

FACTORS MILITATING AGAINST EXCLUSIVE BREASTFEEDING AMONG LACTATING MOTHERS IN THE SEKONDI-TAKORADI METROPOLIS, GHANA

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ABSTRACT: *Breastfeeding is a universal cultural practice among human species of all races. Breast milk promotes sensory and cognitive development and protects the infant against infections and chronic diseases. The purpose of this study was to evaluate factors militating against exclusive breastfeeding among lactating mothers in Sekondi-Takoradi. The specific objectives of the research were to find out the understanding of lactating mothers on the meaning of exclusive breastfeeding, assess the practice of exclusive breastfeeding by lactating mothers and to also determine the factors that militate against the practice of exclusive breastfeeding by lactating mothers in Sekondi-Takoradi. Descriptive survey method was employed to describe and document aspects of exclusive breastfeeding practices. The target population for this study was lactating mothers from three hospitals in Sekondi-Takoradi Metropolis with a sample size of one hundred and fifty. Questionnaire was used to collect data from respondents. Data was edited, coded and analyzed with the help of statistical package for service solution. The study revealed that 98% of the lactating mothers had heard about exclusive breastfeeding and 93% indicated they had knowledge on exclusive breastfeeding. Responses also showed husband/family support as more militating factor against exclusive breastfeeding than marital status. The study therefore recommends that husbands and family members should be involved in the promotion of exclusive breastfeeding so that mothers are helped to adhere to exclusive breastfeeding since they are decision makers and offer support in most households.*

KEYWORDS: Exclusive Breastfeeding, Lactating Mothers, Sekondi-Takoradi Metropolis

INTRODUCTION

To give babies a head start in life commences with breastfeeding. Breastfeeding is a universal cultural practice among human species of all races considered to be one of the astute and cost effective ways of producing healthy well-nourished children bringing about sustainable growth. Breast milk promotes sensory and cognitive development and protects the infant against infections and chronic diseases. This often results in better initial latch and is empowering, in that the mother gains confidence in both herself and her baby (De-Brabandere, David, and Dozio, 2014). Studies have confirmed that this early contact is associated with better thermal regulation, and increase durations of exclusive breastfeeding and breastfeeding in general. All other neonatal intervention, such as eye treatment, weighing, vitamin K, etc. generally wait until after this essential first interaction. A study conducted by WHO and UNICEF (2009) showed that a newborn, left undisturbed with skin-to-skin contact with the mother, will take an average of meaning to begin sucking. So the recommendation now is to initiate breastfeeding the first hour rather than within the first 30 minutes of birth.

One of the major policy changes based on evidence was the shift to recommendation of six-month exclusive breastfeeding for optimal outcomes. Per the 1990 Innocent Declaration, all

governments should create an enabling environment for women to practice EBF for the first 6 months of life and to continue breastfeeding with adequate complementary foods for up to 2 years. This is considered as one of the cardinal components of the Baby Friendly Hospital Initiative (BFHI) aimed at protecting, promoting and supporting breastfeeding for optimal maternal and child health. According to UNICEF report (2006), one out of three is exclusively breastfed for the first six months in the developing world; East Asia Pacific and Eastern Southern Africa are the regions with the highest levels of exclusive breastfeeding (EBF) in the six months of life (43%), while West and Central Africa have the lowest levels (20%). The latest data from all countries in The State of the World's Children 2009 indicated a level of 38% and 17% in Ghana. While overall increases in exclusive breastfeeding was about 5-6%, some countries doubled, tripled and even quadrupled exclusive breastfeeding rate, especially in the most threatened urban areas and level of continued breastfeeding at about 2 years of age increased in about 5% (UNICEF, 2008).

Breastfeeding provides infants with superior nutritional content that is capable of improving infant immunity and possible reduction in future health care spending. However, a recent estimate by the World Health Organization (WHO, 2006) showed that, worldwide only 35% of children between birth and their 5th month are breastfed exclusively. Successful breastfeeding is crucial to the curbing of infant malnutrition and achieving the Millennium Development Goal four aimed at reducing child mortality and five which is to improve maternal health. This study therefore pursues to evaluate the factors militating against exclusive breastfeeding among lactating mothers in Sekondi-Takoradi.

METHODS

Research Design

A research design according to Gorard (2013) is a systematic plan to study a scientific problem. Descriptive survey method was used to observe, describe and document aspects of exclusive breastfeeding practices. According to Aggarwal (2008) descriptive survey is devoted to gathering of information about prevailing condition or situations for the purpose of description and interpretation. This design was selected because the study is concerned with specific predictions and describing characteristics of a particular group (lactating mothers and infants).

Sample and Sampling Technique

The target population for this study was lactating mothers from selected hospitals within the metropolis. This was because these hospitals were easily accessible as well as having the accessible population for the study. Sample size is an important feature of empirical study in which the goal is to make inference about population. Cohen, Manion and Morrison (2007), assert as population size increases, the size of the sample reduces and generally the larger the population the smaller the proportion of the probability sample can be. They reinforced this position by affirming that, if the researcher is comfortable with a larger degree of variation, such as 5% then the sample size will be lower. Therefore, the sample size for the study was 150 lactating mothers consisting of 50 lactating mothers from each of the selected hospitals.

The study employed convenience sampling technique. According to Kowalczyk (2015) convenience sampling is a sample taken from a group you have easy access to. The idea is that anything learned from this study will be applicable to the larger population. Convenience

sampling technique was therefore used to select the lactating mothers based on the knowledge they have. Oliver (2006) posits that purposive sampling technique is a form of non-probability sampling in decision concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research. In this light, purposive sampling technique was used to select the various hospitals used in the study.

Data Collection Instrument/Procedure

The researchers employed both primary and secondary sources of data for the study. According to McLeod (2014) questionnaire is a set of questions for obtaining statistically useful or personal information from individuals. The study used questionnaires to collect data from respondents. This was used because large amount of information can be collected from a large number of people in a short period of time and in a relatively cost effective way. The questionnaire was mostly made up of close ended questions. In addition to primary source of data, secondary source of data was used such as those from textbooks, journals and articles. The data was collected by the researchers with the use of a structured questionnaire. In cases where respondents were illiterate, questions were explained to them for their responses to be written down and those who could read were given the questionnaire to fill and were collected.

ANALYSIS AND RESULTS

Demographic Features of Respondents

The respondents varied in age, ranging from 14 to over 35. The highest proportion of the respondents fell into the 14-20 age group. They accounted for 34% of the total respondents. This was followed by the 21-27 age group (25%), 28-34 (23%) and the least was the above 35 years age group which also accounted for the remaining 18%. The result showed that majority of the lactating mothers who took part in the study were in their youthful stage. This confirmed the findings of Bailey (1976), who according to him the child bearing age of most mothers is between 20 and 30 years old as this is the fertile age group who are more sexually active (see Appendix 1).

In relation to the educational level of the respondents, 50% of the total respondents indicated Junior High School/Senior High School, followed by the Higher National Diploma group (21%). Respondents with first degree and master's certificate accounted for 19% and 7% in that order whilst 3% of the respondents also reported they had attained no formal education. This indicates that the educational level of the lactating mothers in the metropolis was generally low (see Appendix 1).

Marital status of the respondents was examined and from the study it was revealed that 70% were married with 23% and 7% being single and divorced respectively. This shows that 70% of the women involved in this study were married and working (82%). Though traditionally women's place is considered to be at home doing domestic duties, this study proved otherwise. However, Worthington-Robert, Vermeersch, and Williams, (1985) points out that woman's employment influence early cessation of exclusive breastfeeding on 65.4% of the working women. Regarding occupational status of respondents, 46% of the respondents representing the majority were self-employed, followed by government sector workers (21), housewife (18%) and the least 15% were private sector workers (see Appendix 1).

Knowledge on Exclusive Breastfeeding

This segment of the study looked at the general overview of knowledge on exclusive breastfeeding. From the perspective of lactating mothers who were asked if they have heard of exclusive breastfeeding before. Ninety-eight (98%) of the total respondents indicated 'Yes', while 2% were 'No', indicating respondents had knowledge about exclusive breastfeeding. The Ministry of Health and Child Welfare Health Magazine (2010) indicated that the health education and community outreach equips mothers with the skills and knowledge of breastfeeding and they implement it to a greater extent. According to UNICEF (2008) the latest data from all countries in The State of the World's Children 2009 indicated an increased level of 38% and 17% on exclusive breast feeding in Ghana.

Table 1: Knowledge on Exclusive Breastfeeding

Statement/Items	Rating			
	Strongly Agree/Agree		Strongly Disagree/Disagree	
	Frq.	%	Frq	%
Breastfeeding can protect babies from developing allergies sickness and obesity	147	98	3	2
Brest feeding contributes to the health and wellbeing of mothers, it helps to reduce the risk of ovarian cancer and breast cancer	147	98	3	2
Breastfeeding reduce infant mortality due to common childhood illness such as diarrhea or pneumonia and help for quicker recovery during illness	148	99	2	1
Breastfeeding is a gentle way for newborns to transition to the world outside the womb	140	93	10	7
Breastfeeding provides all the energy and nutrients that the infants needs for the first months of life, and it continues to provide up to half or more of the child's nutritional needs during the second half of the first year	141	94	9	6

Respondents (lactating mothers) indicated their level of knowledge on exclusive breastfeeding (see Table 1). Respondents showed adequate knowledge on exclusive breastfeeding. At least 93% of the lactating mothers endorsed strongly agree/agree to items defining exclusive breastfeeding. The statement: Breast feeding contributes to the health and wellbeing of mothers, it helps to reduce the risk of ovarian cancer and breast cancer reported 98% for strongly agree/agree, while strongly disagree/disagree accounted for 2% by the mothers. Similarly, Breastfeeding is a gentle way for newborns to transition to the world outside the womb saw 93% strongly agree/agree while 7% strongly disagree/disagree. This confirms a report by World Health Organization (2008) that breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduce the risk of ovarian cancer. In

agreement, Wallace (2006) posits that breastfeeding choice and success are usually associated with higher knowledge on breastfeeding and that it promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases (Shelton, 2008).

Table 2: Meaning of Exclusive Breastfeeding

Statement/Item	Mean	Std. Deviation
Exclusive breastfeeding means that the infants receive only breast milk	2.17	0.237
Exclusive breastfeeding feeding is when infant receive only breast milk from the mother or expressed milk	2.09	0.224
Exclusive breastfeeding is a normal way of providing young infants with the nutrients they need for healthy growth and development of their body.	2.00	1.033
Exclusive breastfeeding is feeding of infant with only breast milk for a period of six months without any additional food or drink, not even water	1.97	0.314
Exclusive breastfeeding means only breast is allowed with the exception of medicine, vitamin syrup and oral rehydration solution	1.89	1.247
Excusive breastfeeding means giving only breast milk to infants, without mixing it with water or other liquids.	1.85	1.003
Giving only breast milk to babies without introducing other food supplements	1.80	0.983
Breastfeeding is feeding of infants or young children with breast milk from the breast.	1.42	1.208
Breastfeeding is feeding of infants or young children with breast milk from female breast	1.12	0.475
Breastfeeding is an unequalled way of providing ideal food for the healthy growth development of infants	1.11	0.484

Source: Field data, 2015.

Correspondingly, respondents gave an overwhelming endorsement to the various statements/items on knowledge on exclusive breastfeeding. Frequencies and its associated percentages indicated that respondents had a good understanding and/or knowledge on exclusive breastfeeding. Lactating mothers further indicated what exclusive breastfeeding means (see Table 2). It was observed in descending order the 10 items identified by lactating mothers and perceived to merit definition of breastfeeding. It is worth noting that, the higher the mean response value, the more influential the variable and the higher the standard deviation, the less influential the mean value.

It could be noticed from Table 2 that, the item: ‘exclusive breastfeeding means that the infants receive only breast milk’ produced a mean and a standard deviation of 2.17 and 0.237 whilst the next item: ‘Exclusive breastfeeding feeding is when infants receive only breast milk from the mother or expressed milk’ presented a mean (2.09) and standard deviation (0.224) indicating that lactating mothers endorsed the former (Exclusive breastfeeding means that the infants receive only breast milk) to the latter (Exclusive breastfeeding means that the infants receive only breast milk expressed milk) which best describes the definition of exclusive breastfeeding.

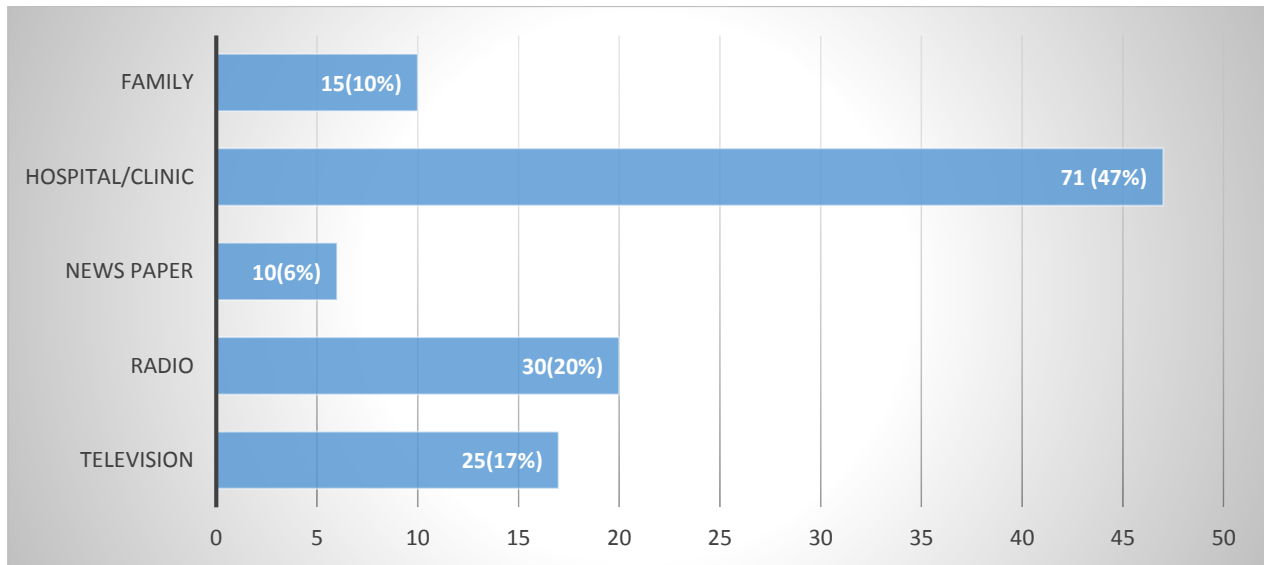


Figure 4.1: Means of Hearing about Exclusive Breastfeeding

On the means of hearing, majority of the respondents constituting 47% indicating they heard about exclusive breastfeeding at the hospital/clinic during antenatal and post-natal clinics followed by radio (20%), Television (17%). Family and newspaper accounted for 10% and 6% in that order (see Figure 1).

Practice of Exclusive Breastfeeding

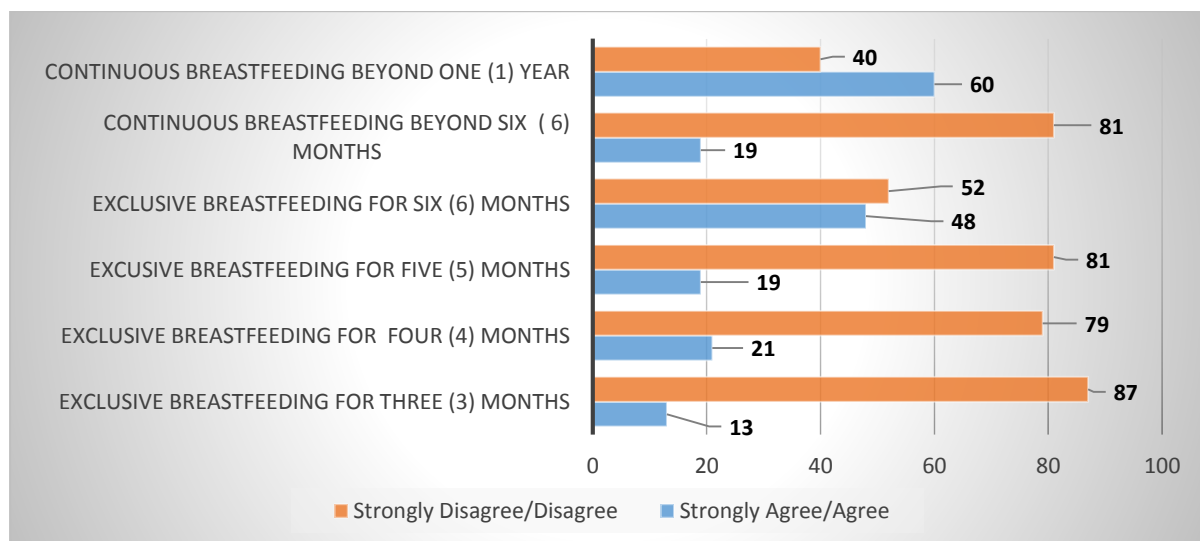
Respondents were skewed toward the ‘Yes’ response with respect to the variable ‘do you exclusively breast-feed your baby?’ The Yes’ accounted for 80% of the total lactating mothers as shown in Table 3. According to Labbok and Taylor (2008) breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduce the risk of ovarian cancer. Similarly, 100 (67%) of the respondents indicated the cradle hold followed by the cross-over hold (20%) and the least, laid-back breastfeeding saw 2 respondents (1%). This means that most of the lactating mothers position their babies using the cross-over hold positioning method.

The statement ‘how often do you feed your baby’ saw varied responses from the respondents. Eighty respondents (53%) asserted that they breastfed their babies as and when the baby needed it while every 10-15 minutes’ response saw 30 (20%) respondents with the least being every 1-3 hours (1%). Majority of the respondents (97%) indicated that exclusive breastfeeding could be improved while 3% asserted ‘No’ (see Table 3).

Table 3: Views on Exclusive Breastfeeding

Variable	N	Count	Percent	Cumulative Percent
Do you exclusively breast-feed your baby?	150			
Yes		120	80	80
No		30	20	100
How do you position your baby when breastfeeding?	150			
The cross-over hold		30	20	20
The cradle hold		100	67	87
The clutch or football hold		2	1	88
Side-lying hold		10	7	95
Twin hold		3	2	97
Laid-back breastfeeding		2	1	98
Koala hold		3	2	100
How often do you breastfeed your baby?	150			
Every 10-15 minutes		30	20	20
Every 20-30 minutes		25	17	37
Every 35-45 minutes		10	7	44
Every 50-60 minutes		3	2	46
Every 1-3 hours		2	1	47
As and when the baby needs it		80	53	100

With the exception of the item continuous breastfeeding beyond one (1) year which produced majority (60%) of the respondents for strongly agree/agree with strongly disagree/disagree (40%), respondents were skewed towards the strongly disagree/disagree for the other 5 items. They accounted for at least 40% to 87% of the total respondents. For instance, 87% out of the total respondents strongly disagreed/disagreed with the item: exclusive breastfeeding for 3 months whilst 13% indicated strongly agree/agree indicating respondents hold strong view on exclusive breastfeeding.

**Figure 2 Duration of Exclusive Breastfeeding**

It can be inferred from Figure 2 above that, majority of the respondents did endorsed exclusive breastfeeding beyond one (1) year implying lactating mothers have sufficient knowledge on the duration of exclusive breast feeding.

Factors Militating Against Exclusive Breastfeeding

The mean/standard deviation scores on all the variables were above the average as they range from 2.87 to 4.14; implying that respondents generally agreed with all aspects of factors that were assessed. Based on the results it is clear that occupation, health conditions, husband/family support and religion were seen as the most perceived variables militating against exclusive breastfeeding.

Table 4: Factors Militating Against Exclusive Breastfeeding

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Religion	150	1	4	2.95	.565
Sex	151	1	4	2.89	.567
Husband/ Family support	151	1	4	3.16	.357
Marital Status	149	1	4	2.87	.818
Education	151	1	4	3.52	.323
Culture factors	151	1	4	2.90	.886
Age	151	1	4	2.93	.994
Birth orders	151	1	4	2.88	.968
Occupation	151	1	4	4.14	.223
Health condition	151	1	4	3.56	.299

Source: Field data, 2015.

It was seen that the variable religion, presented a mean and a standard deviation of 2.95 and 0.565, followed by sex which produced a mean response of 2.89 and a standard deviation of 0.567. The former (religion) is more influential than the latter (sex). By the same token, husband/family support produced a mean response value of 3.16 and a corresponding standard deviation of 0.818 while marital status produced a mean of 2.87 and a corresponding standard deviation of 0.823 signifying husband/family support as more militating against exclusive breastfeeding than marital status. The other variables that respondents stated as factors militating exclusive breastfeeding were: education, cultural factors, age, birth orders, occupation and health education correspondingly (see Table 4). Their corresponding mean values and standard deviations are as indicated. Litman (1994), in their study stated that a woman's education, age, culture and social class affects her motivation to breastfeed but the way it affects is different in different part of the world.

There was general satisfaction with all aspects of ways in which exclusive breastfeeding can be improved as demonstrated by high percentages for strongly agree/agree on all the variables (see Table 5). In view of the variable, 'make sure you eat a healthy balanced diet' produced strongly agree/agree (99%) while 1% were strongly disagree/disagree. In the same vein, 143 (95%) out of the total lactating mothers indicated that exclusive breastfeeding could help avoid dummies/pacifiers or nipple shield and bottles.

Table 5: In what ways can Exclusive Breastfeeding be improved?

Statement/Item	Rating							
	Strongly Agree		Agree		Disagree		Strongly Disagree	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Make sure you eat a healthy balanced diet	64	42	86	57	1	1	0	0
Be available to your baby 24x7	86	57	54	36	11	7	0	0
Make sure you are drinking plenty of water	49	32	99	66	3	2	0	0
Avoid Formula Top-Up Feeds	38	25	104	69	9	6	0	0
Avoid Dummies /Pacifiers or Nipple Shield and Bottles	25	17	118	78	8	53	0	0

Source: Field data, 2015.

From the table (see Table 5), lactating mothers also affirmed that being available to your baby at any giving time, drinking plenty water and avoiding formular top-up feeds as ways by which exclusive breastfeeding could be improved.

CONCLUSION

Generally, the study sought to find out the understanding of lactating women on the meaning of exclusive breastfeeding. The study discovered that 98% of the lactating mothers have heard about exclusive breastfeeding and also 93% indicated they have knowledge on exclusive breastfeeding. The study further assessed the practice of exclusive breastfeeding by lactating mothers. Responses indicated that (67%) lactating mothers in Takoradi position their babies using cross-overboard positioning method and (53%) asserted that they do breastfeed their babies as and when the baby needs it. However, 60% of the lactating mothers endorsed exclusive breastfeeding beyond one (1) year. Also the study determined the factors militating against the practice of exclusive breastfeeding by lactating mothers in Sekondi-Takoradi. Responses showed from the analysis of results shows that in descending orders; occupation, health condition, education and husband/family support as the most perceived factors militating against exclusive breastfeeding. Other factors discovered included religion, age, cultural factors and birth orders. The former and the latter were the factors seen as militating against exclusive breastfeeding. The study also revealed that a healthy balanced diet, avoidance of dummies/pacifiers or nipple shield and bottles among others as ways to enhance or improve exclusive breastfeeding.

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APPENDIX 1**Table 1: Respondents' Profile**

Variable	N	Count	Percent
Age	150		
14-20		52	34
21-27		37	25
28-34		35	23
Above 35		27	18
Educational level	150		
JHS/SHS		76	50
HND		32	21
Degree		28	19
Masters		10	7
Others		5	3
Marital Status	150		
Single		32	23
Married		106	70
Divorced		10	7
Occupational Status	150		
Housewife		27	18
Self employed		69	46
Government sector worker		32	21
Private sector worker		23	15