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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

Breastfeeding exclusively is beneficial not just to mothers but also to their children and society as a whole. Babies who are only given breast milk are protected against hazardous bacteria that may be found in formula and other baby meals, germs that can cause diarrhoea, other diseases, and even death. These harmful bacteria can be found in formula and other infant meals. Breast milk is the only food babies need. This research aimed to investigate exclusive breastfeeding practices among female healthcare professionals and mothers who received services at child welfare clinics in the Sissala East Municipality of Ghana. A facility-based quantitative descriptive cross-sectional design was used in this study. The study revealed that social support statistically influenced the practice of exclusive breastfeeding among the respondents. Lactating mothers whose close relatives supported them were 2.61 times more likely to practice exclusive breastfeeding than those not supported by their close relatives (COR: 2.61 (C.I: 1.26 – 5.39) P=0.010). Based on the results, conclusions were accordingly made.

Keywords : Exclusive, Breastfeeding, Healthcare Workers, Sissala East

I. INTRODUCTION

Breast milk promotes neurological growth and shields a child from ailments including pneumonia, diarrhoea, and starvation. (Cesar et al., 2016). An additional month of exclusive breastfeeding may have prevented 30.1 per cent of hospitalisations for infections. Exclusive breastfeeding reduces the risk of childhood illnesses from communicable diseases (Gurka et al., 2014). Long-term benefits of exclusive breastfeeding include increased intelligence and the ability to further one's education, enabling one to contribute to one's well-being and that of their community and the nation as a whole (Wanjohi et al., 2017). Since it contains all the nutrients required for a baby's growth and development throughout the first six months, human milk is the ideal and most natural infant meal. Additionally, breastfeeding (BF) encourages mother-child bonding, is linked to higher IQ scores, a lower risk of infection and disease in childhood (such as asthma, dermatitis, obesity, or diabetes), and a lower risk of breast and ovarian cancer as well as type 2 diabetes in mothers. (Victora et al., 2016c). Everyone agrees that breast milk is the optimum nutrition for

healthy infants since it includes all the nutrients needed for an infant's healthy growth and development throughout the first six months of life. (Esteves et al., 2014).

In addition to these nutrients, breast milk also promotes enhanced resistance to infections, enhances child neurodevelopment, and lowers the risk of a newborn developing non-communicable disorders like cardiovascular disease, diabetes, obesity, and hypertension in the future. (Koletzko et at., 2012, Verduci et al., 2014). The advantages of EBF are greater in areas with higher baseline disease rates, such as those with poverty, poor nutrition, and poor hygiene. This is due to the fact that giving babies other foods before they are six months old is frequently linked to preparation and administration problems that result in contamination. These mistakes can ultimately result in childhood death by causing diarrheal illnesses like cholera and dysentery. (Motee et al., 2013).

According to data from Ghana, mothers' poor EBF practices are partially to blame for the country's 31 per 1000 live births mortality rate for children under the age of five (Tawiah-Agyemang et al., 2008). Exclusive breastfeeding is the most effective preventive measure, potentially saving 1.4 million lives annually worldwide (Black et al., 2013). According to estimates, breastfeeding by women in underdeveloped nations prevents up to half of diarrheal illnesses and roughly one-third of respiratory infections (WHO, 2018d).

Despite the preventive role and advantages of EBF, WHO advised that infants should be breastfed for at least six months. However, the worldwide exclusive breastfeeding (EBF) rate is still low. It is reported that more than two-thirds of nursing mothers continue breastfeeding for at least one year, and the rate of breastfeeding dropped to 45% by the age of two years old globally in 2018, falling well short of the 2030 worldwide objective of 70% for infants under six months (UNICEF, WHO, 2018). Although breastfeeding initiation rates are high in developed nations like the USA and Mexico, the anticipated rate of exclusive breastfeeding for the first six months is still low at 45% (Li et al., 2014).

In Ghana, EBF substantially decreased from 63.7% in 2008 to 46% in 2011, according to a report from Ghana's multiple indicators cluster surveys (Ghana Statistical Service (GSS), 2015). Furthermore, according to the Ghana Demographic and Health Survey, 53,1% of Ghana-born newborns between the ages of 2-3 months are only breastfed. By the time they are 4 to 5 months old, only 36.2% of infants are still receiving EBF, and the issue seems to be worsening as statistics also showed that EBF had declined from 54% in 2006 to 52% in 2014. (GSS, GHS & ICF Macro, 2014). The study assesses exclusive breastfeeding practices among female healthcare professionals and CWC mothers in the Sissala East Municipality of Ghana, focusing on social support received by female healthcare workers and child welfare clinic mothers.

HYPOTHESIS

H_1: Social support received from families will affect exclusive breastfeeding practice among nursing mother.

II. LITERATURE REVIEW

Social Support and Exclusive Breastfeeding

One-way social networks are thought to affect health is through social support, roughly defined as assistance from others. High social support has been associated with lower mortality, a lower risk of diabetes and cardiovascular disease, and improved maternal pregnancy outcomes (Sarason & Gurung, 1997; Smith et al., 1994). Good social support has been demonstrated to contain protective effects on various medical diseases, including depression and arthritis, and better disease management. Social support has also been demonstrated to hasten recovery, make it easier to follow medical instructions, and possibly even reduce the required medication. Breastfeeding start and duration are likely to increase in response to

interventions that provide official or informal support (Raj & Plichta, 1998).

Social support can be categorised into four different types: (1) emotional support that offers love, trust, esteem, caring, and concern; (2) instrumental support that offers help in the form of money, time, or labour; (3) informational support that offers guidance, directives, suggestions, and information for use in coping with personal and environmental problems; and (4) appraisal support that offers approval, feedback, and social comparison (Cooke et al., 1988). Similarly, it was suggested that support given to nursing women during breastfeeding is essential to achieving the advised duration of exclusive breastfeeding (Rempel & Rempel, 2011; Mithani et al., 2015). This help might take the shape of psychological support through positive reinforcement and enforcement, educational or informational programs on breastfeeding, or practical support like setting up a comfortable atmosphere to encourage BF in working mothers (Ratnasari et al., 2017).

Social support is crucial as it gives positive outcomes such as attachment and bonding and reduces postnatal depression (Yim et al., 2015). Myers et al. (2021) studied the Differences and Importance of supporting lactating mothers in the United Kingdom. It was found that outcomes in connection to other types of support were more complicated. However, the total assistance provided for infant feeding was largely associated with breastfeeding duration, particularly shorter bad feeding behaviour. It was also found that the experience of feeding a newborn has different connections with various types of assistance.

Access to emotional support is critical in determining psychological well-being, which has several pertinent effects on newborn feeding. For instance, maternal emotional distress inhibits the let-down reflex in nursing moms, which reduces milk volume and disturbs milk flow (Shukri et al., 2018). As a result, babies of lactating mothers with lower stress levels consume more breast milk and intend to gain more weight (Shukri et al., 2019).

The amount of support mothers receive at work may also affect the length of time they breastfeed exclusively. Because when employees have healthy children, they take fewer sick days, exclusive breastfeeding successfully enhances organisational growth, productivity, and efficiency; therefore, companies should offer chances that will encourage breastfeeding (UNICEF, 2010).

Regardless of how moms feed their babies, emotional support is significant in helping them feel good about it. The feeding decision of infant babies has been highly politicked in the Western Educated, Industrialized, affluent and Democratic (WEIRD) perspective, with women expressing difficulty in breastfeeding (Lee, 2008).

The practice of exclusive breastfeeding is greatly aided by early and thorough breastfeeding education, confidence-building techniques, and breastfeeding support (Idris et al., 2012). In order to investigate the association of breastfeeding self-effacing, social assistance provided and during one month postpartum among women with an incidence of late preterm (LPT) children, a descriptive correlation study involving 88 Chinese mothers was carried out. Findings showed that 48.9% of moms with LPT babies exclusively nursed at one month postpartum. In the study, breastfeeding was associated with breastfeeding self-efficacy and social support.

In the Buffalo City Metro, South Africa, a qualitative study investigated the exclusive breastfeeding support services offered to new moms. Using 10 first-time mothers, the study used a non-probability, purposive sample. Challenges, empowerment, support, and resilience during the beginning of exclusive breastfeeding and diverse support and resilience

during the continuation of exclusive breastfeeding emerged as the key themes. During the initial stages of breastfeeding, first-time moms mostly got practical assistance from nurses and other mothers; for maintaining exclusive breastfeeding, social support came from family members, friends, and community members. There could occasionally be a gap between nurses' practical assistance and that of family members and the community. There have been cases where support for exclusive breastfeeding was required but either not provided or was not supportive (Theodorah & McDeline, 2021).

A survey recruited 220 mothers who were breastfeeding babies aged four to six months participated. This study aimed to assess the factors associated with lactating mothers' self-efficacy of breastfeeding in Tabriz, Iran, health centres in 2015. Findings show that social support, knowledge, and attitude were significantly correlated with breastfeeding self-efficacy (P 0.001). In a multivariate linear regression model, social assistance and the husband's age were the predictor variables for EBF self-efficacy (Mirghafourv et al., 2018).

At the Talise Health Centre in Palu City, Indonesia, descriptive research was done to examine the effects of social, emotional, and instrumental assistance and evaluation of family-level assistance on the EBF practice. According to the findings, there is a substantial correlation between the attitude of EBF and public (social) assistance, logistical (instrumental) assistance, emotional assistance, and assessment. According to the study results, the absence of family social assistance, including informational, practical, emotional, and evaluation assistance, would inhibit EBF attitudes and influence non-EBF practices (Fadjriah et al., 2021).

III. METHODOLOGY

The study employed a facility-based quantitative cross-sectional research design using a sample of 130 respondents. Multi-stage sampling technique was adopted. Closed-ended questionnaires were used to collect data from respondents. Descriptive and bivariate analysis was done, and the results are presented in figures and tables.

IV. ANALYSIS AND DISCUSSION OF RESULTS

The association of social support and EBF among healthcare workers and CWC mothers

From the study, social support statistically influenced the practice of exclusive breastfeeding among the respondents. Lactating mothers whose close relatives supported them were 2.61 times more likely to practice exclusive breastfeeding than those not supported by their close relatives (COR: 2.61 (C.I: 1.26 – 5.39) P=**0.010)**.

Table 1 : Relationship between social support and exclusive breastfeeding

ATTRIBUTE	EXCLUSIVE BREASTFEEDING		Chi-Square (P. Value)	COR (95% CI) P. Value
	No (%)	Yes (%)		
Did the respondent get any help?				
No	8 (72.73)	3 (27.27)	2.1601 (0142)	Ref
Yes	59 (49.58)	60 (50.42)		2.71 (0.69 – 10.72) 0.155
Assisted by husband				
No	27 (42.86)	36 (57.14)	3.6885 (0.055)	Ref
Yes	40 (59.7)	27 (40.3)		0.51 (0.25 – 1.02) 0.056
Assisted by older children				
No	63 (52.07)	58 (47.93)	0.1948 (0.659)	Ref

Yes	4 (44.44)	5 (55.56)		1.36 (0.35 – 5.30) 0.660
Assisted by a close relative (niece, cousin, mother)				
No	48 (60.76)	31 (39.24)	6.8554 (0.009)	Ref
Yes	19 (37.25)	32 (62.75)		2.61 (1.26 – 5.39) **0.010**
Assisted by friends				
No	66 (51.97)	61 (48.03)	0.4075 (0.523)	Ref
Yes	1 (33.33)	2 (66.67)		2.16 (0.19 – 24.47) 0.533
Assisted by maid				
No	62 (49.6)	63 (50.4)	4.8896 (0.027)	Ref
Yes	5 (100.0)	0 (0.0)		1.00
Are mothers supported to initiate and maintain lactation?				
No	11 (64.71)	6 (35.29)	1.3576 (0.244)	Ref
Yes	56 (49.56)	57 (50.44)		1.87 (0.65 – 5.39) 0.249

From Table 1 above, it can be seen that social support statistically influences EBF practices among the respondents. Mothers whom close relatives supported were 2.61 times more likely to practice exclusive breastfeeding than those not supported by their close relatives (COR: 2.61 (C.I: 1.26 – 5.39) P=0.010). Close relatives of mothers, especially husbands, older siblings and other family members, need to support lactating mothers to enable them to practice EBF.

The current study result aligns with previous studies, such as Tabriz (2015), in Iran, whose findings show that social support significantly correlated with breastfeeding self-efficacy (P 0.001). The variables of social support and husband's age were the predictors of breastfeeding self-efficacy in a multivariate linear regression model (Mirghafourv et al., 2018). Indonesia, research was carried out to examine the influence of public information support, family support, logistical (instrumental support), and emotional support, instrumental on exclusive breastfeeding practice in Palu City. According to the findings, there is a substantial correlation between exclusive breastfeeding behaviour and public (social) assistance, logistical support, sense of emotional support, and assessment. The absence of family social support, with practical, emotional, informal and evaluation assistance inclusive, would inhibit the EBF attitude, which will affect the practice of EBF, according to the study's findings (Fadjriah et al., 2021).

V. LIMITATIONS OF THE STUDY

There were limits in this research, as in any other study. While a questionnaire was useful for collecting quantitative data, interviews and observation would have highlighted the respondents' actual experiences with exclusive breastfeeding and helped better understand their perspectives.

VI.CONCLUSION

From the results, it was found that close relatives of mothers, especially husbands, older siblings and other family members, need to support lactating mothers to enable them to practice exclusive breastfeeding (EBF).

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