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Exclusive Breastfeeding Practices among Female Healthcare Workers and Child Welfare Clinic Mothers in the Sissala East Municipality of Ghana

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ABSTRACT

Babies, mothers, and society as a whole all benefit greatly from exclusive breastfeeding. Babies who are breastfed alone are protected from harmful bacteria that can be found in formula and other infant meals, bacteria that can cause diarrhoea, other illnesses, and even death. The study investigated exclusive breastfeeding practices among female healthcare workers and child welfare clinic mothers in the Sissala East Municipality of Ghana. A facility-based quantitative descriptive cross-sectional design was used in this study. Twenty-five lactating mothers were purposively selected using a simple random technique. Data was collected using a closed-ended questionnaire and data analysis using IBM SPSS version 21.0. The results showed that mothers whose income ranged from 500 cedis to 1000 cedis were 3.29 times more likely to breastfeed exclusively compared to those whose income was not up to 500 cedis (COR:3.29 (C.I:1.11 – 9.71) P=0.031). Those in other professional groups were 43% less likely to practice exclusive breastfeeding than those who were health workers.

Keywords: Exclusive, Breastfeeding, Child welfare, Mothers

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INTRODUCTION

Exclusive breastfeeding (EBF) is the culture of giving breast milk only to a baby during the first six months of life (no other food or drink, not even water), except drops or syrups containing vitamins, minerals, or prescription medications. It is crucial to exclusively breastfeed infants for the first six months of their lives to save their lives (WHO, 2016). To achieve the best growth and development, it is recommended to exclusively breastfeed for the first six months, followed by the introduction of complementary foods for at least two years or more (WHO, 2017C).

Exclusive breastfeeding has enormous advantages for babies, women, and society. Children who are Exclusively Breastfed are shielded from hazardous germs that may be present in alternative breast milk replacements or baby foods and cause diarrhoea, various diseases, and even death (Emmanuel & Oyewole, 2012; Tadele et al., 2016). Breastfeeding promotes the health of the mother by reducing the number of pregnancies and the likelihood of contracting diseases like type 2 diabetes, ovarian cancer, and cancer of the breast. Additionally, it increases household income and improves food security. Breast milk promotes neurological growth and shields a child from ailments, including pneumonia, diarrhoea, and starvation (Victora et al., 2016).

However, the promotion of formulae foods, urbanization, and mothers' jobs that demand working far from home have all contributed to a drop in exclusive breastfeeding practices (Ashoka et al., 2016; Osibogun et al., 2018). To increase infant survival and reduce malnutrition, giving kids a chance to attain their total growth, it is imperative to increase the percentage of infants who exclusively breastfeed for the first six months of life (UNICEF, 2016b). Due to these advantages, the World Health Organization (WHO) currently recommends that all mothers breastfeed their infants exclusively for the first six months of their baby's life, excluding any other nutritional sources (World Health Organization (WHO) and UNICEF, 2003).

PURPOSE OF THE STUDY

The study seeks to investigate exclusive breastfeeding practices among female healthcare workers and CWC mothers in the Sissala East Municipality, Ghana.

HYPOTHESIS

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H_1: Socio-economic factors among nursing mothers will affect their exclusive breastfeeding practice.

LITERATURE REVIEW

Socioeconomic influence on exclusive breastfeeding

In the Bono East Region, Ghana, a study was conducted among One hundred and twenty (120) mothers in Techiman were chosen based on a practical sampling technique to examine mothers' knowledge, attitudes, and influences on exclusive breastfeeding practice. The Research demonstrated that most moms (92.4%) understood what exclusive breastfeeding meant and that 78.3% knew the suggested breastfeeding length. For six months, 67 women (55.8%) exclusively breastfed their infants. The primary promoters of breastfeeding information are healthcare professionals. Social and religious factors, particularly the perception of exclusive breastfeeding, significantly shaped attitudes regarding infant feeding habits (Boateng, 2018).

In northwest Nigeria, a cross-sectional survey was carried out to examine socioeconomic disparities attitudes in EBF and hypothesized variables for public attitudinal change. The survey used information from 3007 randomly chosen moms with children under two. A study by Abegunde and colleagues found that women from wealthier homes were more likely to practice exclusive breastfeeding. Inequality in the practice of exclusive breastfeeding was also influenced by at least ANC4+ regular attendance (Abegunde et al., 2021).

The socioeconomic factors influencing breastfeeding practices among healthcare professionals in Shandong, China, were investigated. The study used a descriptive retrospective cross-sectional design. Findings showed that just 42% of people in Shandong, China, who are breastfeeding stick to the practice (Zhou & Garcia, 2021).

To decrease undernutrition among children, a study is being conducted in Bangladesh to determine important socioeconomic and demographic factors that influence breastfeeding duration. Parent level of education, income level, religion, maternal BMI, drinking number of people in a household, water source, amenorrhea, and abstinence were found to be the most significant factors influencing the breastfeeding period, in that order (Islam et al., 2019).

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In Ghana, a descriptive survey was done among three hundred ninety-three (393) lactating mothers visiting child welfare clinics (CWC) in three (3) public hospitals in the Tamale Metropolis. Slightly more than one-quarter (27.7%) of the respondents had EBF in their children. Respondents' demographic information indicated they were all educated to some extent. This survey further showed that less than half (39.4%) of first-time mothers started breastfeeding within an hour after giving birth. Some respondents knew EBF, and approximately (87.5%) showed deficit knowledge of the length of EBF practice as they thought it should be practiced for five months in their community. In a Pearson Chi-square, EBF and the child's sex were significantly related. The correlation between EBF and knowledge of child spacing, and breast cancer prevention was also significant. The study concluded that all participants had some form of educational background; however, most of the participants needed more knowledge about EBF, and EBF practice was also minimal among the participants (Nukpezah et al., 2018).

At Babcock University in Ilishan-Remo, Ogun State, a survey was conducted to evaluate sociodemographic characteristics as potential predictors of exclusive breastfeeding among working-class women. Two hundred and thirty-ninety 239 respondents were recruited for the study. The results indicated that 99.6% of women have heard of exclusive breastfeeding (EBF), and just 0.4% did not understand it. 53.1% of the individuals practiced exclusive breastfeeding regularly. Age, educational attainment, and the number of children were significant determinants of working-class mothers' use of EBF at Babcock University. Thus, it demonstrated a favourable correlation between respondents' age, parity, educational attainment, and exclusive breastfeeding practice (Abaribe & Dike, 2021).

In a study conducted at the CWC in Kumasi South hospital, Diji et al. (2016) discovered strong correlations between mother's age, education, employment position, infant's age, and exclusive breastfeeding. The results indicated that the duration of exclusive breastfeeding depended on the infant's age and the mother's employment status. Additional analysis of the study's data revealed that the likelihood that a mother will exclusively breastfeed her newborn decreased by 18% for every unit rise in the infant's age in months. Still, employed moms stand a 2.60 chance to do so than those unemployed. While babies were young, respondents employed to work in the government sector reported more frequent EBF. Nevertheless, as soon as they had to start working

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again, this decreased, leading to the inclusion of other feeds or weaning babies before they were ready. However, older mothers with good educations preferred to use exclusive breastfeeding.

A cross-sectional study was conducted to determine the maternal socio-demographic characteristics and impediments affecting the practice/duration of exclusive breastfeeding (EBF) among 334 mothers. Findings showed that 51.1% of the mothers who were surveyed use EBF. Age, education, and profession had little impact on the use of EBF. Moreover, no differences were discovered in antenatal care use, pregnancy outcomes, or parental support for childcare. The main indications for exclusive breastfeeding were the number of living children, the use of stimulant beverages, knowledge levels, and attitudes toward breastfeeding regarding exclusive breastfeeding in the first six months and its cessation during the illness of the mother or child. The timing of breastfeeding, the frequency of lactation, and the frequency of nursing each day vary between the two groups.

To determine the factors that determine EBF practice and the awareness of socio-demographic factors influencing the practice and awareness of the advantages of EBF among reproductive-aged women (15-49) years visiting maternal and child health clinic at Tudor Sub County Hospital, Kenya, the adherence to exclusive breastfeeding was found to be influenced by four socio-demographic characteristics. They include parity, education level, marital status, and the kid's gender. It was discovered that two socio-demographic characteristics affect people's knowledge of the advantages of EBF. Degree of education and occupation are those (Machila et al., 2021).

A descriptive study was conducted in Southeastern Nigeria to identify the socio-demographic parameters connected to the exclusive breastfeeding practice at the Imo Specialist Hospital in Owerri. The findings showed that half of the mothers (50%) had completed tertiary education, and only a few (6.0%) of the mothers exclusively nursed their infants till six (6) months old, compared to mothers who exclusively breastfed for at least four months. Age, educational attainment, and average monthly income were socio-demographic characteristics linked to exclusive breastfeeding practice (Ebirim et al., 2016).

METHODOLOGY

A facility-based quantitative descriptive cross-sectional design was used in this study. One hundred and thirty (130) lactating mothers were purposively selected using a simple random technique.

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Data was collected using a closed-ended questionnaire and data analysis using IBM SPSS version 21.0. Descriptive and bivariate analysis was done, and the results are presented in figures and tables.

ANALYSIS AND DISCUSSION OF RESULTS

Effects of socio-economic Factors on exclusive Breastfeeding among healthcare workers and CWC Mothers

Of all the socio-economic factors, level of education and maternal income levels were significantly associated with the practice of exclusive breastfeeding. Respondents who attended primary school level of education were 81% less likely to breastfeed exclusively compared to those who did not have any form of formal education (COR:0.19 (C.I:0.04 – 0.84) P=**0.029**). Also, mothers whose income ranged from 500 cedis to 1000 cedis were 3.29 times more likely to exclusively breastfeed in comparison with mothers whose income was below 500 cedis (COR:3.29 (C.I:1.11 – 9.71) P=**0.031)** (table 4.2).

Table 1: *Effects of socio-economic factors on exclusive breastfeeding*

ATTRIBUTE	EXCLUSIVE BREASTFEEDING		Chi-Square (P.Value)	COR (95% CI) P.Value
	No (%)	Yes (%)		
Number of children				
Less than 4 children	58 (50.43)	57 (49.57)	1.1724	Ref
4 to 6 children	8(57.14)	6 (42.86)	(0.556)	0.76 (0.25 – 2.34) 0.636
7 children and above	1 (100.0)	0 (0.0)		1.00
Maternal level of education				
No formal education	8 (47.06)	9 (52.94)	3.1888	Ref
Primary	18 (66.67)	9 (33.33)	(0.363)	0.44 (0.13 – 1.54) 0.201
Secondary	11 (50.0)	11 (50.0)		0.89 (0.25 – 3.16) 0.855
Tertiary	30 (46.88)	34 (53.12)		1.01 (0.35 – 2.94) 0.989
Paternal level of education				
No formal education	7 (36.84)	12 (63.16)	5.6449	Ref
Primary	12 (75.0)	4 (25.0)	(0.130)	0.19 (0.04 – 0.84) **0.029**
Secondary	13 (56.52)	10 (43.48)		0.45 (0.13 – 1.56) 0.207
Tertiary	35 (48.61)	37 (51.39)		0.62 (0.22 – 1.75) 0.362
Maternal occupation				
Health worker	22 (43.14)	29 (56.86)	2.3716	Ref
Other	45 (56.96)	34 (43.04)	(0.124)	0.57 (0.28 – 1.17) 0.125
Cadre of health worker				

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Nurses and midwives	22 (44.9)	27 (55.1)	1.5792	Ref
Allied health workers	0 (0.0)	2 (100.0)	(0.209)	1.00
Other occupational groups mentioned				
Not working	15 (57.69)	11 (42.31)	5.9709	Ref
Professional/Technical	6 (46.15)	7 (53.85)	(0.309)	1.59 (0.42 – 6.07) 0.497
Clerical/Sales	8 (88.89)	1 (11.11)		0.17 (0.02 – 1.57) 0.118
Agricultural work	6 (66.67)	3 (33.33)		0.68 (0.14 – 3.34) 0.637
Household/domestic	3 (50.0)	3 (50.0)		1.36 (0.23 – 8.08) 0.733
Skilled manual	7 (43.75)	9 (56.25)		1.75 (0.50 – 6.16) 0.381
Number of people in the household				
Less than four	27 (54.0)	23 (46.0)	0.4640	Ref
4 to 6 people	31 (51.67)	29 (48.33)	(0.793)	1.10 (0.52 – 2.33) 0.807
More than 6 people	9 (45.0)	11 (55.0)		1.43 (0.51 – 4.07) 0.497
Maternal income category				
< 500 Cedis	41 (60.29)	27 (39.71)	6.6869	Ref
500 to 1000 Cedis	6 (31.58)	13 (68.42)	(0.083)	3.29 (1.11 – 9.71) **0.031**
1001 to 2000 Cedis	16 (43.24)	21 (56.76)		1.99 (0.89 – 4.49) 0.096
More than 2000 Cedis	4 (66.67)	2 (33.33)		0.76 (0.13 – 4.44) 0.760
Paternal income category				
< 500 Cedis	26 (61.9)	16 (38.1)	3.9751	Ref
500 to 1000 Cedis	13 (39.39)	20 (60.61)	(0.264)	2.50 (0.98 – 6.37) 0.055
1001 to 2000 Cedis	17 (48.57)	18 (51.43)		1.72 (0.69 – 4.27) 0.242
More than 2000 Cedis	11 (55.0)	9 (45.0)		1.33 (0.45 – 3.91) 0.605
Household wealth index				
Richest	0 (0.0)	1 (100.0)	4.4932	Ref
Richer	2 (28.57)	5 (71.43)	(0.343)	4.17 (0.47 – 36.74) 0.199
Middle	43 (49.43)	44 (50.57)		1.71 (0.38 – 7.58) 0.483
Poorer	17 (62.96)	10 (37.04)		0.98 (0.19 – 5.01) 0.981
Poorest	5 (62.5)	3 (37.5)		1.00

From Table 1 above, it can be seen that of all the socio-economic factors, level of education and maternal income levels were significantly related to the practice of EBF. Respondents who had a primary school level of education were 81% less likely to breastfeed exclusively compared to those who did not have any form of formal education (COR:0.19 (C.I:0.04 – 0.84) P=0.029). The increasing level of formal education was expected to come with increased practice of exclusive breastfeeding. However, it appears the elite group do not believe in the benefits associated with exclusive breastfeeding. More sensitisation and education should be channelled to those who have attained formal education to improve the practices related to appropriate child feeding. It was also found that mothers whose income ranged from 500 cedis to 1000 cedis were 3.29 higher than exclusively breastfeeding compared to those with a wealth index below 500 cedis (COR:3.29

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(C.I:1.11 – 9.71) P=0.031). The current finding is contrary to the findings of studies conducted by Mawa et al. (2019) and Kyei-Arthur et al. (2021), which revealed that maternal and paternal education levels influenced exclusive breastfeeding.

LIMITATIONS OF THE STUDY

There were constraints in this study, as in every other study. Although a questionnaire was utilised to collect quantitative data from the respondents, interviews would have provided more insight into the respondents' actual experiences with exclusive breastfeeding.

CONCLUSION

The finding of the study, it can be concluded that higher education has a statistical relationship with the practice of exclusive breastfeeding among female healthcare workers and child welfare clinic mothers. Therefore, government in collaboration with the ministry of education and health should promote girl child education as higher education is related to the likelihood of breastfeeding exclusively. The free education provided by the government should be extended for the girl child up to the tertiary level.

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