International **Journal of Humanities Social Sciences and Education (IJHSSE)**
Volume 1, Issue 7, July 2014, PP 114-120
ISSN 2349-0373 (Print) & ISSN 2349-0381 (Online)
www.arcjournals.org

Attitudes and Practices Associated with Exclusive Breast Feeding (EBF) of Nursing Mothers in Bolgatanga Municipality

[1]Dr. Samuel Atindanbila, [2]Dr. Mwini-Nyaledzigbor,P.P, [3]Edward Abasimi, [4]Dr. Clara Ohenewa Benneh, [5]Mabel Apaanye Avane

[1]University of Ghana, Department of Psychology,
atindanbila@gmail.com
[2]School of Nursing, University of Ghana,
mwinitwo@yahoo.com
[3]School of Medicine and Health Sciences, University for Development Studies,
Tamale, Ghana, *abasimieddie@yahoo.com*
[4]University of Ghana, ICDE,
cbenneh9@yahoo.com
[5]School of Nursing University of Ghana

Abstract: *This study investigated the attitudes and practices of nursing mothers on exclusive breastfeeding (EBF) in the Bolgatanga municipality using a qualitative approach. A total of 12 nursing mothers recruited from the Antenatal clinic of the Bolgatanga Regional Hospital were interviewed on their attitudes and practices on EBF. Results indicated that participants did not appropriately and effectively practice EBF. Results include late initiation of EBF, inappropriate positioning of babies during breastfeeding and inadequate feeding frequency. Recommendations based on the findings included teaching mothers not only to exclusively breastfeed but the details of EBF practice.*

Keywords: *Exclusive breast feeding, Experience, Nursing mothers, Weanimix, Colostrum*

1. INTRODUCTION

Most of the infant deaths in the first year of life are largely associated with inappropriate feeding practices (Nascimento et al, 2010). It is estimated that over 7 million children under the age of five die each year in sub-Saharan Africa and South Asia and that a major contributor to most of the infant death is poor feeding practices (Quinn, Guyon & Ramiandrazafy, 2010). In Ghana, there is evidence that 40% of all deaths that occur in the country before age five are related to malnutrition (severe and moderate malnutrition) while the rest may be as a result of Measles, AIDS, Malaria, Acute respiratory tract infections and diarrhea (GDHS, 2005). Breastfeeding has been recommended as the safest and most natural form of feeding in infancy (Nascimentoet al, 2010; WHO, 2001). The current World Health Organization [WHO] recommendations on breastfeeding stipulate that breastfeeding should start immediately following delivery to enable the baby get colostrum. The infant should thereafter be exclusively breastfed for up to six months of life, day and night on the child's demand. During this period, no fluids including water should be given to the baby. There is however room for giving oral medication to the infant (Stuart & Christoph, 2000). Recent research has shown that if 90% of families breastfed exclusively for six months, nearly 1,000 deaths among infants could be prevented in addition to cutting costs since medical care costs are lower for fully breastfed infants than never-breastfed infants (American Association of Pediatrics, 2001).WHO (2011) also recommends that breastfeeding should continue until the child is two years of age. The use of bottle-feeding, teats and pacifiers is discouraged in developing countries as it is associated with poor hygiene and the risk of the baby developing diarrhoea (Stuart & Christoph, 2000).

Despite the benefits of EBF, research has shown that breastfeeding rates and more so exclusive breastfeeding (EBF) has declined in many places. For example in the Bolgatanga municipality of Ghana, the Municipal Health Directorate reported in 2011 that exclusive breastfeeding rate is as low as 0.21%. This extremely low rate is worrying and may indicate a lack of knowledge of the

practice or appreciation of the benefits of it as well as other hindrances. In addition, due to inadequate knowledge, attitudes to and practice of exclusive breastfeeding among the very low percentage of mothers might not be optimal. In order to improve EBF in areas such as Bolgatanga, Ghana with very low prevalence rates, information on the practice and attitudes to it is needed. The present study therefore aims at exploring the practice and attitude to exclusive breastfeeding of nursing mothers in the Bolgatanga Municipality. The municipality is located in the Upper East Region (UER) of Ghana, where according to the Ghana Living Standards Survey 2005; the percentage of the population living in poverty is as high as 88%. Past research in the area have focused on diseases such as Anaemia, Malaria, Marasmus, kwashiorkor and so on among children (Adongo, Kirkwood & Kendall, 2005) but little has been done on exclusive breastfeeding of the young among nursing mothers. The present study thus sought to address the attitudes and practices of nursing mothers regarding EBF in the Bolgatanga Municipality.

1.1. Objective of the Study

To explore the attitudes and practices of nursing mothers in the Bolgatanga Municipality on EBF

1.2. Significance of the Study

The study will contribute to enriching current education programs on exclusive breastfeeding. In addition, the findings of the study will help shape policies on exclusive breastfeeding and assist mothers and the society to understand and support the practice of EBF. Thus helping in the attainment of MDGs 4 and 5 which stipulates; a reduction by two thirds the mortality rate among children under five and a reduction by three quarters the maternal mortality ratio respectively. Benefits of EBF which include the prevention of postpartum hemorrhage as well as reduced risk of getting cancer of the breast and ovary will contribute to the attainment of MDG 5. Lastly, the study will provide the impetus for further research into the area of exclusive breastfeeding.

1.3. Literature Review

Attitudes and practices of EBF may be different or even similar among individuals, ethnic groups, countries and even across continents. A study conducted by Aidam et al. (2005) revealed that in Ghana, the percentage of women who reported to have exclusively breastfed their infants since birth was 51.6%, while those who did so over the previous 24 hours were 70.2%. Women who exclusively breastfed by World Health Organisation's standards was also reported to be 51.3% (Aidam et al, 2005). However in Brazil, mean duration of exclusive breastfeeding is only 28.9 days. Ferreira et al. (1996) identified that only 14% of mothers exclusively breastfed for 120 days of age and only 4% for 180 days. Similarly in Malaysia, the results are no better as only 25% of babies are breastfed exclusively at 2 months (Ferreira et al., 1996) which is similar to that in Ghana where 31.0% of mothers exclusively breast feed for an average 2 months (Singh, 2010). Furthermore, in the westernized cities of Bogota and Bankok, only 12% and 21% of babies respectively are breastfed exclusively at 1 month. With regards to prelacteal feeds, the two most common substances given in the first month of life in Guatemala city was sugar water (given by 41% of caregivers) and infant formula (24%). In the second month of life, 39% of caregivers provided formula to their infants. Bottle use was widespread with 67% of infants less than 1 month of age and 82% of infants 1–2 months of age being fed using a bottle (Dearden, 2002*)*. In Ghana, Awumbila (2003) observed that mothers add shea butter (to fill stomach) or herbs (such as *Sampuliong* among the Kusasi ethnic group, to stop navel pains) to the water to give to the infant. Other substances given are gripe water (to stop naval/stomach pains) and special water washed from a slate on which Islamic verses had been inscribed, for protection against diseases. Some reasons assigned for giving water at this tender age include; fill the stomach and induce sleep, promote abdominal comfort, stop navel pains, stop heartburns and hiccoughs, quench thirst after struggling during labour period, lubricate/moisten the throat of the baby and welcome the baby into the world since every living thing must be given water (Awumbila, 2003).

Similarly a study in other parts of Ghana has shown that 38% of mothers first introduced water to their infant soon after birth and within one month of their lives. They gave reasons like it cleanses their infants gut and help the baby's gums to be cleansed from the sugary breast milk (Singh, 2010). Another study has shown that in Accra-Ghana, prelacteal feeds like "koko" (Porridge), mashed "kenkey" (a type of Ghanaian dish prepared with maize and wrapped in Kola leaves or maize husks) are highly in use because elderly females in the family (grandparents) play a major

role in influencing the practice of breastfeeding (Yadavannavar & Sailaja, 2011). The poor exclusive breastfeeding practices revealed by these studies support the fact that most mothers in our community still have not grasped the whole concept of EBF.

2. METHODOLOGY

2.1. Research Setting

The present study was carried out in the Bolgatanga municipality which is the capital of the Upper East Region of Ghana. Bolgatanga municipality is the 18th biggest human settlement in the country with a total population of 147,864 people. The participants for this study were nursing mothers who attended postnatal clinic at the Reproductive and Child Health clinic (RCHC) of the Bolgatanga Regional Hospital which is a Baby Friendly Hospital. They were recruited from four communities in the Bolgatanga municipality namely; Soe and Bukere representing Bolga urban, and Zaare and Yikene representing Bolga rural. The total RCH attendance from the beginning of the year till June, 2012 was 4116, comprising both new and old members.

2.2. Study Design

To achieve the objective of this study, a descriptive qualitative approach was employed. Such a study basically provides in-depth knowledge that is holistic, incorporating contextual influences. (Larrabee, 2009). As such it is the most suitable approach to unearth the experiences of nursing mothers regarding factors that influence EBF.

2.3. Sampling Technique and Sample Size

A purposive sampling technique was used to select participants. As the study sets out to explore the knowledge and beliefs of nursing mothers who on EBF, the following inclusion and exclusion criteria was used to purposively select the participants. The participant;

- Must be a nursing mother practicing EBF with a baby between the ages of zero to six months,
- Must be resident in any of the following communities in the municipality namely; Soe and Bukere representing Bolga urban and Zaare and Yikene representing Bolga rural.
- Must be the biological mother of the baby
- Must have an infant not older than 6 months of age at the time of the interview.

This selection criterion was made known to the nurses so they could assist in identifying the participants. Selection of participants was done on Tuesdays and Thursdays which were the postnatal clinic days. A number of visits were done on these weekly clinic days until the required sample size was obtained. On each visit, the researchers identified some potential participants. Upon identification, the purpose of the study was explained to the participant and an information sheet made available to the participant for further reading. A total number of 12 mothers participated in this study. Three mothers were selected from each of the four communities. Each participant was given the opportunity to choose a suitable venue for the interview. All twelve (12) mothers indicated that they wanted to be interviewed in their homes and so researchers collected addresses and phone numbers of all the participants of those who owned phones for ease of contact and arranged to interview them at their various homes.

2.4. Data Gathering Procedure

A semi-structured interview guide was used to collect in-depth information from each participant. These interviews were conducted personally by the researchers. All participants signed a consent form before the commencement of the interviews. Those respondents who could not sign were provided a stamp pad to thumb print. The interviews were audio taped. Each participant's demographic data was collected along with the interview data. Semi-structured interviews permit participants to respond freely to questions and also enable the researcher to get participants to describe and explain situations in a way that provides rich descriptive data. The questions posed by the researchers were based on factors associated with EBF, the benefits or problems they encountered with EBF among others. Participants were encouraged to express themselves freely on all questions raised. Probing questions were asked during the interviews to obtain maximum

variation, richness, and depth of responses. Each interview session with a participant lasted between 45 to 60 minutes, whiles the data gathering was conducted within a period of two months. Each audio taped interview was transcribed after each session and the transcribed data reviewed to gain a proper understanding of each respondent's experiences. The transcribed data were later complemented with field notes. The audio taped interviews were transcribed verbatim in to a note book and later typed. Labels were used to identify various participants on the transcribed data. These labels were 'P1' which stands for participant 1, then P2- for participant 2 up to P12. Participants were assured of maximum confidentiality.

2.5. Pretesting of Interview Guide

The interview guide was pre-tested on three mothers by the researchers. These mothers did not form part of the main study. They were purposively sampled from Daporetindongo a suburb of the Bolgatanga municipality which has both rural and urban characteristics.

2.6. Data Analysis

Content analysis was used to analyze the data after the interview responses were transcribed verbatim into English by the researchers. The first level of analysis included coding which involved identifying words, phrases and paragraphs within the data and assigning a label to apportion the data to give it meaning. Initial lists of codes were prepared to label the themes emerging from the data. The codes in the list were revised grouped together into larger thematic areas This strategy enabled the researcher to readily gain access to these quotations and present them in support of the thematic findings.

3. RESULTS

Five parameters were used to assess the participants' practice of EBF. They included; duration of breastfeeding, time of initiation of breastfeeding, breastfeeding pattern, positioning and frequency of breastfeeding. Almost all participants said they intend to practice EBF for six months. One participant said she intends to practice for six months because she had the total support from her mother in-law.

"I will breastfeed for 6months because my mother in-law will not even allow me to do it less than 6months. She has been telling me not to give the baby anything apart from the breast milk, but in the case of my first child, he was given water and porridge before 6months because I had to travel to my parents to deliver".

On the other hand one participant based her intention to breastfeed for six months on the conduciveness of the weather. She said;

"I intend to breastfeed exclusively for 6months because the raining season will soon set in and the weather will be cool and conducive for the practice".

This presupposes that if the weather were not cool, but rather hot or dry she would not practice for six months or perhaps not practice at all. There was a participant who even though agrees to practice EBF for six months, intends to add water.

"I intend to breastfeed my baby exclusively for 6months but the old ladies are saying I should always add some small water once in a while so that by 6months my baby will know the difference between water and breast milk and be used to it".

Another participant intends to exceed six months because she feels the practice is very good. The statements made by these two participants indicate that they do not understand what the practice of EBF is all about and as such the reasons for not adding water to the breast milk and not exceeding six months duration as stipulated by WHO. When asked about the time of initiation of breastfeeding, participants had varied answers. Few mothers said they had initiated breastfeeding few minutes after delivery which to some extent falls within the WHO stipulated time of initiation of thirty minutes after delivery. Other participants initiated breastfeeding some hours after delivery. One participant said:

"I put my baby to breast after about 5hours of delivery at home".

Similarly, this time in a hospital; another participant also added that;

"I breast fed some few hours after delivery at the hospital….".

One participant even said that she had initiated breastfeeding a day after delivery because she had undergone a caesarean operation. Thus, the mode of delivery, (whether vaginal delivery or caesarean section) has a bearing on the time of initiation of breastfeeding. Most times, those who deliver through caesarean section have a longer period of initiation than those who deliver spontaneously, possibly due to the maternal condition after the operation.

Breastfeeding on demand was a common practice among the participants. This was because most participants said they could not refuse their babies breast milk when they were crying and as such only breastfed when their babies were crying.

"I don't draw a time schedule so any time my baby cries then I breastfeed him".

In our society it is acceptable to see a mother breastfeeding in public and even when the baby is crying you will hear others calling on the mother to breastfeed the baby, this may be a contributing factor to the demand feeding. None of the participants breastfed on schedule.

The researchers observed the way participants positioned their babies during breastfeeding and in other cases the participants were asked to demonstrate. It was discovered that, most participants supported just the occiputs of their babies in the palm and inserted only the nipple into the baby's mouth to suckle. Only two participants from Bukere and Soe representing Bolga-urban were able to at least support their babies properly and insert both the nipple and areola into the baby's mouth to suckle. Their babies were observed to be very comfortable and suckled with ease. One such observation was as follows:

Mother positioned her baby on her laps with her palm under the baby's buttocks and back and the head in the crock of her arm. She then held the breast into the baby's mouth inserting both the nipple and areola. The baby looked comfortable and was suckling well.

A special case was that of a baby with Hare lip, the participant was observed "spraying" the breast milk into the baby's mouth. The baby was seen opening the mouth for more since she was not getting enough. This baby was likely to aspirate and possibly chock during feeding or even underfeed. The baby looked underweight and small for her age.

Some participants failed to breastfeed their babies as often as recommended by WHO. Some even breastfed only three times a day which is grossly inadequate for a baby who is being exclusively breastfed. One participant said;

"When my baby breastfeeds in the morning she sleeps for a long time before waking up. So in a day she may breastfeed about 3 times".

However, those participants who were able to breastfeed frequently could not recount the number of times their babies' breastfed. From all the above findings it is evident that in the Bolgatanga Municipality, EBF is not effectively practiced by mothers as prescribed by WHO as some health reports portray.

4. DISCUSSION

Effective practice of EBF is said to yield good results. From the findings, participants generally did not practice EBF effectively. While WHO stipulates that breastfeeding should be initiated after thirty minutes of delivery, most participants initiated breastfeeding hours after delivery whiles one initiated after a day. On the mode of delivery, a participant who had a caesarean section reported having initiated breastfeeding a day after delivery with the reason that the nurses had scheduled the feeding time for the babies of mothers who had undergone Caesarean section, whiles the others who had spontaneous vaginal deliveries initiated hours after delivery. This finding is consistent with that of a study by Hull et al, (1990) on the experiences at the delivery hospital among some Indonesian mothers which showed that 18% of babies delayed suckling beyond 24 hours among mothers who experienced abnormal delivery such as breech birth, vacuum extraction and even Caesarian section. Their reasons for delayed initiation of breastfeeding given were rather based on breast feeding problems like breast / nipple problems, soreness and engorgement and a perception of insufficient breast milk and prematurity of babies.

This seems to suggest that the time of initiation of breastfeeding depends on the type of delivery as well as the maternal condition after delivery. The initiation time also depends on the nurses since they are abreast with the WHO standards and should be in the right position to make sure the mothers initiate breastfeeding at the time that they are supposed to.

The findings also showed that most participants could not position their babies properly for breastfeeding, others did not breastfeed as frequently as required and some gave water and herbs to their babies which resulted in diarrhoea. All these practices did not conform to WHO standards. However the findings in a study conducted by Aidam, Perez-Escamilla, Lartey and Aidam, J. (2005) in Accra-Ghana, showed a better picture as the women who exclusively breastfed by WHO standards was 51.3%. The poor practices exhibited by participants showed that they did not understand the concepts of EBF and that the nurses did not take time to demonstrate and explain to them in a language they understand. Therefore the implication is that the participants were doing their own things but thought they were practicing EBF.

5. RECOMMENDATIONS

As revealed by the findings, because of inadequate knowledge on the Practice of EBF, it could be realized that most mothers who even accepted to practice it where not actually practicing it although they thought they were doing it right. It is therefore recommended that appropriate education on EBF should focus on helping mothers graduate from willingness to practice to actual practice of EBF. Health educators such as nurses, midwives and doctors should therefore go beyond encouraging mothers to exclusively breastfeed to teaching them the details on the practice of EBF. This will enable them translate the acceptance and willingness to practice EBF into actual practice.

6. CONCLUSION

This study employed a qualitative approach to explore the attitudes and practices of nursing mothers on EBF. The findings generally revealed ineffective practice of EBF among participants though most of them had intentions to exclusively breastfeed. The findings include late initiation of EBF, inappropriate positioning of babies during breastfeeding and inadequate feeding frequency. The poor EBF practices exhibited by mothers thus implies that in order to scale up exclusive breastfeeding among mothers in the Bolgatanga Municipality and for that matter the Ghanaian society, it requires concerted efforts at all levels and among all stakeholders in Ghana. It will call for intensification of education on proper ways of practicing EBF.

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