

**NURSING MOTHERS PERCEPTION, CHALLENGES AND HEALTH IMPACT OF
EXCLUSIVE BREASTFEEDING IN HO-DOME MUNICIPALITY, GHANA**

Joseph Yaw Appiah¹ and Nnabueze Ursula Chigozie²

**1. Department of Science and Mathematics Education
University of Cape Coast, Ghana**

**2. Department of Health & Physical Education,
Enugu State University of Science and Technology (ESUT), Nigeria**

Abstract

The study investigated the perception, challenges and health impact of exclusive breast feeding by nursing mothers. The study employed the survey as the study design and the population was all nursing mothers who visited the various polyclinics in the HO metropolitan area in May 2013. A random sample of 80 nursing mothers participated using questionnaire for the data collection. Frequency counts and percentages were used to analyse the data for the study. Findings from the study revealed that mothers were more likely to feed their babies on demand when at home but may be uncomfortable to do same when in public. Nursing mothers are of the view that exclusive breastfeeding although good could cause the babies to refuse food when they are being weaned. Mothers do not believe though that breast feeding is time consuming or cause low baby weights. On the bases of the findings of the study, it is recommended that Health Education on the importance and benefits of exclusive breast feeding must be intensified to cover all classes of nursing mothers especially those with very low level of education or no education at all.

Key words: Exclusive breastfeeding, nursing mothers, wean, post-natal, family planning

Introduction

Exclusive breastfeeding refers to children less than six months old who are fed breast milk alone. The World Health Organization (WHO) and the Ghana Health Service (GHS) are advocating the policy that enables nursing mothers to give breast milk on demand for the first six months of life to ensure exclusive breast feeding. A report on the State of Reproductive Health in Ghana released by the Reproductive and Child Health Unit (RCH) of the Family Health Directorate (FHD) of the Ghana Health Service (GHS) in October 2012, indicated that the country's drive towards achieving exclusive breastfeeding of newborns has slowed down drastically in the last few years. This has led to fears that Ghana's fight against infant mortality will become more challenging if urgent steps are not taken to encourage mothers to feed their babies with

breast milk exclusively for the first six months. Exclusive breastfeeding refers to feeding children who are less than six months old with breast milk alone to the exclusion of other liquids within 24-hour period of the day.

Working away from home is a common reason for a woman to feed a baby artificially. Many people are concerned about improving womens' working conditions so that they can breastfeed their babies. But, improvements will not happen quickly and many women need support to do the best they can (Burgess & King, 2004). Exclusive breastfeeding means giving the infant only breast milk, no other liquids or solids, except vitamin or mineral drops and medicine. A report by World Health Organization, WHO,(998) and United Nations Children's Fund, UNICEF (2011) recommended that infants should be exclusively breastfed for at least the first four and if possible the first six months of life (WHO,1998). Partial breastfeeding means that the baby breastfeeds part of the time, but has some artificial feeds or other drinks or foods. Partial breastfeeding is normal from the age of six months when the baby start to eat weaning foods made from the family food. But artificial feeds are not normally necessary at any age (Burgess & King, 2004). Breast milk contains growth factors which helps the baby's intestine to grow and develop so that it is able to digest and absorb other foods. If a baby has feeds of artificial milk before he can digest it, undigested protein molecules may pass into his blood and cause allergies. Babies who are given artificial feeds are more likely to develop allergic conditions such as eczema.

Exclusively breastfeeding helps to prevent these conditions (Burgess & King, 2004). The American Academy of Pediatrics (1997) recommends exclusive breastfeeding for approximately the first six months of life and continuing beyond one year, with introduction of other foods about six months.

Breast milk should be a baby's first taste. There should be no pre-lacteal feeds such as water, other liquids or ritual foods. Breast milk completely satisfies an infant's nutritional and fluid needs for the first six months. Infants do not need water or other

liquids such as herbal teas to maintain good hydration even in hot climates. The potential dangers of water supplementation include the introduction of contaminated and reduced nutrient intake (Linkages, 2003). The 1993 Demographic and Health Survey revealed that 94% of Ghanaian children less than six months of age were breastfed six or more times per day. In fact the average Ghanaian child is breastfed until the child is 21 months old. However, approximately, one quarter (1/4) of children less than 8 months of age are also breastfed, a practice that predisposes a child to diarrhea and or nutritional problems. Breastfeeding generally starts late; in only 44% of birth is breastfeeding initiated within one day of birth and only 8% of the infants are exclusively breastfed until 4 months of age Ministry of Health, (MOH, 1992).

Exclusive breastfeeding (EBF) practice plays an important role in optimum growth and development during the early part of life. It improves the nutritional status and reduces the chances of contracting infections, thereby reducing morbidity and mortality. Mother's perception and practice is the key factor facilitating exclusive breastfeeding. Initiations of breastfeeding in the first six hours after birth and exclusive breastfeeding for the first six months of life are global public health goals aimed at reducing infant morbidity and mortality. A number of strategies have been used to promote these optimal breastfeeding behaviours, but the relative effectiveness of different strategies is not yet well established (Kramer, 2001). The health risks from lack of exclusive breastfeeding are greatest in the first months of life and in communities with high levels of diarrheal disease, poor environmental sanitation and hygiene, unsafe and inadequate water supply. Breast milk is the best and most complete source of nutrition available for the developing infant (American Academy of Paediatrics, 1997). Scientific evidence has supported innumerable benefits of breastfeeding for both mother and infant. At various stages of growth, the infant's nutritional requirements may briefly outstrip breast milk intake. This temporary deficit resolves itself if infants are allowed to nurse freely. But, if they do not nurse frequently (perhaps because they are consuming other foods), breast milk intake will fall. The more they nurse the more milk will be consumed, although it may take a few days before mothers notice it. All mothers should learn how to express milk manually for times when the infant is unable to withdraw the

milk frequently or completely. This will prevent a reduction in the child's breast milk intake (WHO,1998).

WHO (1991) indicated that the best early indicator that milk supply is adequate is if infants are passing urine at least six times during a 24-hour period, the urine is light in colour and does not have a strong smell and the infant appears satisfied after each breastfeed. Weight gain is another good indicator of adequate breast milk intake. Infant crying is a good indicator of poor breast milk supply. Biancuzza (1993) expressed his concern regarding physicians' lack of ability to provide effective counseling and support to increase the incidence and duration of breastfeeding. Biancuzza (1993) also stated that physicians' involvement in breastfeeding promotion should be limited to supporting lactation consultants, lay groups such as La Leche, and other community based programs. Breastfeeding has so many benefits. To the breastfeeding mother it reduces postpartum haemorrhage, helps shrink the uterus back to normal size, delays return of menses helping to protect mother against anaemia by conserving iron. It also reduces risk of developing premenopausal breast and ovarian cancer, exclusive breastfeeding serves as family planning method known as LAM (Lactation Amenorrhea Method). Psychologically and developmentally, it fosters mother-infant bonding, optimal growth and development including brain growth. Economically, it saves families the cost of purchasing breast milk substitutes and reduces health care costs, environmentally, it conserves natural resources and reduces pollution (Linkages,2003).

However, in all settings including the most advantaged infants who are not breastfed, they may develop lifelong difficulties such as chronic diseases, allergies and developmental delays (WHO, 1998). Benefits of breastfeeding for both mothers and babies have been well-documented. Breastfeeding babies are at a significantly reduced risk of gastrointestinal, urinary and respiratory infections, and breastfeeding enhances neuro-development, especially in premature infants. Breastfeeding also protects women from developing postpartum hemorrhage, breast cancer, and ovarian cancer (Keiffer, 1997). There are few rigorous studies that demonstrate the impact of breastfeeding promotion efforts in developing countries. Many of these studies focus on clinical-based interventions occurring at the time of delivery. Only a handful of community-based studies have been carried out to demonstrate the impact of

breastfeeding support activities; these focus largely on the use of paid staff. Data are lacking on the impact of mother-to-mother support groups, one of the most well known and wide spread strategies for promoting breastfeeding (UNICEF, 1990).

Statement of the problem

The early introduction of infants to adult food has been found to be of the major causes of infant morbidity and mortality. In some communities, infants may be introduced to foods other than breast milk as early as 2 weeks after birth. Mothers often believed that the breast milk alone is not enough to satisfy the hunger and thirst of the child. They, therefore, add other foods to the breast milk. This early introduction of infants to adult food tends to put lots of strain on their delicate organs in addition to the introduction of pathogens into their system. There are lots of misconceptions about breastfeeding. Majority of people in all livelihood zones believe that a child cannot survive without water, and that breast milk alone is not enough for the baby. Water and milk must therefore be given alongside breastfeeding from birth. Majority of women also believe that a child who is exclusively breastfed becomes deaf. Water and other forms of milk must therefore be given alongside breastfeeding to avoid development of deafness in the child. A lot of myths exist about exclusive breastfeeding. There is the need to first of all assess the knowledge and attitude of nursing mothers on exclusive breastfeeding and also identify some of their practices to enable health care providers repackage their health education programme on exclusive breastfeeding.

There is a high prevalence of malnutrition and morbidity of children in Ho as indicated by a baseline survey by UNICEF (1999) report. It stated that 46% of children below 5 years have stunted growth: out of this number 21.5% were severely stunted. Also 54% of infants receive a drink of water before the first breastfeeding after delivery, 25% of infants less than 6 months and 17.2% under 4 months received complementary foods beside breastfeeding in the district. A multiple indicator cluster survey by MOH/UNICEF (1995) indicated that there has been an increase in the promotion of infants less than 4 months who are exclusively breastfed to 19%. Also of concern is the fact that 40% of infants less 4 months of age receive supplementary foods rather than been exclusively breastfed (MOH, 1999). Most parents refuse to implement the policy of 6 months

exclusive breastfeeding. The study thus sought to assess the perceptions, challenges and health impact of the practice of exclusive breastfeeding by nursing mothers. The specific objectives therefore are to assess;

- The nursing mothers' perceptions of exclusive breastfeeding
- The challenges nursing mothers encounter in the practice of exclusive breastfeeding
- The health impact of nursing mothers not practicing exclusive breastfeeding of their babies

Research Questions

The study seeks to collect information on the problem to find answers to the following research questions:

1. What are the nursing mothers' perceptions of exclusive breastfeeding?
2. What are the challenges that nursing mothers encounter in the practice of exclusive breastfeeding?
3. In what ways do the non-practice of exclusive breastfeeding impact on the health of babies?

Methodology

Research design

The study was a cross-sectional descriptive study; descriptive in content and cross sectional with respect to time. The study is designed to identify issues which directly and indirectly influence the practice of exclusive breastfeeding. The study aims at finding out factors that will militate against mothers' practice of exclusive breastfeeding.

Population and sample

The target population for this consists of nursing mothers in the HO-Dome municipality, who were attending post-natal clinic in health facilities. The sample is made up of eighty (80) nursing mothers purposively selected. Twenty nursing mothers each who attended either postnatal or child welfare were sampled from four health facilities. Since HO Township was used for the study, the major sites that provide postnatal/Child welfare services were selected, these sites include:

- HO Municipal Hospital
- HO Roman Catholic Hospital
Clinic/Council Hall
- Volta Regional Hospital
- Hope Clinic

In each of the service delivery points selected, twenty 20 mothers were selected and the questionnaire read for them to respond.

Research Instrument and It's Administration

The instrument for the study was a 28-item questionnaire constructed by the researchers, to assess Nursing Mothers' Perceptions and Challenges on Exclusive Breastfeeding. With the permission of the medical director, the questionnaire form was administered to the nursing mothers who came to the

health clinic on the days selected for each of the selected clinic. Nursing mothers who could not read had the questionnaire read to them in the local language.

Data Analysis

The data collected were scored, coded and analysed using SPSS soft ware. Based on the responses to the administered questionnaire, the analyses of data were done using frequency counts and percentages.

Results and discussions

Table 1: Nursing mothers' perceptions of exclusive breastfeeding

(Variable) Items	<i>N=80</i>		U		D	
	A		Freq	%	Freq	%
1. Babies should be breastfed anytime they cry	70	87.5	0	0.0	10	12.5
2. Some nursing mothers prefer breastfeeding their babies in a standing position	25	31.3	15	18.8	40	50.0
3. Young nursing mothers feel shy breastfeeding their babies in public	54	67.5	6	7.5	20	25.0
4. Most mothers delay breastfeeding immediately after delivery due to the after pain	47	58.8	7	7.5	26	32.5
5. Burping after emptying one breast helps the baby to feed well on the second breast	56	70.0	11	13.8	13	16.3
6. working mothers should bottle-feed their babies	54	67.5	5	6.3	21	26.3
7. It is not good to give water to the baby after breastfeeding						
8. Exclusive breastfeeding wastes a lot of time	64	80.0	4	5.0	12	15.0
9. Exclusive breastfeeding is a preserve of the rich	21	26.3	2	2.5	57	71.3
	8	10.0	3	4.8	69	86.3

Table 1 presents the analysis of nursing mothers' perceptions of exclusive breastfeeding. As the table shows, majority of the respondents (87.5%) are of the view that babies should be breastfed anytime they cry and 67.5% in the majority also indicated that the young nursing mothers feel shy breastfeeding their babies in public. Besides, majority of the respondents (58.8%) indicated that most mothers delay breastfeeding immediately after delivery due to the after pain. On the issue of whether burping after emptying one breast helps the baby to feed well on the second breast or not, majority of the respondents (70.0%) agreed. And on whether working mothers should bottle-feed their babies or not, majority of the respondents (67.5%) agreed that they should. In addition, majority of the respondents (80.0%) indicated that it is not good to give water to the baby after breastfeeding however, majority of the respondents (50.0%) disagree that some nursing mothers prefer breastfeeding their babies in a standing position. On the issue of whether exclusive breastfeeding wastes a lot of time or not, majority of the respondents (71.3%) disagree, and whether exclusive breastfeeding is a preserve of the rich or not, majority of the respondents (86.3%) disagree.

Table 2: Challenges that nursing mothers encounter in the practice of exclusive breastfeeding

(Variable) Items	<i>N=80</i>		U		D	
	A		Freq	%	Freq	%
1. Exclusive breastfeeding is time consuming	27	33.5	3	3.75	50	62.8
2. Working mothers who practice exclusive breastfeeding are easily stressed up	40	50.0	12	15.0	28	35.0
3. Mothers who breastfeed exclusively do not have enough sleep in the night.	54	67.5	4	5.0	22	27.5
4. When doing exclusive breastfeeding it takes a longer time to introduce supplementary feeds	35	56.8	5	6.3	30	38.8
5. Mothers need to overfeed themselves to maintain enough milk production	29	36.3	0	0.0	51	63.8
6. Exclusive breastfeeding cause the babies to refuse food when they						

are being weaned	41	51.3	13	16.3	29	36.3
7. Children with low birth weights are likely not to be exclusively breastfed	22	27.5	17	21.3	41	51.3
8. Mothers who do exclusive breastfeed find it difficult to gain weight	16	20.0	14	17.5	50	62.5
9. Nursing working mothers are unable to express breast milk under hygienic conditions	30	37.5	23	28.8	27	33.8
10. Working mothers who practice exclusive breastfeeding have divided attention	52	66.3	10	12.5	17	21.3

Table 2: shows the descriptive statistics of the challenges nursing mothers encounter in the practice of exclusive breastfeeding it presents the analysis of the challenges nursing mothers encounter in the practice of exclusive breastfeeding. As the table shows, majority of the respondents (62.8%) disagree that exclusive breastfeeding is time consuming and majority (63.8%) also disagree mothers need to overfeed themselves to maintain enough milk production. Besides, majority of the respondents (51.3%) disagree that children with low birth weights are likely not to be exclusively breastfed and also majority (62.5%) also disagree that mothers who do exclusive breastfeeding find it difficult to gain

weight. However, majority of the respondents (50.0%) agree that working mothers who practice exclusive breastfeeding are easily stressed up and majority (67.5%) also agree that mothers who breastfeed exclusively do not have enough sleep in the night. Besides, majority of the respondents (56.0%) agree that when doing exclusive breastfeeding it takes longer time to introduce supplementary feeds and majority (51.3%) also agree that Exclusive breastfeeding causes the babies to refuse food when they are being weaned. On the issue of whether working mothers who practice exclusive breastfeeding have divided attention or not majority (66.3%) agree

Table 3: Ways exclusive breastfeeding practice impact on the health of babies

(Variable) Items	A		U		D	
	Freq	%	Freq	%	Freq	%
1. Exclusive breastfeeding brings bonding between mothers and babies	78	97.5	2	2.5	0	0
2. Feeding babies exclusively on breast milk make them grow very healthy	78	97.5	1	1.3	1	1.3
3. Mothers who breastfeed exclusively find it difficult to have other babies	16	20.0	8	10.0	56	70.0
4. Exclusive breastfeeding is a form of family planning for women	52	65.0	13	16.3	15	18.7
5. Children who are exclusively breastfed are usually very brilliant in school	69	86.3	9	11.3	2	2.5
6. Lack of supplementary feeds for children before six months delay their walking	7	8.8	11	13.8	62	77.5
7. Colostrums is dangerous to the development of children						
8. Exclusive breastfeeding has serious health implications on the health status of the woman	15	18.8	3	3.8	62	77.5
9. Women who do exclusive breastfeeding most often have sagging breasts	11	13.5	5	6.3	64	80.0
	13	16.3	16	20.0	51	63.8

Table 3 Shows the descriptive statistics of the health impact of the practice of exclusive breastfeeding on the health of babies and their mothers as perceived by the respondents. It presents the analysis of the health impact of the practice of exclusive breastfeeding on the babies and their mothers. As the table shows, majority of the respondents (97.5%) indicated that exclusive breastfeeding promotes bonding between babies and mothers. On the issue of whether feeding babies exclusively on breast milk make them grow very healthy or not, majority of the

respondents (97.5%) agree and majority (65.0%) also agree that exclusive breastfeeding is a form of family planning for women. On the issue of whether children who are exclusively breastfed are usually very brilliant in school or not, majority of the respondents (86.3%) agree. However, majority of the respondents (70.0%) disagree that mothers who breastfeed exclusively find it difficult to have other babies and majority (77.5%) disagree that lack of supplementary feeds for children before six months delay their walking. Besides, majority of the

respondents (77.5%) disagree that colostrums is dangerous to the development of children and also majority (80.0%) disagree that exclusive breastfeeding has serious health implications on the health status of the woman. In addition, majority (63.8%) disagree that women who do exclusive breastfeeding most often have sagging breasts.

Conclusion

Based on the findings of study the following conclusions are hereby made.

Mothers were more likely to feed their babies on demand when at home but may be jittery to do same when in public. In the same vain, working mothers would express their breast milk into bottles to feed the babies when they have gone to work and don't consider breastfeeding as a waste of time or a preserve of the right whose wives are likely to stay at home.

Nursing mother are of the view that exclusive breastfeeding although good, could cause the babies to refuse food when they are being weaned, cause mother to have insufficient sleep, and working mothers to have divided attention while at work. Mothers do not believe though that breast feeding is time consuming or cause low baby weights.

Through most health education programmes mothers believe that exclusive breastfeeding promotes intimate relationship with babies, make them grow healthy, have come to enhance the babies intelligence quotient (IQ) development and serve as family planning for them during the period of breastfeeding. Mothers do not believe that exclusive breastfeeding may delay babies walking, cause sagging of mothers breasts nor have any negative health implication for them and their babies.

Recommendations

On the bases of the findings of the study, the following recommendations were made:

- Nursing working mothers could breastfeed their babies by expressing breast milk into a clean bottle and ensure that is not contaminated.
- Health education on the importance and benefits of exclusive breast feeding must be intensified to cover all classes of nursing mothers especially those with very low level of education or no education at all.

References

American Academy of Paediatrics (1997). Recommendations of Breastfeeding Promotion among Paediatricians, *International Journal of Gynaecology and Obstetrics*, 31 (suppl) 51-52

Biancuzzo M.L (1999). Demographic Factors Influencing Initiation of Breastfeeding in an

Israeli Urban Population. *Paediatrics* 4:519-523.

Burgess A and King F.S (2004). *Nutrition for Developing Countries*. 2nd edition. London: Oxford University Press.

Ghana Statistical Service, Ministry of Health & ICF Macro. *Ghana Demographic and Health Survey 2008*. Accra: GSS, MOH and ICF Macro; 2009

Hellings S.O (2000). *Essentials of Paediatrics and Obstetrics* (2nd ed.). Philadelphia: W.B Saunders

Keiffer M.O (1997). Recommendations on Breastfeeding Promotion among Paediatricians. *International Journal of Gynaecology and Obstetrics*, 31 (Suppl. 1) 51-52.

Kramer M, (2001). Promotion of breastfeeding intervention trial (PROBIT): A randomized trial in the Republic of Belarus. *JAMA*; 285:413-420.

Linkages, (2003). *Breastfeeding and Maternal Nutrition*. Washington DC: Linkage Press

Ministry of Health (1998) *Improving Young Children Feeding Practice in Ghana*. Accra: Nutrition Division.

MOH, Ministry of Health (2001). *Breastfeeding Situation in Ghana*, Accra, Nutrition Division MOH, Ghana.

Thomas M. (1993). The Importance of Breastfeeding for Optimal Child Health and Well-being. *Clinical Nutrition* 3 (1) 21-32

UNICEF, United Nations Children's Fund (1990) *The Progress of Nations*. New York: UNICEF

UNICEF, United Nations Children's Fund (1995). *Breastfeeding: Foundation for Health Future*. New York: UNICEF

United Nations Children's Fund. *Statistics by area/child nutrition: Infant and young child feeding*; 2011. 2011. http://www.childinfo.org/breastfeeding_iycf.php.

U S Department of Health and Human Services, (2000). *Healthy People 2010*.

WHO, World Health Organisation (1998). *Evidence for the Ten Steps to Successful Breastfeeding*. Geneva: WHO Press.

World Health Organization/United Nations Children's Fund (1991). *The baby friendly initiative*. Geneva: World Health Organization Press.