used to select the respondents at the University Of Cape Coast Hospital for the study. The respondents were selected conveniently and any postnatal mother who was present during the time of the interview was included in the study until the calculated number of respondents required for the study was attained.

4.5. DATA COLLECTION TECHNIQUES AND TOOLS

Data were collected from post natal mothers at the University of Cape Coast Hospital, Central Region. English language was used in the administration of the questionnaires by the author of this study. Data were collected by the use of questionnaire which consisted of closed ended type of questions. In all, 37 questions were provided, grouped under four sections. The first section answered the questions of demographics such as age of children, age of mother, ethnicity, marital status, religion, occupation and level of education. The second section assessed the knowledge, attitude and practice of exclusive breastfeeding. The third section assessed the challenges associated with exclusive breastfeeding and the fourth assessed the sources of information and support systems available for mothers who are exclusively breastfeeding.

4.6. DATA ANALYSIS

Data obtained from all 200 questionnaires administered were entered into SPSS v23. Analyses were done and graphical representations generated using SPSS v23 and Microsoft Excel 2013.

The results are presented using frequencies, percentages and tables.

4.7. ETHICAL CONSIDERATION

Permission to undertake the study was sought from the District Director of Health Services, the Traditional Chiefs of the area, and the Medical director of University of Cape Coast Hospital.

Informed consent was obtained from all of the respondents and the purpose, methods and eventual use of the study findings was explained to them, and they were also given the chance to decide whether or not to take part in the study. The respondents were assured confidentiality and anonymity during the conduct of the study.

CHAPTER 5.

RESULTS

5.1. SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Table 5.1 describes the socio demographic characteristics of the respondents which included; age of mother and child, marital status, religion, educational level of mother, occupational level and ethnicity. Majority of the mothers were between the ages of 25 and 30 years and very few were above 35 years. More than half of the respondents (59.5%) were married. The ages of the children were less than one month (10.0%), 1 to 2 months (27.0%), 3 to 4 months (29.0%), 5 to 6 months (16.5%) and 7 to 12 months (17.5%). Majority of the respondents(60.0%) were Christians and the rest were Muslims(40.0%). 33.0% of the respondents had formal education up to the Junior High School level, 31.0% and 26.0% for

Senior High school and tertiary level respectively. Majority of the respondents (72.0%) were Akans, 15.0% were Ewes, 8.0% were Gas, 3.0% were Ga-Adamgbes and the remaining 3.0%

were from other tribes such as Sisala in the Northern Region. Less than half of the respondents (49.0%) were traders, 8.5% were health workers that included nurses, and midwives, 9.5% were famers, 10.0% were teachers and the remaining 17.0% unemployed.

Table 5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Variable	Frequency (N=200)	Percentage (%)
Age of mother(years)		
Less than 20	31	15.5
20 to 24	28	14.0
25 to 30	82	41.0
31 to 35	41	20.5
Above 35	18	9.0

Source: Author‟s survey (2018)

Table 5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS CONT.

Variable	Frequency (N=200)	Percentage (%)
Age of child(months)		
Less than 1	20	10.0
1 to 2	54	27.0
3 to 4	58	29.0
5 to 6	33	16.5
7 to 12	35	17.5

Marital status		
Married	119	59.5
Single	51	25.5
Divorced	21	10.5
separated	8	4.0
Religion		
Christian	120	60.0
Muslim	80	40.0
Traditionalist	0	0.0
Others	0	0.0

Source: Author"s survey (2018)

Table 5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

CONT

Variable	Frequency (N=200)	Percentage (%)
Educational level		
Illiterate	19	9.5
JHS	66	33.0
SHS	62	31.0
Tertiary	52	26.0
Others	1	.5.0

Occupation		
Trader	98	49.0
Health worker	17	8.5
Farmer	19	9.5
Teacher	20	10.0
Unemployed	34	17.0
Others	12	6.0
Ethnicity		
Akan	144	72.0
Ewe	30	15.0
Ga	16	8.0
Ga-Adamgbe others	6	3.0
	4	2.0

Source: Author‟s survey (2018)

5.2. LEVEL OF MATERNAL KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING.

Table 5.2 shows the level of maternal knowledge, attitude and the practice of exclusive breastfeeding among the mothers who participated in the studies. Majority of the mothers (90.5%) responded to have heard about exclusive breastfeeding, 76.0% understood exclusive breastfeeding as feeding your child with breast milk only for a specified number of months while the remaining didn‟t understand it that way. Majority of the mothers (82.0%) began to exclusively breastfeed their babies immediately after birth while the remaining (17.5%) didn‟t due to a number of reasons. Among 40 of the respondents who didn‟t begin exclusive breastfeeding soon after delivery, 75.0% were due to recovery from anesthesia, 10.0% were due to bleeding soon after delivery, 2.5% due to repair of tear/episiotomy and the remaining

(12.5%) gave reasons such as waiting to be given the go ahead by a healthcare provider, waiting to bath child, etc. Among 190 respondents, 7.9% intended practicing or had practiced exclusive breastfeeding for 1 to 2 months, 13.2% for 3 to 4 months, 79.0% for 6 months. Less than half of the respondents (15.0%) were giving or gave water to the babies in between feeds, while majority (85.0%) didn‟t. Majority of the respondents (82.9%) believed exclusive breastfeeding was good, 3.6% believed it was a bad practice and the remaining (13.5%) remained neutral. Out of 189 respondents, 80.0% believed in the practice, 11.0% didn‟t while the remaining remained neutral. 85.0% fed their first breast milk/ colostrum to their babies. 86.0% believed breast milk could protect their babies against lots of diseases while the remaining didn‟t. Majority (91.0%) believed breast milk was easily digested than other foods and formula feeds while majority believed otherwise.

Table 5. LEVEL OF MATERNAL KNOWLEDGE, ATTITUDE AND PRACTICE OF 2 EXCLUSIVE BREASTFEEDING

Variable	Frequency(N=200)	Percentage (%)
Have you heard about exclusive breastfeeding		
Yes	181	90.5
No	19	9.5
Exclusive breastfeeding means feeding your child with breast milk only		
True	152	76.0
False	48	24.0
Did you start exclusive breastfeeding immediately after birth? (N=199)		
Yes	164	82.0
No	35	17.5
Reason for not starting exclusive breastfeeding immediately after birth. (N=40)		
Bleeding	4	10.0

Source: Author‟s survey (2018)

3 EXCLUSIVE BREASTFEEDING CONT.

Variable	Frequency(N=200)	Percentage (%)
Repair of tear/episiotomy	1	2.5
Recovery from anesthesia	30	75.0
Others	5	12.5

Table 5. LEVEL OF MATERNAL KNOWLEDGE, ATTITUDE AND PRACTICE OF

How long you intend practicing exclusive breastfeeding (N=190) 1 to 2 months 3 to 4 months 5 to 6 months 7 to 12 months	 15 25 150 0	 7.9 13.2 79.0 0.0
Do you give your child water in between feeds? Yes No	 30 170	 15.0 85.0
What is your stand on exclusive breastfeeding?(N=193) Good Bad Neutral	 160 7 26	 82.9 3.6 13.5
What did you do to the colostrum? Fed it to child Discarded it	 170 30	 85.0 15.0

Source: Author"s survey (2018)

4

EXCLUSIVE BREASTFEEDING CONT.

Variable	Frequency(N=200)	Percentage (%)

Table 5. LEVEL OF MATERNAL KNOWLEDGE, ATTITUDE AND PRACTICE OF

Does breast milk protect your child against lots of diseases?(N=198)		
Yes	172	86.0
No	76	13.0
Breast milk is more easily digested than formula		
True	182	91.0
False	18	9.0

Source: Author‟s survey (2018)

5.3.CHALLENGES ASSOCIATED WITH EXCLUSIVE BREASTFEEDING

Table 5.3 shows the various barriers or challenges associated with the practice of exclusive breastfeeding. Less than half of the respondents (23.5%) had begun or began feeding their babies with complementary feeds at ages earlier than 6 months while majority of the respondents (76.5%) hadn‟t started or didn‟t start before their babies were 6 months of age. Among the respondents who had started or started before their babies were 6 months of age, 10.4% were due to traditional practices, 2.1% gave reason as a modern way of feeding, 10.4% were due to small or insufficient breast milk, 18.6% were due to a way of introducing their children to feeding and 56.3% were due the fact that their babies were above 6 months of age and it was time to introduce complementary feeds. Majority of the respondents (60.0%) had problem breastfeeding their babies, while the remaining (40.0%) didn‟t. The various problems included poor breast attachment (20.8%), uncooperative child (18.3), no/insufficient breast milk (29.2%) and sore nipples (31.7%). Majority of the respondents (70.0%) believed that exclusively breastfeeding their children for 6 months could meet all

their nutritional requirements, 18.0% disagreed while the remaining 12.0% weren‟t sure. Majority of the respondents (63.4%) believed their infants didn‟t need water in between feeds while the remaining 36.6% believed they needed water in between feeds. Majority of the respondents (83.2%) weren‟t affected by parental leave policies to practice exclusive breastfeeding while the remaining 16.8% weren‟t affected.

Table 5.5 CHALLENGES ASSOCIATED WITH PRACTICING EXCLUSIVE BREASTFEEDING

Variable	Frequency(N=200)	Percentage (%)
Have you started complementary feeding for your child?		
Yes	47	23.5
No	153	76.5
If yes, what made you introduce it? (N=48)		
Traditional practices	5	10.4
Modern way of feeding	1	2.1
Breast milk was too small	5	10.4
Pain at nipple	1	2.1
Way of introducing child to feeding	9	18.6

Source: Author‟s survey (2018)

Table 5.6 CHALLENGES ASSOCIATED WITH PRACTICING EXCLUSIVE BREASTFEEDING CONT.

Variable	Frequency(N=200)	Percentage (%)
Time to introduce child to feeding	27	56.3

Do you have any problem breastfeeding your baby? Yes No	 120 80	 60.0 40.0
If yes, what is the problem? (N=120) Poor attachment Uncooperative child No/insufficient breast milk Sore nipples Others	 25 22 35 38 0	 20.8 18.3 29.2 31.7 0.0
Do you think exclusively breastfeeding your child for 6 months can meet all their nutritional requirements?(N=187) Yes No Not sure	 140 37 10	 70.0 18.5 5.0
Do you have strong believe that your child needs water in addition to breast milk?(N=191) Yes No	 70 121	 36.6 63.4

Source: Author"s survey (2018)

Table 5.7 CHALLENGES ASSOCIATED WITH PRACTICING EXCLUSIVE BREASTFEEDING CONT.

Variable	Frequency(N=200)	Percentage (%)

Are you affected by parental leave policies negatively to practice exclusive breastfeeding? (N=191)		
Yes	32	16.8
No	159	83.2

Source: Author"s survey (2018)

5.4.SOURCES OF INFORMATION AND SUPPORT SYSTEMS AVAILABLE FOR MOTHERS.

According to table 5.4, majority of mothers (87.6%) out of 120 respondents acquired knowledge on exclusive breastfeeding through antenatal clinic attendance, 3.5% and 1.2% through television and radio respectively and the remaining 7.6% through other media such as demonstrations, workshops and lectures. Majority of the respondents (82.4%) were taught about exclusive breastfeeding at the clinic while the remaining weren"t. Out of those who were taught at the antenatal clinic, 75.5% was in the form of group education and the remaining were individually counseled. Majority of the respondents (98.9%) agreed that frequent communication with their healthcare facility will help them practice exclusive breastfeeding while the remaining disagreed. Among 65 mothers who were affected by parental leave policies to practice exclusive breastfeeding 92.3% agreed that an improved parental leave policy can help them to practice exclusive breastfeeding while the remaining disagreed. Majority of the

Respondents (71.3%) had support systems that were available to address their concerns on the practice of exclusive breastfeeding while the remaining (28.7%) didn"t. Majority of these respondents had their support from a health facility, 19.4% from friends and the remaining 4.5% from family members.

Table 5.8 SOURCES OF INFORMATION AND SUPPORT SERVICES AVAILABLE FOR MOTHERS.

variable	Frequency(N=200)	Percentage (%)
Through which medium was the knowledge acquired? (N=170)		
Antenatal clinic	149	87.6
Television	6	3.5
Radio	2	1.2
Others	13	7.6
Were you taught about exclusive breastfeeding at the clinic? (N=188)		
Yes	155	82.4
No	33	17.6
If yes, which forms did the education take? (N=155)		
Group education	117	75.5
Individual counseling	38	24.5
Lecture	0	0.0
Demonstration	0	0.0

Source: Author"s survey (2018)

Table 5.9 SOURCES OF INFORMATION AND SUPPORT SERVICES AVAILABLE FOR MOTHERS CONT.

variable	Frequency(N=200)	Percentage (%)
Will frequent communication with your healthcare facility help you to practice exclusive breastfeeding? (N=188)		
Yes	186	98.9
No	2	1.1

Are there any support systems that address your concerns on exclusive breastfeeding? (N=188)		
Yes	134	71.3
No	54	28.7
If yes, from which of the following do you get those services from? (N=134)		
Spouse	0	0.0
Family members	6	4.5
Friends	26	19.4
Health facility	102	76.1
Others	0	0.0

Source: Author‟s survey (2018)

CHAPTER 6.

DISCUSSION

6.1.SOCIODEMOGRAPHIC CHARATERISTICS OF RESPONDENTS

In this study, 200 respondents who were breastfeeding mothers of infants aged between 0 to 12 months sampled for a quantitative study. Most of the mothers were between the ages of 25 and 30 who were married. Most of the respondents were between this age group because they form part of the reproductively active population of the country. The age ranges of the children were almost evenly distributed because all the babies qualified for the immunization program and hence in a day, almost all and equal age categories that were included in the study were present. More than half of the respondents were Christians which wasn‟t surprising because the district profile showed most of the inhabitants are Christians. Less than half of the respondents were traders however they were the largest population amongst them which corresponded to the

district profile while 17.0% of them were unemployed since the district is not very developed compared to other districts in the country.

6.2.LEVEL OF MATERNAL KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING

In the study, majority (90.0%) of the mothers had heard about exclusive breastfeeding indicating a relatively increase in the percentage compared to a study done Oche et al. in 2011 in which only 54.0% of the participants knew about exclusive breastfeeding. Also a relatively lower percentage of 74.0% was observed in a study done by Mogre et al. in 2016. In the same year, a study conducted by Dun-Derry and Laar in Ghana in the year 2016 showed a relatively higher percentage of 98% compared to this current study. From the above it can be said that the level of knowledge is increasing over the years among breastfeeding mothers. However those who responded to have heard about exclusive breastfeeding, only 72% really understood what exclusive breastfeeding actually meant according to table 5.2.

15.0% of those who had heard about exclusive breastfeeding and claimed to be practicing it as well were giving water to their babies In between feeds. It is recommended by WHO and UNICEF that Exclusive breastfeeding should be performed for a minimum of 6 months, however not all but 72.0% of those who had heard about exclusive breastfeeding practiced or intended practicing it for 6 months according to table 5.2. This finding is consistent with a study performed in Bangladesh where mothers agreed that breast milk was good for their babies. 86.0% of mothers knew about exclusive breastfeeding but assumed it meant feeding their babies with breast milk and other liquids including water and cow milk. They didn‟t know what exclusive breastfeeding meant and had confusion regarding the ideal timing of initiation and duration of breastfeeding (Hackett et al.,2012). From the above it can be stated that maternal knowledge does not necessarily translate to the practice of exclusive breastfeeding. According to table 5.2, 80.0% of the respondents had positive attitude towards the practice of exclusive breastfeeding, while the remaining didn‟t. The reason can be attributed to the fact

that they didn‟t believe the fact that breast milk could meet he health requirements of their babies for 6 months and also the fact that breast milk was more digested than formula and also protected their babies against a number of diseases including diarrhea and childhood cancers. With regard to the proper practice of exclusive breastfeeding, colostrum is not thrown away but fed to the baby, breastfeeding is initiated within the first hour of delivery. Majority of mothers fed their babies with the colostrum while the remaining discarded it due to lack of knowledge of its importance. Majority initiated breastfeeding early after delivery while a relatively fewer number didn‟t, for a number of reasons. The reasons were that, some had to wait to recover from anesthesia because they delivered via caesarian section meaning that mode of delivery has influence on the timing of initiation of exclusive breastfeeding. Other reasons included bleeding soon after delivery and repair of tears and episiotomies. Majority of the mothers had intentions of or practiced EBF for 6 months since they had positive attitude towards the practice of exclusive breastfeeding while the remaining had no intentions or even did not practice EBF for 6 months. However in 2014 according to reports from the Ghana demographic and health survey, mean duration of practice of Exclusive breastfeeding was for 4 months which means the number of months for the practice of exclusive breastfeeding is better in this population under study with mean age of practice of Exclusive breastfeeding being 5 to 6 months. With the above, it can be stated that the knowledge on EBF doesn‟t necessarily correlate with the practice of EBF, however knowledge of EBF has increased over time when comparing the results of this current studies to other similar ones done in previous years.

6.3.CHALLENGES ASSOCIATED WITH EXCLUSIVE BRREASTFEEDING

According to table 5.3, 23.5% of the respondents had begun complementary feeding for their babies while the remaining were still exclusively breastfeeding or practiced EBF. A number of factors were responsible for the reasons why some had started with complementary feeds though their babies were less than 6 months of age. Individual factors such as insufficient breast

milk and sore nipples were responsible for the reasons why mothers discontinued the practice of EBF prematurely. These findings are similar to the results of a study done by Lindberg in 1996. It was also realized that some of the reasons for the discontinuation of the practice of EBF was were societal or traditional. These included pressure from grandparents to prematurely introduce the babies to complementary feeding, unfavorable parental leave policies at workplaces that provides mothers less time to be with their babies to breastfeed them. This leaves them with few options such as prematurely initiating complementary feeding. However in most industrialized countries, there is workplace related regulation to support women employees to continue practicing EBF. Also frequent advertisement of baby formula feeds by the media also pressured and made some of the mothers feel it‟s the best or superior to breast milk. Another challenge associated with the practice of EBF could be traced to lack of adequate knowledge because 30.0% of the respondents who had knowledge on EBF still didn‟t believe that exclusively breastfeeding their babies could meet their nutritional requirements for 6 months.

6.4.SOURCES OF INFORMATION AND SUPPORT SERVICES AVAILABLE FOR MOTHERS WHO ARE EXCLUSIVELY BREASTFEEDING

One major factor that enable mothers to adequately adhere to the practice of EBF is knowledge on what EBF actually entails. According to table 5.4, majority of mothers acquired their knowledge on EBF at the clinic specifically during antenatal visits and the remaining through the media and friends. It will therefore be very rational to encroach on the opportunity of disseminating quality and adequate information on the practice of EBF during antenatal visits and coupling it with the media which includes use of newspapers, television and radio. It was noticed in the study that most mothers didn‟t understand what EBF actually meant and the associated health benefits to both mother and baby and therefore it will be necessary to teach them very well what EBF entails which will eventually enable them practice EBF well.

Majority of the respondents agreed that frequent communication with their healthcare providers will or cold have helped them practice EBF. Although comparatively, most of the respondents had knowledge on EBF through antenatal care visits it is still very necessary for healthcare providers to put in much efforts to disseminate knowledge of EBF via other sources like television, radio and newspapers since it was through these media that some mothers got the opportunity to learn about EBF. This will enable mothers who don‟t get the chance to frequently visit antenatal clinics to still get the opportunity to learn about the practice of EBF through the media.

CHAPTER 7.

CONCLUSION AND RECOMMENDATION

7.1. CONCLUSION

LEVEL OF KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG POST NATAL MOTHERS

Majority of mothers had heard about exclusive breastfeeding but did not believe exclusive breastfeeding alone could meet all the nutritional requirements for 6 months. Some mothers couldn‟t also initiate exclusive breastfeeding soon after delivery due to a number of reasons such as recovery from anesthesia, primary postpartum hemorrhage, repair of tear or an episiotomy were beyond their control. Also, some mothers discarded the colostrum, however the reasons that made them do that wasn‟t included in the studies.

CHALLENGES ASSOCIATED WITH EXCLUSIVE BREASTFEEDING

The challenges associated with exclusive breastfeeding as mentioned by the respondents were; insufficient breast milk production, uncooperative child, sore or pain at nipples, pressure from

socio-cultural and traditional practices to implement complementary feeding and unfavorable parental leave policies.

SOURCES OF INFORMATION AND SUPPORT SERVICES AVAILABLE FOR MOTHERS.

The sources of information on EBF were; the antenatal clinic and the media such as television, radio, newspapers. Also, support services available for mothers practicing EBF included; nearby health facilities, spouse, family members and friends.

7.2.RECOMMENDATIONS

1. Nurses at various antenatal clinics should explain what EBF means and its importance to the mother and baby including the importance of colostrum.

2. The Ministry of Health should ban or regulate how advertisement on various complementary feeds are made by the media instead they should use the platform to educate mothers on the proper practice of EBF and its importance to the mother and baby.

3. Nurses at antenatal clinics and community health nurses apart from attending to mothers during antenatal, should also keep records and follow up on these mothers and ensure they are actually practicing and to also attend to the various challenges these mothers face during the practice.

4. Studies should also be made on why mothers discard colostrum, why some breastfeeding mothers get support from their spouse and family members while others don‟t.

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APPENDIX
QUESTIONNAIRE

PERCEPTION OF EXCLUSIVE BREASTFEEDING AMONG POSTNATAL MOTHERS OF INFANTS AGED BETWEEN 0 TO 12 MONTHS AT THE UNIVERSITY OF CAPE COAST HOSPITAL , CENTRAL REGION, GHANA.

Dear respondent, this questionnaire is part of an ongoing research conducted by Boakye Samuel, a 5th year medical student of KNUST on the perception on exclusive breastfeeding

among postnatal mothers. This study is purposely for academic work, and be rest assured that all the information you will provide remains confidential. You can choose to opt out if there are any personal concerns. I am counting on your cooperation. Thank you.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENT

Age of mother [ ] <20 years [ ] 20-24 years [ ] 25 -30 years [ ] 30-34 years [ ] >35 years

Age of child [ ] < 1 month [ ] 1-2 months [ ] 3-4 months [ ] 5-6 months [ ] 7 12 months

Marital status [ ] married [ ] single [ ] divorced [ ] separated

Religion [ ] Christian [ ] Muslim [ ] traditionalist [ ] others, specify.....

Educational level [ ] illiterate [ ] JHS [ ] SHS [ ] tertiary [ ] others, (specify)…….

Occupation [ ] Trader [ ] Health worker [ ] Farmer [ ] Teacher [ ] Unemployed [ ] others (specify)….

Ethnicity [ ] Akan [ ] Ewe [ ] Ga [ ] Ga-Adamgbe [ ] Guan [ ] others (specify)…….

SECTION B: KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING.

Have you ever heard on exclusive breastfeeding? [ ] Yes [ ] No How long are you supposed to give it?

[ ]1-2 Months [ ] 3-4months [ ]4-6months [ ] Greater than 6months

Breast milk contains all the nutrients your baby needs for the first six (6) months of life [ ] true [ ] false

Does breast milk protect your child from a lot of diseases? [ ] yes [ ] No

Breast milk is more easily digested than formula?

[ ] true [ ] false

Through which route did you deliver?

Vaginal [ ] Caesarean Section [ ]

Did you start exclusive breastfeeding immediately after birth?

[ ] yes [ ] no If no, why?

[ ] Tired [ ] Bleeding [ ] Repair of tear [ ] Anesthesia [ ] needed to bath baby before [ ] others (specify)…..

How long do you intend to practice exclusive breastfeeding/ did you practice exclusive breastfeeding?

[ ] 1-2 months [ ] 3-4 months [ ] 5-6 months [ ] 7-12 months

Do you give your child water in between feeds? [ ] yes [ ] No How often do you feed your child?

[ ] when baby cries [ ] 3 times in a day [ ] throughout the day [ ] others

(specify)…….

What is your stand on exclusive breastfeeding? [ ] good [ ] bad [ ] neutral

Do you believe in exclusive breastfeeding? [ ] Yes [ ] No [ ] Neutral

Which is convenient? [ ] formula-feeding [ ] breastfeeding

What did you do to the thick yellowish milk (colostrum) produced in the first few days? [ ] fed it to the child [ ] discarded it

SECTION C: CHALLENGES ASSOCIATED WITH EXCLUSIVE BREASTFEEDING

Have you started complementary feeding for your child? [ ] yes [ ] no If yes, what made you introduce it?

[ ] traditional practices [ ] modern way of feeding

[ ] Breast milk was too small [ ] pain at nipple

[ ] a way of introducing child to feeding [ ] time to introduce child to feeding Do you have any problems breast feeding your baby?

[ ] yes [ ] no

If yes, why?

[ ] poor attachment [ ] no/insufficient breast milk

[ ] uncooperative child [ ] sore nipples [ ] others (specify)……

Do you think exclusively breastfeeding your child for six months can meet all their nutritional needs in that 6 months?

[ ] Yes [ ] No [ ] Not sure

Are you influenced by socio-cultural pressure to introduce complementary feeds?

[ ] Yes [ ] No

Do you have a strong believe that your baby need water in addition to breast milk?

[ ] yes [ ] No

Are you affected by parental leave policies negatively to practice exclusive breastfeeding?

[ ] yes [ ] No

SECTION D: SOURCES OF INFORMATION AND SUPPORT SERVICES AVAILABLE FOR MOTHERS WHO ARE EXCLUSIVELY BREASTFEEDING.

Through which medium was the knowledge acquired?

[ ] antenatal clinic [ ] television [ ] newspaper [ ] radio [ ] others, specify

Were you thought about exclusive breastfeeding in the clinic?

[ ] Yes [ ] No

If yes, which of the forms did the education take?

[ ] group education [ ] individual counseling [ ] lecture [ ] demonstration

Will frequent communication with your healthcare facility help you to practice exclusive breastfeeding?

[ ] Yes [ ] No

Will an improved parental leave policy help you to practice exclusive breastfeeding?

[ ] Yes [ ] No

Are there any support systems that address your concerns on exclusive breastfeeding?

[ ] Yes [ ] No

If yes, from which of the following do you get those services from?

[ ] Spouse [ ] Family members [ ] Friends [ ] Health facility [ ] others (specify)…….