

CHRISTIAN SERVICE UNIVERSITY COLLEGE

DEPARTMENT OF NURSING

ASSESSMENT OF THE LEVEL OF KNOWLEDGE AND BARRIERS TO EXCLUSIVE
BREASTFEEDING AMONG NURSING MOTHERS AT NKAWIE IN THE ATWIMA
NWABIAGYA DISTRICT, ASHANTI REGION OF GHANA

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CHAPTER ONE

INTRODUCTION

The importance of providing complete and comprehensive care to new born babies is a major priority which every parent, family and society attached a major concern to. The birth of a new born is a great gift and joy to the families; however the growth of the newborn depends on the type of care given to them of which nutrition is an essential component. The infant who is adequately nourished has a better chance of developing physically, mentally and socially. Breast milk surpasses all other forms of nutrition but most mothers fail to breastfeed their babies exclusively, (UNICEF 2001). It is therefore important to encourage, promote and support exclusive breastfeeding.

BACKGROUND

Exclusive breastfeeding for six months is one of the millennium development goals (MDG) that aims at reducing children less than 5yrs mortality rates by two- thirds between 1990 and 2015. In 1979 World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF) recommended an exclusive breastfeeding period of 4-6 months. However, WHO expert committee (2001), upon assessing the extent of exclusive breastfeeding (EBF) concluded that for optimal nutritional status of a child, an EBF period of 6 months must be adhered to. Exclusive breastfeeding (EBF) means feeding a baby with only breast milk for the first six months of life without any food or water. This reduces diarrhea, infections and food borne illness. It prevents various forms of nutritional disorders, (UNICEF 2001). EBF is the best way of ensuring the safety and welfare of infants. The advantages of EBF cannot be over emphasized. For instance, the antibodies contained in the breast milk protect the baby against

infections. Bonding is established between the mother and baby through breastfeeding. Breastfeeding promotes optimum growth and development of the baby. Exclusive breastfeeding is the best way to feed a baby for the first six months of life. Almost all mothers successfully breastfeed worldwide but many are not able to breastfeed exclusively. Some encounter problems which lead to the introduction of supplementary foods or fluids or stop breastfeeding altogether before six months (WHO, 1994). In spite of the numerous positive effects derived from EBF, mothers have various negative reactions towards it such as breast milk not enough for the baby, sagging of the breast and hence do not practice EBF. The result is loss of infant weight and poor general health (World Health Assembly, 2001). Complementary foods introduced between four and six months of age replace nutrients from breastfeeding and confer no advantage on growth or development (Dewey, et al 1995). Consequently, UNICEF and the Ministry of Health, Ghana recommended exclusive breastfeeding for the first six months of the infant's life.

The rate of exclusive breastfeeding is particularly low in West Africa as more than 95% of infants in Africa are currently breastfed but this is often inadequate because many people feed their infants with water and other liquids alongside the breast milk. (World Linkages, 2002). Prolonged breastfeeding is common and median duration ranges between 16 – 28 months. The statistics in sub-Saharan Africa shows that 28% of children less than six months are exclusively breastfed up to six months: As far as exclusive breastfeeding is concerned, the trend is as low as 6% in Burkina Faso, 10% in Cote d'Voire, 18% in Togo and 17% in Nigeria (UNICEF, 2004).

In Ghana in 2004 it was estimated that 31% of infant less than six months are exclusively breastfed. (Ghana Health Service Annual Review, 2005).

1.2 PROBLEM STATEMENT

Recent figures of EBF are estimated to be 63.3%. (Ghana Health Service Annual Review, 2008). It is interesting to note that breastfeeding alongside water and other fluids for infants 0-3 months were estimated to be 57% (Ghana Statistical Survey, 2000). In Ghana, breastfeeding of infants is a common practice. Typically, children are breastfed for a long duration (median of 20 months) Indeed, the rate of exclusive breastfeeding (EBF) for 6 months has improved remarkably in Ghana from less than 5% in 1989 to about 63% in 2008. However, EBF usually lasts for a median of just about three months, indicating that the proportion of EBF children declines rapidly during the first six months of life. (Ghana Health Service Annual Review, 2008). The demographic and health survey 2008 reports that while among infants under two months, 84% were being exclusively breastfed, by age 4–5 months, only 49% were still being exclusively breastfed and 50% of mothers rely on infant milk formulae for complementary feeding while over 8% introduced mashed and solid foods before the 5th month of the baby's life.

These practices which are not supporting exclusive breastfeeding contribute significantly to the morbidity and mortality toll of infant's less than five years in the Ashanti Region and Ghana at large. The situation is no different in the Nkawie District in Ashanti Region of Ghana.

UNICEF and WHO issued the baby friendly hospital initiative (BFHI, 1991) aimed at promoting EBF for the first six months of an infant's life. Adhering to current international child feeding guidelines, the benefits of EBF is to mothers, infants, family and the society thus if youth of today raise their children following the recommended feeding policy, future generations will be

healthier as the largest cohort of adolescent ever becomes parents. Nevertheless EBF is not widely practiced.

In view of this there was an interaction with the nursing mothers and their babies at the Antenatal Clinic (ANC) and Child Welfare Clinic (CWC) at the Nkawie District Hospital. According to the head of the children unit, most children were under weight and there was frequent infant morbidity and hospitalization. Hence this survey is carried out to ascertain answers to whether nursing mothers and their babies at the Antenatal Clinic (ANC) and Child Welfare Clinic (CWC) at the Nkawie District Hospital have knowledge on EBF. What are the underlying barriers that may influence the noncompliance to EBF?

1.3 PURPOSE OF THE STUDY

Mothers of young children in Ghana normally does not exclusively breastfeed for six months due to certain barriers hence the purpose of this study is to assess the level of knowledge and the barriers to exclusive breastfeeding among nursing mothers at Nkawie in the Atwima Nwabiagya District in the Ashanti Region of Ghana.

1.4 OBJECTIVES OF THE STUDY

-) To assess the level of knowledge of exclusive breastfeeding among nursing mothers.
-) To find out the barriers to exclusive breastfeeding
-) To find out the number of nursing mothers who practise exclusive breastfeeding.

1.5 Research question

What are the level of knowledge and the barriers to exclusive breastfeeding among nursing mothers?

1.6 Justification of the study

Findings from this study would:

-) Help broaden the knowledge of nurses and other health workers on exclusive breastfeeding.
-) Assist health workers to develop strategies to educate mothers on exclusive breastfeeding.
-) Help to identify and minimize negative misconceptions on exclusive breastfeeding
-) Empower mothers to breach the gap between knowledge and expected practice.
-) Create a platform to strengthen and promote maternal and child health and safe motherhood services.
-) Make efforts to let nursing mothers develop interest in the practice of EBF. This will help to empower nursing mothers economically, since the amount of money and time spent in preparing feeds for the infant will be invested into economic activities.
-) It will serve as a basis for assessment to know whether nursing mothers of such in general have knowledge on EBF and its practice.

1.7 Dissemination of Research Findings

The outcome of the research would be made available to health institutions in the district, the members of District Health Management Team and the Management of the District Hospital. The

findings would also be at the Regional Health Administration. The research is also expected to be published in Health Magazines, health column in Newspapers. Copies of the findings will also be made available to nursing associations and groups concerned with promoting exclusive breastfeeding.

1.8 Anticipated Limitations

The study will be conducted in the Nkawie community of the Atwima Nwabiagya District in the Ashanti Region. The focus will be on all nursing mothers, however. Due to time and financial constraints, this study would be limited to 50 nursing mothers. Due to the small sample size and the limited area of coverage, results and findings cannot be generalized. However, it could be used as a basis for a wider scope of study so as to come out with a general understanding of the phenomenon.

Despite the interest to conduct this study, a large sample size could not be used due to inadequate time, lack of resources including personnel. Also, because some respondents will be illiterate, the interviewees will have to translate the questions into local language and this can result in inaccurate translation which can affect the findings.

1.9 operational definitions

EBF	-	Exclusive breastfeeding
WHO	-	World Health Organization
UNICEF	-	United Nations International Children Emergency Fund
ANC	-	Antenatal Clinic
CWC	-	Child Welfare Clinic

WHA - World Health Assembly

BFHI - Baby Friendly Hospital Initiative

CHAPTER TWO

LITERATURE REVIEW

2.1 KNOWLEDGE ON EXCLUSIVE BREASTFEEDING

Exclusive breastfeeding is defined as the act of feeding infants with only breast milk without any additional food or drink, not even water for the first six (6) months of life (WHO, 2001).

The United Nations International Children's Fund (UNICEF, 2001) also defines exclusive breastfeeding as feeding a baby with breast milk only for the first six months after birth. Breastfeeding should continue up to two years of the infant's life with increasing amount of prelacteal feeds after the 6th month.

In addition the Canadian Child Health Society (2005) recommended the extension of EBF from the 4-6 months to 6 months due to WHO recommendations / guidelines and the numerous advantages

According to WHO (2001) EBF for six months is the optimal way of feeding infants and this can be established and sustained through:

-) Initiation of breastfeeding within the first hour of life.
-) Breastfeeding on demand: as often as the infant wants, day and night
-) No use of teats, bottles or pacifiers.

The World Health Assembly (WHA) in May 2001 affirmed the importance of exclusive breastfeeding for 6 months and stated that human milk is the ideal first food for human infants. Its dynamic nature changes to match the infant's growth needs. The preterm baby can be

breastfed since the human milk is species- specific having evolved over time to optimize the growth and development of the baby.

. It stated that EBF has reduced infant mortality; decreased fertility and saved cost on unneeded breast milk substitute.

The American Academy of Pediatrics and the American Dietetic Association (2003), in a joint statement stated that breastfeeding is the best source of nutrition for babies at least through the first birthday and longer when possible. Mothers should receive ongoing instructions and support from medical professionals to assist them in breastfeeding. They recommended breastfeeding exclusively for the first 4-6 months and said breastfeeding is a phenomenon of wide support in the medical community. Some of the measures to promote exclusive breastfeeding suggested include;

-) The practice of ‘rooming in’ and ‘bedding in’ at health facilities, health service for mothers observed for poor weight gain during pregnancy and examination of the breast.
-) Formation of women support groups
-) The passage and implementation of laws to permit ‘lactation leave’ and to take the babies to the workplace with crèches made available.
-) The marketing of infant formula should be controlled by WHO code of marketing of breast milk substitute.

World Linkages (2004) indicated that increasing optimal breastfeeding practice could save 1.3 million infant lives annually. Up to 53% of infants’ death from diarrhea disease and acute respiratory infection may result from inappropriate feeding practice. Despite the legal and social

stipulations on breastfeeding, the attitude of the mother and knowledge are important in attaining the importance of breastfeeding in any society.

UNICEF (2007) stated that breastfeeding is a tradition but only 20% of infants under 6 months are exclusively breastfed in West Africa. Immediate and exclusive breastfeeding is the best source of nutrition and could avert the deaths of children under 5 years. Poor feeding practices, sub-optimal breastfeeding and complementary feeding practices are major causes of infant malnutrition and other preventable diseases. Promoting EBF at community level could be achieved through mother to mother support groups, health system support to mothers, health workers, community health workers, lay counselors and workplace support groups were the suggestion.

The strength of evidence to support the promotion of breastfeeding is growing and compelling, particularly as breastfeeding benefits both the baby and the mother. Apart from breast milk being the ideal food for optimal infant growth and development (Butte, et al. 2001), there are additional long-term benefits for the infant. There is convincing evidence of a lower risk of becoming obese (Owen, et al 2005) or developing high cholesterol or high blood pressure (Owen, et al. 2008) later in life. Breastfeeding is also associated with lower rates of mortality and morbidity from gastrointestinal infections for the baby (Anderson, et al. 2009), (Kramer, et al. 2009) and reduced risk of celiac disease (Akobeng et al. 2006) and asthma (Magula, et al. 2007), (Oddy et al.2009). There is some evidence that breastfed babies have improved cognitive development (Horta, et al. 2007), (Kramer, et al. (2008), and increased bonding with the mother (Moore, et al. 2009). Benefits for the mother include a reduced risk of ovarian cancer, quicker recovery after birth, and a possible reduced risk of breast cancer and type II diabetes (National Health and Medical

Research Council 2012). There is also evidence that breastfeeding is associated with a lower risk of Sudden Infant Death syndrome (Magula, et al. 2007). Evidence to date shows no counter-indications for exclusive breastfeeding for around six months for healthy full-term babies (Becker, et al.2011), (National Health and Medical Research Council (2012).

2.2BARRIERS TO EXCLUSIVE BREASTFEEDING

Siziya & Kankasa (2008). Stated that barriers to EBF include insufficient breast milk, fear of not being healthy to breastfeed, convention and lack of knowledge about the subject and also negative attitudes towards EBF by fathers and grand mothers. They further stated that conventions and expectations from family members were barriers preventing the message of EBF from being translated into practice. The authors noted that deep rooted beliefs due to lack of knowledge about EBF also prohibits its practice.

Petit (2008) reiterated that, Milk not being enough was the main reason why women did not exclusively breastfeed their babies. In addition (UNICEF 2007) stated that, insufficient breast milk, fear of not being healthy to breastfeed, convention and lack of knowledge about the subject are barriers to EBF.

Lartey (2001) conducted a focus group discussion to elicit the perceived incentives and barriers to EBF among women from the Manya and Yilo Krobo districts of the Eastern Region of Ghana. All participants believed EBF was a superior infant feeding practice and should be practiced for the first 6 months; however, there were wide spread beliefs that infants could be given water if it's clean. Mothers reported that EBF was easier when breast milk began to flow soon after delivery. The main obstacles to EBF were maternal employment, breast and nipple problems, perceived milk insufficiency and pressure from family.

Borande & Hanumate (2007) in a study of breastfeeding practices and barriers/factors influencing EBF in low socio-economic state reported that illiteracy, primigravida, younger maternal age and mothers living in nuclear families are at significant risk of not practicing EBF. And also undesirable socio-cultural beliefs and misconceptions in society affect breastfeeding practices.

World Linkages (2004), in a study conducted on frequently asked questions to provide recommendations on EBF at the outskirts of Lima, Peru, Gambia, Philistine and Egypt observed that most infants received water, teas and sugar in the first month. Some reasons associated with giving water to the infants were identified as 'water is necessary for life; it quenches thirst, relieves pain, prevents and treats cold and constipation and soothes fretfulness.

(Siziya & Kankasa, 2008) also concluded that less education and more prone to conventional feeding (non-EBF), lack of training and follow up of peer counselors to support exclusive breastfeeding in rural districts (Nankunda et al 2006), Intensive traditional breastfeeding practice in some societies (Jakobsen et al 2007) are barriers to EBF.

CHAPTER THREE

METHODOLOGY

Chapter three describes the research design and research method in detail. The methodology includes the research design, research setting, research population, sampling, data collection, reliability and validity of the study and ethical issues

3.1 RESEARCH DESIGN

A descriptive cross-sectional survey will be employed in assessing the barrier to the practice of exclusive breastfeeding among nursing mothers. This design was chosen because it's economical and less time consuming

3.3 STUDY AREA

Nkawie is one of the towns in the Atwima Nwabiagya District. It is the district capital. Atwima Nwabiagya District is one of the 27 political and administrative Districts in Ashanti Region and also one of the largest districts in the Ashanti Region. It is situated in the western part of the region and shares common boundaries with Ahafo Ano South and Atwima Mponua Districts to the west, Offinso Municipal to the north, Amansie–West and Bosomtwe-Atwima Kwanwoma Districts to the south, Kumasi Metropolis and Kwabre Districts to the east. It covers an estimated area of 294.84 sq km. The district capital is Nkawie. The town is surrounded by several villages.

According to the medical superintendent, Dr. P.C Awuah (Personal communication, 10th January, 2011) there is high infant mortality rate in Nkawie. He also stated that, the number of infants who report to the Nkawie- Toase Government Hospital are mostly diagnosed with anaemia. Due to the above reason, it was selected as the study setting.

3.4 SAMPLE POPULATION

The target population for the study shall consist of all nursing mothers who access child welfare health services at the Nkawie-Toase Government Hospital. Hundre (100) nursing mothers will be used for the study.

SAMPLING TECHNIQUE

A probability sampling technique, simple random sampling will be used to select 100 nursing mothers using the lottery method.

A description of YES and NO will be written and folded on pieces of papers and the nursing mothers will be made to select one by blindly picking from the lot. All those who will pick YES will be used for the study until the 100 nursing mothers were selected. This method was used so that every nursing mother will have an equal chance of being part of the sample.

3.5 ETHICAL CONSIDERATION

Permission of the correspondents and authorities was sought through an introductory letter from the Department of Nursing of the Christian Service University College (C.S.U.C). To ensure confidentiality, names of all correspondents were withheld and remain anonymous. The purpose of the research and all procedures involved were explained to them to seek their consent. Commitments were made to participants to safeguard confidentiality and anonymity. Any risks involved and the various benefits of the research were explained to them. They were also told they had the right to withdraw from answering the questionnaire.

3.6 RESEARCH TOOLS

Data will be obtained through the administration of a structured open and close ended questionnaire. The questionnaire will give accurate description of activities and processes and ensures maximum objectivity in the research procedure. Pre testing of the tools will be done to correct any inconsistencies and ambiguous statement.

An Introductory statement will be given to describe the purpose of the study and questionnaire which will also assure the respondents of anonymity and confidentiality.

Demographic questions were asked first because they are easy to answer and also serves as a 'warm up' question asked include age, religion, occupation and employment.

Actual questions were direct questions about EBF that are easily answered by the respondents. In this study, the questionnaire consists of a section B part in which the seven (7) questions there are mainly on the knowledge of EBF. The questions are to test the respondents' knowledge on EBF. The criteria to assess the level of knowledge of the respondents is that the level of knowledge is classified into three groups; poor, fair and good knowledge. If a respondent is able to get 6-7 questions correct, she will be classified as having good knowledge about EBF, 3-5 answers correct, fair knowledge and 0-2 answers correct, poor knowledge.

3.7 VALIDITY AND RELIABILITY

Validity of a test instrument is the extent to which the test instrument measures what it is supposed to measure.

Reliability is the degree to which an instrument gave similar results for the same purpose each time it is used (can be reproduced). This was made possible by using a language common to all the subjects and the absence of ambiguity.

Pretesting will be done in a sister district, Bosomtwe-Atwima Kwanwoma District using ten (10) nursing mothers in the district. This will be done to test the validity of the instruments. Bosomtwe-Atwima Kwanwoma district was chosen as pre-testing district because it shares common characteristics with the study district. All the necessary corrections will be effected before the actual data collection is carried out

3.8 DATA ANALYSIS

The data will be properly coded and entered into the computer. Processing will be done using SPSS version 19 and analyse into descriptive statistics using pie-chart and bar-chart. A quantitative descriptive statistics will be employed.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND ANALYSIS

4.0. INTRODUCTION

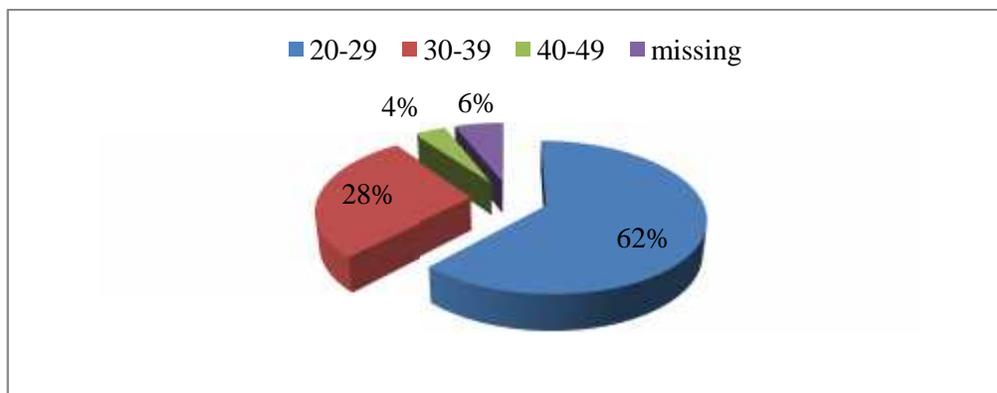
The Chapter presents information from the data collated on 50 sampled nursing mothers in the Atwima Nwabiagya District (Nkawiawie community) on the study dubbed “the knowledge and barriers of Exclusive Breast Feeding (EBF) among nursing mothers. All Findings are illustrated with percentages and pie charts to hit on the realistic objectives of the study...Namely; accessing the level of knowledge on EBF among Nursing mothers, barriers to EBF and finally estimate the number of nursing mothers-practicing EBF in the district as a whole.

4.1 Demography of respondents

4.1.1 Current Age of Respondents:

Out of the 50 nursing mothers interviewed, 62% from the chart below are between 20 -29 and 4% aged between 40-49 years. Only 28% were in their 30’s while 6% refused the query.

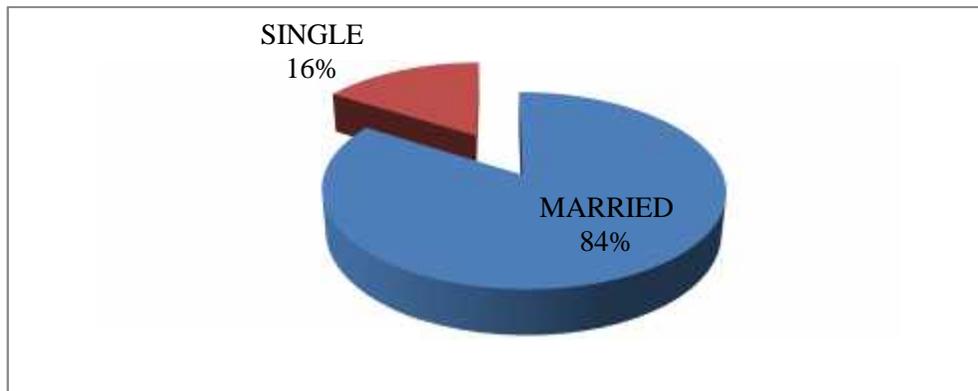
Fig 4.1 Current Age



4.1.2 Marital Status of Respondents’:

With the 50 interviewees, 84% were married while 16% were singles.

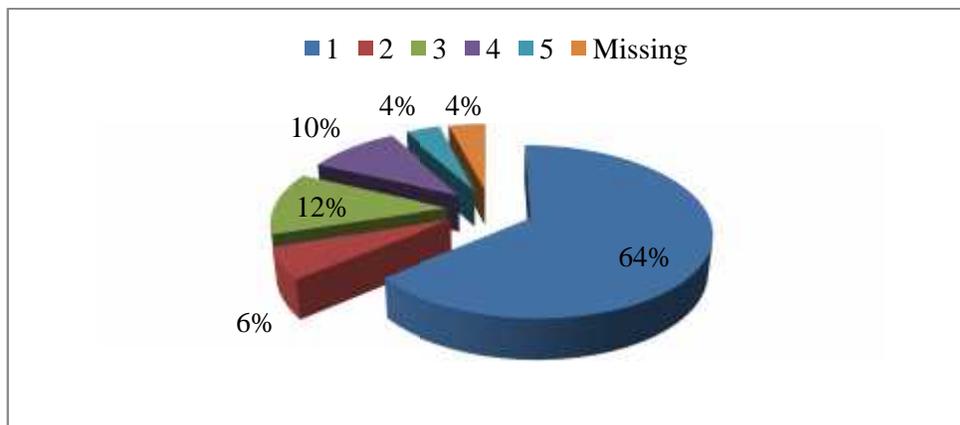
Fig 4.2 Marital Status



4.1.3 Respondents’ Number of Children

From fig 4.3; 64% of the entire sample has one child each. 4% have 5 children although 4% did not give answer to the query.

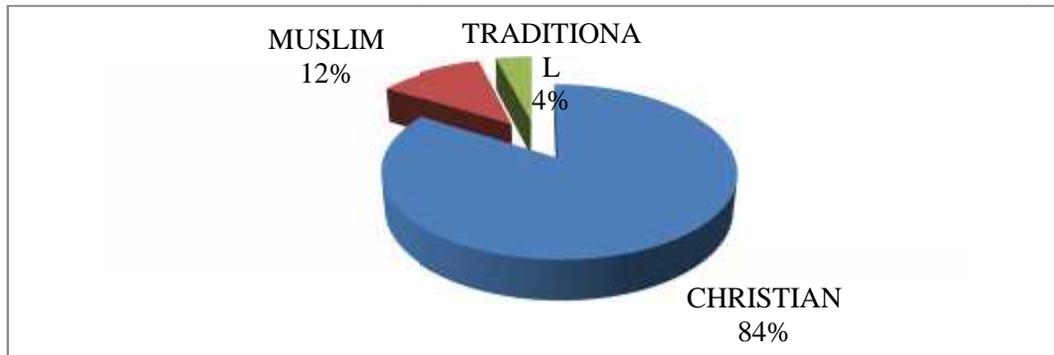
Fig 4.3 Number of Children



4.1.4 Religion of Respondents

Eighty-four percent of the mothers were Christians, 12% were Muslims whereas the remaining 4% were traditionalists according to fig 4.4.

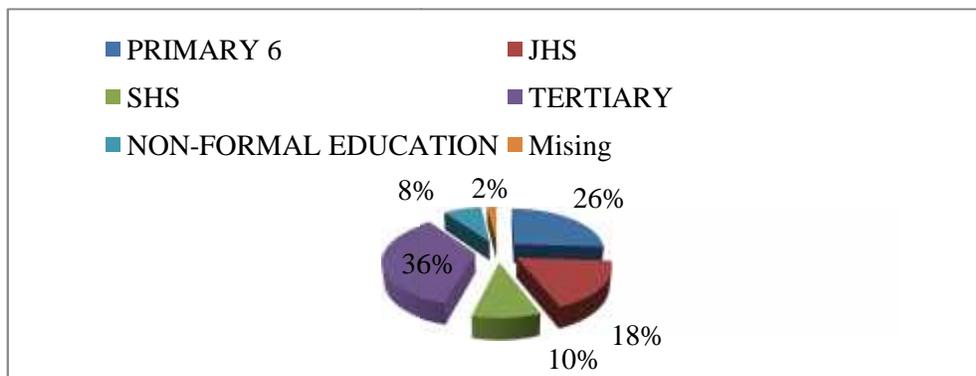
Fig. 4.4 Religion



4.1.5 Educational Status of Respondents

From the chart beneath, Out of the 50 interviewees, 36 % were tertiary leavers while 8% were from the informal educational sector.

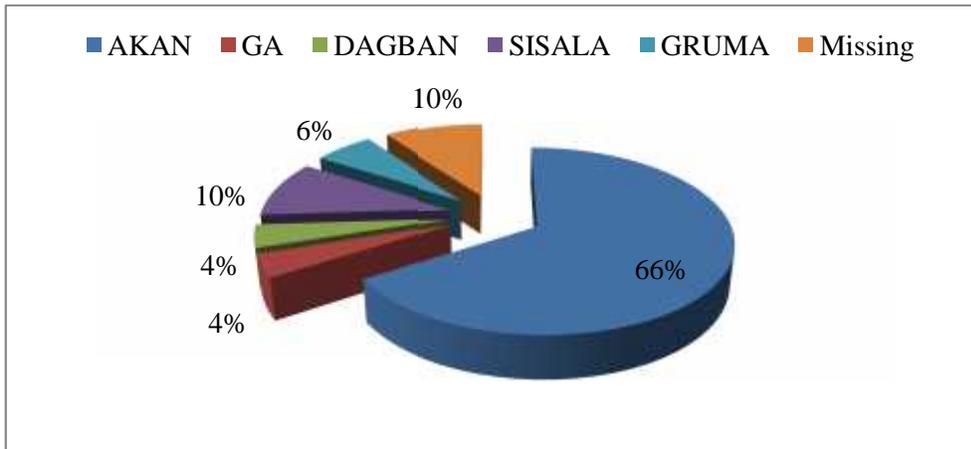
Fig 4.5 Educational Status



4.1.6 Respondents Ethnicity

In terms of the respondents ethnic environ, majority - 66% proved to be Akans whiles Ga and Dagbans recorded the least participation - 4% at par .

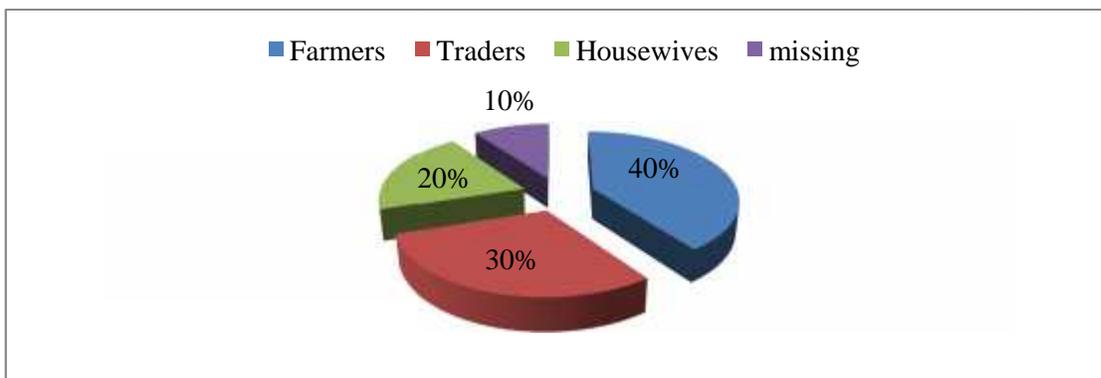
Fig 4.6 Ethnicity



4.1.7 Occupation of Respondents

Forty percent of the mothers were farmers. 20% representing the minimal group were housewives whereas 30% remain traders in the community from fig 4.7.

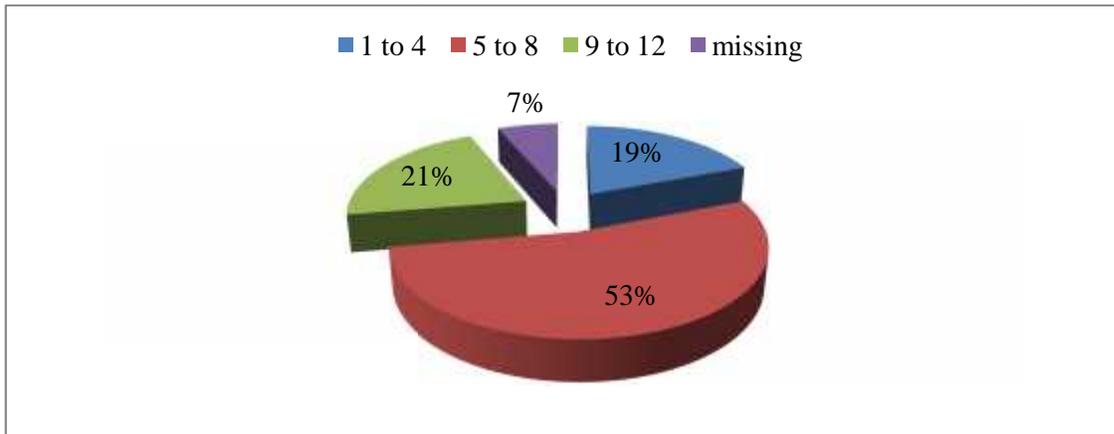
Fig4.7 Occupation



4.1.8 Respondents Daily Working Hours

Responds from the respondents' indicates that most of the nursing mothers work between 5-8hours daily. This represents 53% of the entire response. Only 19% work as long as 9-12hours on daily base (ref. fig 4.8).

FIG 4.8 Hours worked per day

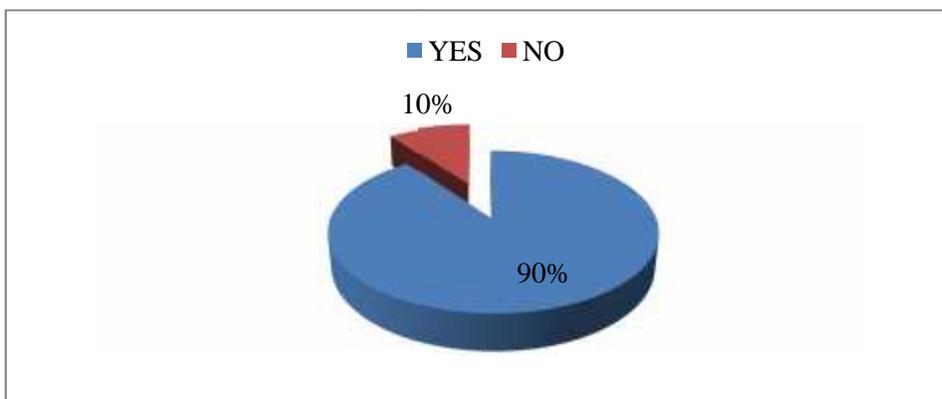


4.2 KNOWLEDGE LEVEL ON EXCLUSIVE BREAST FEEDING AMONG NURSING MOTHERS

4.2.1 Whether Respondents Have Prior Knowledge on EBF

Ninety percent of the respondents have idea on EBF. Only 10% are ignorant of the research scope.

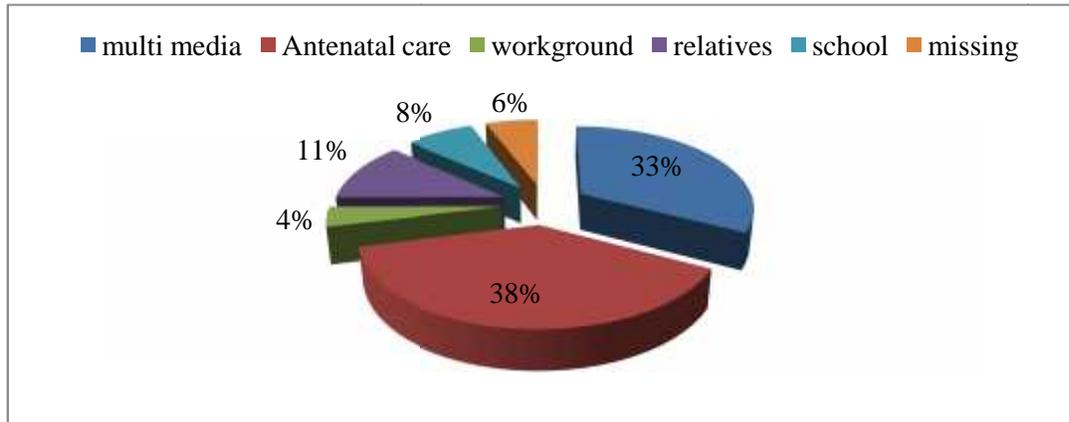
Fig 4.9 Whether Respondents Have Prior Knowledge of EBF



4.2.2 EBF Source

Thirty-eight percent of the mothers got privy to EBF during their Anti-natal care at the health centers. This reflects majority responds. Whiles 33% felt it through the media, only 4% experienced at the work ground from the chart below.

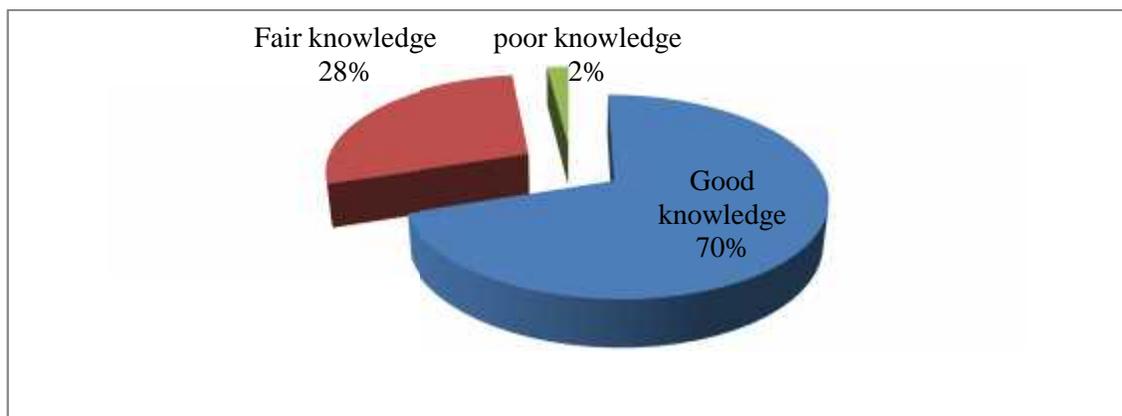
Fig 4.10 EBF Source



4.2.3 Respondent's knowledge on Exclusive Breast Feeding

The study reveals that among the nursing mothers in the district, (70%) have good knowledge on the EBF program; 28% have fair knowledge on the exercise and 2% however have poor knowledge in relation to the EBF (according to fig 4.11).

Fig 4.11 Respondent's Knowledge on Exclusive Breast Feeding

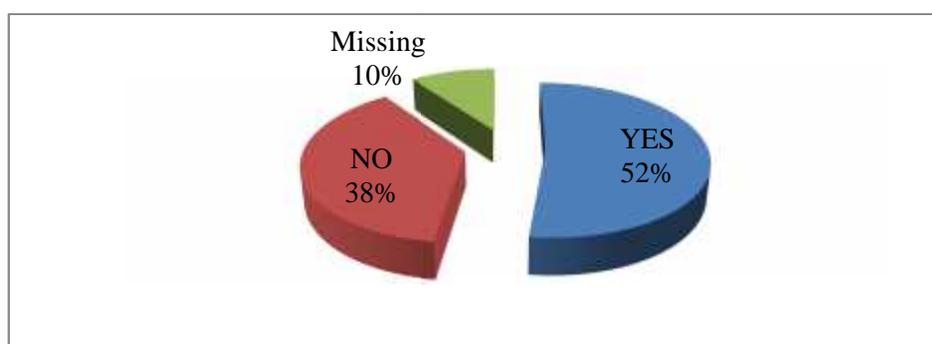


4.3. NUMBER OF NURSING MOTHERS PRACTICING EXCLUSIVE BREASTFEEDING

4.3.1 Whether respondents have ever practiced EBF

Among the mothers queried, fifty-two percent have practiced EBF meanwhile 38% refuses the EBF practice for one reason or the other (from the chart below).

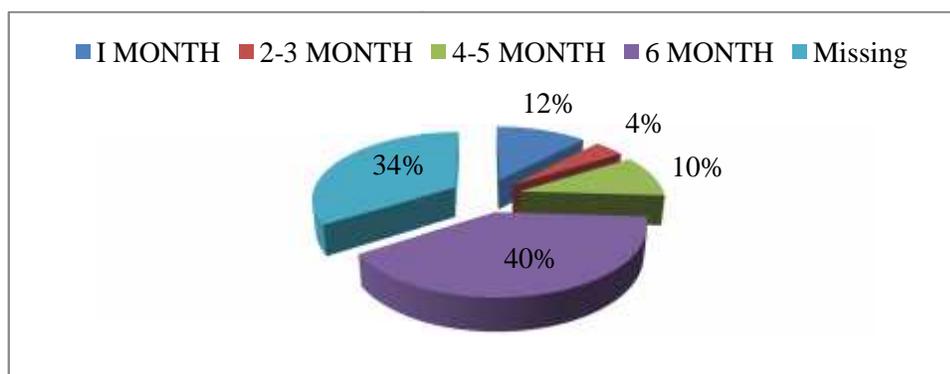
Fig 4.12 Whether Respondents Have Ever Practiced EBF



4.3.2 The Period to Give Babies Water or Food (If Yes To the Above)

Out of the 50 nursing mothers, many responded 6months after birth. This covers 40% of the entire responds whereas 4% suggested 2-3months only (from fig 4.13).

Fig 4.13 the period to give babies water or food (if yes to the above)

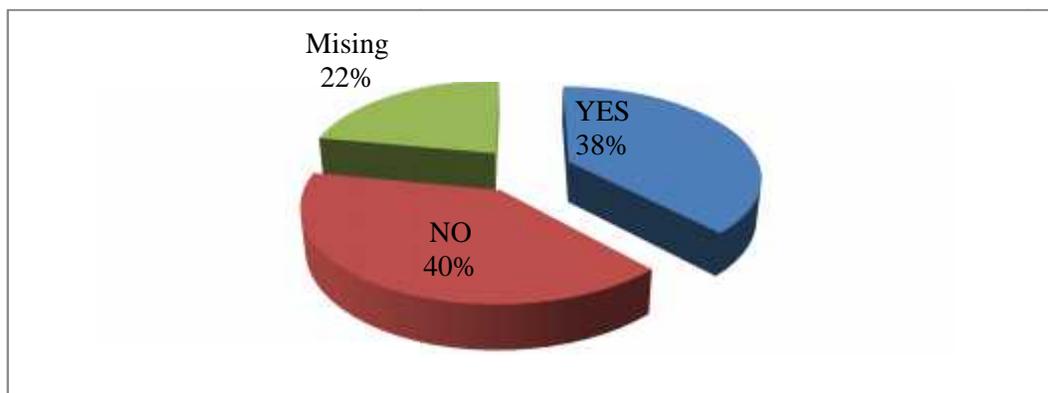


4.4. BARRIERS TO EXCLUSIVE BREAST FEEDING

4.4.1 Whether respondents work permits them to carry their babies to the workplace

Chart 4.14 discloses fair percentage of the mothers not permitted to carry their babies to their workplaces. This reflects 40% of the response. Fortunately, 38% argued to their privilege to carry babies to their work settings while 22% refused answering this question.

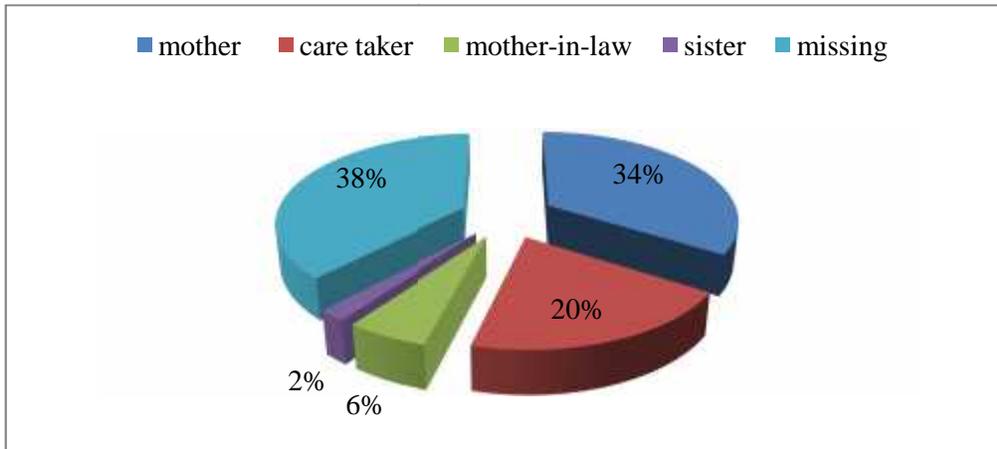
Fig 4.14 whether respondents work permits them to carry their babies to the workplace



4.4.2 Care Provider to Respondents Children When At Work

From the display beneath, most nursing mothers at the Nkawie area, leave their babies to their mothers when off-to-work. Very few leave their wards to their sisters. The former takes 34% while the later takes only 2% of the entire responses.

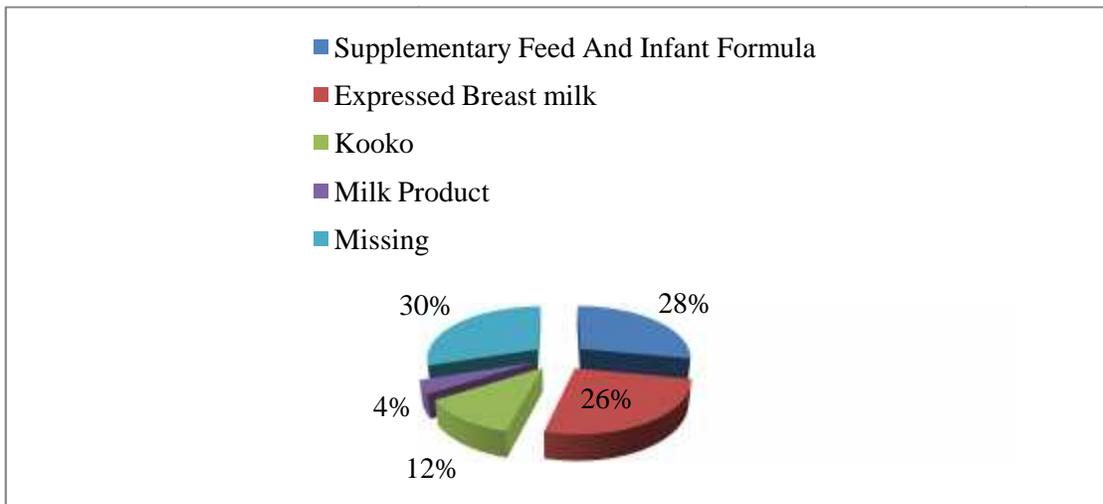
Fig 4.15 care provider to respondents' children when at work



4.4.3 What mothers use to feed their babies when at work?

Results shown in fig 4.16 revealed that 28% of the mothers use supplementary feeds and infant formulae to feed their babies when at work. Quite substantial number representing 26% of these women resorts to expressed breast milk. 12% fed them with Kooko, 4% with milk product, while the remaining 30% gave no response.

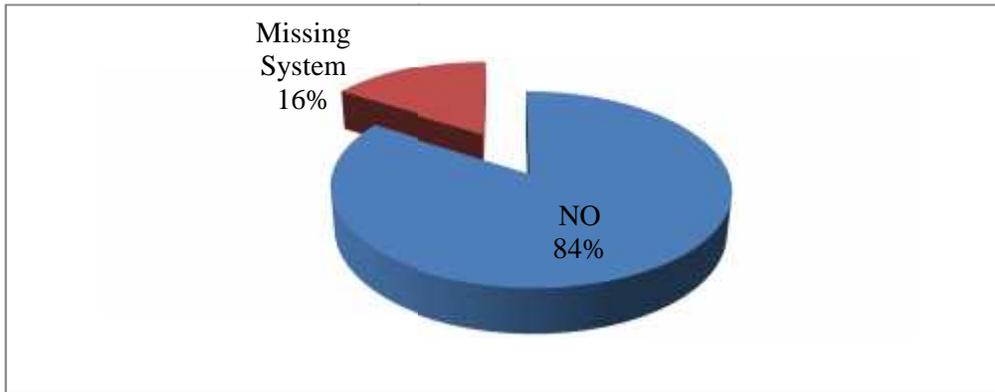
Fig 4.16 what mothers use to feed their babies when at work



4.4.4 Whether respondents are into cultural practice hindering EBF

Eighty-four percent said no to their involvement with primitive customs against EBF whereas 16% refused the question.

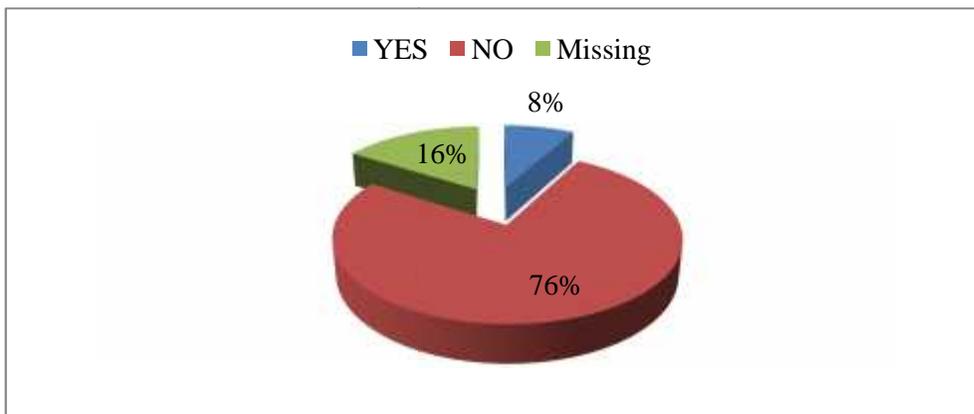
Fig 4.17 whether respondents are into cultural practice hindering EBF



4.4.5 Whether respondents have health conditions preventing EBF

With 76% of the respondents, they are fit enough to practice the EBF. 8% have health challenges, hence their refusal to practice EBF.

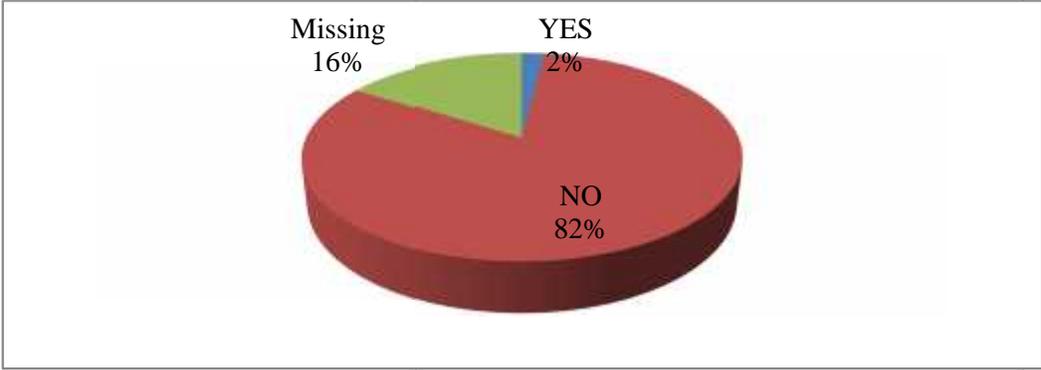
Fig 4.18 whether respondents have health conditions preventing EBF



4.4.6 Whether the mothers are on long term medication preventing EBF

Eighty-two percent of the respondents argued confidently that no challenge hinders their compliance to EBF. 2% proposed their sanction under long term medication as a standing block to EBF practice.

Fig 4.19 whether the mothers are on long term medication preventing EBF



Source: field survey, 2014 (Atwima Nwabiagya district)

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.0 INTRODUCTION

Understanding the need for exclusive breast feeding appears very dear to most parent, family and the community as a whole. The birth of a new born baby is a great gift and joy to the families; however, the growth of the infant depends on the type of care given to them as which nutrition is essential. It is on this premise that the study focuses on exclusive breast feeding as an inherent practice for proper infant growth- targeting Nkawie community (Atwima Nwabiagya district, Ghana). Exclusive breast feeding (EBF) could be defined as the act of feeding infants with only breast milk without any additional food or drink, not even water for the first 6 months of life (WHO,2001). The framework of this study is strictly based on three major objectives...namely; accessing the level of knowledge of exclusive breast feeding among women nursing mothers, finding the number of nursing mothers practicing the EBF and also find out the barriers to the EBF. The vision was to ascertain remedy to a hypothetically singled question of identifying the level of knowledge and the barriers to the EBF among nursing mothers. A descriptive–cross sectional survey was performed using three sectioned plotted questionnaire with 50 sampled nursing mothers from the Nkawie community. To extricate high sense of subjectivity, parameters were devised to ameliorate the definition of the mothers' level of knowledge and barriers to the EBF program respectively. 9 questions were structured under the mothers' knowledge level category. A mother is deemed to have good knowledge provided she answers 6-9 of these questions correct. 3-5 correct connote fair knowledge whereas 1-2 represents poor knowledge as far as the EBF is concern (based on the methodology). 7 questions

were streamlined to measure all the barriers whereas the other section catered for the respondents' demographical information. (Ref: Appendix 1)

5.1 SUMMARY

The study revealed very good knowledge among the nursing mothers in relation to the research scope. Majority were able to give proper account on the EBF exercise – to confirm their literacy on the exclusive breast feeding practice.

Examining the mothers, 52% of the population sample affirmed their position as regular victims of the EBF. This gives credence by approximation that among every 50 nursing mothers in the community, 26 are into the EBF. This figures very significant percentage of the women's involvement in the EBF program. This assertion somewhat contrast with the UNICEF (2007) proposition that– only 20% infants under 6 months are exclusively breastfed in West Africa.

That notwithstanding, some clear cut barriers- prohibiting persistent practice to the EBF exercise were identified by the mothers. This encompasses the lack of breast milk of some mothers, the feel to offer water/food to infants- though not due to take and tight work schedules of most nursing mothers in the community.

5.2. RECOMMENDATION

Having analyzed the study goals to the grass root, the following recommendations are entirely made by the researchers- in accord with the prior literatures to bridge the standing blocks and promote the EBF program.

- (a) Women Advocacy group must be formulated to support and intensify public education on effective ways to treat oneself – to obtain ample breast milk i.e. during pregnancy before child birth.
- (b) Health centers must be given the need attention and support to intensify anti-natal care services.
- (c) Lactation leave must be lawfully given by the government to support nursing mothers who works under tight schedules. This perhaps will favour traders such as trainee hairdressers etc who cannot suggest leave to themselves.
- (d) the production and marketing of supplementary feeds can be regulated by the WHO code of marketing breast milk substitutes. (American academy of pediatrics and American Dietetic Association, 2003) i.e. in order to shy-off some mothers feel to offer food/ water whiles their infants are not due to consume.

5.3 CONCLUSION

Dissecting the paper in relation to the subject matter “Exclusive breast feeding”, a descriptive-cross sectional survey was employed with 50 sampled nursing mothers from the Atwima Nwabiagya District “Nkawie Community”. The study sought corporation of three major objectives... which was to access the level of knowledge of nursing mothers in the community Vis the EBF, estimate the number of nursing mothers practicing the EBF and pinpoint their barriers to the program execution. A three sectioned questionnaire was issue to ally data collection. Upon critical assessment, the mothers proved to have ample sums of knowledge on the EBF program. 52% however championed their persistent engagement with the EBF exercise whiles 38% thoroughly refuses for lack of breast milk, tight work schedules and personal feels to offer food/water to their infants. On the bases of these impediments, the study unveils some

critical recommendations for stakeholders' advocacy. This includes formulation of women advocacy group, intensified anti natal service, mandatory lactation leaves and outright regulation of breast milk substitutes selling by the WHO code of marketing.

QUESTIONNAIRES

THE KNOWLEDGE AND THE BARRIERS OF EXCLUSIVE BREAST FEEDING AMONG NURSING MOTHERS AT NKAWIE COMMUNITY

Introduction

We are final year nursing student of CSUC conducting a study on the knowledge and the barriers of exclusive breast feeding among nursing mothers. This questionnaire is for academic research and your responses will be treated confidentially and all information will be reported as aggregated data. Hence, you are not required to write your name. There are no wrong or right answers. This is just to seek your opinion on the subject. Kindly tick the appropriate spaces provided or write what you think in the open-ended questions. The questionnaires will take approximately 30 minutes at most to be completed. We will be grateful if you can answer all questions to the best of your ability.

SECTION A: BACKGROUND INFORMATION

1. **Current Age:** _____ (years).

2. **Marital Status.**

a. Married. []

b. Single. []

c. Divorced. []

d. Widowed []

3. **Number of children**.....

4. **Religion**

a. Christian []

b. Muslim []

- c. Traditional []
- d. Other (specify).....

5. Educational Status.

- a. Primary 6 []
- b. J.H.S []
- c. S.H.S []
- d. Tertiary []
- e. Non-formal Education []

6. Ethnicity.

- a. Akan []
- b. Ewe []
- c. Ga []
- d. Dagban []
- e. Other (specify).....

7. Occupation.....

8. How many hours do you work within a day?

.....

SECTION B: KNOWLEDGE ON EXCLUSIVE BREAST FEEDING

1. Have you ever heard of exclusive breastfeeding?

a. Yes []

b. No []

c. Not sure []

If yes, what sources?

2. What is exclusive breastfeeding

.....

.....

3. When should EBF begin / start?

a. Immediately after delivery []

b. After the color of the milk has changed from yellow to white []

c. Anytime the mother wishes []

d. Other

Specify.....

4. How long should a mother exclusively breastfeed her baby?

a. 1 month []

b. 2-3 months []

c. 4-5 months []

d. 6 months []

e. Above 6 months []

5. What should be given to the baby who is being breastfed exclusively?

- a. Water and breast milk []
- b. Breast milk and infant feed []
- c. Breast milk only []
- d. Other

Specify

6. How often should a mother breastfeed her baby/

- a. Whenever the child cries []
- b. Every 2-4 hours []
- c. Every 5-6 hours []
- d. On demand []

7. What should be done to the yellow milk that flows soon after delivery?

- a. Express and throw away []
- b. Express and taken by mother []
- c. Feed to the baby []

8. What benefits of exclusive breastfeeding do you know?

.....

.....

.....

9. What benefits of exclusive breastfeeding did you gained after practicing it?

.....
.....
.....

SECTION C: BARRIERS OF EXCLUSIVE BREASTFEEDING

10. Have you ever breastfed exclusively

- a. Yes []
- b. No []
- c. Not sure []

11. If yes, when did you start giving your baby water or food

- a. 1 month []
- b. 2-3 months []
- c. 4-5 months []
- d. 6 months []

12. If no, what were the reasons

.....

13. Does your work permit you to take your baby to your workplace?

- a. Yes []
- b. No []
- c. Not sure []

14. Who provides care for your child while you are at work?

.....

15. What do you feed your baby with when you go to work

a. Supplementary feed and infant formula []

b. Expressed breast milk []

c. Kooko []

d. Milk products []

e. Others.....

16. Do you have any cultural practices that hinder exclusive breastfeeding?

a. Yes

b. No

If yes state them.....

17. Do you have any health conditions that hinder exclusive breastfeeding?

a. Yes

b. No

If yes state them.....

18. Are you on any long term medication that prevents exclusive breastfeeding?

a. Yes

b. No