**CENTRAL UNIVERSITY**

**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**DEPARTMENT OF NURSING**

# FACTORS THAT HINDER NURSING MOTHERS FROM PRACTISING EXCLUSIVE BREASTFEEDING IN PRAMPRAM POLYCLINIC

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## DECLARATION

We declare that this project work is as a result of our own hard work and effort. We conducted the research ourselves and have appropriately cited all authors of reference materials used for this work.

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## DEDICATION

This research work is dedicated to the Opoku-Mensah and Blay families who made it possible for us to fulfill our first degree education.

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## ABSTRACT

Human milk provides virtually all the nutrients a baby needs to be healthy, and it also contains many substances that benefits a baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection (American Academy of Paediatrics 2016). The purpose of the study was to assess the factors that hinder nursing mothers from practicing exclusive breastfeeding in Prampram Polyclinic. The study also explored the initiatives put in place to encourage exclusive breastfeeding in the community. A cross sectional survey design was used in this research, where 100 respondents were randomly selected in the study area. The study revealed that the majority of the respondents have heard of exclusive breastfeeding. It was also identified that most of the respondents could not practice it due to the nature of their work. Furthermore the findings in the study revealed that, 40.0% of the respondents were of the view that exclusive breastfeeding helped their baby's immune system strengthened by preventing life-threatening illnesses like pneumonia, diarrhea, ear infection, cough and cold among other infection.

Finally, on the issue of ways to improve exclusive breastfeeding and its practices, the researchers recommend that health education and promotion should be carried out to help educate the general public on the benefits of exclusive breastfeeding.

# CHAPTER ONE

# BACKGROUND OF THE STUDY AND LITERATURE REVIEW

## 1.0 Introduction

This chapter entails background of the study, problem statement, and purpose of the study, research objectives and research questions. Other aspects of this chapter include operational definition of terms, significance of study and literature review.

## 1.1 Background of Study

Breastfeeding is the feeding of an infant or young child with breast milk directly from human breast, which provide them with nutrients they need for healthy growth and development (WHO 2018). It begins from the day of delivery and lasts for about two years of the infant's life.

Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or foods are given. Human milk provides virtually all the protein, sugar, and fat a baby needs to be healthy, and it also contains many substances that benefits a baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has been weaned. Formula cannot offer this protection (American Academy of Paediatrics 2016).

In spite of the proven benefits of exclusive breastfeeding for up to six months, and repeated emphasis on this critical intervention, the rate of exclusive breastfeeding among children younger than six months is a dismal 37% globally, and it has been stagnant since the 1990s. (Gupta,FIAP,Dadhich, Suri, March 8,2013).

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South Africa is challenged by very poor exclusive breastfeeding practices (6.8 – 8.3%) during the first six months of life. In the low-income area investigated, the exclusive breastfeeding rate was 6% in 2011. (Goosen, McLachlan, Schubi , 2014).

A study in Southwest Nigeria revealed that only a small proportion (19%) of the nursing mothers practiced exclusive breastfeeding. The survey showed the major constraints to exclusive breastfeeding to be: the perception that babies continued to be hungry after breastfeeding (29%), maternal health problems (26%) ; fear of babies becoming addicted to breast milk (26%), pressure from mother-in-law (25%) ; pains in the breast (25%) and the need to return to work (24%). (Agunbiade, Ogunleye, 2012).

In breast feeding, suckling by the baby also helps to develop the facial muscles. Research has demonstrated this difference in jaw development based on the type of 'suckling' done in infancy, and has also linked the type of suckling done in infancy to better or worse dental health later in life (Johnson, 2014). To the mother, exclusive breast feeding serves as a birth control method that allows the mother to exercise control over child spacing as menstruation ceases during breast feeding, there is the release of oxytocin which helps the uterus to return to its pre-pregnancy state and decrease the risk of postpartum haemorrhage. In women who do not experience menstrual bleeding and continue to breastfeed exclusively, lactation amenorrhoea provides contraceptive protection which is 94% effective, six months postpartum. (King, 2010).

It also has a psychological influence that is; it enhances bonding between the mother and the child. The physical closeness, skin-to-skin touching, and eye contact help babies to bond with the mother and feel secure. (Brennan, 2017) Many stakeholders of health have put in place measures to increase the prevalence of breast feeding. World Health Organization and United Nations

International Children's Emergency Fund put in place a baby – friendly hospital. An initiative to encourage exclusive breast feeding, the American Academy of Paediatrics also recommended in 1998 that exclusive breast feeding be done for at least six months.

Various governments have also put in place measures to discourage the distribution of infant formula especially those without backing from health care providers; advertisement of breast milk supplement discourages lactating mothers who work to go on with feeding babies exclusively after resuming work. Though these measures have enhanced exclusive breast feeding to a certain level, the set goals have not been reached as due to social, biological, and cultural reasons, most mothers still continue to practice supplementary and complementary feeding.

**1.2 Problem Statement**

The newborn should be exclusively breastfed for the first six months before any other formula and even water is given. However, exclusive breastfeeding rates are low in many countries worldwide, resulting in consequences like high mortality and morbidity rates in infants. A study by Adokiya, (2010) concluded that early introduction of complementary foods may be a risk factor for increased morbidity and under-nutrition of children.

Exclusive breastfeeding helps to prevent respiratory illnesses, ear infections, diarrhea, ovarian and breast cancers and helps mother and baby to bond well. However, despite these benefits, mothers are not practicing exclusive breastfeeding their children but rather introducing complementary formula feeds before the sixth months.

Much has not been done in this area in the developing countries and in Ghana.

In view of this, the researchers seek to find out the factors that hinder nursing mothers from practicing exclusive breastfeeding in Prampram polyclinic.

### 1.3 Purpose of the Study

The purpose of the study is to assess the factors that hinders mothers from practicing exclusive breastfeeding in Prampram Polyclinic.

### 1.4 Research Objectives

The objectives of this study is:

1. To assess the knowledge of exclusive breastfeeding among nursing mothers.
2. To determine the factors that prevent mothers from practising exclusive breastfeeding.
3. To ascertain the importance of exclusive breastfeeding on both mother and child.

### 1.5 Research questions

1. What do nursing mothers know about exclusive breastfeeding?
2. What are the factors that prevent mothers from practising exclusive breastfeeding?
3. What are the benefits of exclusive breastfeeding on both mother and child?

### 1.6 Significance of the Study

Human milk provides virtually all nutrients a baby needs to be healthy, and it also contains many substances that benefits your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells.

The study will help nursing mothers to know the importance of exclusive breastfeeding as well as find ways of solving and changing their behaviors towards practicing exclusive breastfeeding. The government can use this information to develop policies governing exclusive breastfeeding. The

government can also introduce awareness campaign strategies geared at informing nursing mothers on the need to avoid the factors that hinder them from practicing exclusive breastfeeding.

### 1.7 Operational Definition of Terms

1. **Exclusive** – Is when something is done alone without adding anything to it
2. **Breastfeeding** – Giving breast milk to baby
3. **Nursing mother** – A woman who had given birth to a baby after carrying pregnancy for nine months and is responsible for child's responsibility.
4. **Colostrum** – The thick yellowish and highly nutritious milk that comes out of the breast first after delivery.
5. **Supplementary feeding -** Food given to baby instead of breast milk.
6. **Complementary foods -** Foods given to baby alongside breast milk.
7. **Weaning -** This is where there is discontinuing of breast or bottle feeding. e.g solid foods are introduced gradually from 6 months till child can tolerate.

### 1.8.0 Literature Review

This section will review literature related to the objectives of the study and is relevant. A wide range of journals, papers, reports, and the internet will be searched for appropriate information. For this review, the following databases will be searched through for information and these are Google scholar and Science direct. Terms such as Factors, Practice, Exclusive Breastfeeding, Nursing Documentation and Communication among nurses are used as key words, despite all efficient efforts channeled to collect data to foster the success of this research.

Regardless, the fewer studies carried out by earlier have been collated to represent the literature of this study since it forms a vital component of every study. In order to harness simplicity and comprehensibility, the literature has been categorized according to the above study objectives. The literature is reviewed under the following headings:

- Factors that prevent mothers from practicing exclusive breastfeeding.
- Knowledge on Exclusive breastfeeding among mothers
- Importance of breastfeeding to mother and baby.

### 1.8.1 Knowledge on Exclusive breastfeeding among mothers

Breastfeeding knowledge including EBF knowledge plays an important role in mother's ability to make an informed decision to exclusively breastfeed her infant. Evidence from developing countries shows that better EBF knowledge influences practice of EBF.

According to Chaundhary et al in 2011 on a study on knowledge and practice of mothers regarding breastfeeding, using a cross sectional study, sampled 200 respondents in the paediatric OPD and immunization clinic of BPKIHS in Dharan Nepal.

The study revealed that, breastfeeding mothers could not practice ebf because …some of the employed mothers mentioned that they could not practice exclusive breastfeeding (EBF) because their work would not permit them to stay home after the four (4) months post- partum to nurse their infants and also their workplaces could not provide them with nursing mothers therefore they had to pump milk in washrooms. With regard to this, mothers suggested that there is inadequate support from clinicians because of personal experiences and beliefs and not according to a standard policy. Furthermore, mothers trusted their families and friends for advice more than healthcare professionals. However, there is lack of inadequate support rendered to primiparous women having difficulties in their breastfeeding practices. Some also mentioned feeding difficulties such as milk insufficiency, poor lactating, thickness of milk and insufficient milk flow hindered mothers from practicing exclusive breastfeeding for their infants. He found that the knowledge on the duration of breastfeeding, proper techniques, and proper time of weaning is poorly understood by most of the mothers. 200 mothers that were taken from BPKIHS clinics were interviewed using pre-designed questionnaire and it was concluded that all the mothers knew that they had to breastfeed their babies but they didn't have much knowledge on the appropriate way to initiate it. 10% knew that they have to breastfeed their babies immediately after birth, 10% knew pre lacteal feed, 25% knew the benefits of colostrum to the babies, 15% understood the meaning of exclusive breastfeeding and 15% knew the importance of feeding the baby at night. 41.5% mothers initiated breastfeeding immediately after birth, 33% mothers fed their babies with prelacteal feed, 95% fed their babies with colostrum, 15% mothers were exclusive breastfeeding, 90% mothers were breastfeeding their babies during the night, 15% mothers knew how to feed one side at a time, 60% mothers were practicing inappropriate positioning and attachment, and none of the mothers were

educated on breastfeeding during Antenatal Clinic visits. So just because the mothers were not educated, there has been a big gap between actual and desired practices.

A similar study by Mallik (2013) in India on knowledge of breastfeeding and timely initiation of it amongst postnatal mothers; using a descriptive cross sectional survey sampled 620 respondents randomly in India.

The study revealed that most mothers had the knowledge of when to feed after birth either by vagina or through caesarean section. Majority of respondents had accurate knowledge regarding the number of times to breastfeed% of the mothers had accurate knowledge regarding number of times to feed in 24 hours, breastfeeding at night, on demand, duration of each breastfeeding, benefits of breastfeeding and the importance of colostrum feeding. Findings from the study revealed that knowledge of breastfeeding can be influenced by increasing age, education, and better socioeconomic status, joint family affected knowledge favorably.

In another study, Tiras Eshton Nkala and Sia Emmanueli Msuya in 2011 pointed out in a community based cross-sectional study, which sampled 402 respondents randomly on the prevalence and predictors of exclusive breastfeeding among women in Kigoma region, Western Tanzania, that the number of times exclusive breastfeeding occurs among Kigoma Municipal women was 58%. The number of women who had an idea of the knowledge of exclusive breastfeeding were slightly higher (86%) than those that practiced it. According to the analysis, women with enough knowledge on exclusive breastfeeding women who put to birth at the health facilities, and women who were not having breast related problem like engorged breast or cracked

nipples were more likely to breastfeed their babies exclusively than women who did encounter such problems.

Similarly a study done by Oche in 2011 on knowledge and practice of exclusive breastfeeding in Kware, Nigeria, using a cross-sectional descriptive study was done on one in eight samples of 179 mother-child pairs. The study found out that their opinion about knowledge and practice of exclusive breastfeeding were obtained using a set of structured interviewer administered questionnaires and out of the selected mother-child pairs, 54(31%) really knew what exclusive breastfeeding was with 94(53%) mothers breastfeeding their babies right after delivery.

In another study by Maaike Arts, Diederike Geelhoed and Wendy Prosser (2010) on knowledge, beliefs and practices regarding exclusive breastfeeding of infants more than 6 months, using qualitative methods in Mozambique indicated that, only 37% of infants are exclusively breastfed. Results shows that many mothers had heard the recommendation to exclusively breastfeed for 6 months but other family decision makers such as the fathers and grandmothers had heard less about exclusive breastfeeding.

Similarly a study conducted by Markos in 2015, on exclusive breastfeeding and associated factors among mothers, using a quantitative methods sampled 423 respondents' randomly in Debre Markos, Northwest Ethiopia reported that most of the (90.1%) respondent had knowledge concerning breastfeeding. Nonetheless, more than two thirds (61.7%) of the participants did not have enough information about exclusive breastfeeding in the same study. Further results by Markos ( 2015), indicated that counselling given at Antenatal clinic concerning breastfeeding rendered mothers 2.44 times more likely to breastfeed exclusively compared to mothers who were

not counseled. In addition, obtaining information about infant feeding during post-natal clinic raised the probability of EBF by 5 times in contrast to those who had no counselling during post-natal clinic. This proves that health providers need to encourage and provide adequate information to pregnant and post-partum regarding EBF at ANC and PNC respectively.

In another study by Tadele, Habta, Akmel, and Deges (2016), on knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Southwestern Ethiopia, used a cross-sectional study and sampled 350 respondents. The study revealed that most of the respondents ( 93.6%) had adequate insight regarding EBF and their main source of information were health providers (62.7%). Breastfeeding continues to be encouraging over the years, however other different studies has proven otherwise concerning knowledge on EBF. In Nigeria, majority of the participants (88.0%) had heard about EBF but only one third of mothers (34.7%) could mention the recommended duration of EBF (Tadele et al., 2016).

According to Sandra Gyampoh et al (2014), on a study on child feeding knowledge and practices among women participating in growth monitoring and promotion in Accra, using a cross sectional survey method which sampled 199 mother child pairs at Accra Ghana, it was revealed that 74% of mothers had not missed any scheduled child welfare clinic sessions. Over 60% of mothers knew the appropriate age of introduction of foods ; 86% also gave correct response regarding minimum number of times their child should be fed daily. About 81% of children less than 6 months were exclusively breastfed in the preceding 24 hours, although 36% had received water since birth. 42% of children 6-23 months received dietary diverse meals while 64% were fed the required number

of times in a day. Overall, only 32% of children 6-23 months received a minimum acceptable diet in the preceding 24 hours.

### 1.8.2 Factors that prevent mothers from practicing exclusive breastfeeding.

Many researches have looked at significant factors in relation to exclusive breastfeeding such as socio-demographics (such as parents' education levels, living rurally in a city or income level and parity), biosocial factors (including available support for breast feeding), culture (such as breast feeding attitudes and social norms) and employment law and policy.(Almqvist-Tangen, Bergman, Dahlgren, Roswall, & Alm, 2012; Amin, Hablas, & Al Qader, 2011). Each factor relatively and diversely influence nations and regions, over time and even within population subgroups (Amin et al., 2011; Santo, De Oliveira, & Giugliani, 2007; Tan, 2011). et al

According to Kok Leong in 2011, on a study on the factors associated with exclusive breastfeeding among infants under six months in peninsular Malaysia, using a cross-sectional method, sampled 682 respondents randomly in Peninsular Malaysia. The research pointed out that exclusive breastfeeding was most likely to be practiced by mothers of rural residence, Malay mothers, non-working mothers, non-smoking mothers and mothers who practice bed sharing with their babies.

According to the discussion section of this article, working mothers are given only two months of maternity leave in Malaysia, and breastfeeding facilities at the workplaces are not flexible enough, resulting in working mothers being hindered from practicing exclusive breastfeeding for the full six months.

Also, the research stated that, infants who shared the same bed with their mothers during the night were able to breastfeed longer, compared to those who slept separately from their mothers.

However, this article did not give the details of why all these factors influence exclusive breastfeeding in peninsular Malaysia.

Similarly, a study in Canada, conducted by Jessri, Farmer and Olson, (2013) exploring middle eastern mothers perception and experiences of breastfeeding in Canada; responses from mothers revealed that community health care system , family or friends as well as mother – infant relationship influence care. Some of the employed mothers mentioned that they could not practice exclusive breastfeeding (EBF) because their work would not permit them to stay home after the four (4) months post- partum to nurse their infants and also their workplaces could not provide them with nursing mothers therefore they had to pump milk in washrooms. With regard to this, mothers suggested that there is inadequate support from clinicians because of personal experiences and beliefs and not according to a standard policy. Furthermore, mothers trusted their families and friends for advice more than healthcare professionals. Also, there is lack of inadequate support rendered to primiparous women resulting in difficulties in their breastfeeding practices. Some also mentioned feeding difficulties such as milk insufficiency, poor lactating, thickness of milk and insufficient milk flow hindered mothers from practicing exclusive breastfeeding for their infants. With the factors contributing to breastfeeding, some participants stated that cultural and religious beliefs greatly encouraged them to breastfeed their infants as well as family members influenced their decision to breastfeed. Also, lack of social support whereby the Canadian society were not in support of breastfeeding and viewed breastfeeding as an outmoded, time wasting and restrictive practice hence did not encourage the women to breastfeed in the community.

In another study by T. Alemayehu, J. Haidar and D. Habte in 2009 on the determinants of exclusive breastfeeding practices,using stratified cluster sampling method, sampled children

whose age was less than six months in Ethiopia. The researchers pointed out that a range of maternal and child health attributes such as marital status, economical status and child age were found to influence the practice of exclusive breastfeeding in Ethiopia. They found that the total rates of exclusive and full breastfeeding were 49% and 68.2% respectively. This survey was done by raw data gathered from nine regions and two city administrations using stratified cluster sampling method.

According to Alzaheb in 2017 on some factors influencing exclusive breastfeeding in Tabuk, Saudi Arabia, using a structured questionnaire to sample 589 mothers from urban communities.The study found out that 31.4% breastfeed exclusively, on the contrary middle eastern countries have recorded lower rate of exclusive breastfeeding. Such countries include United Arab Emirates 1.9%, Egypt 9.7%, Quatar 18.9%, Turkey 54% and in Iran 66.4%. Alzaheb studied five (5) factors associated with mothers exclusively breastfeeding. One factors explored the nationality of women were results noted that 90.3% of mothers from Saudi did not exclusively breastfed compared to 9.7% non-Saudi mothers from other Arab countries. This may be due to a reason that Saudi mothers usually employ foreign nannies to care for their infants in a small study revealed by (Amin et al., 2011). This assertion is in consonant with another study conducted in Malaysia in 2011, which also exposed that Chinese mothers in Malaysia less practiced exclusive breastfeeding than Malaysian mothers because they hired an experienced nurse to take care of their infants.

Employment status among mothers as a factor has been studied by many researchers. Alzaheb (2017), over again in his study found that the employment status of women was inversely proportional to exclusive breastfeeding. As such infant whose mothers were working less likely to exclusively breastfed at six (6) months than babies whose mothers were not working. This results have been recorded in Lebanon, Iran and Malaysia respectively (Hamade, Chaaya, Saliba,

Chaaban, & Osman, 2013; Saffari, Pakpour, & Chen, 2017; Tan, 2011). Another association was found between delivery method and exclusive breastfeeding (EBF). Alzaheb ( 2017), showed that 68.8% of women who had vaginal delivery breastfed their babies still 6 months unlike 31.2% of mothers who underwent caesarean section did not breastfeed their babies up to six (6) months and this is similar to previous studies in Saudi Arabia (Dorgham, Hafez, Kamhawy, & Hassan, 2014; El-Gilany et al., 2011).

Similarly, a study done by Senghore, Omotosho, Ceesay and Williams ( 2018),on predictors of exclusive breastfeeding knowledge and intention to or practice of exclusive breastfeeding among antenatal and postnatal women receiving routine care, using a cross-sectional survey, sampled 334 respondents in the Gambia. The study revealed that women between the ages of 26 and 34 were at a higher rate of deciding to practice exclusive breastfeeding more than 95% compared to women who are below 25 years. This findings is similar to a study conducted by Diji, Bam, Asante, Lomotey, & Yeboah (2017), in which older women were found to be practicing exclusive breastfeeding because of child care experiences and the knowledge they gained over time. Also, mothers who were counselled on exclusive breastfeeding were two times more likely to practice exclusive breastfeeding than those who did not receive counselling. According to Senghore et al., (2018), there have been several studies that have looked at the factors that influence exclusive breastfeeding , yet findings differ among and outside countries. For instance a study in south east Nigeria by Onah et al..( 2014), presented that the manner of delivery, the baby's first food, mother's level of education and socioeconomic class were related with exclusive breastfeeding whilst in the north central region in Nigeria, the key predictor was prenatal exclusive breastfeeding (Balogun et al., 2016). Maonga, Mahande, Damian, and Msuya (2016), also asserted to Onah et

al.( 2014), and noted that the age of the mother, knowledge and advantages of EBF were found to predict EBF.

Another study by Ojo M. Agunbiade and Opeyemi V. Ogunleye in Another study by Ojo Agunbiade and Opeyemi Ogunleye in 2012, on the constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria, using a concurrent mixed method, sampled 200 respondents. The study found out the major constraints to exclusive breastfeeding to be : Perception that babies still remain hungry after breastfeeding (29%), maternal health problems (26%), fear that babies will be addicted to breast milk (26%), pressure from mothers-in-law (25%), pains in the breast (25%) and the need to return to work (24%).

Other hindering factors stated in this study were poor feeding and little support from husbands. According to this study, only 19% of nursing mothers practiced exclusive breastfeeding.

According to Diji, Bam, Asante, Lomotey, and Yeboah (2017), on challenges and predictors of exclusive breastfeeding among mothers attending child welfare clinic ,using a simple random technique, sampled 240 respondents at a regional hospital in Ghana. The study indicated that 66.7% of the participants practiced EBF. Nevertheless, the major problems were : insufficient breast milk to meet their infant's nutritional needs, short maternity leave periods and sociocultural influence and artificial feeds. Still, in the same study by Diji et al.( 2017), mothers who had formal employment in the public sector had increased rate of EBF. Conversely, participants in that study mentioned higher interruption of EBF was as a result of the women resuming work before six months' post-partum. Again mothers who were not employed had the perception that their level of nutrition is not enough to meet the nutrients their babies require and as result of this culturally, mothers were forced to give artificial (man-made) foods to their infants.

A similar study was done by Benard Yeboah- Asiamah Asare and Joyce Veronica Preko in 2016 on the determinants of exclusive breastfeeding using a cross-sectional study, which sampled 355 respondents randomly at a child welfare clinic in Tema Manhean. The study pointed out that, there was awareness and high knowledge about exclusive breastfeeding among mothers, but prevalence among infants less than six months was 66%. For infants aged less than twenty four months, 30.1% were bottle feeding. According to this research, mothers who had tertiary education were less likely to practice exclusive breastfeeding compared to those with no education. This is due to the fact that Ghanaian mothers with high educational status have formal jobs and as such are less likely to exclusively breastfeed due to inadequate time on their part. As a matter of fact, this finding is in contrast with other similar studies done where mothers engaged in informal jobs were less likely to exclusively breastfeed. Also, mothers from ethnic groups in the northern part of Ghana were less likely to practice exclusive breastfeeding as against those of Ga ethnicity. This is as a result of the varying cultural beliefs and practices that exist among them. It was also found out that exclusive breastfeeding was higher in mothers older than 20 years. A similar finding by Asemahagn revealed that mothers aged 30 years and above were more likely to exclusively breastfeed. According to Asemahagn, this was as a result of the fact that mothers are better able to manage children as they age and also the fact that younger mothers desire to maintain their breast size and beauty. In conclusion, educational status, age and ethnicity of mothers strongly influenced maternal practice of exclusive breastfeeding.

### 1.8.3 Benefits of breastfeeding

Numerous benefits of breastfeeding have been researched extensively and new benefits continues to be identified (American Academy of Pediatrics, 2017). New researches also identifies a stronger

relation between prolonged exclusive breastfeeding and improved maternal and infants benefits (Ip, Chung, Raman, Trikalinos, & Lau, 2009). The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) have indicated short term and long term benefits of breastfeeding. In short term, breastfeeding physiologically minimizes the risk gastroenteritis, ear infection, pain following minor procedures, hospital mechanisms, respiratory infections, sudden infant death syndrome and urinary tract infection(AWHON).

Furthermore, in the long term, children who are breastfed exclusively till 6 months have reduced risk of contracting major childhood disease, diabetes, obesity, leukemia and lymphoma (American Asthma Academy of Pediatrics, 2012; WHO,2012). Duncan et al.( 2009), also found that infants who were given supplementary foods before six months had 40% more episodes of Otitis media than others. Suboptimal breastfeeding results to neonatal infections death (45%), diarrhoea deaths (30%) and acute respiratory deaths (18%) among children under five in developing countries (American Academy of Pediatrics, 2017). It is also responsible for 10% disease burden among children under 5 (Amayreh, Ghanma, Al-Jbour, & Zayadeen, 2007). Breastfeeding provides a lot of psychological benefit to the infant. Breastfeeding is associated with higher cognitive and neurological development (AWHONW). With regards to the maternal benefits, breastfeeding plays significant roles in improving health and well-being of mothers, it helps to space children, prevent ovarian cancer and breast cancer as well as improves family and national resources (WHO, 2001). Post-partum benefits also involve low blood loss, lower risk of post- partum infection and anemia (AWHONN). Also it improves maternal and infant bonding Moore et al, (2012) thus breastfeeding provides frequent interaction between the mother and infant, foster emotional bonds, a sense of security and stimulus to the baby's developing brain (WHO, 2001). In addition, to a

number of health benefits associated with breastfeeding there a lot of financial benefit for families, society, public and employers.

According to Wieslaw Jedrychowski, Fredrica PereraJeffrey and JankowskiMaria in 2011 on a study on the effects of exclusive breastfeeding on development of children's cognitive function in Krakow, using a cohort study, sampled 443 respondents . The study pointed out that children that breastfed exclusively for up to three months had intelligent quotients(IQs) that were on average 2.1 points higher compared to the others ; children breastfed for 4-6 months scored higher by 2.6 points and the benefit for children breastfed even longer, that is beyond 6 months increased by 3.8 points. The cognitive function of children was measured by psychometric tests done five times at regular intervals from infancy period to preschool age. This article clearly shows the benefit of exclusive breastfeeding on the cognitive development of children

In another study in South Africa, Nigel C R In a similar study done by Nigel C Rollins, James Ndirangu and Ruth Bland in 2013 on exclusive breastfeeding, diarrhoeal morbidity and all-cause mortality in infants of HIV-infected and HIV uninfected mothers, using a non-randomised intervention cohort study, sampled 2,589 respondents. It was found out that among infants who were exclusively breastfed, there were 9.4 diarrhoeal days per 1,000 child days while infants who had never been exclusively breastfed were 15.6 per 1,000 child days. Also, the risk of death in infants by 12 months of age who had never been exclusively breastfed or mixed fed were extremely greater than those who were exclusively breastfed.

In another study done by Bartick & Reinhold (2010), on the burden of suboptimal breastfeeding, using quantitative methods in the United States , it was pointed out that, if 90% of new mother's practiced exclusively to breastfeed for six months, 13 billion health care dollars would be saved. Another study has indicated that when an infant is breastfed, the family saves approximately $1,500/year in for feeding supplies and formula (Services, 2011).

Another study by Uma Chandra Mouli Natchu, Enju Liu and Christopher Duggan in 2012, on how exclusive breastfeeding reduces risk of mortality in infants up to six months born to HIV positive mothers, using Cox proportional hazard models,sampled 690 mother-infant pairs. The study found out that , longer exclusive breastfeeding by HIV mothers was connected to reduced mortality in the first six months of the infant's life without an increase in the HIV infection.

A research done by Rita Fosu-Brefo and Eric Arthur in March 2015, titled "Effect of timely initiation of breastfeeding on child health , using a cross-sectional survey method sampled 2449 respondents in Ghana. The study revealed that, early initiation of breastfeeding both immediately and hours after birth has a role to play in child's health. Improved child health is also necessary because it helps in reducing the rate at which children die and also reduces prevalence of underweight in children under five.

Early initiation of breastfeeding refers to putting the new born to breast immediately or within an hour of birth. This practice is known to help in preventing malnutrition, gastroenteritis and strengthening the immune system of the child. Early initiation of breastfeeding is also known to be cost effective and also known to be the best way to improve the health of the new born. The

data for this study was acquired from the 2008 round of the Ghana Demographic and Health Survey.

According to Edmond, Kirkwood and Agyei in 2008 on a study done on the impact of early infant feeding practices on mortality in low birth weight infants from rural Ghana, using cluster randomised trial sampled 11,787. The study found out that, initiation of breastfeeding after one day was connected to a threefold increase in mortality risk in infants from 2-28 days. Prelacteal feeding was connected with a significant increase in mortality risk by a threefold and no mortality risk was connected with frequent breastfeeding.

Hospital-based studies from low-income places showed that kangaroo mother care, which refers to early suckling of infant within one hour after birth, early skin-to-skin contact and exclusive breastfeeding of infant is as effective as the usual incubator care in terms of cutting down mortality rate in clinically stable preterm infants of 32 - 36 weeks. Infants with recorded birth weight appeared to have higher socioeconomic status, lower mortality risks and better breastfeeding practices than infants without recorded birth weight.

In conclusion, breast milk is ideal, natural and protective food for the healthy growth and development of children and therefore breastfeeding reduces mortality and morbidity.

# CHAPTER TWO

# RESEARCH METHOD

## 2.0 Introduction to the chapter

This chapter described the research design and setting, the target population, sample and sampling technique, inclusion and exclusion criteria, data collection tool, procedure for data collection, data analysis, ethical considerations as well as limitations of the study.

## 2.1 Research Design

A research design is a detailed outline of how an investigation will take place. A cross sectional survey design was used in this research. Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon. This approach provides information concerning the variable at a given time and the status of the individual to be studied could be assessed at the same time with respect to the presence or absence of both exposure and actual situation (Kudzi, 2017). This design benefited the study in terms of easy collection of prevalent and new data that led to obtaining results in a fairly short period. It was also convenient for our study in terms of skills, time and other resources necessary to execute such an effective and efficient research.

## 2.2 Research Setting

Prampram Polyclinic was built in the year 1973 and named Kotoka Clinic. In the early 90's it was then converted to a Health Centre. Prampram Health Centre was later upgraded to a Polyclinic in the year 2015.

Prampram Polyclinic is a Public Health Facility situated in Prampram. They provide preventive and curative health services for all persons in and out their catchment area, that is Ningo-Prampram District.

The facility also provides twenty four (24 hr) O.P.D services and other services such as Eye, Antenatal and Postnatal Care, Reproductive and Child Health (RCH), Minor Surgical Intervention, Recovery Ward (Male and Female), Disease Control, HIV Counselling and Testing, Maternity, Laboratory, Family Planning, Pharmacy, Ambulance Services and Adolescent Health.

Currently, it has an average daily O.P.D attendance of sixty five (65) clients. Despite the huge workload at the Polyclinic, existing facilities are woefully inadequate to cater for the increasing clientele that patronize services at the facility.

### 2.3 Target Population

Population refers to the entire set of individuals or elements that meet the sampling criteria (Kudzi, 2017). By observing the characteristics of the sample, the researcher made generalizations about the characteristics of the population from which it was drawn. The population studied for this research was extensively the nursing mothers at Prampram Polyclinic. These included nursing mothers of all races, educational status and socio economic status.

**-Inclusion criteria**

- Nursing mothers who were mentally sound enough to make decisions concerning ther health needs.
- Nursing mothers at the Polyclinic who speak English and Akan
- Mother's between the ages of 18-49.

**-Exclusive criteria**

- Nursing mothers whose babies were ill.
- Nursing mothers who could not speak English and Akan.

## 2.4 Sampling size and Sample method

The study sampled 100 nursing mothers at Prampram Polyclinic out of targeted total population of 133 nursing mothers from Prampram Polyclinic. In this study, the sample size would be calculated using the Yamane (1967) simplified formula for calculation of sample sizes.

Where **n** is the sample size,

**N** is the population size, and

**e** is the alpha level or significance level

With a readmitted patient population of 133 (N=133) and an adopted alpha level (e) of 0.05, the calculated sample size would be as follows;

$$n = \frac{133}{1 + 133\,(0.05)^2}$$

$$n = \frac{133}{1.3325}$$

$$n = 99.8$$

Hence the sample size for the population of this research was 100.

Random sampling method was adapted in this study. ( Asamoah 2012) explained that random sampling method is a form of probability sampling in which each member of the population have equal chance of being selected. When there is a very large population, it is often very difficult to identify every member of the population, so the pool of available subjects became baised. It is a process that generates mathematically random results, that is the selection process operates in truly random method and the researcher can calculate the probability of outcome. The sample of nursing mothers at Prampram Polyclinic was attained using the simple random sampling technique. The nursing mothers in Prampram Polyclinic were numbered and the mothers with odd numbers were selected and used for the study.

**2.5 Data Collection Tool**

According to Polit et al. (2010), a questionnaire is a simple method of gathering self-report information from the mothers through the administration of questions in a paper and pencil format. The questionnaire was organized into 4 sections. Section A: sorted information on the demographic characteristics of the respondents, Section B: sought to identify the importance of exclusive breastfeeding, Section C: also sought to determine the factors that hinder mothers from practicing EBF. Section D: to assess the benefit of exclusive breastfeeding on both the mother and the baby.

**2.6 Data Collection Procedure**

Permission was sought and granted by the authorities of Prampram Polyclinic. The researchers established a good rapport with the authorities of the Prampram Polyclinic before the data was collected. Respondents' verbal consent to take part in this study was sought, after thorough

explanation about the study was made known to them. The respondents' were assured that their names will not be included in the questionnaire,therefore nobody would know the sources of the information gathered. They were also assured that they were not under duress to take part in the study and that they could withdraw whenever they wanted to. The questionnaires were administered to them. The respondents were given adequate time to complete their questionnaires. All answered questionnaires were then retrieved on the same day and checked for accuracy, coded and stored for analysis.

## 2.7 Validity and Reliability of the study

### Validity

Validity refers to the ability of the data-collecting tool to produce result that is in consistence with what it intends to measure (Kudzi, 2017). Before the actual data collection, the questionnaire pretested with a sample of 8 breastfeeding mothers at the Tema General Hospital. Adjustment of the instrument was made before the final data collection. Piloting helped to establish whether the questions measured what they are supposed to measure, whether the respondents interprets all questions in the same way, whether the wording was clear and whether there was research bias. This ensured internal consistency and final review of the questionnaire. Validity was ensured by discussing the instrument with expert in the subject and with our project supervisor.

### Reliability

Reliability on the other hand refers to the consistency of the data collection tool (Kudzi, 2017). In this study, reliability was ensured by working closely with all the researchers so that the questionnaire to be used in data collection was well understood, to identify and change any

ambiguous, awkward and offensive questions and techniques. The study was enacted in establishing the same questions to respondents of the Polyclinic.

**-Pre-testing**

Pre-testing was undertaken to eliminate questions that were ambiguous to attain a higher level of consistency in the study findings. It was however undertaken among 8 women at the Tema General Hospital, where the responses did not affect the major findings of the study.

## 2.8 Ethical Consideration

It is important that the researcher ensured that research participants were not harmed physically or psychologically during the conduct of the research.

The Polyclinic and the breastfeeding women were consented to the implementation of the study. For the selected women, their approval were sought before the administration of the questionnaire. The consent addressed the issues relating to confidentiality and anonymity of their responses. The participants were assured that the demographic section which bears their personal data were separated from the other questions so that no one will know the source of the information given. Also they were assured that they were at complete liberty to discontinue the interview at any time without a penalty.

They were further assured that their responses provided were not associated with them now or in the future and it would also not affect their relationship with the Polyclinic or authorities now or in the future.

## 2.9 Limitations of Study

Due to inadequate funds, larger population, the study was be conducted in only one Polyclinic to assess the factors that hinders mothers from practicing exclusive breastfeeding which had led to many children getting wide variety of diseases and infections and hindering their growth and development.

# CHAPTER THREE

# STUDY FINDINGS AND DISCUSSIONS

## 3.0 Introduction to chapter

This chapter is aimed at presenting the analysis of data gathered through the questionnaire administered, discussions conclusion and recommendation.

## 3.1 Approach to data analysis

Data analysis is the process of analyzing all the information evaluating the relevant information that can be helpful in better decision making (Sivia & skilling, 2006). It helps in deriving the conclusion out of the gathered information. The pre-coded questionnaires were serialized at the time of entry and entered in SPSS version 21 without identifiers after the researcher had checked for completeness of the information. The data was then, summarized and presented the results in the form of tables and graphs.

## 3.2 Findings

A total of 100 questionnaires were personally administered, out of which all the 100 were filled and returned, accounting for 100.0% return rate. The socio-demographic data enquired about respondents were their; gender, age, level of education, religion, marital status, ethnicity and age of infant. The findings are presented in the tables, bar chart and graphs below.

### 3.2.1 Demographic characteristics of respondents

**Table 1. Age**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Below 20 | 15 | 15.0 |
| 20-39 | 71 | 71.0 |
| 40-50 | 11 | 11.0 |
| No response | 3 | 3.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Majority (71.0%) of the respondents fell between the ages of 20-39years followed by 15.0% respondents who affirmed that they were below 20years. However, 11.0% of the respondents said they were between ages 40-50years.

**Table 2. Level of Education**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Basic | 18 | 18.0 |
| Secondary | 32 | 32.0 |
| Tertiary | 40 | 40.0 |
| No formal education | 9 | 9.0 |
| No response | 1 | 1.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Table 2. Highlights that 40.0% respondents had tertiary education. 32.0% respondents had secondary school education, respondents constituted 18.0% of the total population had basic education and 9.0% respondents attested that, they do not have any formal education.

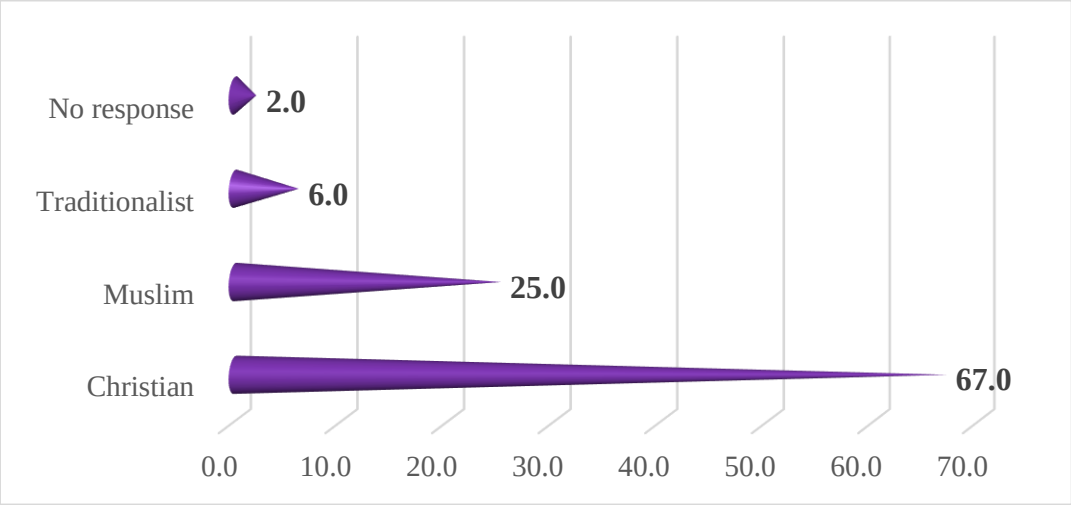
**Table 3. Occupation**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Teacher | 25 | 25.0 |
| Trader | 36 | 36.0 |
| Nurse | 5 | 5.0 |
| Other | 34 | 34.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Table 3 above revealed respondents' occupation, out of which 36.0% of them were traders, 25.0% of the respondents were teachers, 5.0% were nurses and 34.0% of them were house wives, event organizers, business women, seamstress.

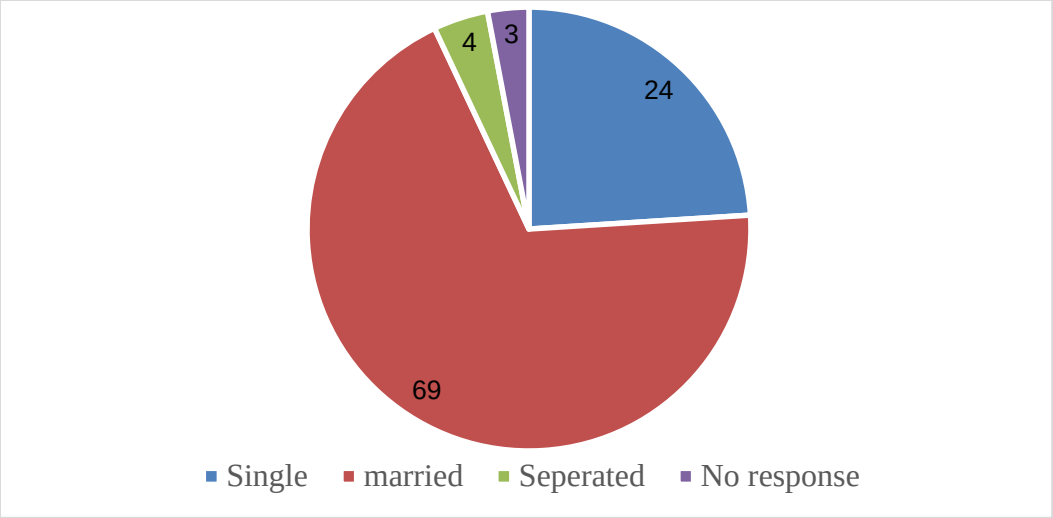
**Figure 1. Religion**




Source: Field data, June, 2019

The study revealed that, Majority (67.0%) of the respondents were Christians, 25.0% respondents were Muslim, and 6.0% of them affirmed that they were traditionalist.

**Figure 2. Marital Status**




Source: Field data, June, 2019

Respondents' marital status indicated that, 69.0% of them were married, 24.0% of the respondents were single and 4.0% of them were separated.

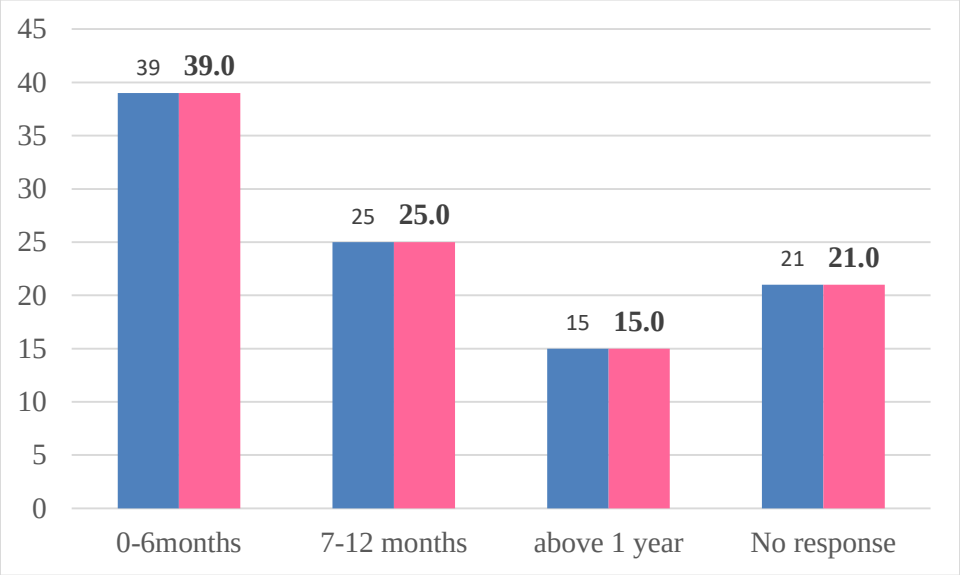
**Table 4. Ethnic Background**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Akan | 22 | 22.0 |
| Ewe | 23 | 23.0 |
| Hausa | 19 | 19.0 |
| Ga | 12 | 12.0 |
| Others | 19 | 19.0 |
| No response | 5 | 5.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Findings in the study showed that, 23.0% of the respondents were Ewe's, 22.0% were Akan's, and 19.0% were Hausa's, Dagomba, Guans and Adamgbe's respectively. However, 12.0% of the respondent attested that they were Ga's.

**Figure 3. Age of Infant**




Source: Field data, June, 2019

The figure above demonstrated that, 39.0% of the respondents have babies 0-6months, 25.0% of the respondents said their children were between 7-12months (15.0%) of them said their children were above 1year. However 21.0% of the respondents did not attempt the question.

### 3.2.2 Knowledge of Exclusive Breastfeeding among Mothers

**Table 5. Awareness of exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 70 | 70.0 |
| No | 18 | 18.0 |
| No response | 12 | 12.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Findings in the table above revealed that, 70.0% of the total population have heard of exclusive breastfeeding. However, 18.0% of the respondents said they have not heard of exclusive breastfeeding before also, 12.0% of the respondents did not give any response to the question above.

**Table 6. Source of information**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Nurse or Midwife | 49 | 49.0 |
| Family and Friends | 15 | 15.0 |
| Media Advertisement | 4 | 4.0 |
| No response | 32 | 32.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The study also showed that, majority (49.0%) of the respondents got their information about exclusive breastfeeding from nurses and midwives, 15.0% respondents also got their information

from family and friends. In addition, 4.0% respondents also said they got their information from the media.

**Table 7. Opinion about exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| It the act of giving just breast milk to babies for 6 months | 45 | 45.0 |
| It is the act of feeding babies with breast milk for 6 months | 16 | 16.0 |
| It is the act of feeding babies with breast milk and water for 6 months | 7 | 7.0 |
| No response | 32 | 32.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

45.0% of the respondents said exclusive breastfeeding is the act of giving just breast milk to babies for 6 months, 16.0% of the respondents said it is the act of feeding babies with breast milk for 6 months. However, 7.0% of the respondents also said exclusive breastfeeding is the act of feeding babies with breast milk and water for 6 months.

**Table 8. Education on exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 33 | 33.0 |
| No | 32 | 32.0 |
| No response | 35 | 35.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The findings indicated that, 32.0% of the respondents did not receive any education on exclusive breastfeeding while 33.0% of the respondents attested that they have received an education on exclusive breastfeeding.

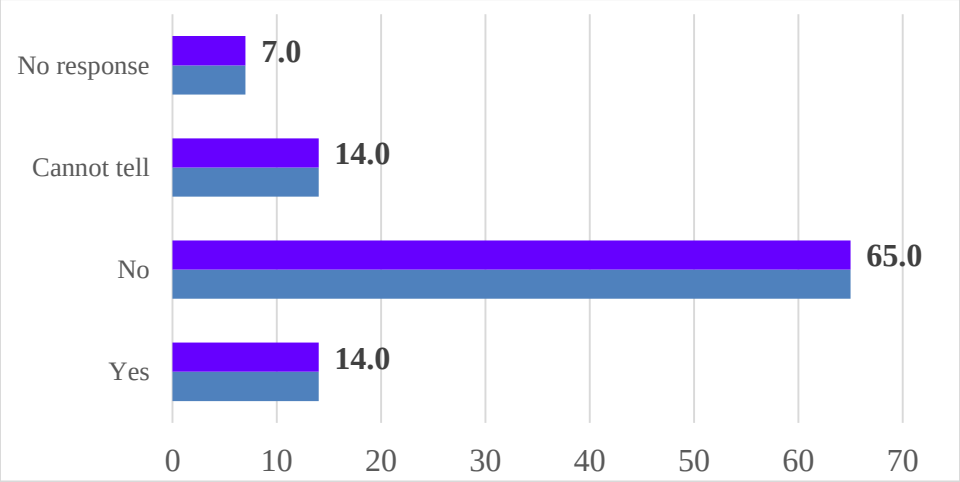
**Table 9. Duration for exclusive breastfeeding practice**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| 2 Months | 2 | 2.0 |
| 6months | 30 | 30.0 |
| 12 months | 1 | 1.0 |
| No response | 67 | 67.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

30.0% of the respondents in table 9 revealed that, exclusive breastfeeding should be practiced for 6months, 2.0% of the respondents said exclusive breastfeeding should be practiced for 2months. However, 1.0% of the respondents said exclusive breastfeeding should be practiced for 12months. In addition, majority (67.0%) of the respondents did not respond the question on how long exclusive breastfeeding should be practiced.

**Figure 4. Responses to whether water or other light foods should be given with breast milk during exclusive breastfeeding.**




Source: Field data, June, 2019

Figure 4 above demonstrated that, majority (65.0%) of the respondents said, water or other light foods should not be given with breastmilk during exclusive breastfeeding. 14.0% of the respondents said they cannot tell whether water or other light foods should be given with breast milk during exclusive breastfeeding. However 14.0% of the respondents agreed that water or other light foods should be given with breast milk during exclusive breastfeeding.

**Table 10. Practice of exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 30 | 56.0 |
| No | 56 | 30.0 |
| No response | 14 | 14.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The study revealed that, 30.0% of the respondents have practiced exclusive breastfeeding while 56.0% of the respondents also said they have not practiced exclusive breastfeeding.

**Table 11. Right time to commence complementary feeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| 3 months or less | 8 | 8.0 |
| 5 months | 7 | 7.0 |
| 6 months | 23 | 23.0 |
| 7 months or above | 50 | 50.0 |
| No response | 12 | 12.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The findings in the study revealed that, half (50.0%) of the respondents said the right time to start complementary food is 7months or above, 23.0% of the respondents said the right time is 6months while 8.0% and 7.0% respondents said 3months or less and 5months are the right time to start complementary food.

**Table 12. Foods and/or fluids recommended for child under 6 months**

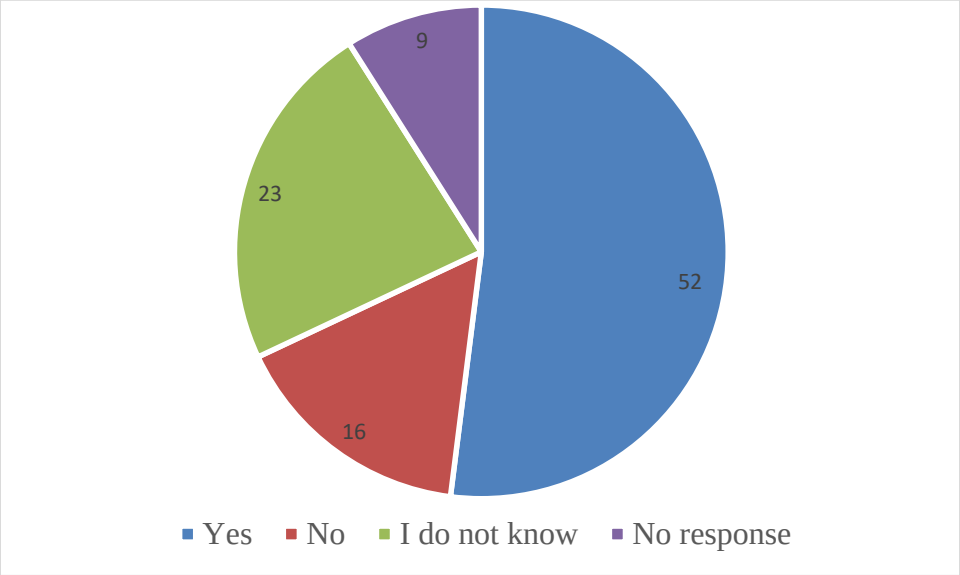
| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Only breast milk | 53 | 53.0 |
| Breast milk | 26 | 26.0 |
| Infant formula food or animal milk | 12 | 12.0 |
| Others | 9 | 9.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The majority (53.0%) of the respondents said breast milk is the only foods and/or fluids recommended to give a child under 6 months. 26.0% respondents said breast milk is the recommended to be given to a child under 6months. However, 12.0% respondents said infant formula food or animal milk are the recommended foods/fluids to be given to a child. Also 9.0%

respondents mention, porridge, water, rice water, mashed potato as recommended food to be given to a child under 6months

**Figure 5. Usefulness of exclusive breastfeeding for the first 6 months in preventing diarrheal and respiratory diseases for the infant**

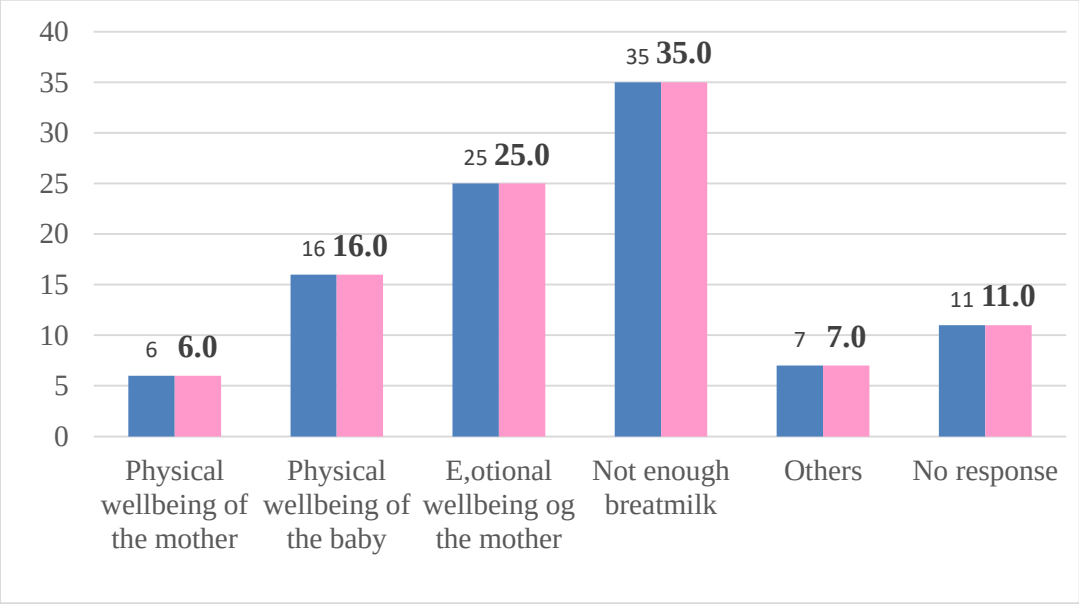



Source: Field data, June, 2019

52.0% of the respondents said exclusive breastfeeding for the first 6 months used to prevent diarrheal and respiratory diseases for the infant. 23.0% respondents said they do not know that exclusive breastfeeding for the first 6 months used to prevent diarrheal and respiratory diseases for the infant. Also, 16.0% of the respondents said exclusive breastfeeding for the first 6 months is not used to prevent diarrheal and respiratory diseases for the infant.

### 3.2.3 Factors that prevent mothers from practicing exclusive breastfeeding

**Figure 6. Factors that make exclusive breastfeeding difficult to practice**




Source: Field data, June, 2019

Findings in the study revealed that, 35.0% of the respondents said because they do not have enough breast milk, it is difficult for them to practiced exclusive breastfeeding. 25.0% of the respondents said because of the (mother) emotional wellbeing it is difficult for the mother to practice exclusive breastfeeding. However, 16.0% of the respondents said physical wellbeing of the baby is the factor affecting the practice of exclusive breastfeeding and 6.0% of the respondents said the mother's physical wellbeing.

**Table 13. Nature of work as a hindrance to the practice of exclusively breast feeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 47 | 39.0 |
| No | 36 | 47.0 |
| No response | 14 | 14.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

47.0% of the respondents said the nature of their work prevent them from practicing exclusive breastfeeding while 39.0% of them said the nature of their work does not prevent them from practicing exclusive breastfeeding.

**Table 14. Means by which respondents nature of work prevent practice of exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Too much workload | 10 | 10.0 |
| Little time for break periods | 12 | 12.0 |
| Late closing time | 15 | 15.0 |
| Others | 2 | 2.0 |
| No response | 61 | 61.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The study revealed that, late closing time at work prevent 15.0% of the respondents from practicing exclusive breastfeeding. 12.0% of the respondents said they find it difficult to practice exclusive breastfeeding because of little time for break period, 10.0% respondents said, too much workload is what prevent from practicing exclusive breastfeeding.

**Table 15. Experiencing pain in breast when exclusively breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 38 | 18.0 |
| No | 18 | 38.0 |
| No response | 44 | 44.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The table above revealed that, 38.0% of the respondents in the study feels pain in their breast when exclusively breastfeeding, while 18.0% of the respondents affirmed that they do not feel pain in the breast when exclusively breastfeeding.

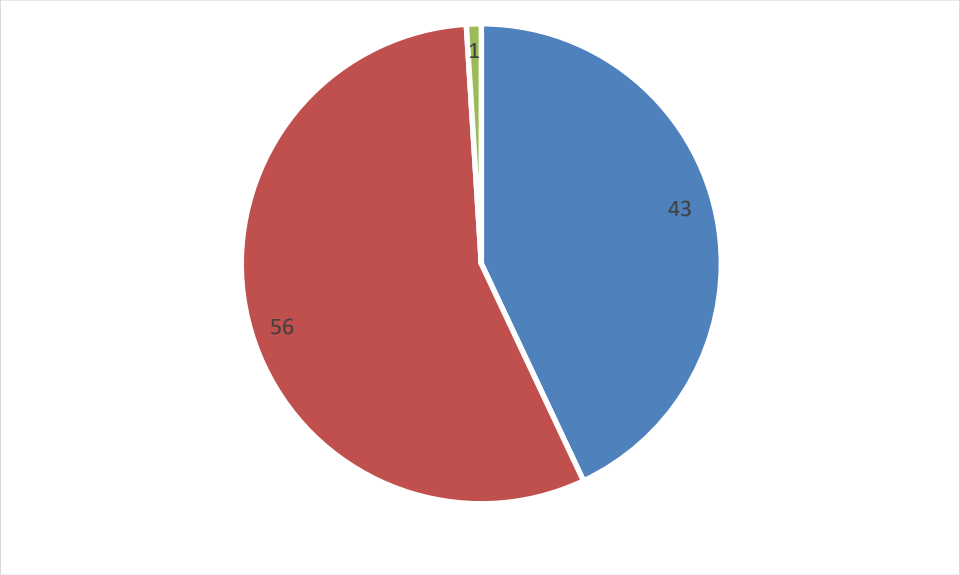
**Table 16. Severity of breast pain when breastfeeding exclusively**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Very severe | 83 | 9.0 |
| Severe | 5 | 5.0 |
| Moderate | 3 | 3.0 |
| No response | 9 | 83.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

However 83.0% of respondents who feel pain in their breast when exclusively breastfeeding said the pain experienced is very severe, 5.0% of them said the pain is severe and 3.0% said the pain experienced is moderate.

**Figure 7. Cultural hindrance to practice of exclusively breastfeeding**




Source: Field data, June, 2019

Figure 7 above showed that, culture prevents 56.0% of the respondents from exclusively breastfeeding while 43.0% of the respondents said their culture does not prevent them from exclusively breastfeeding.

**Table 17. Education or work hindrance to practice of exclusive breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 37 | 37.0 |
| No | 30 | 30.0 |
| No response | 33 | 33.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

In addition, majority (37.0%) of the respondents said education of work hinder them from exclusive breastfeeding while, 30.0 % of the respondents education or work does not prevent them from practicing exclusive breastfeeding.

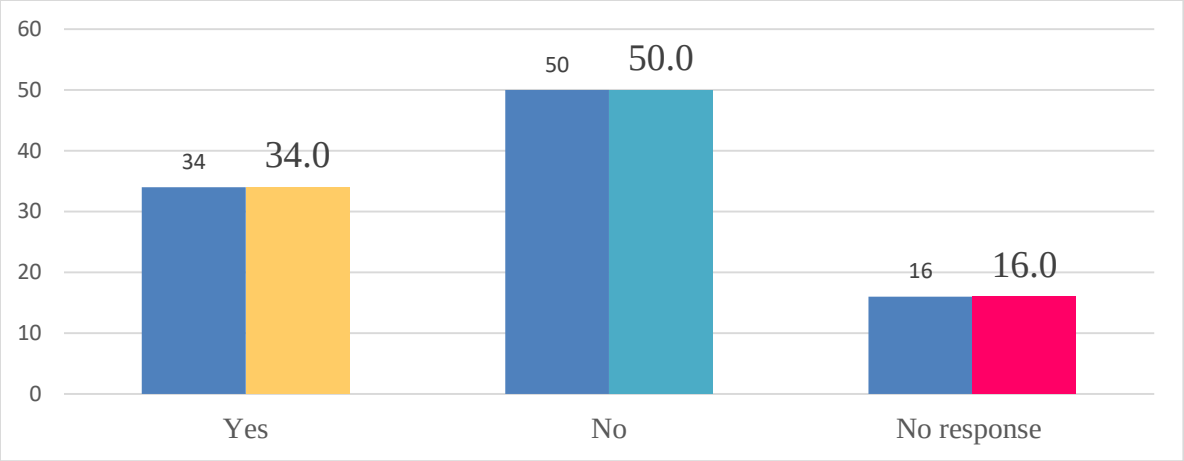
**Table 18. Means by which education or work hinder the practice of exclusive breast feeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| I have to concentrate on my studies | 3 | 3.0 |
| I have to wake my child up and breastfeed when he/she is asleep | 3 | 3.0 |
| I don't really have time to feed on demands | 23 | 23.0 |
| Others | 8 | 8.0 |
| No response | 63 | 63.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

Also, 23.0% of the respondents said they don't really have time to feed on demands. While 3.0% of the respondents said they have to concentrate on my studies and have to wake my child up and breastfeed when he/she is asleep respectively.

**Figure 8. Schooling / travelling serving as hindrance to the practice of exclusive breastfeeding**




Source: Field data, June, 2019

The figure above demonstrated that, 34.0% of respondents said schooling / travelling prevent you from exclusive breastfeeding but 50.0% of respondents said schooling/ travelling does not prevent you from exclusive breastfeeding.

**Table 19. Support of partner during exclusively breastfeeding**

| Response | Frequency (n) | Percent (%) |
|---|---|---|
| Yes | 27 | 27.0 |
| No | 65 | 65.0 |
| No response | 8 | 8.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The findings revealed that, 27.0% of respondents partners are supportive in doing other things when exclusively breastfeeding while 65.0% of the respondents said their partner are not supportive in doing other things when exclusively breastfeeding

**Table 20. Kinds of support given by partner**

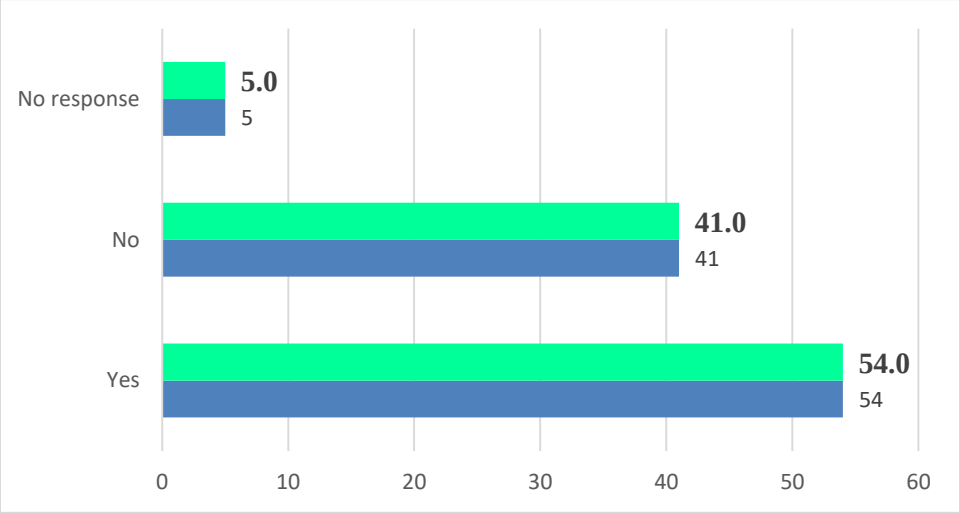
| Response | Frequency (n) | Percent (%) |
|---|---|---|
| He helps out in washing whilst I breastfeed the baby | 12 | 12.0 |
| He helps out in cooking whilst I breastfeed | 20 | 20.0 |
| He helps in the care of the other children | 25 | 25.0 |
| Others | 7 | 7.0 |
| No response | 36 | 36.0 |
| **Total** | **100** | **100.0** |

Source: Field data, June, 2019

The table above revealed that 25.0% respondents' partner's helps in the care of the other children when exclusively breastfeeding. 20.0% respondents' partner helps out in cooking whilst I breastfeed and 12.0% of the respondents' partner helps out in washing whilst I breastfeed the baby and 7.0% of them do absolutely everything to help their partners when exclusively breastfeeding.

### 3.2.4 Benefits of exclusive breastfeeding for mother and baby

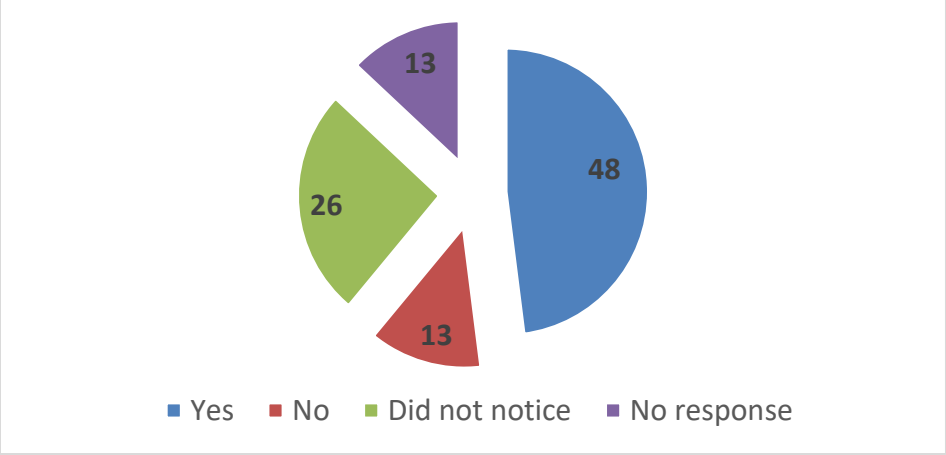
**Figure 9. Importance of exclusive breastfeeding**




Source: Field data, June, 2019

The findings revealed that 54.0% of the respondents said exclusive breastfeeding is important while 41.0% of them said exclusive breastfeeding is not important

**Figure 10. Exclusive breastfeeding providing a physical steady growth of your child**

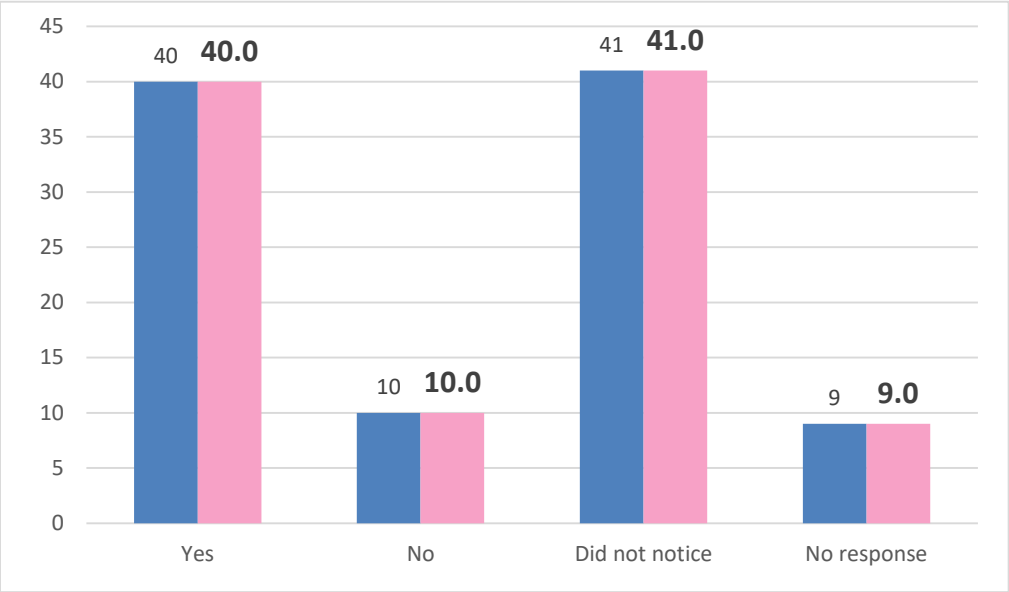



Source: Field data, June, 2019

However, 48.0% of the total population said exclusive breastfeeding has provided a physical steady growth of your child, 26.0% of the respondents said they do not know that, exclusive

breastfeeding has provided a physical steady growth of your child while, 13.0% respondents said exclusive breastfeeding has not provided a physical steady growth of your child.

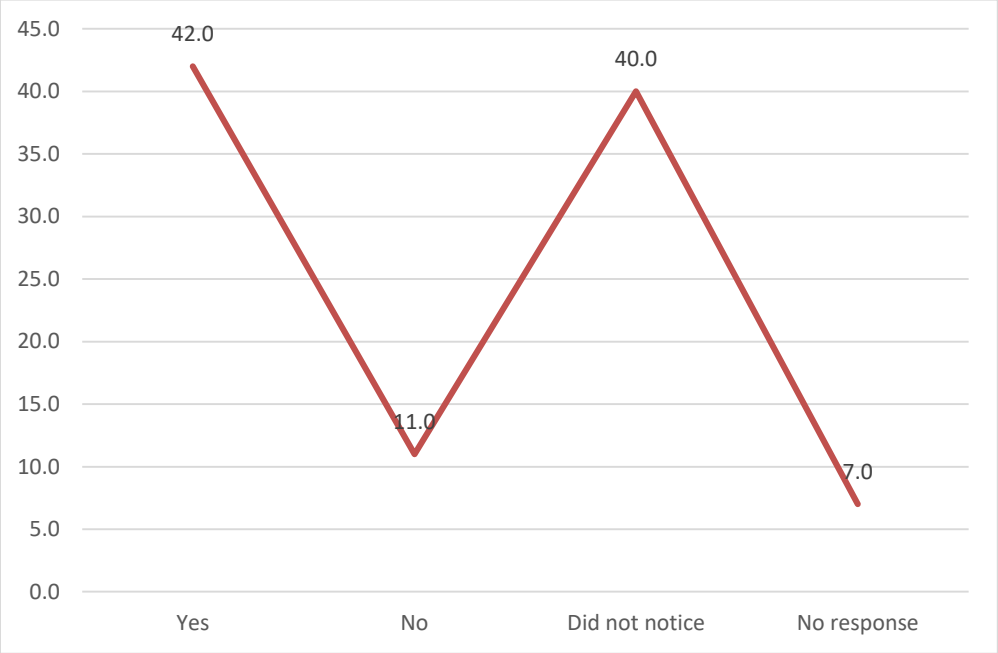
**Figure 11. Exclusive breastfeeding aiding baby's immune system preventing life-threatening illnesses like pneumonia, diarrhea, ear infection, cough and cold among other infections**




Source: Field data, June, 2019

Also, 40.0% of the respondents said, exclusive breastfeeding helped their baby's immune system strengthened by preventing life-threatening illnesses like pneumonia, diarrhea, ear infection, cough and cold among other infection. 41.0% of the respondents said they did not noticed while 10.0% of them said it does not prevent life-threatening illnesses.

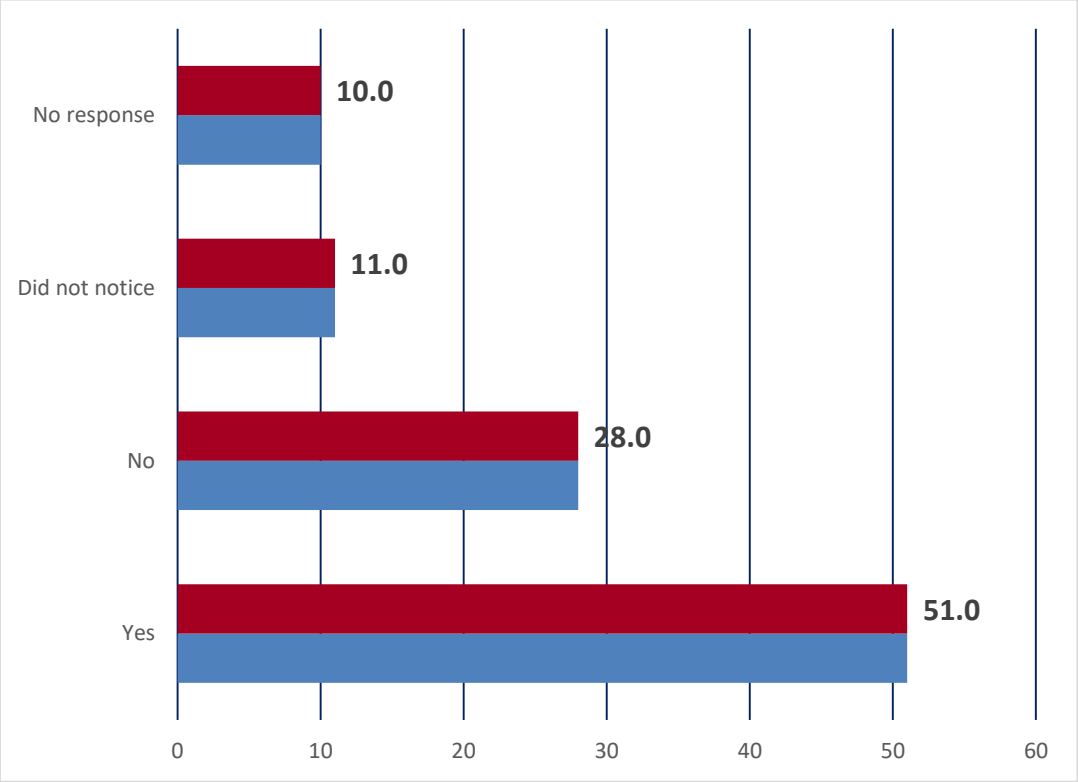
**Figure 12. Exclusive breastfeeding improving maternal and infant bonding, thus foster emotional bonds, a sense of security and stimulus to baby's brain development?**




Source: Field data, June, 2019

The study indicated that, 42.0% of the respondents attested that, exclusive breastfeeding improved maternal and infant bonding, thus foster emotional bonds, a sense of security and stimulus to baby's brain development. 11.0% respondents said it does not provide any bonding while 40.0 % respondents they did not noticed.

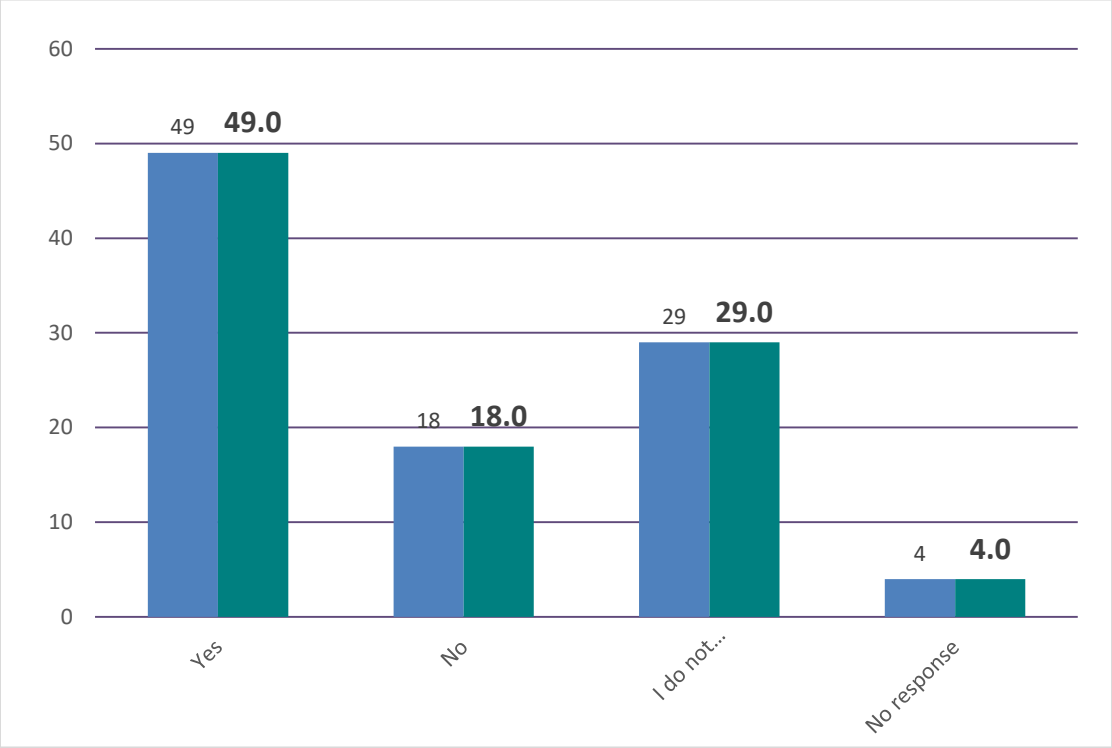
**Figure 13. Exclusive breastfeeding as a family planning method by preventing you from getting pregnant**




Source: Field data, June, 2019

51.0% of the respondents however said exclusive breastfeeding act as a family planning method by preventing them from getting pregnant, 28.0% respondents said exclusive breastfeeding does not act as a family planning method and 11.0% respondents said , they did not know that, exclusive breastfeeding act as a family planning method.

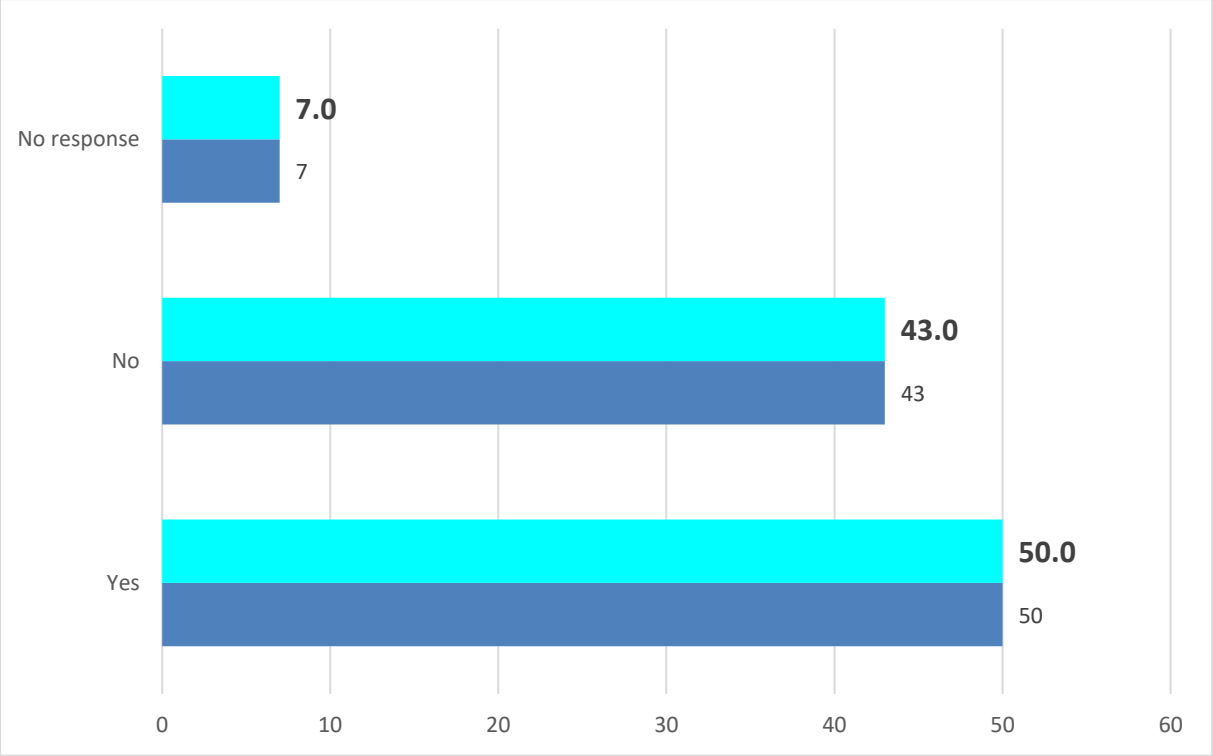
**Figure 14. Exclusive breastfeeding capable of strengthening baby's jaw**




Source: Field data, June, 2019

The study revealed that, 49.0% of the respondents know exclusive breastfeeding help strengthens baby's jaw, 29.0% of the respondents said they have no idea about that while 18.0% respondents said they do not know that exclusive breastfeeding help strengthens baby's jaw.

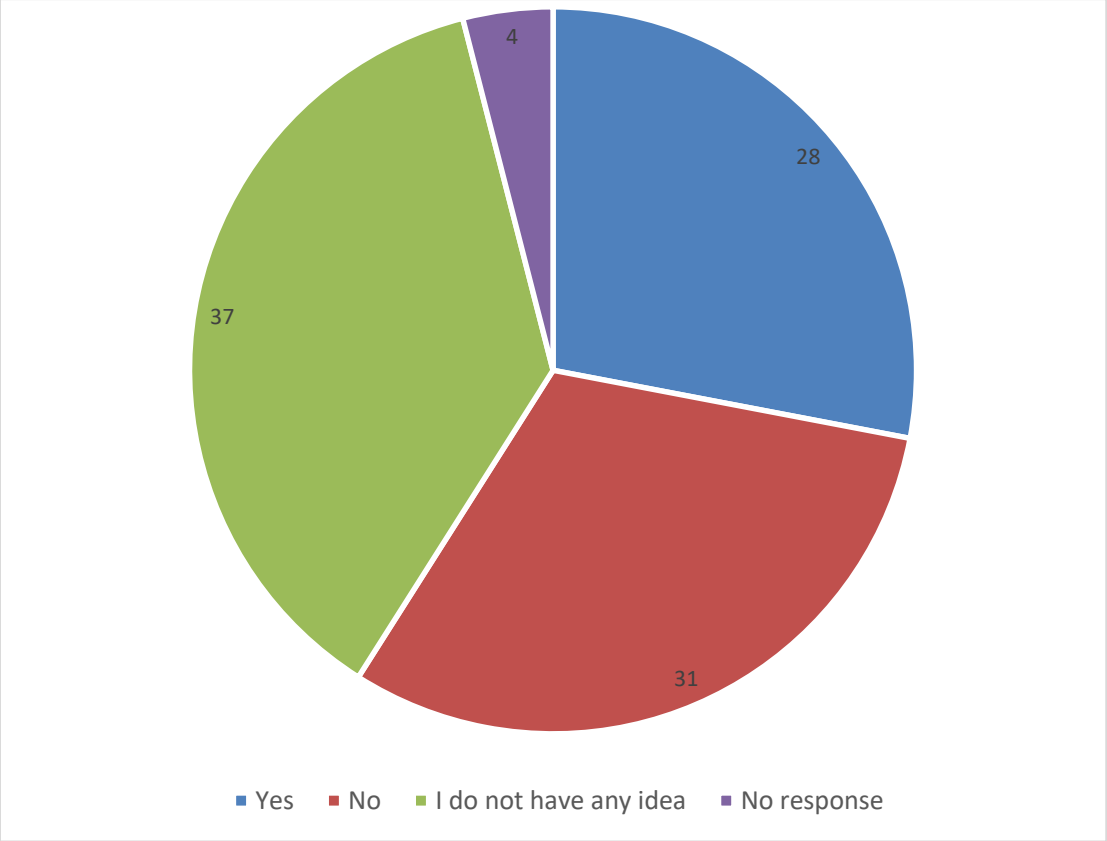
**Figure 15. Opinion on whether exclusive breastfeeding help you to cut down on baby's feeding supplies and formula expenses**




Source: Field data, June, 2019

Half (50.0%) of the respondents said exclusive breastfeeding help to cut down on baby's feeding supplies and formula expenses, while 43.0% respondents said exclusive breastfeeding does not help to cut down on baby's feeding supplies and formula expenses

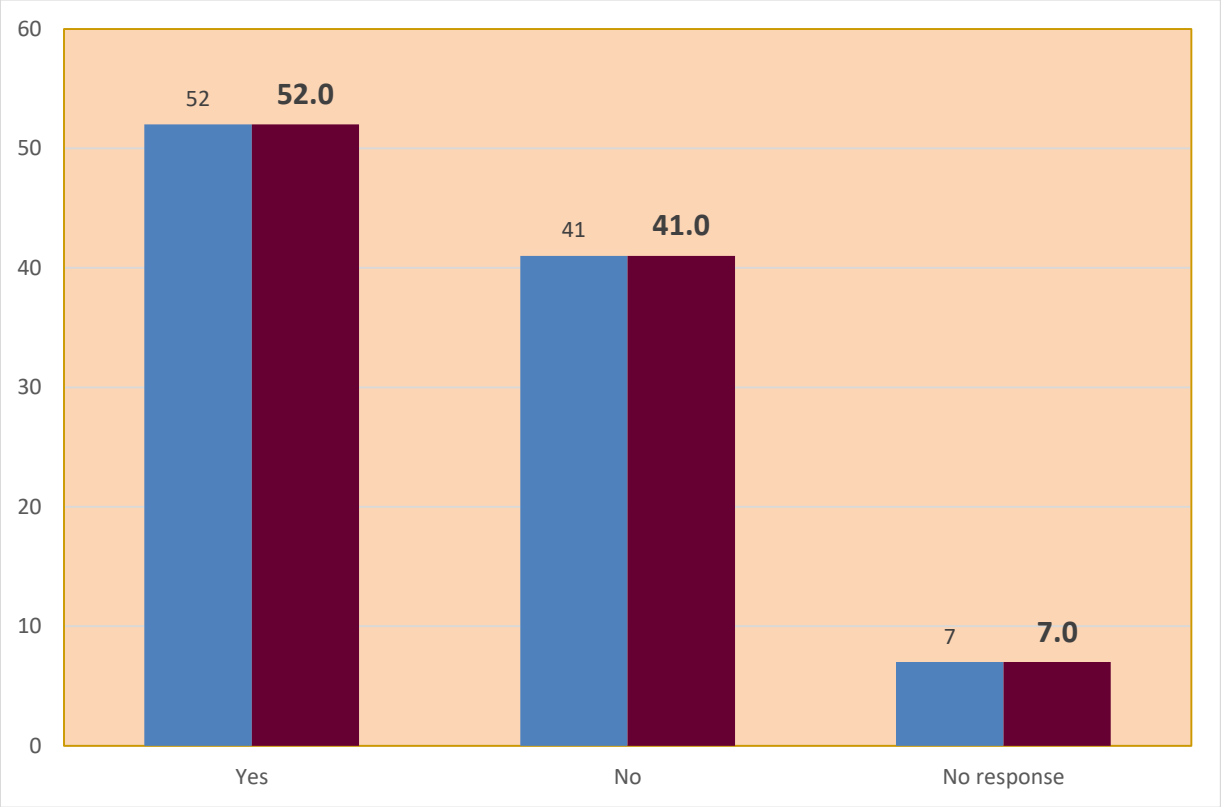
**Figure 16. Opinion on whether exclusive breastfeeding can prevent you from getting cancers in the female reproductive system (ovarian, endometrial, and breast).**




Source: Field data, June, 2019

Figure 8 above revealed that, 28.0% respondents said , exclusive breastfeeding can prevent one from getting cancers in the female reproductive system (ovarian, endometrial, and breast), 37.0% respondents said they have no idea on that while, 31.0% respondents said it does not prevent one from getting cancers in the female reproductive system.

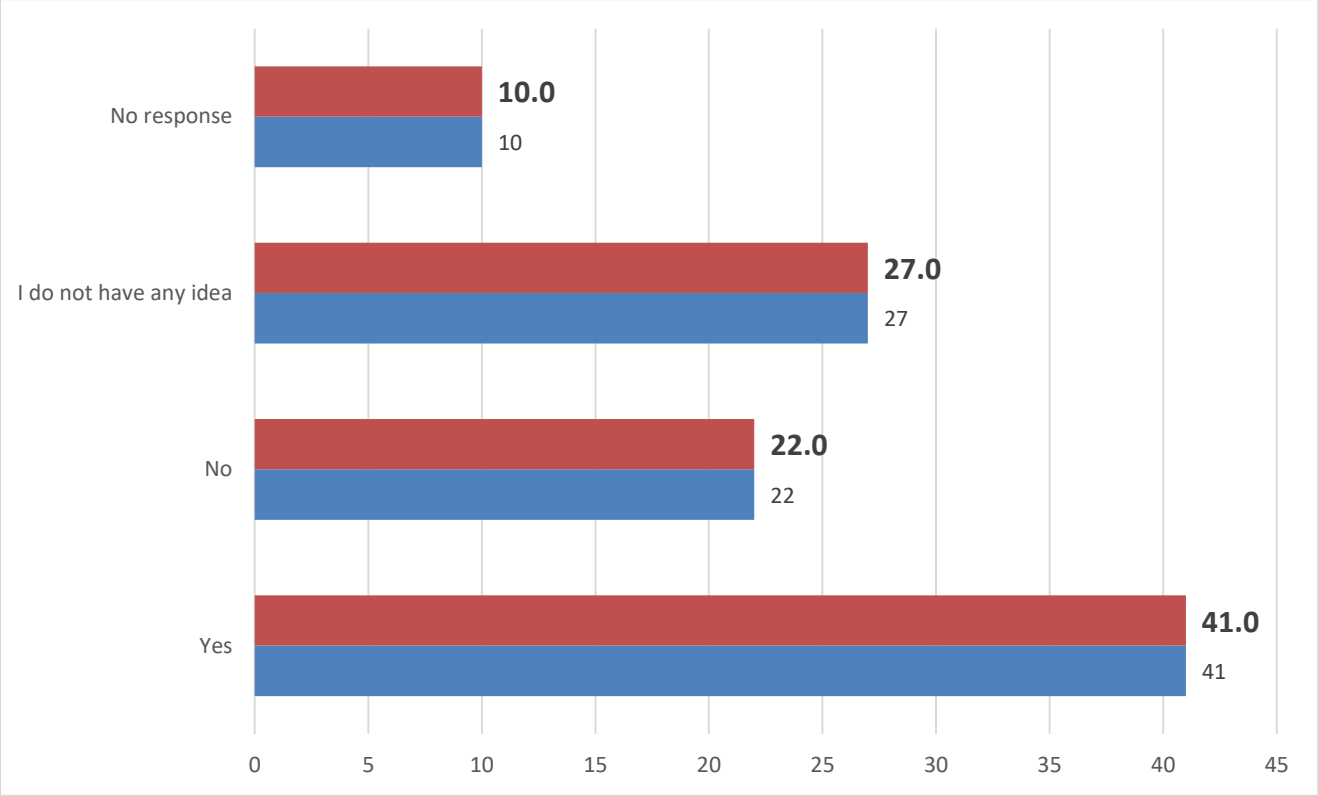
**Figure 17. Convenience of exclusive breastfeeding to respondents**




Source: Field data, June, 2019

In addition, 52.0% respondents said exclusive breastfeeding is convenient to them while 41.0% of the respondents said exclusive breastfeeding is not convenient to them.

**Figure 18. Knowledge of exclusive breastfeeding capable of preventing sudden infant death syndrome which is one of the leading cause of infant death among infants.**




Source: Field data, June, 2019

The figure above revealed that, 41.0% of respondents affirmed that, exclusive breastfeeding prevent sudden infant death syndrome which is one of the leading cause of infants death among infants, 27.0% respondents and 22.0% respondents said, they do not know and no respectively.

## 3.3 Discussion

### 3.3.1 Demographic characteristics of respondents

With regards to the demographic characteristics of respondents, the findings in the study revealed that, the majority of the respondents fell between the ages 20-39years, followed by a few of the respondents who affirmed that they were below 20years. The least number of the respondents said they were between ages 40-49years. Findings in the current study are similar to Ekanem et al (2012) study conducted in Calabar Municipal which revealed that, (10) women were in the age range of 16-26years, (65) women were in the age range of 27-37 and (25) women in the range of 38-48 respectively.

The study indicated that, majority of the respondents had tertiary education while some of them had secondary school education. A few of the respondents had basic education and a small percentage of the respondents attested that they do not have any formal education. The findings on respondents' educational background are similar to Ekanem et al, (2012) findings which evaluated educational status of respondents. However, 41.66% (10) respondents had tertiary education, followed by primary and secondary institution with 25% (6) each while illiterate mothers had the lowest 8.33% (2).

Furthermore, the study showed that, 36.0% of the respondents were traders, 25.0% attested that, they were teachers while 5.0% respondents said they were Nurses. However, 34.0% of the respondents said they own businesses, others said they are house wives, while some are still in students. This is consistent with Ekanem et al, (2012) study, which showed that, the highest number, 66.67% mothers were self-employed parents while civil and public servants had same EBF rate of 16.67% each. This shows that mothers who are self-employed have more flexible break periods to exclusively breastfeed than civil and public servants.

The study revealed that, the majority of the respondents were Christians, followed by some of the respondents who were Muslims and the least percentage affirmed that they were Traditionalists. Furthermore, respondents' marital status indicated that, majority of them were married, followed by a few of them who were single and the least percentage of them were separated. This is similar to that of Ekanem 2012, which revealed that, exclusive breastfeeding rates were highest in married mothers 19(79.17%) , followed by divorced mothers with 3(12.5%) while single mothers had the lowest EBF of 2(8.33%).

Again the findings in the study also showed that, 23.0% of the respondents were Ewes, (22.0%) were Akans and 19.0% were Hausas, Dagombas, Guans Adamgbes respectively. However, 12.0% of the respondents attested that they were Gas. Finally, the study demonstrated that, 39.0% of the respondents have babies between 0-6months, 25.0% of the respondents said their children were between 7-12months, 15.0% of them said their children were above 1year. However 21.0% of the respondents did not attempt the question. These findings were different from Ekanem et al, (2012) study which revealed that mothers with 1-2children had the highest EBF of 18(75%), followed by mothers with 3-4 children with EBF of 4(16.67%) while mothers with 5 children and above had the lowest EBF of 2(8.33%).

### 3.3.2 Knowledge of Exclusive Breastfeeding among Mothers

When the knowledge of exclusive breastfeeding among mothers were assessed, findings revealed that, majority of the respondents had heard of exclusive breastfeeding. A few of the respondents had not heard of exclusive breastfeeding before. This is consistent with Oche's study which indicated that there are still respondents who have not heard of EBF before.

Finally, the majority of the respondents said breast milk is the only foods and/or fluids recommended to give a child under 6 months. Some of the respondents said breast milk is the recommended to be given to a child under 6months. Few of the respondents also stated that infant formula food or animal milk are the recommended foods or fluids to be given to a child. Also the least percentage of the respondents mentioned porridge, water, rice water and mashed potato as recommended foods to be given to a child under 6months

In a study by Tadele, Habta, Akmel, and Deges (2016), on knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Southwestern Ethiopia, it revealed that breastfeeding continues to be encouraging over the years, however other different studies have proven otherwise concerning knowledge on EBF. In Nigeria, majority of the participants (88.0%) had heard about EBF but only one third of mothers 34.7% could mention the recommended duration of EBF (Tadele et al., 2016). These findings are similar to the study by Tadele et al, which indicates that there are still respondents who do not know the duration required to feed a child during the period of exclusive breastfeeding.

### 3.3.3 Factors that prevent Mothers from practicing Exclusive Breastfeeding

Findings in the study revealed that, majority of the respondents attested that they do not have enough breast milk, it is difficult for them to practiced exclusive breastfeeding. Some of the respondents also revealed that because of the mother's poor emotional wellbeing, it is difficult for the mother to practice exclusive breastfeeding. However, a few of the respondents said poor physical wellbeing of the baby is the factor affecting the practice of exclusive breastfeeding. Furthermore, 47.0% of the respondents said the nature of their work prevent them from practicing exclusive breastfeeding while 39.0% of them said the nature of their work does not prevent them from practicing exclusive breastfeeding.

Another factor that prevented respondents from practicing EBF was late closing time. While a few of the respondents indicated that they find it difficult to practice exclusive breastfeeding because of little time for break periods, however few more of the respondents were of the opinion that workload prevents them from practicing exclusive breastfeeding.

This finding is in line with a study conducted by Leong in 2011 which revealed that working class women find it difficult to exclusively breastfeed as a result of the limited maternity leave given them and also because of the limited time at the office for break and their closing time. It is therefore important to draw attention of working class women towards exclusive breastfeeding.

Culture prevents majority of the respondents from exclusively breastfeeding while some of the respondents stated that their culture does not prevent them from exclusively breastfeeding. In addition, majority of the respondents attested that education or work hinders them from exclusive breastfeeding which is consistent with a study by Ojo M. Agunbiade in 2012, who found out the major constraints to exclusive breastfeeding to be : Perception that babies still remain hungry after breastfeeding, maternal health problems, fear that babies will be addicted to breast milk, pressure from mothers-in-law, pains in the breast and the need to return to work .

The findings revealed that, a few of the respondents' partners are supportive in doing other things when exclusively breastfeeding while majority of the respondents revealed that their partners are not supportive in doing other things when exclusively breastfeeding.

A study in Canada, conducted by Jessri, Farmer and Olson, (2013) also, there is lack of adequate support rendered to primiparous women resulting in difficulties in their breastfeeding practices.

Comparing the current study with Jessri, Farmer and Olson, (2013) it can be evidently stated that, culture, work and social support at home are the factors preventing exclusive breastfeeding among respondents.

### 3.3.4 Benefits of exclusive breastfeeding for mother and baby

The findings revealed that 54.0% of the respondents said exclusive breastfeeding is important while 41.0% of them said exclusive breastfeeding is not important. However, 48.0% of the total population said exclusive breastfeeding has provided a physical steady growth of your child, 26.0% of the respondents said they do not know that, exclusive breastfeeding has provided a physical steady growth of your child while, 13.0% respondents said exclusive breastfeeding has not provided a physical steady growth of your child.

Also, 40.0% of the respondents said, exclusive breastfeeding helped their baby's immune system strengthened by preventing life-threatening illnesses like pneumonia, diarrhea, ear infection, cough and cold among other infection. 41.0% of the respondents said they did not noticed while 10.0% of them said it does not prevent life-threatening illnesses.

It was also revealed that, 28.0% respondents said , exclusive breastfeeding can prevent one from getting cancers in the female reproductive system (ovarian, endometrial, and breast), 37.0% respondents said they have no idea on that while, 31.0% respondents said it does not prevent one from getting cancers in the female reproductive system.

The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) have indicated short term and long term benefits of breastfeeding. In short term, breastfeeding physiologically minimizes the risk gastroenteritis, ear infection, pain following minor procedures, hospital

mechanisms, respiratory infections, sudden infant death syndrome and urinary tract infection(AWHON).

Furthermore, in the long term, children who are breastfed exclusively till 6 months have reduced risk of contracting major childhood disease, diabetes, obesity, leukemia and lymphoma

(American Asthma Academy of Pediatrics, 2012; WHO, 2012). Duncan et al. ( 2009), also found that infants who were given supplementary foods before six months had 40% more episodes of

Otitis media than others. Suboptimal breastfeeding results to neonatal infections death (45%), diarrhoea deaths (30%) and acute respiratory deaths (18%) among children under five in developing countries (American Academy of Pediatrics, 2017). It is also responsible for 10% disease burden among children under 5 (Amayreh, Ghanma, Al-Jbour, & Zayadeen, 2007).

Breastfeeding provides a lot of psychological benefit to the infant. Breastfeeding is associated with higher cognitive and neurological development (AWHONW). With regards to the maternal benefits, breastfeeding plays significant roles in improving health and well-being of mothers, it helps to space children, prevent ovarian cancer and breast cancer as well as improves family and national resources (WHO, 2001).

Comparing the current study with the above studies it evident to say that there are a lot of benefits from exclusive breastfeeding to the baby and the mother as well.

The study indicated that, 42.0% of the respondents attested that, exclusive breastfeeding improved maternal and infant bonding, thus foster emotional bonds, a sense of security and stimulus to baby's brain development. 11.0% respondents said it does not provide any bonding while 40.0 % respondents they did not noticed. 51.0% of the respondents however said exclusive breastfeeding

act as a family planning method by preventing them from getting pregnant, (28.0%) respondents said exclusive breastfeeding does not act as a family planning method and (11.0%) respondents said, they did not know that, exclusive breastfeeding act as a family planning method.

According to Moore et al, (2012) Post-partum benefits also involve low blood loss, lower risk of post- partum infection and anemia (AWHONN). Also it improves maternal and infant bonding

Moore et al, (2012) thus breastfeeding provides frequent interaction between the mother and infant, foster emotional bonds, a sense of security and stimulus to the baby's developing brain (WHO, 2001). In addition, to a number of health benefits associated with breastfeeding there a lot of financial benefit for families, society, public and employers. The findings in the current study are in line with that of Moore et al 2012 study.

### 3.4 Conclusion

The study was set out to assess the factors that hinders mothers from practicing exclusive breastfeeding in Prampram Polyclinic.

The study revealed that, although majority of the respondents have heard of exclusive breastfeeding, they still do not have in-depth knowledge on what it is.

Findings revealed that, the reason why respondents do not breastfeed their babies were, culture, limited break hours at work, time of closing at work, pain in the breast and also others said they stopped exclusive breastfeeding when they resumed to work.

Furthermore, most of the respondents get help from their husbands when exclusively breastfeeding.

Finally it has been revealed that some of the respondents know the benefits of exclusive breastfeeding and practiced it while others do not know of the benefits.

### 3.5 Recommendation

Based on the findings the researchers recommend the following:

1. Health education and promotion should be intensified to help educate the general public on the benefits of exclusive breastfeeding.

2. More public health nurses should be distributed into the community to evaluate how respondents practice whatever they learn from health education.

3. The Ghana Health Service should make policies to extend both maternal and paternal leave to both private and government employees to enable the mothers have adequate time to practice exclusive breast feeding

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## APPENDICES

## DATA COLLECTION TOOL (QUESTIONNAIRE)

Serial number……

**CENTRAL UNIVERSITY**

**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**DEPARTMENT OF NURSING**

**SELF DEVELOPED RESEARCH QUESTIONNAIRE**

The purpose of this questionnaire is to elicit information to help assess the factors that hinder nursing mothers from practising exclusive breastfeeding.

The researchers are carrying out an academic research to fulfil the requirements of their degree programme, and to add up to existing body of knowledge that may enable policy makers in the health sector device appropriate policies to improve on encouraging exclusive breastfeeding.

NB: In this exercise, there is no desirable or undesirable answer and we would like to assure you that, all answers provided shall remain without any reference with regards to your personality and would be treated confidentially.

Participation in this study is entirely voluntary and so your informed consent is implied by completion of the questionnaire and you are free to opt out at any time.

INSTRUCTION: Please tick (□) or provide your own answer where applicable

SECTION A: DEMOGRAPHICS

A1. Gender: a. Male [ ] b. Female [ ].

A2. Age a. below 20 [ ] b. 20-39 [ ] c.40-50 [ ]

A3. Level of Education:

a. Basic [ ] b. Secondary [ ] c. Tertiary [ ] d. No formal education [ ].

A4. Occupation:

a. Teacher [ ] b. Trader [ ] c. Nurse [ ] d. If others, specify…….

A5. Religion:

a. Christian [ ] b. Muslim [ ] c. Traditionalist [ ] d. If others, specify

……

A6. Marital Status:

a. Single [ ] b. Married [ ] c. Divorced [ ] d. Separated [ ]

A7.Ethnic Background:

a. Akan [ ] b. Ewe [ ] c. Ga [ ] d Hausa [ ] e. If others specify ……

A8. Age of infant:

a. 0-6 months [ ] b. 7-12 months [ ] c. above 1 year [ ]

A9. Place of residence:

Please specify ……

SECTION B: KNOWLEDGE OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS

B10. Have you heard of exclusive breastfeeding? a. Yes [ ] b. No [ ]

B11. If yes, from who? a. Nurse or midwife. [ ] b. Family and friends. [ ] c. Media Advertisement. [ ] d. Others please specify…….

B12. What do you think is exclusive breastfeeding? a) It the act of giving just breast milk to babies for 6 months. [ ]

b) It is the act of feeding babies with breast milk for 6 months [ ] c) It is the act of feeding babies with breast milk and water for 6 months [ ]

d) If others please specify……

B13. Have you received any education on exclusive breastfeeding? a. Yes [ ]

b. No [ ]

B14. If yes, how long should exclusive breastfeeding be practised? a. 2 months [ ]

b. 6 months [ ] c. 12 months. [ ]

B15. Should water or other light foods be given with breast milk during exclusive breastfeeding?

a. Yes [ ] b. No [ ] c. cannot tell [ ]

B16. Have you practised exclusive breastfeeding before? a. Yes [ ] b. No [ ]

B17. What is the right time to start complementary foods? a. 3 months or less [ ]

b. 5months [ ] c. 6 months [ ] d. 7months or above [ ]

B18. What are the foods and/ or fluids recommended to give a child under 6 months

a. only breast milk [ ] b. breast milk [ ] c. Infant formula food or animal milk[ ]

d. others specify…….

B19. Is exclusive breastfeeding for the first 6 months used to prevent diarrheal and respiratory diseases for the infant? A. Yes [ ] b. No [ ] C. I do not know [ ]

SECTION C: FACTORS THAT PREVENT MOTHERS FROM PRACTISING EXCLUSIVE BREASTFEEDING

C20. What are some of the things that make exclusive breastfeeding difficult for you to practise?

a. physical wellbeing of the mother [ ] b. physical wellbeing of the baby [ ]

c. emotional wellbeing of the mother [ ]. d. Not enough breast milk [ ] e. If others please specify …….

C21. Does the nature of your work prevent you from exclusively breastfeeding?

a. Yes [ ] b. No [ ]

C22. If yes how does the nature of your work prevent you from breastfeeding exclusively?

a. Too much workload [ ]. b. Little time for break periods [ ]. c. Late closing time [ ]

d. If other, please specify ……

C23Do you feel pains in the breast when exclusively breastfeeding?

a. Yes [ ] b. No [ ]

C24. If Yes, how severe is thee breast pain when breastfeeding exclusively?

a. very severe [ ] b. Severe [ ] c. Moderate [ ] d. Mild [ ]

C25. Does your culture prevent you from exclusive breastfeeding your baby?

a. Yes [ ] b. No [ ]

C26. Does education or work hinder you from practising exclusive breastfeeding?

a. Yes [ ] b. No [ ]

C27. If yes, how does education or work hinder you from practising exclusive breastfeeding?

a. I have to concentrate on my studies [ ] b. I have to wake my child up and breastfeed even when he/she is asleep [ ] c. I don't really have time to feed on demands [ ] d. Others specify……..

C28. Does schooling/ travelling prevent you from exclusive breastfeeding?

a. Yes [ ] b. No [ ]

C29. Is your partner supportive in doing other things when exclusively breastfeeding?

a. Yes [ ] b. No [ ]

C30. If yes, what kind of support does he give you?

a. He helps out in washing whilst I breastfeed the baby [ ] b. He helps out in cooking whilst I breastfeed [ ] c. He helps in the care of my other children [ ] d. Others please specify the……..

SECTION D: BENEFITS OF EXCLUSIVE BREASTFEEDING FOR MOTHER AND BABY.

D31. Do you think exclusive breastfeeding is important?

a. Yes [ ] b. No [ ] c. I do not know [ ]

D32. Did exclusive breastfeeding provide a physical steady growth of your child?

a. Yes [ ] b. No [ ] c. Did not notice [ ]

D33. Did exclusive breastfeeding help your baby's immune system strengthened by preventing lifethreatening illnesses like pneumonia, diarrhoea, ear infection, cough and cold among other infections? a. Yes [ ] b. No [ ] c. Did not notice [ ]

D34. Did exclusive breastfeeding improve maternal and infant bonding, thus foster emotional bonds, a sense of security and stimulus to baby's brain development?

a. Yes [ ] b. No [ ] c. Did not notice [ ]

D35. Did exclusive breastfeeding act as a family planning method by preventing you from getting pregnant? a. Yes [ ] b. No [ ] c. Did not notice [ ]

D36. Do you know exclusive breastfeeding help strengthens your baby's jaw?

a. Yes [ ] b. No [ ] c. I do not have any idea [ ]

D37. Do you think exclusive breastfeeding help you to cut down on baby's feeding supplies and formula expenses?

a. Yes [ ] b. No [ ]

D38. Do you think exclusive breastfeeding can prevent you from getting cancers in the female reproductive system (ovarian, endometrial and breast)?

a. Yes [ ] No [ ] c. I do not have any idea [ ]

D39. Is exclusive breastfeeding convenient to you?

a. Yes b. No

D40. Do you know that exclusive breast feeding prevent Sudden Infant Death Syndrome which is one of the leading cause of infants death among infants?

a. Yes [ ] b. No [ ] c. I do not have any idea [ ]

Thank you very much for participating